Mental Health Education for Educators

By

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Abstract

An important aspect of healthcare is to treat the whole person. This includes the physiological, sociological, environmental and the psychological. Unfortunately, the psychological component is often overlooked even in the healthcare field, but more so in areas outside of healthcare. In providing early prevention interventions for the mental health of children, adolescents and young adults, healthcare professionals are remiss in excluding one very important and viable resource from the problem-solving equation – educators. The purpose of this project was to determine the effectiveness of a mental health educational intervention in-service in providing educators with the knowledge and skills to be aware and prepared to manage students who are experiencing a mental health issue or crisis during school hours. The study took place in a vocational school district in central New Jersey. The study involved a pre-intervention survey, an educational intervention in-service provided over a two-week period and followed with a post-intervention survey provided to the educators to determine the effectiveness of the in-service.

The pre-intervention surveys provided a vivid depiction of where the educators felt they were in regard to mental health overall. Questions were grouped into seven categories – comfort, experience, general perception, identifying and recognizing, knowledge, training and understanding. This was followed by the delivery of the Educational Intervention In-Service which was well received by the participants. Participants were then asked to complete a post-intervention survey whose data would be compared to the results of the pre-intervention survey. The comparison of post-intervention data to the pre-intervention data was overwhelmingly positive in determining the effectiveness of the intervention. The benefit of the educational intervention to school districts should be considered as an addition to educator training.

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Mental Health Education for Educators

Chapter 1: Introduction

The mental health population, especially children and adolescents, is a very large vulnerable population and students that suffer with mental health issues are a major concern in schools. These students have difficulty within that environment as their specific needs are not met successfully, if at all (Marsh, 2016). It has been reported through epidemiological studies that development of a mental health problem will be experienced in approximately 1 in 5 (20%) children and adolescents (Burns and Rapee, 2016). In addition, there are huge gaps in care and treatment that occur not only in healthcare, but with other professionals who have substantial roles in this population that can be utilized as a viable resource in early intervention and support (Mazzer, Rickwood & Vanags, 2012).

Gaps in care arise through lack of timely and effective research, socio-economic issues resulting in lack of access to care due to limited insurance coverage, lack of funding for research, lack of funding for facilities and poor interprofessional collaboration (Becker and colleagues, 2016). These gaps can be filled by educators who identify part of their roles as educators as being a support to student's mental health and wellbeing. Educators are often comfortable with being seen as a caregiver and someone with whom their students can feel at ease communicating their concerns in both life and school.

Background and Significance

Children and adolescents spend a large part of their lives in the presence of educators, making these professionals an excellent resource to provide care and support to this vulnerable population in addition to being able to assess students throughout their long-term relationship. Within this long-term relationship of observing students social and emotional development daily

for months and years across developmental milestones, it is important for educators to have an awareness of the behaviors and signs of mental health disorders (Marsh, 2016). While current research shows it is vitally important to support the mental health and wellbeing of children and young adults with adequate preventive and early interventions, further research still needs to be considered to completely address the growing concern in our schools (Membride, 2016).

As noted by Fazel, Hoagwood, Stephan, and Ford (2014, p.4) "… Staff employed at schools are limited by school policies that restrict the type of services that they can provide, reducing their ability to meet specific needs or serve specific students." By providing educators with the knowledge and skills to be a resource for identification and early intervention, they will be a resource for health care professionals by providing the unique viewpoint of their students in a social and emotional growth environment not accessible to those outside the classroom (Marsh, 2016). Mazzer and colleagues (2012, p.1213) note "Teachers and coaches felt that their positions allow them to act as an external and trusted outlet or support person, to which young people can communicate, and may also respond to."

Unfortunately, educators often lack the education, training and experience in mental health which serves to create a perfect storm that will continue to lead to unsafe and unhealthy situations (Fazel and colleagues, 2014; Mazzer and colleagues, 2012). The Mental Health Education for Educators (MHEE) program was developed and designed to ensure that educators will have the skills and knowledge to appropriately interact with the children and adolescent mental health population in their care (Rufolo, Stryker & Lyneis, 2018). The outcome of this program was to establish educators as a viable resource to the child, adolescent and young adult mental health population by their obtaining new knowledge and skills (therapeutic techniques) that will enable them to, as noted by Marsh (2016):

1) Identify incidences of depression, suicidal thoughts, bullying and violent tendencies and,
2) Intervene to get help in a timely manner.

Problem Statement

Care and treatment of the mental health population has been greatly debated for decades. While the health care professions do their best with limited resources for mental health care in both education and funding, it is outside the health care realm where mental health care and treatment truly suffers. Health care professionals acknowledge their education and experience in dealing with the mentally ill at any level is passable at best. However, first contact or mid-line support between families and health professionals, such as educators, may be practically non-existent (Mazzer and colleagues, 2012).

Without adequate education and training for these professionals, situations involving those diagnosed and yet to be diagnosed with mental illness can quickly escalate to unsafe events for the individual, the professional and the community. However, educators may not have access to effective and efficient methods of education and training in mental health. This is needed in order to ensure safe interaction with students of the mental health population who are regularly in their care (Marsh, 2016).

For example, education and training may be overlooked beyond the health care professional. Once diagnosed, the individual and their family/caregiver are left to their own accord only seeking care when needed and/or allowed due to insurance restrictions on mental health care. This creates a significant issue within the community with those who are required to provide tertiary services to the mental health population, such as educators, who see these individuals outside the realm of a health care facility. In addition, the safety of students, staff and others is at risk if a preventable crisis is allowed to escalate uncontrolled.

Therefore, with limited education, training and/or experience with the mental health population, these professionals may be at a disadvantage when a student experiences the most significant aspect of their condition – a mental health crisis (Albrecht and colleagues, 2017; Fazel and colleagues, 2014). A mental health crisis is one in which the incidence has escalated beyond the individual's ability to cope and/or the carer's ability to successfully deescalate the current situation (Mental Health Crisis Response Institute, n.d.).

To emphasize this point, although Kean University's College of Education, which has a well-established teaching program, provides courses in psychology for their initial teacher degree program the overall focus of the program is to become an educator (Kean University, 2018). Only those choosing to complete the special-education certification post-degree program receive additional learning opportunities and these are mainly to prepare them to teach these students, not to understand the underlying causes and techniques to support these students during a mental health crisis (Kean University, 2018). In addition, once employed, school districts do not require in-service opportunities in education and/or training in mental health for educators. (MCVSD, 2018). This unfortunately leads to an unrealized and unutilized resource to ensure the safety and well-being of students, our schools and our communities.

The mental health population is an underserved and vulnerable population that remains underfunded. Which creates ever-widening gaps in research as well as lack of accessible care. This affects care and treatment due to disrupting the continuity of care for the patient. (Katsikitis, Lane, Ozols & Statham, 2017; Moltu, Stefansen, & Svisdahl, 2013). This serves to aggravate rather than alleviate a growing problem in today's world. While the funding for mental health care nationally is minimal at best, it is compounded due to the funding being focused on primary (health promotion/preventative care (Lumen, n.d.)) and secondary (diagnosis/identification,

(Lumen, n.d.)) care with little to no thought to tertiary– those who interact with the population once diagnosis and treatment have begun – namely caregivers outside the health care facility (Lumen, n.d.).

Family and direct caregivers are provided a briefing by a mental health professional or at discharge from an inpatient facility on caring for the individual suffering from a mental illness. However, they are not equipped to handle a full onset mental health crisis. Family and caregivers entrust their children to educators for part of the day and the educators do not even have that minimum of education to provide support for their students (Fazel colleagues, 2014). Unfortunately, in most incidences, these professionals have little to no true education and training in the care and treatment of those diagnosed with a mental illness or in handling an individual in mental health crisis. This greatly impacts the vulnerable mental health population by hindering their safety and well-being while in the community as well as the safety and well-being of the community as noted by Albrecht and colleagues (2017).

Some educators take the Mental Health First Aid (MHFA) program as described by Albrecht and colleagues (2017) which is a mere band-aid on a problem that is much bigger than anything the two-hour to one-day certification program can solve, especially in children who spend a portion of their day in the care of their teachers. Albrecht and colleagues (2017) indicated that the development of a more effective program is needed to meet their needs. In-depth education and training of these professionals will serve to provide the greatest benefit to this completely vulnerable population (Hambrick and colleagues, 2014). Implementation of the Mental Health Education for Educators project sought to identify how the program enabled educators to successfully navigate a student through a mental health issue and crisis while awaiting additional support.

Project Aims

The Mental Health Education for Educators Project aims, as noted by Rufolo, Stryker and Lyneis (2018), are:

- The development of an Assessment Tool to identify gaps in the knowledge, comfort level and preparedness of educators in working with students who are experiencing a mental health issue or crisis:
- Use the Assessment Tool to develop a need specific educational program that would ensure the goals of the program which is to give educators the knowledge and training to safely interact with students experiencing a mental health issue or crisis.
- Develop improved interprofessional relationships between all community professionals – educators, first responders, law enforcement, mental and physical health care professionals in order to better serve the community and the children and adolescent mental health population in general.
- Reduce the risk of crisis emergencies through education of educators who interact with students during acute, chronic or emergent situations that will impact the well-being and safety of the individual and the community at large.
- Include within the training, a workshop that educators can run to enable students to achieve greater acceptance and therefore remove the stigma of mental health.

Clinical Question

In educators at all levels, how effective is the MHEE educational intervention in promoting awareness and preparedness to support students experiencing a mental health issue or crisis during school hours in one month?

Congruence with Organizational Strategic Plan

The school district that was the focus of the MHEE project is located in the Eastern United States providing vocational programs that serve approximately five-hundred students regardless of race, color, national origin, gender or disability (MCVSD.org, 2018). The mission statement of the district, as noted on MCVSD.org (2018): "…Prepares students for an evolving workplace and further education through achievement of the New Jersey Student Learning Standards at all grade levels in specialized academic, career and technical programs and lifelong learning opportunities." The key here is that students with disabilities are to be supported in completing the programs and as such, aligns with the mission of the MHEE project.

The mission of the MHEE project is to enable educators to use the knowledge, training, awareness and preparedness they have obtained through their completion of the program to satisfactorily meet the needs of their students experiencing a mental health issue or crisis, their parents and maintain the safety of the students, staff and the community in general (Rufolo and colleagues, 2018).

The vision of the MHEE program is for educators to enhance the role they already have in the lives of their students and help to improve their student's future well-being by being able to serve as a resource for students experiencing a mental health issue or crisis in order to reduce incidences of depression, suicidal thoughts or actions, bullying and violence in our schools (Rufolo and colleagues, 2018).

The MHEE project aims to maintain an intercollaboration of professionals in the education, mental health and health care fields as well as with community professionals such as first responders. These interprofessional relationships will ensure the program continues to be up to date with the latest evidence-based practice, parental and community concerns.

Review of Literature

The literature research for the MHEE project was conducted using several databases, criteria and keywords. The databases used to gather the research articles included: Cumulative Index to Nursing and Allied Health (CINAHL) Plus with Full Text, ERIC (Educational Library), PubMed @ Bradley and Google Scholar. The criteria included searches for systematic reviews and original studies using the keywords: mental health of students, child and adolescent mental health, mental health in schools, educators, teachers, role of teachers in student mental health. role of educators in student mental health, school interventions, mental health interventions and limiting the search with the terms teachers and educators.

The review of literature provided concise and coherent statements that identified the categories needed to answer the clinical practice question through peer-reviewed journal articles obtained during the search process. In total, 73 articles were selected during the search process utilizing the key words and terms noted. This number was reduced to the 57 articles that met the criteria to design and develop the program. From those, 38 articles met the criteria (research and studies) to be selected for a review of literature. The criteria included articles which provided information on the role of educators and their efficacy in mental health interventions, the need and effectiveness of early intervention, the need for school-based mental health interventions and current mental health programs and their effectiveness, incidences of depression, suicide and bullying among children and young adults.

Relevant Literature

Albrecht, Giftakis, Baxter, Wylde, Clifford, and Ashoorian (2017) conducted a survey to evaluate the mental health literacy and skills confidence of individuals from the University of Western Australia who had completed the Mental Health First Aid program. The Mental Health

First Aid Program is a paid 8 hour in-person training course provided to any individual (Albrecht colleagues, 2017). Albrecht and colleagues (2017) distributed questionnaires to the 485 staff and students who had completed the training of which 107 were completed. An analysis of the completed questionnaires found that 76% indicated their mental health literacy had improved while 85% indicated their confidence with their knowledge and skills had improved. 65% reported having used MHFA of which only 22% was applied to student mental health issues. The weaknesses of the study were that it was limited to a single university and had a relatively small sample group. The recommendations of Albrecht, and colleagues (2017) included continued research and evaluation to evolve and improve program scope. Albrecht and colleagues (2017) concluded that training and completion of this type of program is beneficial to staff and students.

Marsh (2015) discussed teachers being able to identify students with mental health issues. Marsh (2015, p.318) noted "The identification of behaviors associated with mental health issues in the classroom is unfamiliar territory for most general education and special education teachers." Further discussing that the role of educators may require this ability to develop an awareness and understanding for preventing these issues, not only because the issues can effectively disrupt the classroom, but how such issues become impactful in student outcomes both educationally and in their lives (Marsh, 2015). Marsh (2015, p.321) concludes "Because educators are the first line of support for students, it is imperative for them to become familiar with the internalizing and externalizing behaviors that may signal that a student is struggling with a mental health issue."

Liu, Liu, Guo and Lan (2014) used the Mental Health Education Competency Questionnaire, documented data analysis and, behavioral event interviews to examine the

competency of educators in mental health of students. Twenty-four primary and middle school educators participated in the Behavioral Event Interview; two-hundred primary surveys were distributed through e-mails of which 161 were completed; three-hundred and fifty formal surveys were distributed of which 306 were returned; and, 92 relevant research documents of educator mental health education competency were analyzed (Liu and colleagues, 2014). The study was limited by the use of a new, untried, research tool, and was determined to need to be revised (Liu colleagues, 2014). Liu and colleagues (2014, p.79) conclude that the roles of teachers need to grow noting that "Generally speaking, the head teacher is a mentor of children; thus, professional ethics need to be in place, but for mental health education, relevant training and knowledge are more important, thus professional ideology and career growth get more attention in this field."

Hambrick, Rubens, Vernberg, Jacobs, and Kanine (2014) conducted a qualitative study to determine the effectiveness of Psychological First Aid (PFA). Nine clinicians (5 female and 4 male) from 4 Midwestern Community Mental Health Centers, who participated in a 6 hour in-person or online training program, were interviewed for the study (Hambrick colleagues, 2014). The interviews were analyzed using Consensual Qualitative Research (CQR) and the evidence suggested that even small amounts of PFA can be beneficial to knowledge and confidence in mental health. The weaknesses of the study were a small sample group, participants were already interested in the training and the researchers were the providers of the training. Hambrick and colleagues (2014) recommended in-depth training would be beneficial, but participants in the study had negative feedback to the current length of the training. Hambrick and colleagues (2014) concluded brief, topic specific training may increase interest in on-going in-depth PFA training.

Fazel, and colleagues (2014) conducted a review of literature to identify the importance

and need for school-based mental health interventions. Using Scopus, they conducted a literature search of articles published from January 1, 2000 to May 31, 2014 using the search terms mental health, psych, school, intervention, service and review. Thirty-seven articles were chosen to be included in the literature review. Fazel, and colleagues (2014) found that there is strong evidence for the effectiveness of school-based mental health interventions to support students. There were no weaknesses in this study. Fazel, and colleagues (2014) recommend that future research should be focused on integrating these interventions system-wide. Fazel, and colleagues (2014) concludes that evidence shows application of this knowledge and skill will ensure quality mental health support for students.

Mazzer and colleagues (2012) conducted a study to analyze the efficacy of teachers and coaches in mental health promotion and intervention in schools. Thirty-four teachers and coaches were interviewed who had a mean age of 36.3 and a mean experience of 14.8 years (Mazzer et l, 2012). A thematic analysis of the interviews was conducted resulting in all participants identifying student mental health as important and relevant to their role and that they perform a supportive role though their impact is limited in their current role. The weakness of this study is that it was conducted with a small, focused group from a single school district. Mazzer, and colleagues (2012) recommended further research across a larger sample is needed and concluded that it would be beneficial for teachers and coaches to receive more formal mental health education and training as part of their supportive role in student's mental health and well-being.

Vostanis, and colleagues (2013) conducted a study survey to determine the importance of promoting child and adolescent mental health in schools using a coping survey of 599 primary and 137 secondary schools in England. A survey analysis of the questionnaire completed by a

single selected staff member of each school indicated >99% reported student access to help and in regard to interventions - >94% identified listening as the primary intervention, <20% identified discussing medication as least likely, >70% noted students would be encouraged to join support groups and >94% would offer support to the student's family (Vostanis colleagues, 2013). The weakness of this study was the inability to determine motivations or perceptions of responders to entire staff of each school replying to the survey. Vostanis, and colleagues (2013) recommends further research into education and training of school staff and concludes that though interventions are directed to support students, more clear evidence of the roles of school staff and their ability to provide effective in-house support to students over referral outside the school.

Whitley, Smith and Vaillancourt (2012) presented a non-research article on observing the need for educators to be competent in mental health knowledge in order to provide school-centered prevention and intervention methods. Whitley, and colleagues (2012) identify that teachers as well as other school staff have important roles in the prevention, identification and intervention of children and adolescents who are dealing with mental health issues and/or experiencing mental health crisis. That they should possess the tools necessary to perceive and handle these situations. In addition, Whitley, and colleagues (2012) presents the need for effective prevention and intervention in situations of bullying. Whitley, and colleagues (2012) recommends that teachers especially receive continuing education and training to meet the needs of these students. Whitley, and colleagues (2012) conclude that provided the developmental role teachers have on their students, the development of an ongoing, evidence-based program of mental health education and training for teachers is essential.

The strength of the literature on this subject was excellent in that it examined the topic as

well as identified the need for and gaps in the current research as well as the viability of educators as a resource for early intervention and prevention in children, adolescents and young adults diagnosed with or experiencing a mental health issue or crisis. The literature was limited as far as sample size for some, but most of the articles were limited by lack of previous research on the subject as well as data on the child, adolescent and young adult mental health population. As a result of these limitations, the answer to the clinical practice question is that mental health education for educators improves the identification of and prevention of mental health issues among the child, adolescent and young adult mental health population.

Conceptual or Theoretical Framework

The theoretical framework of the Mental Health Education for Educators project is based on the core concepts of Jean Watson's theory of human caring as a foundation on which to develop the program. This nursing theory is summarized by Wayne (2016, p.2) as "Nursing is concerned with promoting health, preventing illness, caring for the sick, and restoring health." Wayne (2016, p.2) further states "The nursing model also states that caring can be demonstrated and practiced by nurses. Caring for patients promotes growth, a caring environment accepts a person as he or she is and looks to what he or she may become."

While educators are not in the health care field, there is nothing preventing educator from replacing the word nursing in the definition and synthesis of Watson's theory. Educators are concerned with improving their students' lives through education, preventing them from harm while in their care, promoting growth, providing a caring and secure environment, accepting the student for who they are and enable them to be who they will become in the future. The Mental Health Education for Educators program uses the core concepts of Watson's theory to develop its educational program. These core concepts include:

- Society – As noted by Wayne (2016, p.3): “Society provides the values that determine how one should behave and what goals one should strive toward.” The school environment (society) and the roles and goals of educators and students are a societal norm.
- Human Being – As noted by Wayne (2016, p.3): “Human being is a valued person to be cared for, respected, nurtured, understood and assisted.” This identifies the educator and student relationship perfectly.
- Health – As noted by Wayne (2016, p.3): “Health is the unity and harmony within the mind, body and soul; health is associated with the degree of congruence between the self as perceived and the self as experienced.” In this respect, health identifies the educator-student relationship and their roles with each other within the school environment.
- Actual Caring Occasion – This occurs with the choices and actions of two individuals – the educator and the student who form a relationship within the school environment with specific roles and goals (Wayne, 2016). As Wayne (2016, p.3) notes: “The moment of coming together in a caring occasion presents the two persons with the opportunity to decide how to be in the relationship – what to do with the moment.”
- Transpersonal – The concept of a transpersonal relationship is that of two individuals, the one individual (the educator) affects and is affected by the other individual (the student) (Wayne, 2016). As noted by Wayne (2016, p.3): “Both are fully present in the moment and feel a union with the other; they share a phenomenal field that becomes part of the life story of both.”

Using these core concepts, the MHEE project enables educators to embrace the theory of human caring in support of their students mental and emotional health as well as personal and

educational growth from childhood to adolescence to young adulthood. By developing positive long-term relationships with students, educators are able to fully develop a theory of human caring where open communication provides insight into the mental, social and emotional development and wellbeing of their students. Therefore, the MHEE project, by virtue of strengthening the roles educators have in their student's lives, will enable students to achieve their goals in both the present and future.

Chapter II: Methodology

Needs Assessment

The lack of education, training and experience educators often have in regard to mental health serves to create a perfect storm that may continue to lead to unsafe and unhealthy situations that effect the individual, the professionals and the community in general (Marsh, 2015; Liu and colleagues, 2014). For example, in the most recent study, incidences of depression episodes among teens rose from 8.7% in 2005 to 11.5% in 2014 (Schrobsdorff, 2016). In 2016, the Los Angeles School District alone reported over 5,000 incidents of suicidal behaviors among its students (Schrobsdorff, 2016). As Schrobsdorff (2016, p.2-3) notes:

> "Some of the increase in Los Angeles schools may be due to more awareness and improved data collection, but with more than 30 percent of high school students there reporting prolonged feelings of hopelessness and sadness lasting more than two weeks, and 9.1% of middle schoolers and 8.4% of high schoolers in the district actually attempting suicide, the data highlights the need for more mental health resources for young people."

Through ineffective education and training of educators, the adolescent mental health population and the community at large are at risk. The MHEE program was developed and designed to ensure that educational professionals will have the skills and knowledge to appropriately interact with the mental health population in order to prevent escalation of a mental health crisis (Rufolo and colleagues, 2018). The Mental Health Crisis Response Institute (n.d.) identifies mental health crisis as being "A person has a mental health crisis when they are in a state of mind in which they are unable to cope with and adjust to the recurrent stresses of everyday living in a functional, safe way." This is a public health concern as without adequate

education, these professionals cannot provide adequate safety for the community at large on several levels.

Liu and colleagues (2015, p.73) noted in regard to educators "Mental health education, a multi-disciplinary curriculum that involves psychology, pedagogy, and sociology, can be professional, practical, and operational. These features require a high standard of efficacy and knowledge from a head teacher." As such, the MHEE project would be delivered to educators of all levels to ensure that individuals with a mental health diagnosis are provided the same level of safety, care and treatment afforded to the rest of the population. This would be a tertiary level of care as it would focus on educating educators to be comfortable and prepared to not only work with individuals who already have a mental health diagnosis, but how to identify those individuals when they are experiencing a mental health issue or crisis.

Project Design

The school district used for the project allowed flyers to be posted to recruit educators for participation in the study and a location where surveys could be completed and collected. Participation in the study was not mandatory. The methodology for this project was selected based on the hypothesis that mental health education provided to educators to improve their knowledge and skills (awareness and preparedness) in helping students who are experiencing mental health issues or crisis during school hours would result in a reduction of incidences of depression, suicidal ideations, bullying and violence within the student population in their care. The project design is a three-step process:

1. **Pre-MHEE Education Survey –** This survey was in the form of a questionnaire (see Appendix A) that was designed to attain a baseline level of the awareness, preparedness knowledge, comfort and experience educators have with mental health disorders and de-

escalation techniques needed to produce reduction of incidences of depression, suicidal behaviors and/or ideations, bullying and violence among students.

2. **MHEE Educational Intervention –** The MHEE Educational Intervention In-Service (See Appendix B) was developed for educators to obtain a knowledge base of mental health disorders and behaviors as well as the de-escalation techniques to be aware and prepared to be a viable resource for their students experiencing a mental health issue in school.
3. **Post-MHEE Education Survey –** This survey was in the form of a questionnaire (See Appendix C) that was designed to measure the effectiveness of the MHEE Educational Intervention in promoting awareness and preparedness among educators who have completed the program.

A sample size (*N=45*) of educators from high schools within the school district was selected to participate in the initial Pre-MHEE educational intervention survey. Criteria for selection were facilities with a large diversity of experience as an educator. The survey was used to identify educators' current experience, knowledge, education, training and comfort level they possessed on the subject of mental health. If they possessed any of the tools necessary to effectively work with students to identify/recognize mental health behaviors and/or those who are diagnosed or experiencing a mental health issue or crisis. The primary goal of this evidence-based practice project was to identify if the MHEE program was effective in improving the knowledge and skills of educators to interact positively with students experiencing a mental health situation.

The clinical question being addressed in this DNP project is; In educators at all levels, how effective is the MHEE educational intervention in promoting awareness and preparedness to

support students experiencing a mental health issue or crisis during school hours in one month? The MHEE program sought to actualize a previously unrealized resource into the care and support of the child, adolescent and young adult mental health population, namely educators, with whom students spend a significant portion of time. A positive educator-student relationship during the development of student's social and emotional growth experiences is a necessity (Marsh, 2016).

Based on the selected literature, recommendations and professional observations, important stakeholders, besides educators, were identified. These included students, school and district staff, families/caregivers, mental health professionals, primary care providers and community first responders and law enforcement. This group forms an interprofessional collaboration serving to develop a plan of action that would ensure students experiencing mental health issues or crisis would receive the proper care and treatment as well as serve to provide safe home, school and community environments.

Each of the stakeholders played an important role in the success and implementation of the project as well as in its evaluation. Educators identified with the important role they play in the social and emotional growth of their students in addition to education. The students will see their educators as a resource when experiencing a mental health issue or crisis. The schools and districts will become a partner with community professionals (first responders and law enforcement), families/caregivers and mental health and health care professionals will provide children, adolescents and young adults with the support, care and treatment they need to be safe and functional members of the community. The goals of the project were to increase the knowledge, skills and comfort levels of educators to aid them in supporting their students and reducing the incidences of mental health issues such as depression, suicidal thoughts, bullying

and violence among students.

The database established from the pre-MHEE educational intervention survey provided a baseline for determining the effectiveness of the MHEE program. The survey included information about:

- types of mental health disorders:
- unique qualifiers that can help identify issues such as depression, suicidal ideations, bullying and violent tendencies before they escalate;
- techniques to prevent escalation of any of these issues into a crisis;
- de-escalation techniques if these issues enter into crisis status;
- design of a standard operating procedure (SOP) for staff to mediate any issue or crisis situation; and
- development of an intercollaborative professional relationship with mental health care professionals and community professionals such as first responders and law enforcement in order to assist them in providing the student, as well as their family/caregiver, the care and treatment to enable them to manage their mental health diagnosis throughout their life.

The MHEE program was provided as a fully-developed educational program that was delivered over a period of two-weeks. Successful completion was rewarded with a district certification of completion recognizing them as a resource for management of mental health issues that arise during the school day for not only students, but staff and families /caregivers as well. The Mental Health Education for Educators program was developed in accordance with the requirements for national certification as established by the Council for the Accreditation of Educator Preparation (CAEP). The determined effectiveness of the MHEE program affects

submission and timeline of the accreditation process.

Setting

The school district that was the focus of the MHEE project is located in the Eastern United States providing vocational programs that serve approximately 500 students regardless of race, color, national origin, gender or disability and over 53 diverse municipalities, (MCVSD.org, 2018). The site consists of educators of vocational courses delivered to junior and senior high school students. Approximately 20% of students in the school district have Individual Education Plans (IEPs) due to mental health, behavioral or learning disability issues (MCVSD, 2018). This was determined to be an excellent site in which to develop a program for educators that could improve their knowledge and skills in mental health in order to provide a frontline defense to provide identification, recognition and early intervention as well as de-escalation of adolescents at risk for or already experiencing a mental health issues or crisis.

Population

The population evaluated for this project included a sample size of 20 high school educators in at least two buildings of a single school district who have between one and 30 years of experience as educators of children, adolescents and young adults. This is a diverse population of professionals who are fully dedicated to the education and well-being of the students in their care. The educators were chosen based on the knowledge that the board of education does not require any form of mental health education or training as part of the initial training or in-services provided to these professionals.

Educators were chosen as the population for this project based on the most current statistics regarding mental health in the United States. The National Institute of Mental Health (2017) indicates that in 2015, 20% of adolescent population (ages 13-18) have been diagnosed

with a mental illness with 46.3% (46.7% female/46% male) of those having a lifelong prevalence and 21.4% having a severe lifelong condition. These numbers are considered estimates as the indications show that lack of access to care and other factors can result in gaps in the actual number of those suffering from a mental illness who have not received or sought care (National Institute for Mental Health, 2017).

Mental health and well-being is a significant chronic condition for which there is no cure; only care and treatment to cope with its effects. Unlike disease where there is a pathophysiology that can be used to provide effective treatment, the course of action for care and treatment of a mental illness is based on theories and pharmacological treatments that may have significant side effects that can increase the chances of developing long term physical health problems such as obesity, diabetes, hypertension, liver, gastrointestinal and kidney issues as well as suicidal ideations, insomnia, irrational thought and behavior (Wilson, Shannon & Shields, 2014). The risks of pharmacological treatment in mental health, without the promise of full recovery, are often favored in the guise of providing the stated goal of safety for the individual and others (Becker and colleagues, 2016). In the meantime, other means of care and treatment such as education, training and holistic therapies are often overlooked. (Becker and colleagues, 2016; Malla and colleagues, 2016; Ulhaq, Thevan and Adams, 2017).

Instruments

Three tools were used to identify the effectiveness of the MHEE program. The initial tool was a pre-MHEE educational intervention survey of 30 questions (See Appendix A) to establish a baseline of the knowledge, comfort level and experience educators have in regard to mental health. Questions ranged from knowledge of autism and Asperger's syndrome before participating in the MHEE program to comfort level in de-escalating a student experiencing a

mental health issue or crisis due to depression, anxiety, or bullying to experience with any type of mental health disorder a student may be experiencing.

The second tool used for the project was the MHEE Educational Intervention In-Service itself (See Outline in Appendix B). The education provided in the program included subjects such as types of Mental Health disorders, signs and symptoms of mental health issues, episodes or crisis and evidence-based practices in prevention and intervention to provide safe interaction and de-escalation if needed. In addition, training in skills such as therapeutic speech, therapeutic holds, guided imagery and other de-escalation techniques were provided to the participants.

One month following participation in the MHEE educational intervention, a post-MHEE educational intervention survey of 30 questions (See Appendix C) was provided for the population to be used to identify the effectiveness of the MHEE program in promoting awareness and preparedness in regard to mental health that educators had obtained through participation in the MHEE program.

Project Implementation

The implementation of this program required many steps and involved a large number of key stakeholders as well as community partners. Among the key stakeholders for this program are the mental health population itself, school districts, parents/caregivers, communities and professional unions as they will all benefit from the early intervention and prevention as well as knowledge and skills educators will be able to provide to their students.

Community partners included primary care physicians and psychologists/psychiatrists who contributed to a positive intercollaboration with educators to enable efficient and effective care and treatment. Other community partners included local hospitals, mental health/behavioral programs and rehabilitation facilities who formed positive relationships with these professionals

in order to create a web of healing for the vulnerable mental health population.

Procedures for Data Collection

The first step of implementation was to deliver the pre-MHEE educational intervention survey to educators in order to assess the current knowledge of the mental health and mental health care and treatment, previous experience, education or training in mental health and with the mental health population and, comfort level when interacting with the mental health population. In addition, questions to determine if there is a stigma about mental health among the professionals were included to further expand on the educational need on the subject of mental health of students. Once the surveys were completed and returned, the next step was a survey analysis to ascertain the specific needs of the educators. The step provided a baseline database to use as a comparison with the post-survey.

The pre-MHEE educational intervention survey was made available to the population (educators) in the teacher lounge of each location and was promoted by flyers (See Appendix D) posted in the lounge and delivered to the mail boxes of the staff at each location. The pre-MHEE surveys were located on top of a sealed box which had an opening in the front in which to insert a completed survey in the self-sealing envelope provided with each survey. The surveys were completely confidential, with no identifying marks or coding as well as completely voluntary. An Information and Consent Form (See Appendix I) outlining the research study was included in each envelope as well. Completed surveys were collected by a member of the project team and analyzed to establish a baseline which the post-MHEE survey data were compared.

Once the pre-MHEE surveys had been analyzed, the next step in the process was the implementation of the MHEE educational intervention in-service to enhance the role of educators through in-depth education and training. They will not only need to have the

education and training to de-escalate and intervene, but also provide methods of recognition, prevention and support due to the level of interaction they have with students and their parents/caregivers. A flyer (See Appendix E) was posted in the teachers' lounge and delivered to the mailboxes of the staff at each location announcing the MHEE educational intervention program in-service event.

Of utmost importance to the support needed for students is the educators ability to:

- deescalate a crisis situation or worse case situation (Fazel and colleagues, 2014);
- arrange safe transport for the patient to a care facility (Fazel and colleagues, 2014); and
- provide intervention to children and teens diagnosed with a mental illness or who may suffer a mental health event or crisis at school (Fazel and colleagues, 2014).

The MHEE educational intervention in-service program was designed as an in-depth educational and training program that requires seamless integration into the education and training already provided to educators. In-depth education and training of these professionals provides the greatest benefit to their ability to support their students (Hambrick colleagues, 2014). The MHEE is a fully-designed 2-week course as mental health requires this level of involvement in education and training. There are both classroom time and online lessons used to complete the course. The course includes evidence-based knowledge that will provide the professionals with the education and skills needed to be frontline support for the mental health population, their caregivers and the community at large.

One month following participation in the MHEE educational intervention in-service, a post-MHEE educational intervention survey was made available to the population (educators) in the teachers' lounge of each location and promoted by flyers (See Appendix F) posted in the teachers' lounge and delivered to the mail boxes of the staff at each location. The post-MHEE

surveys were located on top of a sealed box which has a small opening in the front in which to insert a completed survey in the self-sealing envelope provided with each survey. The surveys were completely confidential, with no identifying marks or coding as well as completely voluntary; participation in the MHEE educational intervention did not establish a requirement to complete a post-MHEE survey. Completed surveys were collected by a member of the project team and analyzed to compare the results with the baseline established in the pre-MHEE survey results in order to determine the effectiveness of the MHEE educational intervention program based on the improvements identified in the post-MHEE survey results.

Institutional Review Board

The MHEE project was given full approval through the Board of Education of the school district on January 16, 2018 as noted in the Board of Education minutes for the date "XIII. Permission for Susan Rufolo, Middletown Nursing Instructor, to conduct research for her Doctoral studies." (MCVSD.org, 2018). Recruitment for the MHEE educational intervention project were completely voluntary and confidential as there were no identifying marks or coding on the surveys or the envelopes provided with them to identify who or in which school they were completed. There was no requirement for any person completing a pre-MHEE survey to participate in the MHEE educational intervention in-service nor is participation in the MHEE educational in-service a requirement to participate in the post-MHEE survey. Participation in the project was not mandatory. Only the project team members had access to the data from the surveys; only the results of the effectiveness of the MHEE educational intervention are shared. In addition, approval was requested through submission and subsequent approved through the Bradley University Committee on the Use of Human Subjects in Research (CUHSR) for the project (See Appendix K).

Outcomes

The desired outcomes for effectiveness of the MHEE educational intervention included: improvement of educator's knowledge of mental health disorders, improvement of educator's comfort level with mental health, improvement of educator's recognition and identification of mental health behaviors and improved understanding of mental health to support students and reduce incidences of depression, suicidal thoughts/actions, bullying and violence among students.

Data Analysis

The purpose of this project was to enhance the roles of educators for the betterment of their students who may be experiencing a mental health issue or crisis. A pre-MHEE educational intervention survey served to establish a baseline level of knowledge, comfort and experience educators have with mental health, individuals with a mental health diagnosis and de-escalation techniques to reduce incidences of depression, suicidal ideations, bullying and violence among students in their schools. The pre and post surveys used for this project used a Likert rating scale of poor (1) to excellent (5) for each question on the survey. As noted by Jamieson (2018) "Likert scales are widely used in social and educational research."

Since the population participating in the project was a homogenous group with similar professional backgrounds, education and training, the data obtained from the pre-MHEE survey and post-MHEE survey were analyzed using a basic percentile analysis. The pre-MHEE surveys were used as a primary source of comparison in determining the effectiveness of the MHEE educational intervention in-service, through comparison with the post-MHEE survey, in providing educators with the knowledge and skills needed to be a viable resource and support for their students experiencing a mental health issue or crisis.

Data for the post-MHEE survey was analyzed in the same manner as the pre-MHEE survey and the basic percentile used as a comparison to determine the effectiveness of the MHEE program. The data collected provided insight into the effectiveness of the MHEE educational intervention in-service in closing these gaps and in educators gaining awareness and preparedness in mental health to better support their students. Data from the surveys was analyzed by the project team leader and presented in a series of tables that highlight the needs of the population as identified in the pre-MHEE survey and the improvements, if any, to these needs as identified in the post-MHEE survey.

Ethical Issues

Approval was obtained for the project from the Committee on the Utilization of Human Subjects in Research (CUHSR) at Bradley University. The survey questionnaires were delivered to adult educational professionals in the schools selected by the school district to participate in the project. The surveys were completely confidential with no type of coding or other identifying mark attached to either the questionnaire or the self-sealing envelope provided with each. The survey questionnaires were returned in the sealed envelope to a sealed box located in the teacher's lounge of each school and collected by a project team member.

Recruitment for the pre-MHEE survey, participation in the MHEE educational intervention in-service and the post-MHEE survey was completely voluntary and were made through a flyer posted in the teacher's lounge of each school as well is delivered to the mail boxes of staff members of each school. A letter of recruitment (See Appendix G) has been established with and approved by the school district.

Chapter III: Organizational Assessment and Cost-Effectiveness Analysis

Assessment of the Organization

The school district selected for the MHEE project was within a large county in the eastern United States that featured not only a diverse population, but a diverse mix of communities ranging from affluent towns to rural farm lands. The school district firmly embraces this diversity within its schools and seeks to provide any programs which will serve to support the students and their families/caregivers. Nearly 30% of the students within the district have IEPs due to mental health, behavioral and/or learning disabilities (MCVSD.org, 2018). However, with no requirements for special education training, only the base educational needs of these students, as required of these plans, are met by educators.

Readiness for change

The district showed readiness for change following the presentation of the MHEE project to the assistant superintendent in January 2018. A complete outline of the project and its goals were discussed at that time. The MHEE Project was presented to the District Board of Education at their meeting on January 30, 2018 and was unanimously approved. The district further identified their readiness for change following a series of situations involving a student suffering severe panic attacks in the classroom. Following a discussion between staff, the family and the district, an interim plan of action was adopted by the district to handle these incidents when they occur based on severity.

The goal of this project was for the district to fully adopt the MHEE program following evaluation of the program's effectiveness in improving educator's knowledge, skills and de-escalation techniques to recognize and identify students who are showing possible signs of or currently experiencing a mental health issue or crisis. The readiness for change was based on the

assumptions that the MHEE project include continuous access to the site, access to all team members, access to research (district and public libraries), consultants, equipment (computers, printers, copiers) for all designated meeting times and the full support of the district itself as well as the staff willingness to participate in the MHEE educational intervention project.

Barriers and facilitators to implementation

There were no barriers to this project as it had the full support of the school district. The facilitators of the implementation of the project included the project team leader, project mentor, three support colleagues, the district educator and the district assistant superintendent.

The roles and responsibilities of the team members are identified below:

- Team Leader - The team leader and coordinator of meetings. Designer of the educational program using input from the site team members.
- Project Mentor - Project mentor who will assist in research, review research and program information and papers as well as provide guidance for the team leader.
- School Principal - The principal of the site who will assist in coordination of meetings for the site team during the course of the project.
- Teacher Liaison - Educator at the site who will serve as the liaison for the teaching staff at the site as well as delivering and collecting program surveys.
- District Education Coordinator - Lead educator of the site who will serve as a resource to review the various stages of the project and ensure it is being developed to work within the educational and training of current and new teachers in order for the final program to be smoothly integrated into the standard requirements of all teachers within the district.
- District Assistant-Superintendent – Implementation coordinator and district liaison for the project including initial data collection up to and beyond integration of the MHEE

program into district training.

Risk and/or unintended consequences

The risks/constraints of this project were minimal as team members covered for each other if necessary and all resources were readily available. As such, the project was completed on time and on budget. The resource (time and direct costs) were donated.

The Risk Management Plan included strategies to overcome possible lack of staff, trouble finding and/or scheduling consultants and interviewing/training of perspective trainers. The strategies that were implemented to overcome these possible issues included:

- Selection of more than one potential consultant for each course development section of the project.
- Selection of trainer candidates was at beginning of the project along with alternates if the original candidates were not able to fulfill their obligation or potential in the role.

Role of interprofessional collaboration

The role of interprofessional collaboration needed to be strong and effective in order for the MHEE program to succeed. Education was provided by a trained healthcare professional who had experience in mental health care. The MHEE program was developed by an interprofessional team of educators, nurses, physicians and mental health professionals. In additional, first responders (EMT/Law Enforcement) participated in order to provide the input needed to successfully support students and families/caregivers as well as a safe and secure school environment and community.

The educators are the first line of support with the responsibility of providing the other professionals with the information necessary to support the student, as well as aid the families/caregivers, through the process of accessing the appropriate level of care needed for the

student to develop the skills to manage their mental illness. The interprofessional collaboration worked to ensure students receive the support they need in order for the educators to successfully reduce incidents of depression, suicidal thoughts/actions, bullying or violence among children, adolescent and young adult students.

Cost Factors

Budgetary Needs

There were no budgetary needs for the implementation of the MHEE project as all resources and supplies were obtained through in-house items already purchased by the school district. Team members volunteered their services in support of the MHEE project. In addition, research and reference materials as well as interprofessional consultant contacts were provided through Paul's Peace, Inc. – a 501c(3) non-profit mental health foundation.

Cost Avoidance or Savings Associated with Implementation

The program itself featured built-in cost avoidance and savings before and upon implementation. As an educator in the school district, there was unrestricted access to the district database. Data collection and analysis was provided by the project team members. In addition, the resources and supplies needed for completion of this project were provided at no cost to the program development project by the school district. The research and MHEE project had no cost associated with its implementation as is noted in the Budgetary Needs section above.

Chapter IV: Results

The information culled from the data collected during this project was consistent with the expectations of the project. The information obtained will be used in the future to determine the effectiveness of the MHEE education intervention in promoting awareness and preparedness to support students experiencing a mental health issue or crisis during school hours in one month.

The data obtained were used to compare the results from the pre-MHEE Educational Intervention surveys and the results from post-MHEE Educational Intervention surveys. The thirty survey questions from each survey were grouped into seven different categories depending on the type of question as pertains mental health. These categories included:

- **Comfort Level** – A person's ability to openly and positively discuss mental health with others.
- **Experience –** A person's experience with mental health either personal, educational, or through professional training.
- **General Perception –** How a person generally perceives mental health and those who suffer from a mental health disorder.
- **Identifying and Recognizing Behaviors –** A person's overall ability to identify and recognize when a person is experiencing a mental health issue or crisis.
- **Knowledge –** A person's overall knowledge of mental health, mental health behaviors and how to help those who are experiencing a mental health issue or crisis.
- **Training –** A person's overall training in mental health either personal, educational or through their profession.
- **Understanding –** A person's overall understanding of mental health and the needs of those who suffer from a mental health disorder in order to be fully aware and prepared to

help those who are experiencing a mental health issue or crisis.

The comparison of the results of the pre and post surveys was used to determine the effectiveness of the MHEE Educational Intervention In-Service in developing awareness and preparedness in educators to manage mental health issues or crisis events experienced by students during school.

Analysis of Implementation Process

The initial implementation of the project involved the pre-MHEE Education Intervention survey (See Appendix A) to establish a database of educator's knowledge and training in mental health and their ability to manage students experiencing mental health issue or crisis. The surveys were provided in the teacher's staff lounge and were completed and submitted anonymously over a two-week period. The completion and collection of twenty completed surveys went smoothly and without incident.

The second part of the implementation of the project involved an in-service of the MHEE Educational Intervention over another two-week period. The in-service was conducted during the educator's morning break for roughly one hour per day covering a variety of topics following the course outline (See Appendix B). Attendance to the in-service was not mandatory, but twenty educators participated in most to all of the scheduled in-services during their break.

The third and final implementation of the project involved the post-MHEE Educational Intervention survey (See Appendix C) to establish a database to compare to the results of the pre-MHEE Educational Intervention survey in order to determine the effectiveness of the MHEE Educational In-Service. The surveys were provided in the teacher's staff lounge and were completed and submitted anonymously over a two-week period. The completion and collection of twenty completed surveys went smoothly and without incident.

While the number of participants during the in-service portion of the project varied during the two weeks it was presented during the educators scheduled daily break, the same number of pre and post surveys were completed thereby providing a suitable level of data to compare the results and determine the effectiveness of the MHEE Education Intervention.

Analysis of Project Outcome Data

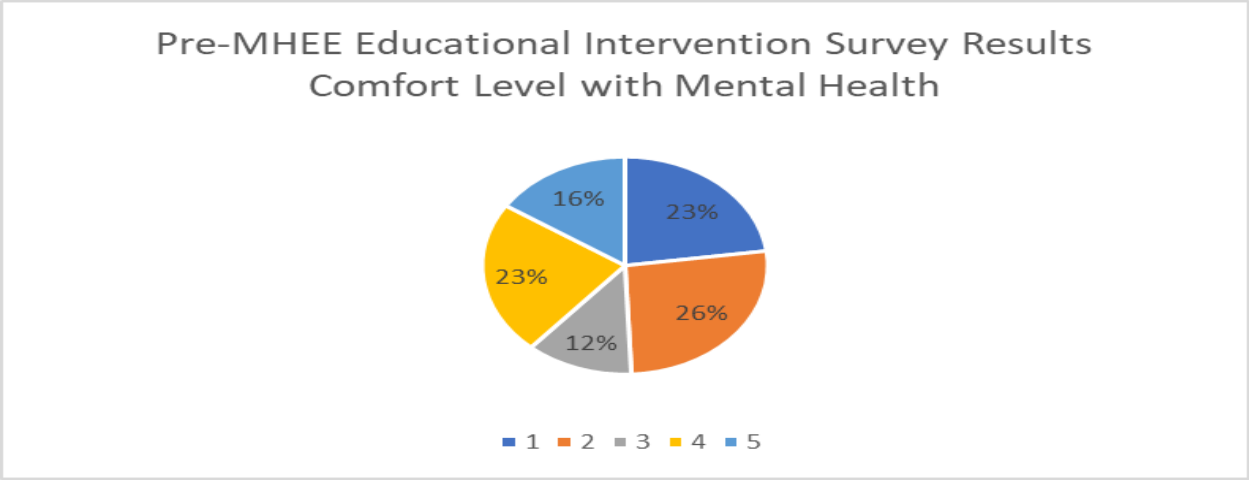
In this section, the data results from both the pre-MHEE Educational Intervention and post-MHEE Educational Intervention surveys will be presented. Section 1 presents the results of the pre-MHEE Educational Intervention survey. Section 2 presents the results of the post-MHEE Educational Intervention survey. Section 3 presents a comparison of the two surveys in order to determine the effectiveness of the MHEE Educational Intervention In-Service. Survey ratings are - 1=Poor, 2=Fair, 3=Average, 4=Above Average and 5=Excellent.

1. **Pre-MHEE Educational Intervention In-Service Survey Results**

   A. **Comfort Level with Mental Health (Survey Questions – 3-4-16-17-21-24-27)**

   Comfort level with Mental Health included questions that pertain to the educator's comfort level in discussing mental health or managing a student who is experiencing a mental health issue or crisis. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

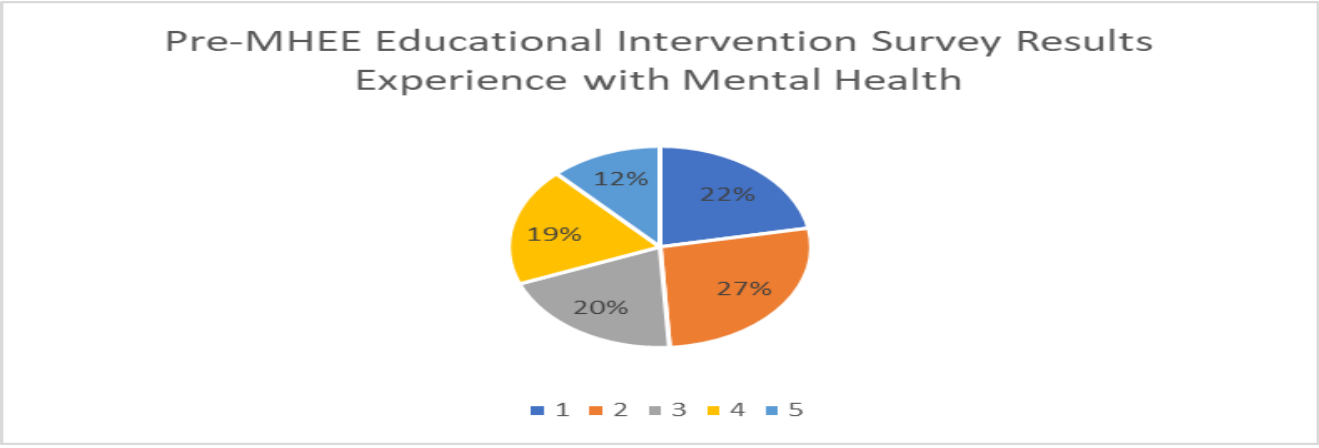
   - **1 (Poor)** - 23% felt they had a poor level of comfort
   - **2 (Fair) -** 26% felt they had a fair level of comfort
   - **3 (Average) –** 12% felt they had an average level of comfort
   - **4 (Above Average) –** 23% felt they had an above average level of comfort
   - **5 (Excellent) –** 16% felt they had an excellent level of comfort



B. Experience with Mental Health (Survey Questions – 5-10-11-19-23)

Experience with Mental Health included questions that pertain to the educator's experience in discussing mental health or managing a student who is experiencing a mental health issue or crisis. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

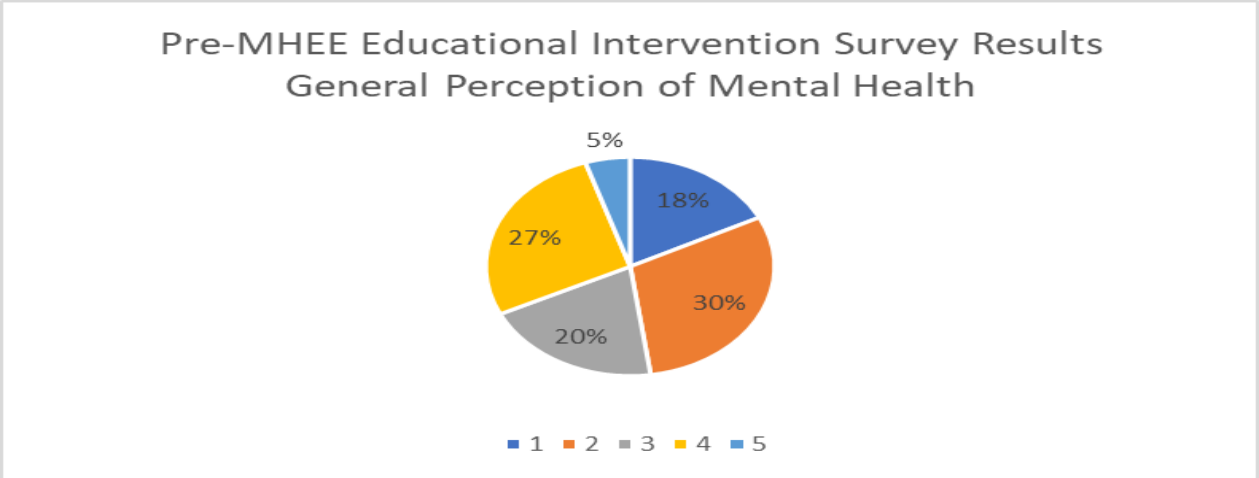
- **1 (Poor)** - 22% felt they had a poor level of experience
- **2 (Fair)** - 27% felt they had a fair level of experience
- **3 (Average)** – 20% felt they had an average level of experience
- **4 (Above Average)** – 19% felt they had an above average level of experience
- **5 (Excellent)** – 12% felt they had an excellent level of experience



C. General Perception of Mental Health (Survey Questions – 7-26)

General Perception of Mental Health included questions that pertain to the educator's general perception of mental health and its effects on an individual. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** - 18% felt they had a poor general perception
- **2 (Fair) -** 30% felt they had a fair general perception
- **3 (Average) –** 20% felt they had an average general perception
- **4 (Above Average) –** 27% felt they had an above average general perception
- **5 (Excellent) –** 5% felt they had an excellent general perception

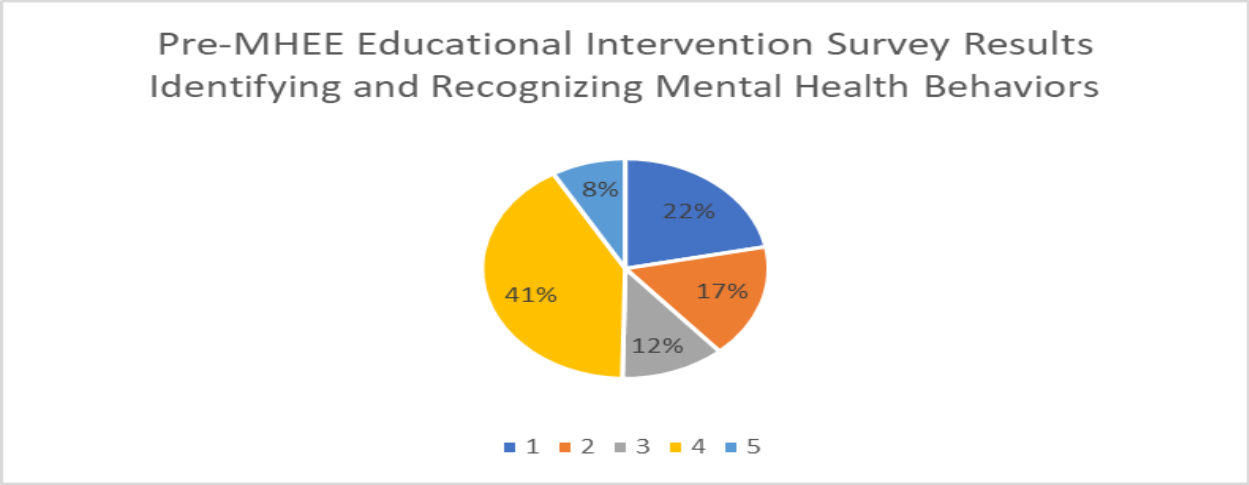


D. Identifying and Recognizing Mental Health Behaviors (Survey Questions – 13-20-25)

Identifying and Recognizing Signs and/or Symptoms of Mental Health Behaviors included questions that pertain to the educator's ability to identify and recognize students who are experiencing signs and symptoms of mental health behaviors during school hours or at school events in order to manage or intervene in the situation in

order to prevent escalation of the situation into a crisis. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** - 22% felt they had poor ability in identification and recognition
- **2 (Fair)** - 17% felt they had fair ability in identification and recognition
- **3 (Average)** – 12% felt they had average ability in identification and recognition
- **4 (Above Average)** – 41% felt they had above average ability in identification and recognition
- **5 (Excellent)** – 8% felt they had excellent ability in identification and recognition

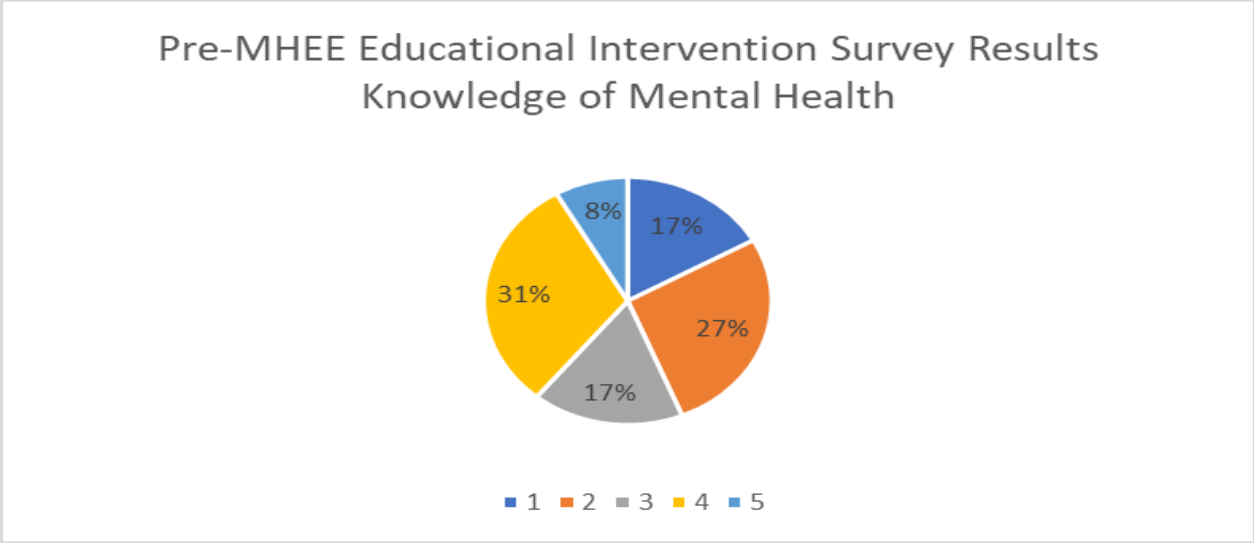


E. Knowledge of Mental Health (Survey Questions – 1-2-8-9-12-15-18-22-29)

Knowledge of Mental Health included questions that pertain to the educator's overall knowledge of mental health, mental health disorders and issues pertaining to mental health. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention in that Knowledge is key to building a solid foundation for being aware and prepared to help manage their students experiencing a mental health issue or crisis. The pre-MHEE Educational Intervention survey results

for this category indicated out of the educators completing the survey;

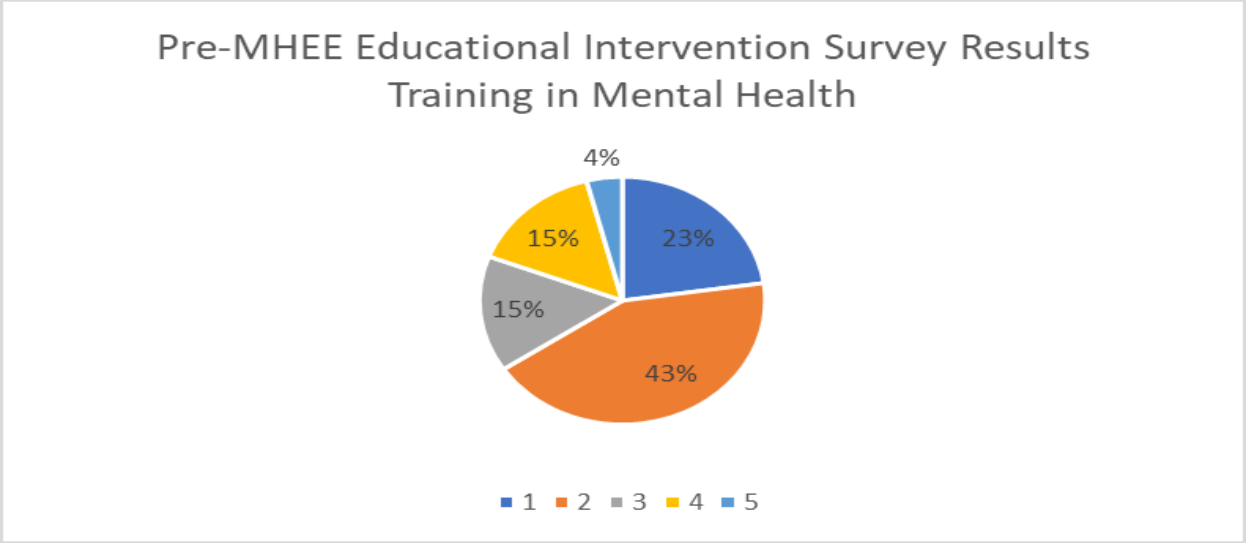
- **1 (Poor)** – 17% felt they had a poor level of knowledge
- **2 (Fair) –** 27% felt they had a fair level of knowledge
- **3 (Average) –** 17% felt they had an average level of knowledge
- **4 (Above Average) –** 31% felt they had an above average level of knowledge
- **5 (Excellent) –** 8% felt they had an excellent level of knowledge



F. Training in Mental Health (Survey Questions – 6-30)

Training in Mental Health included questions that pertain to the educators overall training in addressing and resolving mental health issues by being aware and prepared to use de-escalation techniques. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention in that the tools provided in training, along with the knowledge obtained through the program, will ensure they are aware and prepared to manage students experiencing a mental health issue or crisis. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

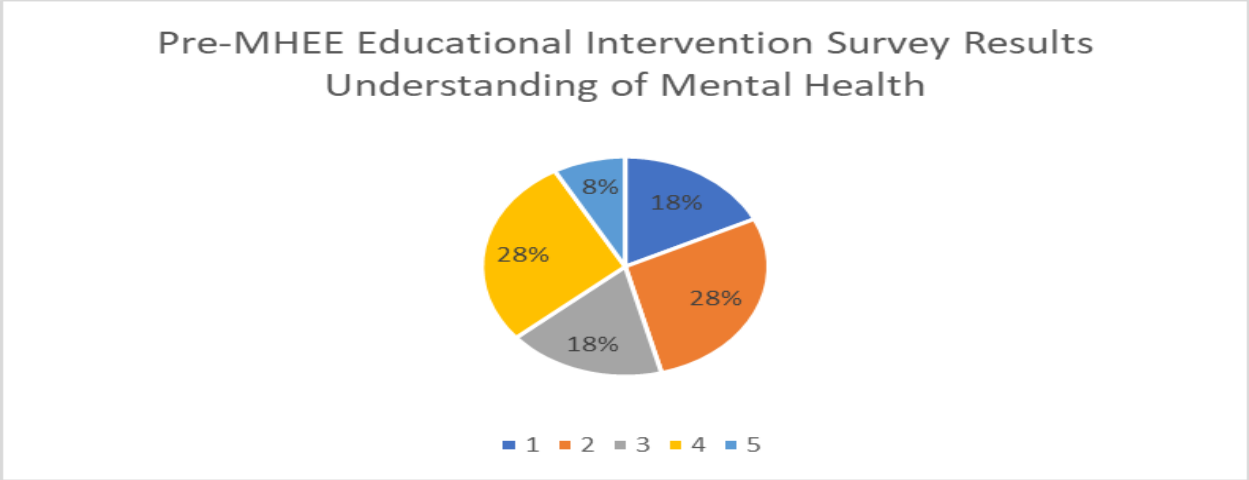
- **1 (Poor)** – 23% felt they had a poor level of training
- **2 (Fair) –** 43% felt they had a fair level of training
- **3 (Average) –** 15% felt they had an average level of training
- **4 (Above Average) –** 15% felt they had an above average level of training
- **5 (Excellent) –** 4% felt they had an excellent level of training



G. Understanding of Mental Health (Survey Questions – 14-28)

Understanding of Mental Health included questions that pertain to the educators overall of mental health issues and the importance of being aware and prepared in managing students who are experiencing a mental health issue or crisis. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention in that it will determine the level of understanding and the important role that the educator plays in ensuring that they are aware and prepared to manage a mental health situation with a student in order to maintain a safe and secure environment for students and staff. The pre-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** – 18% felt they had a poor level of understanding
- **2 (Fair) –** 28% felt they had a fair level of understanding
- **3 (Average) –** 18% felt they had an average level of understanding
- **4 (Above Average) –** 28% felt they had an above average level of understanding
- **5 (Excellent) –** 8% felt they had an excellent level of understanding



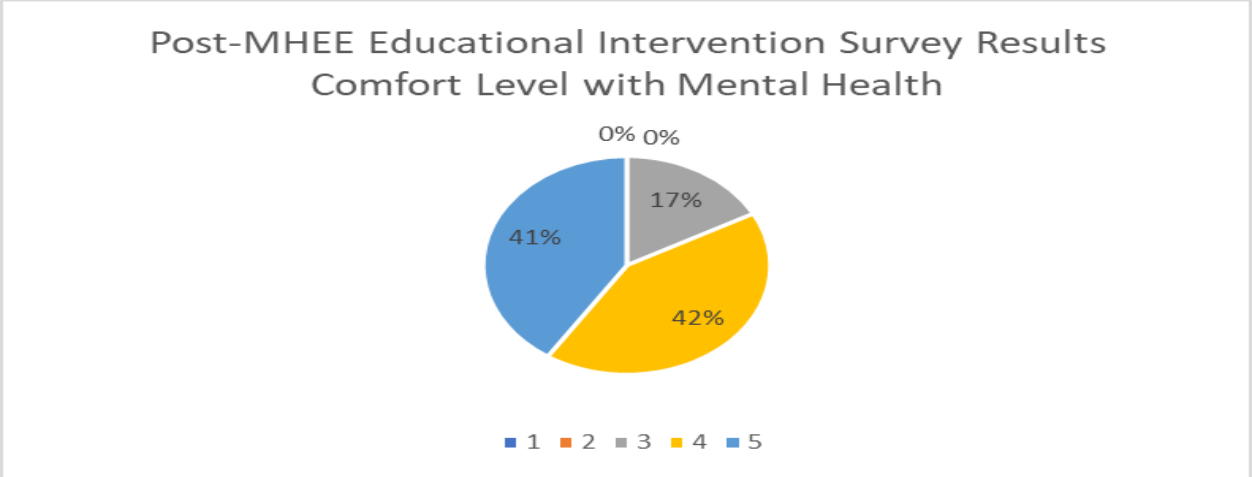
2. **Post-MHEE Program Educational Intervention In-Service Results**

   A. **Comfort Level with Mental Health (Survey Questions – 3-4-16-17-21-24-27)**

   In the post-MHEE Educational Intervention survey, Comfort Level with Mental Health included questions that pertain to how much the educators believe their comfort level in discussing mental health or managing a student who is experiencing a mental health issue or crisis has improved since participating in the MHEE Educational Intervention In-Service. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

   - **1 (Poor)** - 0% felt they had a poor level of improvement in comfort
   - **2 (Fair) -** 0% felt they had a fair level of improvement in comfort
   - **3 (Average) –** 17% felt they had an average level of improvement in comfort

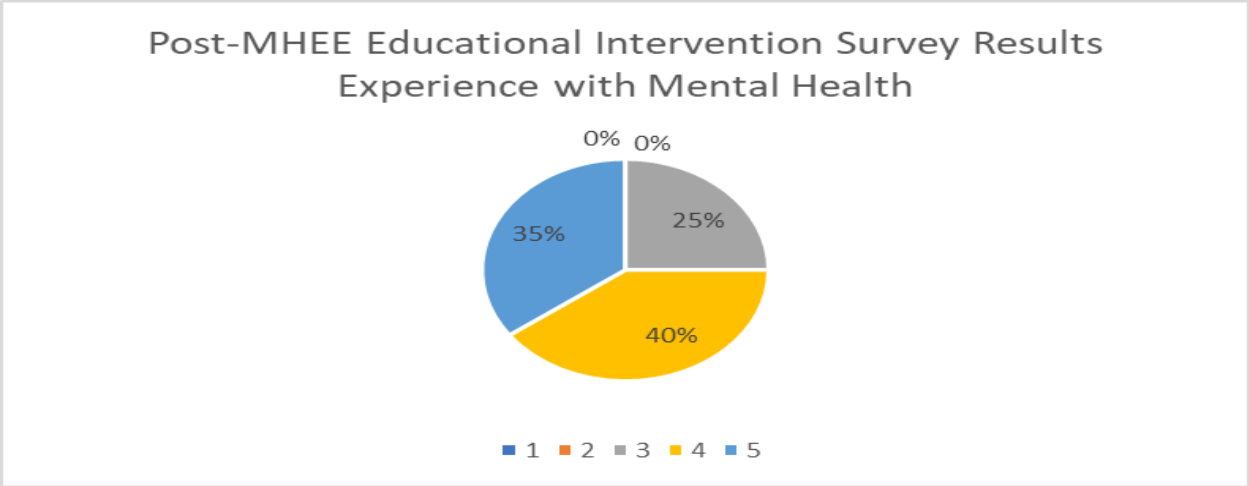
- **4 (Above Average) –** 42% felt they had an above average level of improvement in comfort
- **5 (Excellent) –** 41% felt they had an excellent level of improvement in comfort



B. Experience with Mental Health (Survey Questions – 5-10-11-19-23)

In the post-MHEE Educational Intervention survey, Experience with Mental Health included questions that pertain to how much the educators believe their experience in discussing mental health or managing a student who is experiencing a mental health issue or crisis has improved since participating in the MHEE Educational Intervention In-Service. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

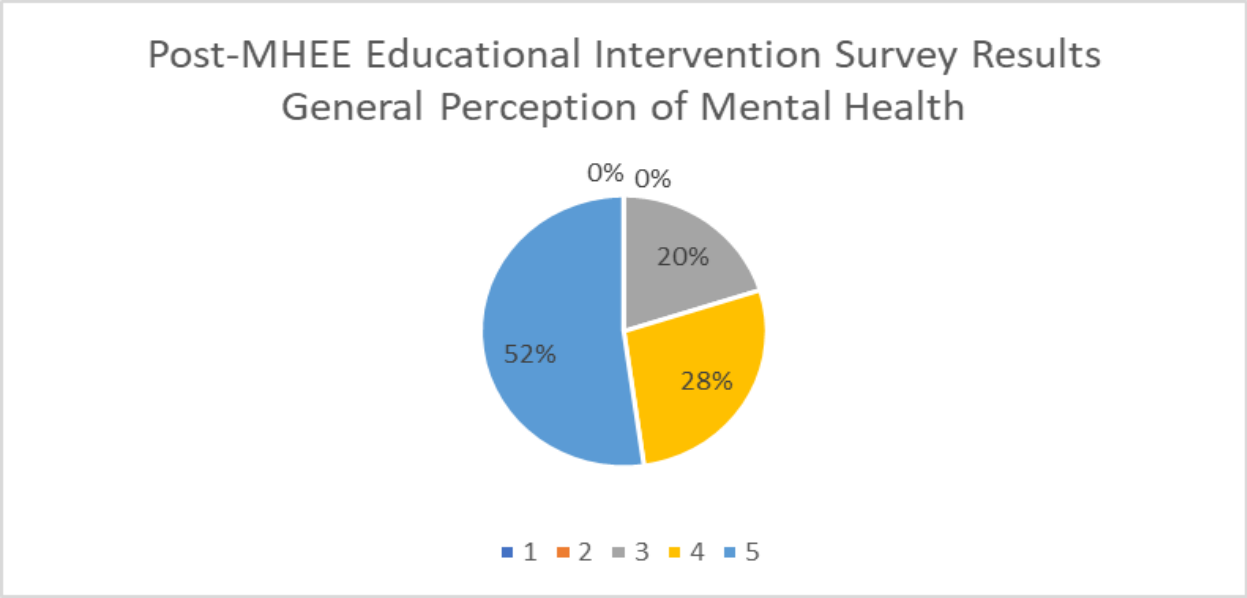
- **1 (Poor)** - 0% felt they had a poor level of improvement in experience
- **2 (Fair) -** 0% felt they had a fair level of improvement in experience
- **3 (Average) –** 25% felt they had an average level of improvement in experience
- **4 (Above Average) –** 40% felt they had an above average level of improvement in experience
- **5 (Excellent) –** 35% felt they had an excellent level of improvement in experience



C. General Perception of Mental Health (Survey Questions – 7-26)

In the post-MHEE Educational Intervention survey, General Perception of Mental Health included questions that pertain to how much the educators believe their general perception of mental health and its effects on an individual has improved since participating in the MHEE Educational Intervention In-Service. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** - 0% felt they had a poor level of improvement in general perception
- **2 (Fair) -** 0% felt they had a fair level of improvement in general perception
- **3 (Average) –** 20% felt they had an average level of improvement in general perception
- **4 (Above Average) –** 28% felt they had an above average level of improvement in general perception
- **5 (Excellent)** –52% felt they had an excellent level of improvement in general perception

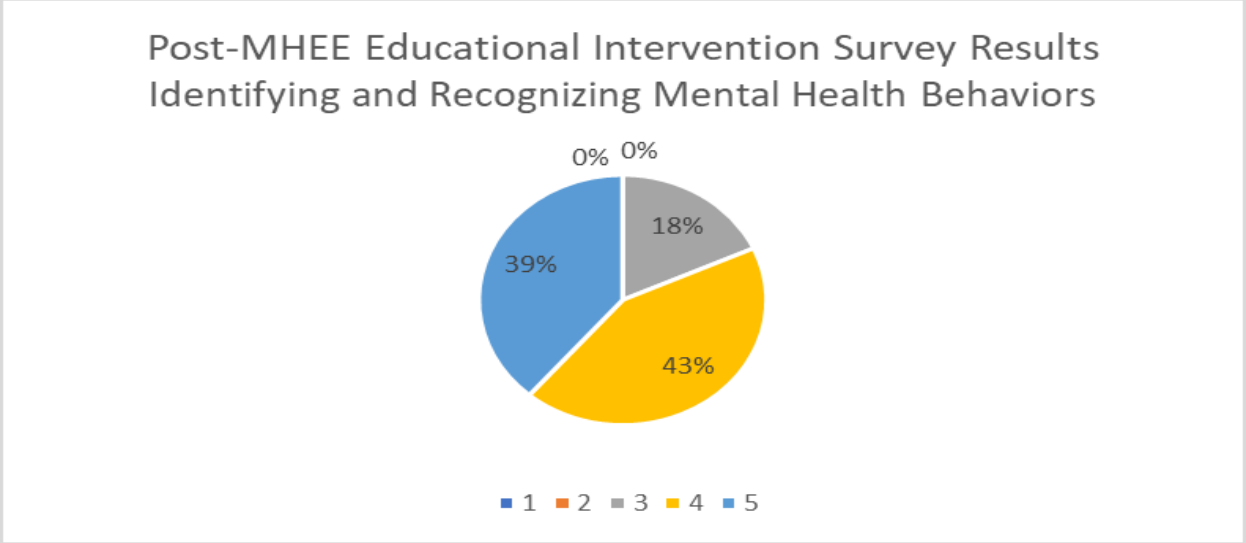


D. Identifying and Recognizing Mental Health Behaviors (Survey Questions – 13-20-25)

In the post-MHEE Educational Intervention survey, Identifying and Recognizing Signs and/or Symptoms of Mental Health Behaviors included questions that pertain to how much the educators believe their ability to identify and recognize students who are experiencing signs and symptoms of mental health behaviors during school hours or at school events has improved since participating in the MHEE Educational Intervention In-Service. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** - 0% felt they had poor improvement in their ability in identification and recognition
- **2 (Fair) -** 0% felt they had fair improvement in their ability in identification and recognition
- **3 (Average) –** 18% felt they had average improvement in their ability in identification and recognition

- **4 (Above Average) –** 43% felt they had above average improvement in their ability in identification and recognition
- **5 (Excellent) –** 39% felt they had excellent improvement in their ability in identification and recognition

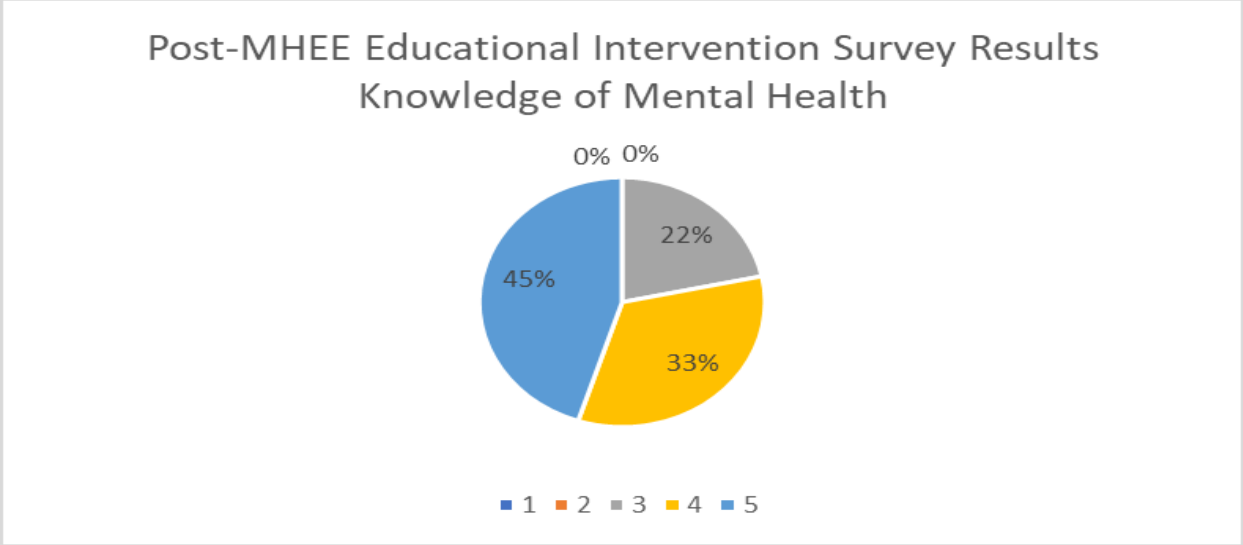


E. Knowledge of Mental Health (Survey Questions – 1-2-8-9-12-15-18-22-29)

In the post-MHEE Educational Intervention survey, Knowledge of Mental Health included questions that pertain to how much the educators believe their overall knowledge of mental health, mental health disorders and issues pertaining to mental health has improved since participating in the MHEE Educational Intervention In-Service. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** – 0% felt they had a poor level of improvement in knowledge
- **2 (Fair) –** 0% felt they had a fair level of improvement in knowledge
- **3 (Average) –** 22% felt they had an average level of improvement in knowledge

- **4 (Above Average) –** 33% felt they had an above average level of improvement in knowledge
- **5 (Excellent) –** 45% felt they had an excellent level of improvement in knowledge

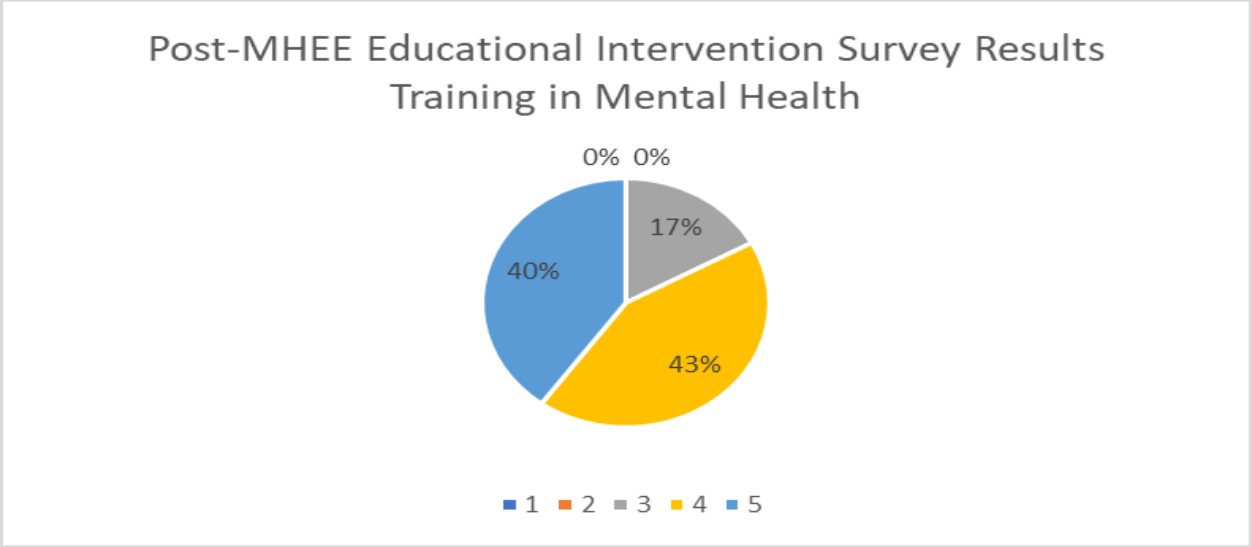


F. Training in Mental Health (Survey Questions – 6-30)

In the post-MHEE Educational Intervention survey, Training in Mental Health included questions that pertain to how much the educators believe their overall training in addressing and resolving mental health issues by being aware and prepared to use de-escalation techniques has improved since participating in the MHEE Educational Intervention In-Service. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** – 0% felt they had a poor level of improvement in training
- **2 (Fair) –** 0% felt they had a fair level of improvement in training

- **3 (Average) –** 17% felt they had an average level of improvement in training
- **4 (Above Average) –** 43% felt they had an above average level of improvement in training
- **5 (Excellent) –** 40% felt they had an excellent level of improvement in training

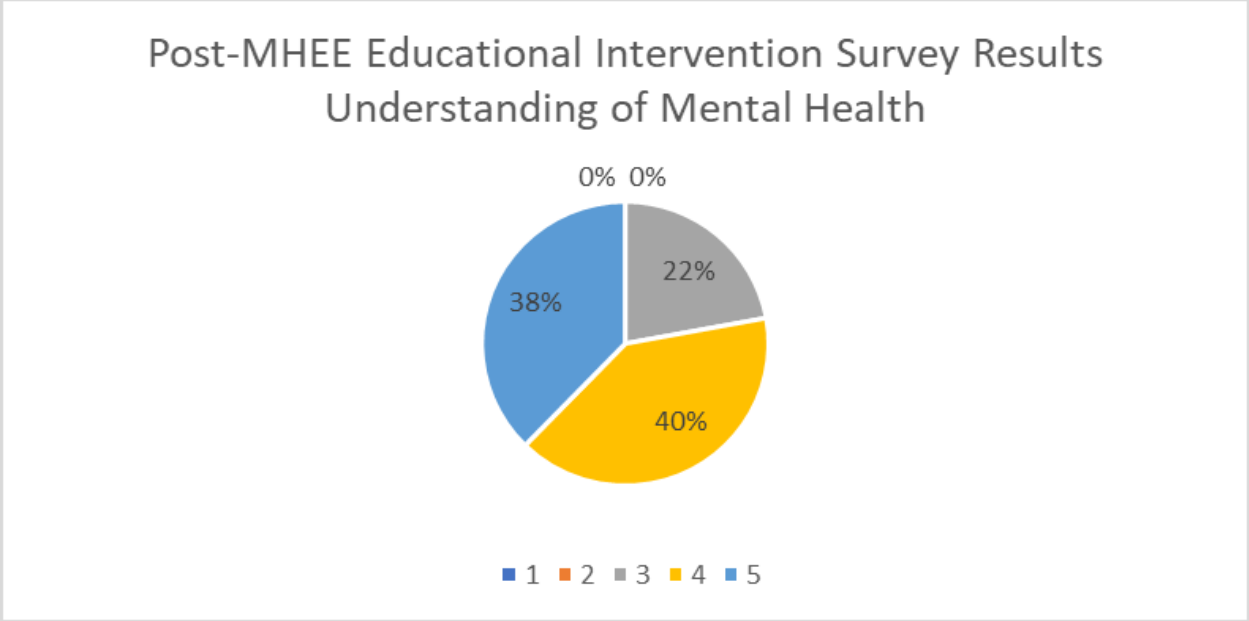


G. Understanding of Mental Health (Survey Questions – 14-28)

In the post-MHEE Educational Intervention survey, Understanding of Mental Health included questions that pertain to how much the educators believe their overall of mental health issues and the importance of being aware and prepared in managing students who are experiencing a mental health issue or crisis has improved since participating in the MHEE Educational Intervention In-Service. These questions are important in determining the overall effectiveness of the MHEE Educational Intervention. The post-MHEE Educational Intervention survey results for this category indicated out of the educators completing the survey;

- **1 (Poor)** – 0% felt they had a poor level of improvement in understanding
- **2 (Fair) –** 0% felt they had a fair level of improvement in understanding

- **3 (Average) –** 22% felt they had an average level of improvement in understanding
- **4 (Above Average) –** 40% felt they had an above average level of improvement in understanding
- **5 (Excellent) –** 38% felt they had an excellent level of improvement in understanding



Comparison of Pre- and Post-MHEE Educational Intervention Survey Results

Category 1: Comfort Level with Mental Health

Table IV.4

Comfort Level with Mental Health (Survey Questions – 3-4-16-17-21-24-27)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	23%	0%	-23%
2 = Fair	26%	0%	-26%
3 = Average	12%	17%	+5%
4 = Above-Average	23%	42%	+19%
5 = Excellent	16%	41%	+25%

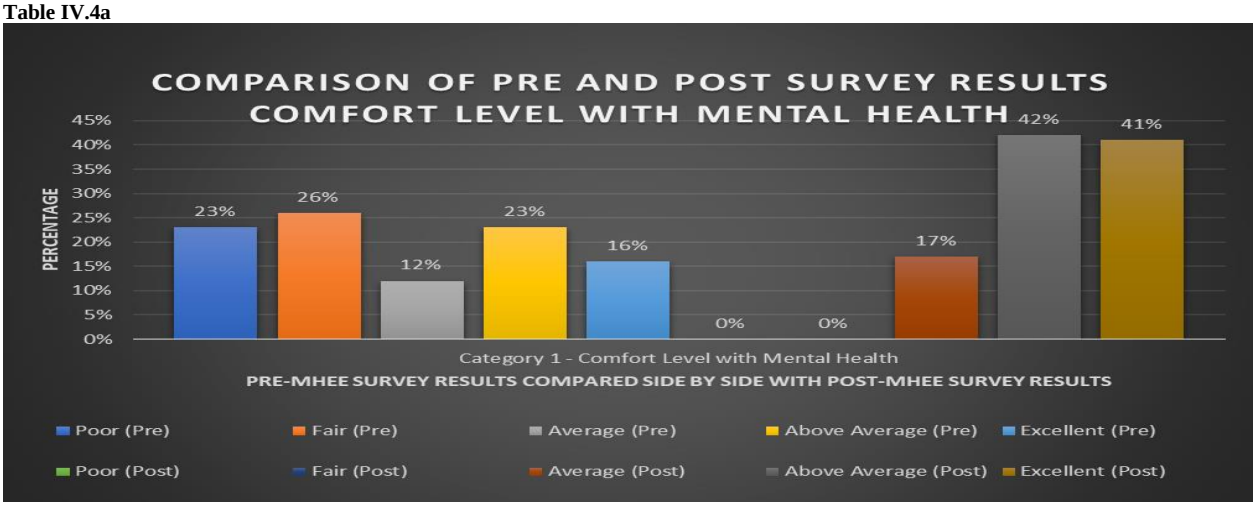
The Comfort Level with Mental Health category is defined as the level of comfort educators have in discussing mental health issues openly and positively with both colleagues and students. This is important to mental health in that by being able to discuss mental health in this manner, it helps to remove the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis. The pre-MHEE Educational Intervention survey results (See Table IV.4) provided a clear picture that the majority of educators (61%) participating in the survey feel they have a poor (23%), fair (26%) or average (12%) level of comfort in discussing mental health. In contrast, only 39% of the educators felt they had an above average (23%) or excellent (16%) level of comfort in discussing mental health. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in discussing issues related to mental health as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educator's comfort level, the MHEE Educational Intervention served to improve their level of comfort. In the results of the post-MHEE survey (See Table IV.4), all of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their comfort level in discussing mental health to average and above. Therefore, in regard to comfort level with mental health, the

MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.4a.

Table IV.4a



Category 2: Experience with Mental Health

Table IV.5

Experience with Mental Health (Survey Questions – 5-10-11-19-23)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	22%	0%	-22%
2 = Fair	27%	0%	-27%
3 = Average	20%	25%	+5%
4 = Above-Average	19%	40%	+21%
5 = Excellent	12%	35%	+23%

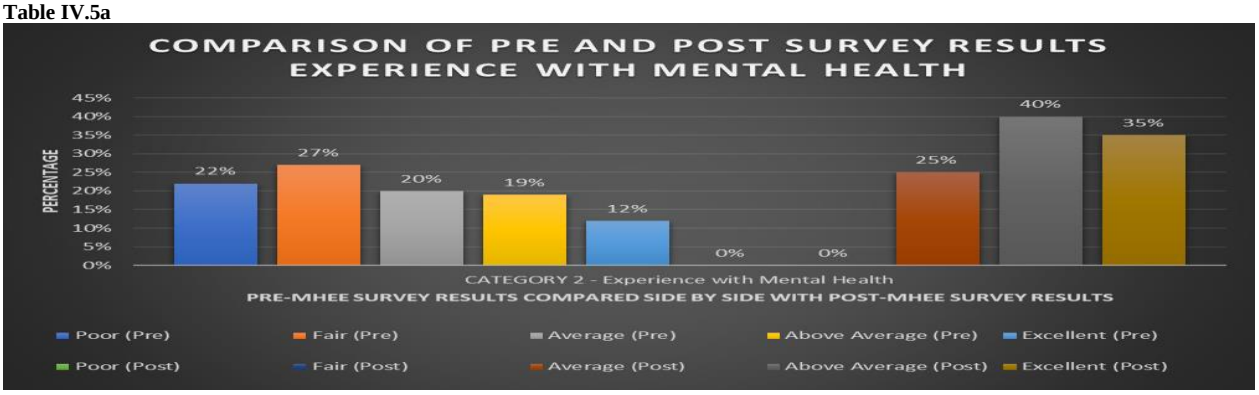
The Experience with Mental Health category is defined as the level of experience educators have in dealing with or managing mental health issues personally, educationally or professionally. This is important to mental health in that by having experience with mental health provides a point of reference in not only identifying the need for mental health awareness and preparedness, but in helping to remove the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis. The pre-MHEE Educational Intervention survey results (Table IV.5) provided a clear picture that the majority of educators (69%)

participating in the survey feel they have a poor (22%), fair (27%) or average (20%) level of experience in dealing with mental health. In contrast, only 31% of the educators felt they had an above average (19%) or excellent (12%) level of experience in dealing with mental health. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in dealing with mental health.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educator's experience with mental health, the MHEE Educational Intervention served to improve their level of experience. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their experience with mental health to average and above. Therefore, in regard to experience with mental health, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.5a.

Table IV.5a



Category 3: General Perception of Mental Health

Table IV.6

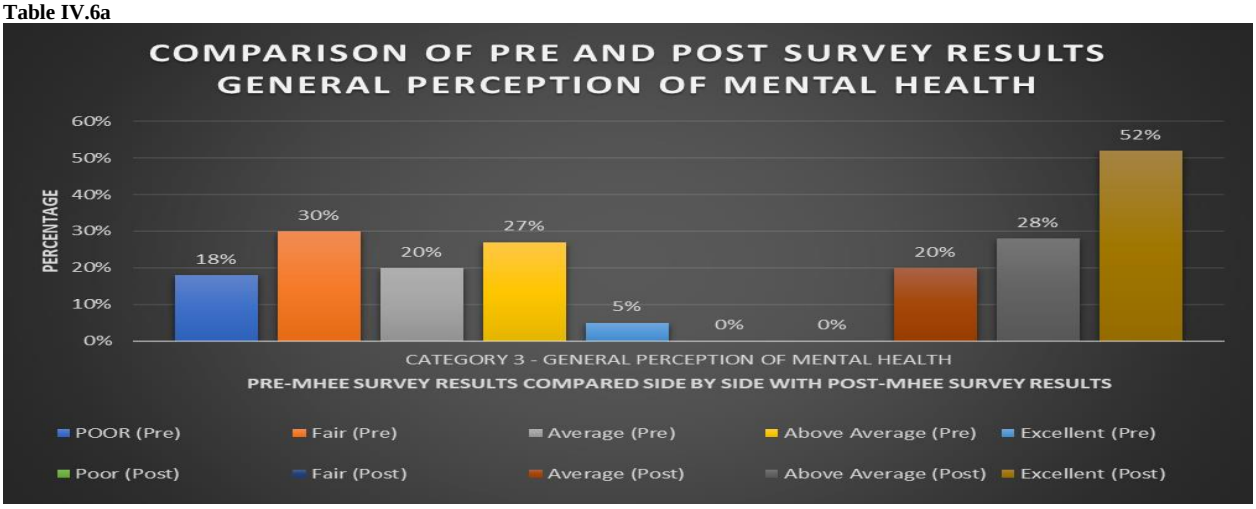
General Perception of Mental Health (Survey Questions – 7-26)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	18%	0%	-18%
2 = Fair	30%	0%	-30%
3 = Average	20%	20%	+2%
4 = Above-Average	27%	28%	0%
5 = Excellent	5%	52%	44%

The General Perception of Mental Health category is defined as the perception educators have of mental health in general. This is important to mental health in that it provides an understanding of educator's feelings towards mental health and helps to determine the strength of the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis. The pre-MHEE Educational Intervention survey results (See Table. IV.6) provides a clear picture that the majority of educators (66%) participating in the survey feel they have a poor (18%), fair (30%) or average (18%) perception of mental health. In contrast, only 36% of the educators felt they had an above average (28%) or excellent (8%) perception of mental health. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness to have a positive perception of mental health as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educator's general perception of mental health, the MHEE Educational Intervention served to improve their general perception. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their general perception of mental health to average and above. Therefore, in regard to general perception of mental health, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.6a.

Table IV.6a



Category 4: Identifying/Recognizing Mental Health Behaviors

Table IV.7

Identifying and Recognizing Signs and/or Symptoms of Mental Health Behaviors (Survey Questions – 13-20-25)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	22%	0%	-22%
2 = Fair	17%	0%	-17%
3 = Average	12%	18%	+6%
4 = Above-Average	41%	43%	+2%
5 = Excellent	8%	39%	+31%

The Identifying/Recognizing Signs and Symptoms of Mental Health Behaviors category is defined as the ability educators have in identifying and recognizing mental health issues that

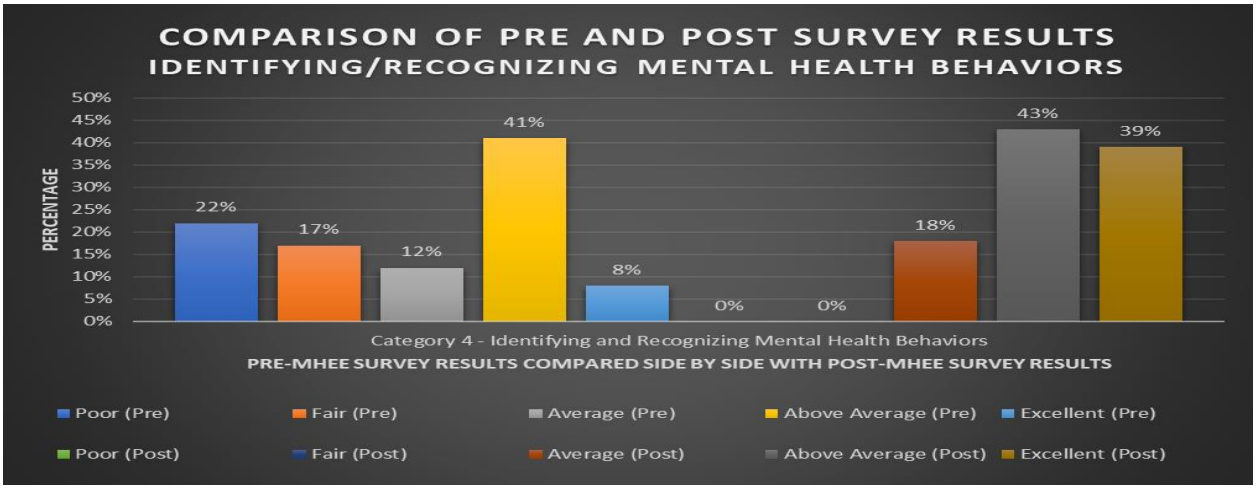
their students experiencing. This is important to mental health in that it by being able to identify and recognize the signs and symptoms of mental health behaviors is the first step in being able to safely manage a student who is experiencing a mental health issue or crisis as well as helps to remove the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis. The pre-MHEE Educational Intervention survey results (See Table. IV.7) provides a clear picture that the majority of educators (51%) participating in the survey feel they have a poor (22%), fair (17%) or average (12%) ability to identify and recognize mental health behaviors. In contrast, 49% of the educators felt they had an above average (41%) or excellent (8%) ability in identifying and recognizing mental health behaviors. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in being able to identify and recognize mental health behaviors as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educator's ability to identify and recognize mental health behaviors, the MHEE Educational Intervention served to improve their ability to identify and recognize mental health behaviors. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their ability to identify and recognize mental health behaviors to

average and above. Therefore, in regard to identifying and recognizing signs and symptoms of mental health behaviors, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.7a.

Table IV.7a



Category 5: Knowledge of Mental Health

Table IV.8

Knowledge of Mental Health (Survey Questions – 1-2-8-9-12-15-18-22-29)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	17%	0%	-17%
2 = Fair	27%	0%	-27%
3 = Average	17%	22%	+5%
4 = Above-Average	31%	33%	+2%
5 = Excellent	8%	45%	+37%

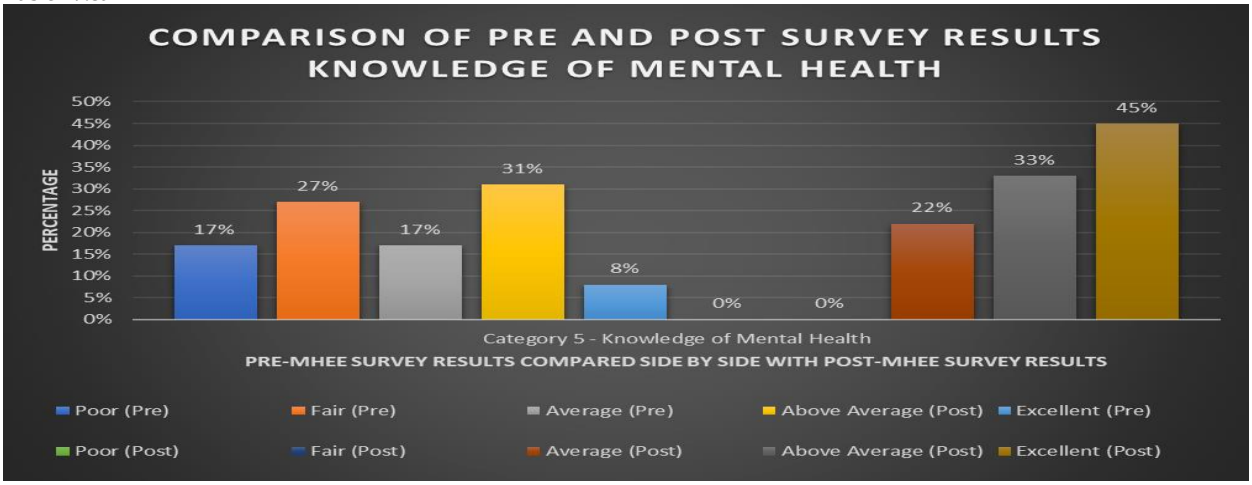
The Knowledge of Mental Health category is defined as the level of knowledge educators have of mental health and mental health issues. This is important to mental health in that it determines the prior knowledge the educator has and how this can affect their interaction with a student experiencing a mental health issue or crisis. Improved knowledge will serve to create a better understanding and general perception of mental health among the educators as well as their ability to manage students experiencing a mental health issue or crisis. In addition, this

improved knowledge will serve to remove the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis.

The pre-MHEE Educational Intervention survey results (See Table. IV.8) provides a clear picture that the majority of educators (61%) participating in the survey feel they have a poor (17%), fair (27%) or average (17%) level of knowledge of mental health. In contrast, 39% of the educators felt they had an above average (31%) or excellent (8%) level of knowledge of mental health. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in their knowledge related to mental health as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey. As reflected in the comparison chart above pertaining to the educator's knowledge, the MHEE Educational Intervention served to improve their level of knowledge. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their knowledge of mental health to average and above. Therefore, in regard to knowledge of mental health, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.8a.

Table IV.8a



Category 6: Training in Mental Health

Table IV.9

Training in Mental Health (Survey Questions – 6-30)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	23%	0%	-23%
2 = Fair	43%	0%	-43%
3 = Average	15%	17%	+2%
4 = Above-Average	15%	43%	+28%
5 = Excellent	4%	40%	+36%

The Training in Mental Health category is defined as the level of training educators have in mental health and mental health issue prior to and during their career as an educator. This is important to mental health in that it proper and continued training in mental health and mental health issues will serve to help educators in managing mental health issues or crisis experienced by students. Training in Mental Health is considered to be a key factor in the ability of educators to meet the needs of the children, adolescents and young adults whom they teach on a daily basis. Without the proper training to be aware and prepared to meet the needs of this unique population, there is risk to not only the student, other students and school staff, but the community as well if these issues are allowed to escalate beyond a safe, secure and manageable

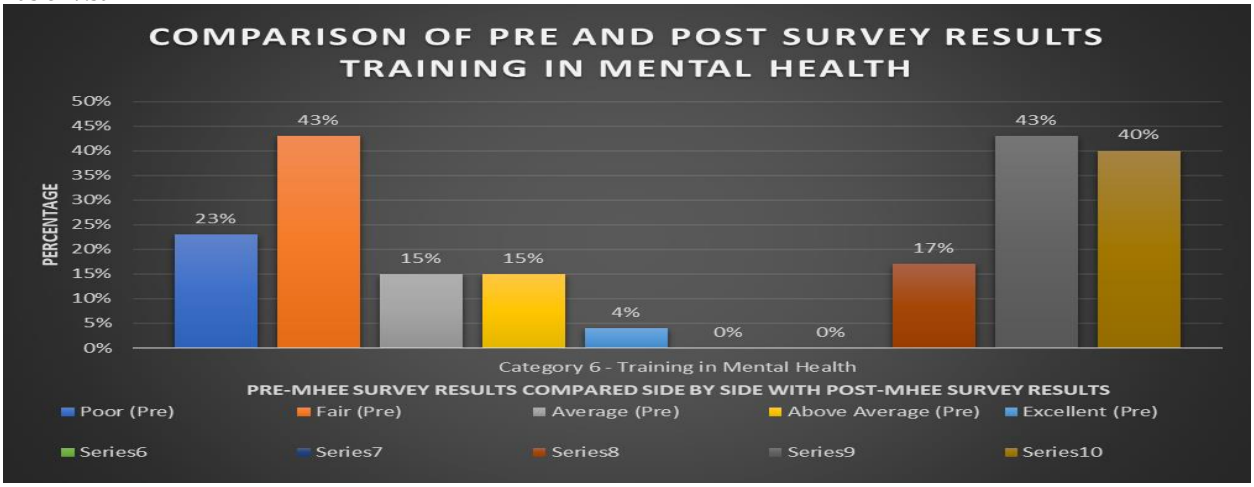
situation.

The pre-MHEE Educational Intervention survey results (See Table IV.9) provides a clear picture that the majority of educators (81%) participating in the survey feel they have a poor (23%), fair (43%) or average (15%) level of training in mental health and mental health issues. In contrast, only 19% of the educators felt they had an above average (15%) or excellent (4%) level of training in mental health and mental health issues. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in managing mental health issues or crisis experienced by their students as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educators training in mental health, the MHEE Educational Intervention served to improve their level of comfort. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their training in mental health and mental health issues to average and above. Therefore, in regard to training level with mental health, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.9a.

Table IV.9a



Category 7: Understanding of Mental Health

Table IV.10

Understanding of Mental Health (Survey Questions – 14-28)	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	18%	0%	-18%
2 = Fair	28%	0%	-28%
3 = Average	18%	22%	+4%
4 = Above-Average	28%	40%	+12%
5 = Excellent	8%	38%	+30%

The Understanding of Mental Health category is defined as the level of understanding educators have in regard to mental health and mental health issues. This is important to mental health in that it by being able to understand mental health and mental health issues serves to help those experiencing mental health issues or crisis as it shows you understand their needs as well as helps to remove the stigma that is so strongly felt by those who struggle with mental health issues on a daily basis.

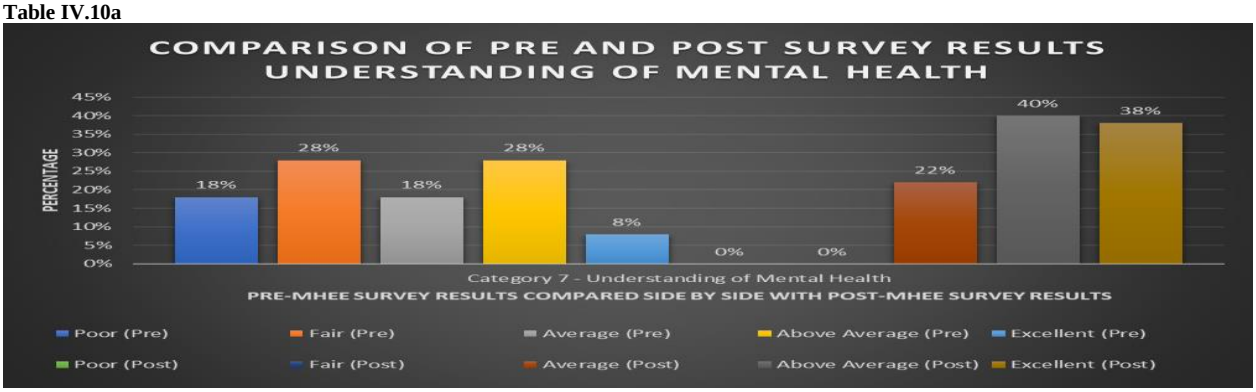
The pre-MHEE Educational Intervention survey results (See Table. IV.10) provides a clear picture that the majority of educators (64%) participating in the survey feel they have a poor (18%), fair (28%%) or average (18%) level of understanding of mental health and mental

health issues. In contrast, only 36% of the educators felt they had an above average (28%) or excellent (8%) level of understanding of mental health and mental health issues. As such, this serves as an indication that the majority of educators did not feel they currently possess an awareness or preparedness in discussing issues related to mental health as well as confirming the stigma that continues to suppress the needs of the mental health community.

Following the pre-MHEE Educational Intervention surveys, the MHEE Educational Intervention in-service was offered to educators to determine if it would serve to improve their awareness and preparedness in regard to mental health. A post-MHEE Educational Intervention survey was provided for educators to determine the effectiveness of the MHEE Educational Intervention in improving their awareness and preparedness in regard to mental health in the same seven categories as in the pre-MHEE Educational Intervention survey.

As reflected in the comparison chart above pertaining to the educators understanding, the MHEE Educational Intervention served to improve their level of understanding. In the results of the post-MHEE survey, the majority of educators (100%) completing the post-MHEE Education Intervention felt that the in-service improved their understanding of mental health and mental health issues to average and above. Therefore, in regard to understanding of mental health, the MHEE Educational Intervention in-service proved to be highly effective as indicated in the side by side comparison of the survey results shown in Table IV.10a.

Table IV.10a



Summary of Major Findings

The purpose of this project was to determine the effectiveness of the MHEE Educational Intervention in improving the awareness and preparedness levels of educators in regard to mental health situations that their students may experience during school hours and events. Twenty educators provided both pre- and post-MHEE Educational Intervention Surveys and 20 educators participated in the MHEE Educational Intervention In-Service.

The survey questions were grouped, as previously noted, into seven different categories in order to obtain baseline data from the pre-MHEE Education Intervention to develop an understanding of the educator's perception of their mental health awareness and preparedness. Each category was considered to be of equal importance in this determination and the results will assist in the continued development and evolution of the MHEE Educational Intervention based on a comparison with the results obtained from the post-MHEE Educational Intervention survey. The results obtained during the survey phases of the project are identified below.

Table IV.1 provides a listing of the results of the pre-MHEE Educational Intervention survey by rank and category.

TABLE. IV.1

SURVEY RANK	PRE-MHEE SURVEY CATEGORY RESULTS							AVG
	CL	EL	GP	I/R	KL	TL	UL	
1	23%	22%	18%	22%	17%	23%	18%	20%
2	26%	27%	30%	17%	27%	43%	28%	28%
3	12%	20%	20%	12%	17%	15%	18%	17%
4	23%	19%	27%	41%	31%	15%	28%	26%
5	16%	12%	5%	8%	8%	4%	8%	9%

LEGEND: CL = COMFORT LEVEL
EL = EXPERIENCE LEVEL
GP = GENERAL PERCEPTION
I/R = IDENTIFYING/RECOGNIZING
KL = KNOWLEDGE LEVEL
TL = TRAINING LEVEL
UL = UNDERSTANDING LEVEL
AVG = AVERAGE

SURVEY RANK: 1 = POOR
2 = FAIR
3 = AVERAGE
4 = ABOVE AVERAGE
5 = EXCELLENT

Table IV.2 provides a listing of the results of the post-MHEE Educational Intervention survey by rank and category.

TABLE. IV.2

SURVEY RANK	POST-MHEE SURVEY CATEGORY RESULTS							AVG
	CL	EL	GP	I/R	KL	TL	UL	
1	0%	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%	0%
3	17%	25%	20%	18%	22%	17%	22%	20%
4	42%	40%	28%	43%	33%	43%	40%	38%
5	41%	35%	52%	39%	45%	40%	38%	42%

LEGEND: CL = COMFORT LEVEL
EL = EXPERIENCE LEVEL
GP = GENERAL PERCEPTION
I/R = IDENTIFYING/RECOGNIZING
KL = KNOWLEDGE LEVEL
TL = TRAINING LEVEL
UL = UNDERSTANDING LEVEL
AVG = AVERAGE

SURVEY RANK: 1 = POOR
2 = FAIR
3 = AVERAGE
4 = ABOVE AVERAGE
5 = EXCELLENT

In comparing the percentage results from the pre- and post-MHEE Educational Intervention surveys, the pattern of improvement was evident in each of the seven categories. In addition, the overall average of the rankings improved as well to provide evidence of an overall improvement in awareness and preparedness among educators who participated in the MHEE Educational Intervention In-Service. The following sections provide a breakdown of the comparative results in each category and the meaning these results have in the effectiveness of the MHEE Educational Intervention in promoting awareness and preparedness among educators.

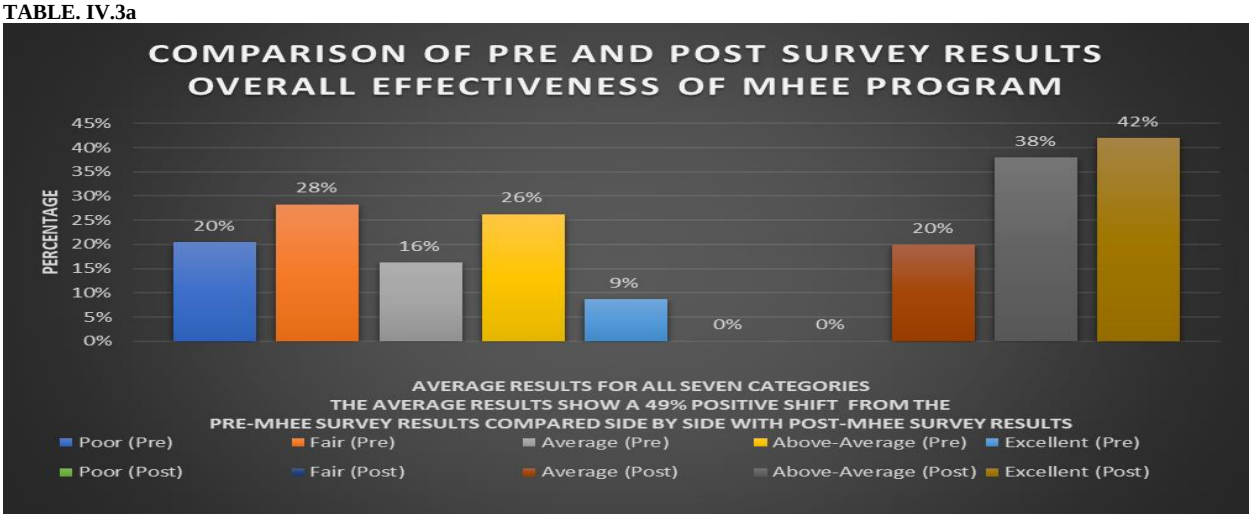
A side by side comparison of the overall pre and post-MHEE survey results provided insight into how the participants felt their level of awareness and preparedness in mental health was prior to the MHEE Educational Intervention In-Service and how much that awareness and preparedness improved following their participation in the MHEE Educational Intervention In-Service.

Table IV.3 and IV.3a provide a visual comparison of the pre- and post-MHEE surveys. This comparison produced an overall shift of 49% from the pre- and post-MHEE surveys. The results indicated that the participants felt that the MHEE Educational Intervention In-Service improved their mental health awareness and preparedness.

TABLE.I V.3

Comparable Improvement of Categories from Pre-MHEE Survey to Post-MHEE Survey	PRE-MHEE SURVEY	POST-MHEE SURVEY	+/-
1 = Poor	20%	0%	-20%
2 = Fair	28%	0%	-28%
3 = Average	16%	20%	+4%
4 = Above-Average	26%	38%	+12%
5 = Excellent	9%	42%	+33%

TABLE. IV.3a



Chapter V: Discussion

Research revealed educators as an unutilized resource in the support of children, adolescents and young adults who experience mental health issues or a mental health crisis during school hours. The MHEE project used this research and more to design a program that would turn this unutilized resource into a viable asset. Effectiveness of the MHEE Program, by virtue of providing educators with the knowledge and skills that would support the mental health needs of their students, would be invaluable.

The results of the pre-MHEE surveys indicated that educators who participated in the survey felt they did not previously possess the knowledge and skills needed to completely support the needs of their students experiencing a mental health issue or crisis. Following the presentation of the MHEE Educational Intervention In-Service, participants were encouraged to complete the post-MHEE surveys. The results of the post-MHEE surveys strongly indicated that the educators completing the surveys felt that their knowledge and skills (i.e. awareness and preparedness) greatly improved after their participation in the MHEE Educational Intervention In-Service.

Overall, this initial study into the effectiveness of the MHEE Educational Intervention In-Service proved to be highly successful. The 49% positive shift from the pre- to post-MHEE surveys provided evidence that the MHEE Educational Intervention is effective and a much-needed program for not only educators, but for supporting the children, adolescents and young adult students of the mental health population. While further research to expand the MHEE Educational Intervention In-Service is still to be completed and further study is required to evolve the program, the initial results are very promising. The level of improvement of the awareness and preparedness of educators in regard to mental health exceeded expectations.

Limitations or Deviances from Project Plan

The limitations of this project were the small sample size (n=20). The schools involved had the potential for up to 45 participants for the pre- and post-MHEE Educational Intervention surveys as well as the MHEE Educational Intervention In-Service. However, the selected population consisted of a homogenous group of educators that met the exact criteria needed to determine the effectiveness of the MHEE Educational Intervention project. There were no deviances from the project plan.

Implications for Practice Change, Future Research, Impact on Nursing, Health Policy

The implications of the MHEE Educational Intervention project are far reaching. The results obtained from the pre- and post-MHEE surveys indicated that the MHEE Educational Intervention In-Service was highly effective in developing an increased awareness and prepared-ness in educators in regard to mental health and managing students who may be experiencing a mental health issue or crisis during school hours. As such, there is every indication that a fully realized and implemented program in the course of training and educating educators would be an effective resource in providing safety and security to our schools. The MHEE Educational Intervention will allow the unique insight into students that is available only to educators to be used to:

- Ensure these students receive the quality of care from healthcare and mental healthcare professionals that is required to meet their mental health needs;
- Serve to reduce and eventually remove the stigma from mental health as well as those who suffer with mental health disorders, in order to;
- Provide students with a positive and productive future.

Chapter VI: Conclusion

Value of the Project

The value of the MHEE Educational Intervention project is that it will serve to provide educators with the awareness and preparedness to manage students who are experiencing a mental health issue or crisis. It will allow educators to provide for a safe and secure school environment as well as a create an environment of caring that will enable them to interact with students in a positive manner in regard to them experiencing a mental health issue or crisis. . In addition, educators will be able to openly and positively discuss mental health in a completely knowledgeable and understanding manner that will eliminate any concerns students may have of being stigmatized upon their return to the school and classroom. Rather than the current mentality of both sides pushing away from each other, the MHEE program will serve as a magnet to pull the educator and student together in complete and total support.

It will allow them to promote a tolerable atmosphere as well as generate an environment of caring among classmates when another experiences a mental health issue or crisis. The results of the MHEE Educational Intervention project clearly indicate it is a highly effective educational tool that will provide a level of awareness and preparedness among educators that will restore the safety and security of our schools. In addition, it will provide a valuable resource for healthcare and mental healthcare professionals that will enable them to deliver quality care to these children, adolescents and young adults.

Evaluation and Sustainability of the Program

In collaboration with Paul's Peace, Inc., the MHEE program will continue to evolve and studied through continued work in school districts. These studies will enable the complete determination on the effectiveness of the MHEE Educational Intervention program in improving

educator's awareness and preparedness to support and manage children, adolescent and young adult students experiencing a mental health issue or crisis.

Once the program has proven to be effective, national accreditation will be sought in order to establish this tertiary mental health program as a requirement for educators to provide for increased health, well-being and safety of the classroom, school and community at large. Accreditation for the MHEE educational intervention would be sought through the Council for the Accreditation of Educator Preparation (CAEP, n.d.). As noted by the CAEP (2016) "Accreditation provides a framework that has pushed educator preparation programs to continually self-assess and conduct evidence-based analysis of their programs and their efficacy. These evidence-based shifts, rooted in continuous improvement, are helping to ensure that preparation programs are more likely to produce successful educators."

The sustainability of the program will be accomplished through quarterly meetings with the interdisciplinary team to evaluate and maintain current evidence-based practice for the program. In-service classes will be provided every six-months to ensure the program maintains up-to-date on new evidence-based practices. The MHEE Education Intervention text and supplemental materials will be refined and updated on a yearly basis.

Plan for Dissemination

The plan for dissemination of the MHEE Educational Intervention project is to work with school districts and an interprofessional collaboration of healthcare professionals, law enforcement and community leaders to fully develop the MHEE Educational Intervention program for delivery to educators in all levels of education. The program does not need to be restricted to only educators. Any individuals working within the school who have regular interaction with students such as secretaries and coaches who are not teachers as well as other

workers within the school building can participate. The individual school districts will determine who will be eligible to participate in the program within their district, but the recommendation would be for all employees who have interaction with students throughout the school year to participate in the program. The plan would be for an initial training period followed by quarterly in-service events to keep abreast of evidence-based practice. The MHEE will continuously evolve in order to meet the ever-changing needs of this vital resource to the safety and security of our schools and the well-being of those students who suffer from a mental health disorder.

Families/caregivers will work alongside their child and their educators to ensure their child receives the education, care and support to manage their mental health issue without fear of being stigmatized by other students and the community in general. Mental health and health care professionals will work alongside educators, students and families/caregivers to ensure the child receives the care and support needed to be successful (Liu and colleagues, 2014). First responders and law enforcement will develop protocols to work alongside educators and families/caregivers to ensure the child receives the appropriate care, support and respect to become a valued member of the community.

DNP Essentials

The DNP Essentials were very important to developing and evolving as a DNP as well as this project. The MHEE project provided exposure to all of the eight DNP Essentials, some more than others, but the knowledge gained throughout this project will allow continued development and evolution of these essentials throughout my career as a DNP-FNP. The following section identifies the DNP Essentials met as well as those that require further development.

Essential I: Scientific Underpinnings for Practice. DNP Essential I consists of the

basis of what is nursing practice. Throughout this project, while designed to be presented to educators, was designed with the same level of importance as if it was being designed for nurses. The MHEE Educational Intervention In-Service was developed with an approach to meet ethical standards and the physical, mental and social needs of not only the educators, but their students using the most up-to-date evidence-based practice. By analyzing and organizing data provided by the pre- and post-MHEE surveys, the MHEE Educational Intervention In-Service was able to be designed to meet the needs of educators for them to develop awareness and preparedness in managing students experiencing a mental health issue or crisis. In addition, the pre- and post-MHEE surveys serve to evaluate the MHEE Educational Intervention In-Service. This not only allows for continuous evolution of the program, but development of new evidence-based practice to provide quality care and treatment of the children, adolescent and young adult mental health population.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking. The research conducted throughout this project allowed this DNP Essential to be successfully achieved through the design and development of the MHEE Educational Intervention In-Service. The gaps identifying the need for this project allowed for the development of the MHEE program and provide educators with the knowledge and skills to manage their students and maintain a safe and secure environment within the school community. The project allowed for the development of advanced communication skills to successfully deliver information and instill knowledge of mental health to persons with little experience in dealing with the mental health field or its population. The project allowed for exposure to developing budgets for projects such as the MHEE Educational Intervention In-Service, ensuring the cost-effectiveness of the project, managing ethical issues and ensuring the program is

culturally competent.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice. The MHEE Project let the DNP student explore a wide variety of literature to research not only for the population chosen for the project, but in regard to mental health and mental health care as well. Focusing on educating educators to meet the needs of their students who are experiencing a mental health issue or crisis required research into the knowledge, experience and training provided to educators and what value educators would be to the students, the safety and security of our schools and its influence on the care and treatment of these students. The research allowed development of the MHEE Educational Intervention In-Service that was based in evidence-based practice in order to provide quality outcomes to these situations when they develop. The surveys created for the project allow for continued and multi-faceted evaluations to further evolve the program as well as lead to the development of evidence-based practice and protocols that will limitlessly meet the needs of their students experiencing a mental health issue.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care. The MHEE Project is designed to evolve with the changing research into mental health allowing for the development, use and evaluations of programs that determine the outcomes of care. The MHEE Project will always follow a three-step process (pre-survey, In-Service, post-survey) in order to continually analyze and evaluate not only the program itself, but the new data and technology available in order to communicate the most up-to-date and advanced information to the educators who participate in the program.

Essential V: Health Care Policy for Advocacy in Health Care. Prior to the development of the MHEE Project, school districts provided very little training to their educators and staff in regard to mental health. It was based on this knowledge through review of the

requirements for training that the MHEE program was developed. Taking the lead on this important missing link in promoting a greater level of support, safety and security in our schools, the MHEE was proposed to the district and through the results of the study, implementation of the MHEE Program as a required In-Service would be discussed and advocated for in order to improve educator's awareness and preparedness in managing students who are experiencing a mental health issue or crisis during school hours.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes. The MHEE Project allowed for an incredible and unprecedented level of communication between interprofessionals in order to facilitate the development of the pre and post surveys as well as the MHEE Educational Intervention In-Service. From nurses to doctors to psychologists to educators and community leaders, the MHEE Project provided access to an interprofessional collaboration that allowed for the analysis of literature, data and logistic issues that resulted in the development and delivery of the MHEE Educational Intervention In-Service.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health. Mental health is often a forgotten topic or an afterthought when healthcare is discussed. The MHEE Project provided opportunities to analyze epidemiologic data, examine psychosocial and environmental causes and determine how best to provide quality outcomes and care to the children, adolescent and young adult mental health population. The development of the MHEE Educational Intervention In-Service allowed for the synthesizing of various concepts related to mental health care such as diagnosing, gaps in research and care including the lack of consistent up-to-date evidence-based practice, the need to use all available resources to meet the needs of this unique population and to improve the delivery of care as well as promote safety and security for all students and staff of our schools.

Essential VIII: Advanced Nursing Practice. The MHEE Project is a perfect fit for Advance Nursing Practice. The MHEE Project allows for the continuous assessment of mental health needs and illness parameters and does so with complete sensitivity to the culturally diverse mental health population. The MHEE Project implements interventions based on evidence-based practice which are continuously evaluated. The MHEE Project was designed in relationship to Watson's Theory of Human Caring which has at its forefront the development of therapeutic, trusted and positive relationships between students and teachers that can lead to positive outcomes as well as provide a springboard to the optimal care needed by the student. The MHEE Project allowed for the development and delivery of evidence-based care to improve the outcomes of these situations in which a student may be experiencing a mental health issue or crisis. Foremost, the MHEE Project allowed for education of educators through the complexities of mental health issues and behaviors in order to make them aware and prepared to meet the need of those students.

Attainment of Personal and Professional Goals

As a nurse, I have had the opportunity to experience several areas within the profession. From my first experience working in a psychiatric crisis unit to working directly with the mental health population to teaching young men and women to become nurses at the home health aide to LPN level. It has been a goal to reach the precipice of my nursing education, to obtain my terminal degree as a Doctor of Nursing Practice since shortly after I graduated with my Associates Degree and entered the profession as a registered nurse. Completing this scholary project was not only an achievement on a professional level, but on a personal one as well. My son was diagnosed with Asperger's Syndrome and I saw throughout his short life the unmet needs he and others had in many areas of the mental health care system and especially in the

educational system whether it be in a public or special needs school.

In my current position as a health occupations educator of high school seniors, I have the unique access to experience the consequences of these unmet needs among my students and others within the school community. As an advocate for the mental health population and mental health reform both personally and professionally through both my position as an educator and in my position as CEO of the mental health non-profit organization Paul's Peace, I have attained several goals by completing this project. I have created an educational intervention to develop a viable resource for the children, adolescents and young adults who suffer from mental illness. Developed an awareness among educational leaders on the need for the implementation of this project not only to meet the needs of this unique population, but to restore the safety and security of our schools. Most importantly, took a small step in bringing about the removal of the stigma that has been overshadowed the very real needs of this underserved population.

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Appendices

Appendix A - Pre-MHEE Educational Intervention Survey Questionnaire

Question	Prior to Completion of the MHEE Educational Intervention Program …	Scale				
		Poor	Good			Excellent
1	What is your current knowledge of mental health?	1	2	3	4	5
2	What is your current knowledge of mental health behaviors?	1	2	3	4	5
3	What is your current comfort level with students suffering from a mental health disorder?	1	2	3	4	5
4	What is your current comfort level when confronted with a student experiencing a mental health issue or crisis?	1	2	3	4	5
5	What is your current level of experience with mental health?	1	2	3	4	5
6	What is your current level of training in mental health de-escalation techniques?	1	2	3	4	5
7	What would you consider your current perception of mental health?	1	2	3	4	5
8	What is your current knowledge of Autism?	1	2	3	4	5
9	What is your current knowledge of Asperger's Syndrome?	1	2	3	4	5
10	What is your current level of experience in teaching an Autistic student?	1	2	3	4	5
11	What is your current level of experience in teaching a student with Asperger's Syndrome?	1	2	3	4	5
12	What is your current knowledge of depression disorder?	1	2	3	4	5
13	What is your current ability level to identify and/or recognize a student who is experiencing episodes of depression?	1	2	3	4	5
14	What is your understanding of the difference between a behavior and a psychiatric episode?	1	2	3	4	5
15	What is your current knowledge of the warning signs of suicide in students?	1	2	3	4	5
16	What is your current comfort level in addressing a student who is showing the warning signs of suicide?	1	2	3	4	5
17	What is your comfort level in addressing a student who has verbally expressed suicidal or homicidal ideations?	1	2	3	4	5
18	What is your current level of knowledge regarding bullying behaviors by students?	1	2	3	4	5
19	What is your current level of experience with bullying behaviors in students?	1	2	3	4	5
20	What is your current ability level to identify and/or recognize bullying behaviors or actions in students?	1	2	3	4	5
21	What would your comfort level be in addressing the class if a student suddenly disclosed their mental health diagnosis during a classroom discussion?	1	2	3	4	5
22	What is your current knowledge of anxiety disorder?	1	2	3	4	5
23	What is your current experience level with students experiencing anxiety?	1	2	3	4	5
24	What is your comfort level in handling the situation if a student has a panic attack related to their anxiety disorder during class?	1	2	3	4	5
25	What is your current ability level to identify and/or recognize a student experiencing an anxiety related issue during class?	1	2	3	4	5
26	What is your current ability level in differentiating a medical vs. mental health crisis?	1	2	3	4	5
27	What is your current level of comfort in discussing mental health?	1	2	3	4	5
28	What is your understanding of the relationship between mental and physical health?	1	2	3	4	5
29	What is the level of education you have received in mental health prior to and during your career as an educator?	1	2	3	4	5
30	What is the level of training your received in mental health and mental health de-escalation techniques prior to and since becoming an educator?	1	2	3	4	5

Appendix B - MHEE Educational Intervention Course Outline

MHEE Course Outline

I. **Introduction**
   a. The importance and need for mental health awareness and preparedness in schools.
   b. How the role of educators fits into that need.
   c. The importance of removing the stigma of mental health to ensure students a bright and functional future.
   d. How the Mental Health Education for Educators program will provide educators with the skills and knowledge to embrace their role in that future.

II. **Introduction to Mental Health**
   a. What is mental health?
   b. What are signs and symptoms of mental health behaviors?
   c. What is the difference between a mental health issue and a mental health crisis?
   d. What is the relationship between mental and physical health?

III. **Mental Health Categories**
   a. What is Autism?
   b. What is Asperger's Syndrome?
   c. What is Depression Disorder?
   d. Suicide: Warnings signs and risks of self-injury.
   e. What is Anxiety Disorder?
   f. Bullying: Warning signs and how it links to depression, anxiety, suicidal and/or homicidal thoughts/actions and violence.

IV. **Identifying and Recognizing Mental Health Behaviors, Issues and Crisis in Students**
   a. How to identify and recognize signs of depressive behaviors?
   b. How to identify and recognize signs of suicidal and/or homicidal behavior?
   c. How to identify and recognize signs of anxiety disorder?
   d. How to identify and recognize signs of bullying?

V. **De-escalation Techniques for Students Experiencing a Mental Health Issue or Crisis**
   a. What are de-escalation techniques?
   b. Types of de-escalation techniques.
   c. How to recognize when the de-escalation techniques are failing.
   d. Developing a Standard Operating Procedure (SOP) for your school and district.

VI. **Role-Play Experience**
   a. Identifying and recognizing mental health behaviors.
   b. Using de-escalation techniques effectively.

VII. **Review and Conclusion**

Appendix C - Post-MHEE Educational Intervention Survey Questionnaire

Question	After Participation in the MHEE Educational Intervention Program …	Scale				
		Poor	Good			Excellent
1	How effectively has the program improved your knowledge of mental health?	1	2	3	4	5
2	How effectively has the program improved your knowledge of mental health behaviors?	1	2	3	4	5
3	How effectively has the program improved your comfort level with students suffering from a mental health disorder?	1	2	3	4	5
4	How effectively has the program improved your comfort level when confronted with a student experiencing a mental health issue or crisis?	1	2	3	4	5
5	How effectively has the program improved your experience with mental health?	1	2	3	4	5
6	How effectively has the program improved your level of training in mental health de-escalation techniques?	1	2	3	4	5
7	How effectively has the program improved your current perception of mental health?	1	2	3	4	5
8	How effectively has the program improved your knowledge of Autism?	1	2	3	4	5
9	How effectively has the program improved your knowledge of Asperger's Syndrome?	1	2	3	4	5
10	How effectively has the program improved your level of experience in teaching an Autistic student?	1	2	3	4	5
11	How effectively has the program improved your level of experience in teaching a student with Asperger's Syndrome?	1	2	3	4	5
12	How effectively has the program improved your knowledge of depression disorder?	1	2	3	4	5
13	How effectively has the program improved your ability level to identify and/or recognize a student who is experiencing episodes of depression?	1	2	3	4	5
14	How effectively has the program improved your understanding of the difference between a behavior and a psychiatric episode?	1	2	3	4	5
15	How effectively has the program improved your current knowledge of the warning signs of suicide in students?	1	2	3	4	5
16	How effectively has the program improved your current comfort level in addressing a student who is showing the warning signs of suicide?	1	2	3	4	5
17	How effectively has the program improved your comfort level in addressing a student who has verbally expressed suicidal or homicidal ideations?	1	2	3	4	5
18	How effectively has the program improved your level of knowledge regarding bullying behaviors by students?	1	2	3	4	5
19	How effectively has the program improved your level of experience with bullying behaviors in students?	1	2	3	4	5
20	How effectively has the program improved your current ability level to identify and/or recognize bullying behaviors or actions in students?	1	2	3	4	5
21	How effectively has the program improved your comfort level in addressing the class if a student suddenly disclosed their mental health diagnosis during a class discussion?	1	2	3	4	5
22	How effectively has the program improved your current knowledge of anxiety disorder?	1	2	3	4	5
23	How effectively has the program improved your experience level with students experiencing anxiety?	1	2	3	4	5
24	How effectively has the program improved your comfort level in handling the situation if a student has a panic attack related to their anxiety disorder during class?	1	2	3	4	5
25	How effectively has the program improved your current ability level to identify and/or recognize a student experiencing an anxiety related issue during class?	1	2	3	4	5
26	How effectively has the program improved your current ability level in differentiating a medical vs. mental health crisis?	1	2	3	4	5
27	How effectively has the program improved your current level of comfort in discussing mental health?	1	2	3	4	5
28	How effectively has the program improved your understanding of the relationship between mental and physical health?	1	2	3	4	5
29	How effectively has the program improved upon the education you received in mental health prior to and during your career as an educator?	1	2	3	4	5
30	How effectively has the program improved upon the training you received in mental health and mental health de-escalation techniques prior to and since becoming an educator?	1	2	3	4	5

Appendix D – Pre-MHEE Educational Intervention Survey Recruitment Flyer

VOLUNTEERS WANTED

FOR EDUCATIONAL RESEARCH STUDY

THE MENTAL HEALTH EDUCATION FOR EDUCATORS PROGRAM SEEKS THE GOAL OF:

- **RESTORING SAFETY AND SECURITY TO OUR SCHOOLS FOR STUDENTS, STAFF AND THE COMMUNITY**
- **PROVIDING EDUCATORS WITH THE KNOWLEDGE AND SKILLS TO DEVELOP AWARENESS & PREPAREDNESS IN MENTAL HEALTH TO GIVE THEM THE ABILITY TO RECOGNIZE, IDENTIFY, INTERACT AND INTERVENE WITH STUDENTS WHO ARE ABOUT TO OR ARE EXPERIENCING A MENTAL HEALTH ISSUE OR CRISIS IN ORDER TO ACHIEVE THIS ALL-IMPORTANT GOAL IN OUR SCHOOLS**

PARTICIPATION IN THIS PRE-MHEE SURVEY IS AT NO RISK AND IS COMPLETELY VOLUNTARY AS WELL AS COMPLETELY CONFIDENTIAL.

PLEASE TAKE A MOMENT TO COMPLETE OUR 15 MINUTE SURVEY LOCATED IN THE BOX BELOW AND RETURN IT TO THIS BOX IN THE SELF-SEALING ENVELOPE PROVIDED

BY APRIL 15, 2018

THANK YOU FOR YOUR PARTICIPATION

If you have any questions about the MHEE Project or the survey, please contact:

Susan Rufolo @ srufolo@mail.bradley.edu or
Mr. Robert Lisi @ rlisi@ctemc.org or
Dr. Cynthia Steinwedel @ csteinwedel@fsmail.bradley.edu

Appendix E: MHEE Educational Intervention In-Service Flyer

IMPORTANT ANNOUNCEMENT:

MENTAL HEALTH EDUCATION FOR EDUCATORS IN-SERVICE

MAY 1 – 15, 2018

THE MENTAL HEALTH EDUCATION FOR EDUCATORS PROGRAM HAS THE GOAL OF RESTORING

SAFETY AND SECURITY TO OUR SCHOOLS.

THE MHEE COURSE WILL INCLUDE:

- **AN INTRODUCTION TO MENTAL HEALTH**
- **THE CATEGORIES OF MENTAL HEALTH TYPICALLY EFFECTING STUDENTS**
- **HOW TO IDENTIFY AND RECOGNIZE MENTAL HEALTH BEHAVIORS, ISSUES AND CRISIS IN STUDENTS**
- **TEACHING OF DE-ESCALATION TECHNIQUES TO USE WITH STUDENTS EXPERIENCING A MENTAL HEALTH ISSUE OR CRISIS**
- **HOW TO DEVELOP A STANDARD OPERATING PROCEDURE (SOP) FOR YOUR SCHOOL IN ORDER TO MAINTAIN SAFETY AND SECURITY OF STUDENTS AND STAFF**

PARTICIPATION IN THIS MHEE IN-SERVICE IS AT NO RISK AND IS COMPLETELY VOLUNTARY.

THE MHEE IN-SERVICE WILL BEGIN AT 10:30AM ON MAY 1, 2018 IN CLASSROOM 106

THANK YOU FOR YOUR PARTICIPATION

If you have any questions about the MHEE Project or the survey, please contact:

Susan Rufolo @ srufolo@mail.bradley.edu or
Mr. Robert Lisi @ rlisi@ctemc.org or
Dr. Cynthia Steinwedel @ csteinwedel@fsmail.bradley.edu

Appendix F: Post-MHEE Educational Intervention Survey Recruitment Flyer

DID YOU PARTICIPATE IN THE RECENT MENTAL HEALTH EDUCATION FOR EDUCATORS IN-SERVICE

PLEASE HELP US EVALUATE THE EFFECTIVENESS OF THE PROGRAM IN ACHIEVING ITS GOAL OF PROVIDING EDUCATORS WITH THE KNOWLEDGE AND TRAINING TO:

- **RESTORE SAFETY AND SECURITY TO OUR SCHOOLS FOR STUDENTS, STAFF AND THE COMMUNITY**
- **ENABLE EDUCATORS TO DEVELOP AWARENESS AND THE PREPAREDNESS IN MENTAL HEALTH TO GIVE THEM THE ABILITY TO RECOGNIZE, IDENTIFY, INTERACT AND INTERVENE WITH STUDENTS WHO ARE ABOUT TO OR ARE EXPERIENCING A MENTAL HEALTH ISSUE OR CRISIS IN ORDER TO ACHIEVE THIS ALL-IMPORTANT GOAL IN OUR SCHOOLS**

PARTICIPATION IN THIS POST-MHEE SURVEY IS AT NO RISK AND IS COMPLETELY VOLUNTARY AS WELL AS COMPLETELY CONFIDENTIAL.

PLEASE TAKE A MOMENT TO COMPLETE OUR 15 MINUTE SURVEY LOCATED IN THE BOX BELOW AND RETURN IT TO THIS BOX IN THE SELF-SEALING ENVELOPE PROVIDED

BY JUNE 15, 2018

THANK YOU FOR YOUR PARTICIPATION

If you have any questions about the MHEE Project or the survey, please contact:

Susan Rufolo @ srufolo@mail.bradley.edu or
Mr. Robert Lisi @ rlisi@ctemc.org or
Dr. Cynthia Steinwedel @ csteinwedel@fsmail.bradley.edu

Appendix G – School District Population Recruitment Letter

January 15, 2017

Dr. Charles Ford
Assistant Superintendent
Monmouth County Vocational School District
4000 Kozlowski Road
Freehold, New Jersey 07728

Dear Dr. Ford,

My name is Susan Rufolo and I am the Nursing Level II Health Occupations Teacher at Monmouth County Vocational School District in Middletown. In addition, I am a graduate student seeking my Doctor of Nursing Practice Degree at Bradley University in their online DNP-FNP degree program. A requirement of the degree program is completion of a capstone project. My research for this will involve educators and as such, I am submitting to you the following research proposal for your approval: *Mental Health Education for Educators* (MHEE). *C*oncerns over mental health care and treatment of the children, adolescent and young adult population as well as safety and security of the students, staff, and school communities in general are growing. I believe educators have a unique point of view of their students' lives that is not readily accessible to parents, caregivers or even mental health care professionals making them a valuable resource in addressing these concerns within our school systems.

I believe this research and the MHEE program will enable educators to develop the awareness and preparedness to provide - identification and recognition of students experiencing a mental health issue, provide early intervention and prevention techniques and use de-escalation techniques when needed to intervene when a student is experiencing a mental health issue or crisis during school hours.

I have included preliminary examples of the pre-MHEE and post-MHEE surveys with the first draft of the MHEE project proposal enclosed. The overall goal of the program is to restore safety and security to our students, school staff and the community.

I look forward to speaking to you about this project.

Thank you for your time and consideration of my request.

Sincerely,

Susan A. Rufolo, BSN RN CEN

Appendix H – CUHSR Letter

March 26, 2017

Committee on the Use of Human Subjects in Research
Bradley University
1501 W Bradley Avenue
Peoria, IL 61625

Dear CUHSR Committee,

As a requirement for the Doctor of Nursing Practice Degree at Bradley University, I am submitting the following research proposal for CUHSR approval: *Mental Health Education for Educators* (MHEE). *C*oncerns over mental health care and treatment of the children, adolescent and young adult population as well as safety and security of the students, staff, and school communities in general are growing. Recent events within our schools throughout the country have shown an increase in bullying and violence that centers around ineffective or non-existent mental health care and treatment. Educators have a unique point of view of their students' lives that is not readily accessible to parents, caregivers or even mental health care professionals.

Through an interprofessional collaboration with parents/caregivers, mental health and health care professionals, first responders and law enforcement, the MHEE program seeks to establish an enhanced role for educators. The MHEE program will enable educators to develop the awareness and preparedness to provide - identification and recognition of students experiencing a mental health issue, provide early intervention and prevention techniques and use de-escalation techniques when needed to intervene when a student is experiencing a mental health issue or crisis during school hours. The overall goal of the program is to restore safety and security to our students, school staff and the community.

I believe this research will be exempt based on category 2 exemption since our research will involve anonymous surveys with no personal identifiers. Copies of the pre-MHEE and post-MHEE surveys are located within the Appendix of the proposal - Appendix A and C respectively. I further believe that this study will contribute to the existing body of research that continues to see much debate.

Thank you and the committee for your time and consideration of our request. We look forward to your response.

Very Respectfully,

Susan A. Rufolo, BSN RN CEN

Appendix I – Information and Consent Form

Study Title: Mental Health Education for Educators

I. Invitation to be part of a research study:

You are invited to participate in a research study. In order to participate you must be a certified High School educator employed by a school district. Taking part in this research survey is completely voluntary and anonymous.

II. Key information regarding this study:

The purpose of this study is to improve educators knowledge and skills in mental health in order to restore safety and security to our schools for students, staff and the community as well as provide educators with the knowledge and skills to develop awareness & preparedness in mental health to give them the ability to recognize, identify, interact and intervene with students who are about to or are experiencing a mental health issue or crisis in order to achieve this all-important goal in our schools.

If you choose to participate, you will be asked to complete a 30-question survey on your current knowledge, skill and training in mental health followed by a multi-day mental health in-service and a post-survey to identify the effectiveness of the in-service in improving your knowledge and skills in mental health. Participation in the initial survey does not require participation in the in-service or the post survey. The survey will be located in the teachers' lounge and will take approximately 15 minutes to complete. The study will benefit educators in being able to be aware and prepared to assist a student who is suffering a mental health issue or crisis during school hours. Taking part in this research project is completely voluntary and anonymous. You do not have to participate and if you do, you can choose to stop at any time.

Please take the time to read this entire form and ask questions before deciding to participate in this research project.

III. What is the purpose of this study?

The purpose of this study is to improve educators knowledge and skills in mental health in order to restore safety and security to our schools for students, staff and the community as well as provide educators with the knowledge and skills to develop awareness & preparedness in mental health to give them the ability to recognize, identify, interact and intervene with students who are about to or are experiencing a mental health issue or crisis in order to achieve this all-important goal in our schools.

IV. What will happen if you take part in this study?

If you agree to take part in this study, you will be asked to;

- Complete a 30-question pre-survey
- Participate in an In-Service on Mental Health
- Complete a 30-question post-survey following In-Service

The pre-survey forms will be located in the teachers' lounge for two weeks and can be completed within 15 minutes. The in-service portion of the research project will begin a week after the pre-surveys are completed and will be held in the teachers' lounge during morning break, 10 half-hour sessions over a period of two weeks. The post-survey forms will be available a week after the in-service has been completed, located in the teacher's lounge and can be completed within 15 minutes.

V. What are the risks of participating in this study?

There are no risks for participating in this study.

VI. What are the benefits of participating in this study?

Benefits you may receive from this study include developing an improved knowledge of mental health as well as skills and training to be aware and prepared to assist students who may be experiencing a mental health issue or crisis during school hours. In addition, the knowledge and skills you develop will aide in restoring safety and security to our schools, students, staff and the community as well.

VII. What other options are there if you choose not to participate in this study?

There are no other options if you choose not to participate in this study.

VIII. What are the costs?

There are no costs for participation in this study.

IX. How will your information be protected?

We are collecting the data anonymously. There are no coding or other identifying marks on the surveys and therefore there is no link between your name and the research record. In addition, there will not be a sign-up sheet or attendance record for the in-service in order to maintain anonymity of participants.

X. After the study, what will happen to the data collected?

We will keep the data collected in order to continuously improve and evolve the Mental Health Education for Educators program. Since participation in the research project is voluntary and anonymous, there will be no information that can directly identify you from the information collected as part of the project.

XI. Your participation in the study is voluntary

Taking part in this study is completely voluntary. You may choose not to take part or may leave the study at any time and without notice. You do not need to answer any question you do not want to answer on the survey or during the in-service.

Your refusal to participate in any part of this study will involve no penalty or consequences as participation in completely voluntary and anonymous.

XII. Who should I contact with any questions or problems about the study?

If you should have any questions or concerns about this study, please contact either of the following;

- Susan Rufolo – Principal Researcher @ srufolo@mail.bradley.edu or
- Dr. Steinwedel – Faculty Chair @ csteinwedel@fsmail.bradley.edu

XIII. Who should I contact with questions about my rights as a research participant?

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Committee on the Use of Human Subjects in Research (CUHSR)
Bradley University
1501 W. Bradley Avenue
Peoria, IL 61625
(309) 677-3877

XIV. Where can I get more information?

Additional information can be obtained from:

- Susan Rufolo – Principal Researcher @ srufolo@mail.bradley.edu or
- Dr. Steinwedel – Faculty Chair @ csteinwedel@fsmail.bradley.edu

XV. Your informed consent

You are voluntarily making a decision to participate in this study. Your signature means that you have read and understood the information presented and have decided to participate. Your signature also means that the information on this consent form has been fully explained to you and all your questions have been answered to your satisfaction. If you think of any additional questions during the study, you should contact the researcher(s).

I agree to participate in this study Date

_____ _____

Signature of Participant

Appendix J: Waiver of Documentation of Informed Consent

Waiver of Documentation of Informed Consent

Mental Health Education for Educators Educational Intervention Project

You are invited to participate in a research study. The purpose of this study is to determine the effectiveness of the Mental Health Education for Educators (MHEE) Educational Intervention in improving the awareness and preparedness of educators in being able to manage mental health issues or crisis experienced by their students during school hours and events. This study consists of a pre-MHEE Educational Intervention survey, the MHEE Educational Intervention In-Service and a post-MHEE Educational Intervention survey. Your participation in this study will take approximately 15 minutes to complete each survey and approximately 10 hours over a two-week period to participate in the MHEE Educational Intervention In-Service. The pre-MHEE survey and post-MHEE Survey are completely anonymous; there is no link between your name and the research record. Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. You may also skip any questions on the surveys that you do not wish to answer.

Questions about this study may be directed to the Principal Investigator Susan Rufolo @ srufolo@mail.bradley.edu, the Faculty Chairperson Dr. Cynthia Steinwedel @ csteinwedel@fsmail.bradley.edu and the Principal Investigator's Mentor Mr. Robert Lisi @ rlisi@ctemc.org who are in charge of this study. If you have general questions about being a research participant, you may contact the CUHSR office at (309) 677-3877.

You are voluntarily making a decision to participate in this study. Your submission of the survey means that you have read and understood the information presented and have made the decision to participate. Your submission also means that all of your questions have been answered to your satisfaction. If you think of any additional questions, you should contact the persons in charge of the study as listed above.

Appendix K – Bradley University CUHSR Approval

CUHSR 38-18: Mental health education for educators

Ross Fink <rf@fsmail.bradley.edu> Fri, Jun 15, 2018 at 5:28 PM
To: Susan Rufolo <srufolo@mail.bradley.edu>
Cc: Cynthia Steinwedel <csteinwedel@fsmail.bradley.edu>, Robert Lisi <rlisi@ctemc.org>

Dear Investigators:

Your proposed study (CUHSR 38e-18) *Mental health education for educators* has been reviewed and was found to be exempt from full review under Category 2.

Your vita and ethics certificates are on file.

Be aware that future changes to the protocols must first be approved by the Committee on the Use of Human Subjects in Research (CUHSR) prior to implementation and that substantial changes may result in the need for further review.

While no untoward effects are anticipated, should they arise, please report any untoward effects to CUHSR promptly (within 3 days).

As this study was reviewed as exempt, no further reporting is required unless you change the protocol or personnel involved.

This email will serve as notice that your study has been reviewed unless a more formal letter is needed. Please let me know, and I will provide the letter.

Ross L. Fink, Ph.D.
Chairperson, CUHSR