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United to Help Teachers - Intervention to promote mental health literacy in secondary school teachers: Preliminary results

Profesores Unidos Para Ayudar – Intervención para promover la literacia de la salud mental en profesores de educación secundaria: Resultados preliminares

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Resumen

Varios jóvenes experimentan problemas de salud mental significativos que interfieren con su desarrollo, además con frecuencia no tienen los conocimientos necesarios para reconocer los síntomas (Trudgen & Lawn, 2011).

Por lo tanto, los profesores representan un papel fundamental en la detección precoz de problemas de salud mental en sus estudiantes y referenciamiento de servicios de intervención temprana (Graham, Phelps, Maddison & Fitzgerald, 2011; McGorry, Purcell, Hickie, & Jorm, 2007; VicHealth, 2008). Frecuentemente son los primeros en detectar las conductas desadaptativas que afectan el aprendizaje y el funcionamiento general de los jóvenes (Meldrum, Venn & Kut-

cher, 2009; Trudgen et al., 2011; Whitley, Smith & Vaillancourt, 2012).

El proyecto “Profesores Unidos Para Ayudar” tiene como objetivo promover la literacia de la salud mental en profesores de educación secundaria. La intervención consiste en 2 sesiones, 150 minutos cada una, con una semana de intervalo. Las sesiones siguen una metodología interactiva, utilizando dinámicas de grupo y música y debates en grupo.

El impacto de la intervención se lleva a cabo mediante un análisis pre y pos-test con el “Questionnaire UPA Makes the Difference: Perceptions of mental health problems – teachers’ form”.

Sesenta profesores de educación secundaria han participado en este estudio. El pos-test mostró un incremento significativo en la percepción

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positiva de los profesores en respecto a problemas de salud mental (menos estigmatizantes), como también un incremento significativo en la percepción de conocimientos sobre problemas de salud mental.

Los resultados sugieren que incrementar la literacía de la salud mental es un complemento esencial de las intervenciones escolares, permitiendo así su detección precoz en los jóvenes.

Palabras clave: promoción de la salud mental, literacía de la salud mental, profesores, jóvenes, impacto de la intervención.

Abstract

Several adolescents experience significant mental health problems that interfere with their development, but they often don't have the necessary knowledge to recognise the symptoms (Trudgen & Lawn, 2011).

Teachers therefore play a crucial role in early detection of mental health problems in their students and referral to early intervention support services (Graham, Phelps, Maddison & Fitzgerald, 2011; McGorry, Purcell, Hickie, & Jorm, 2007; VicHealth, 2008). Frequently they are the first to observe the maladaptive behaviours that affect young people's learning and overall functioning (Meldrum, Venn & Kutcher, 2009; Trudgen et al., 2011; Whitley, Smith & Vaillancourt, 2012).

The "United to Help Teachers - Intervention to promote mental health literacy in secondary school teachers" project aims at promoting mental health literacy in secondary school teachers. The intervention is composed by two sessions, 150 minutes each, one-week interval. Sessions follow an interactive methodology, using group dynamics and music and group discussions.

The impact of the intervention is conducted through a pretest-posttest design using "Questionnaire UPA Makes the Difference: Perceptions of mental health problems - teachers' form".

Sixty secondary school teachers participated in this study. The posttest showed a significant increase in teachers' positive perceptions regarding mental health problems (less stigmatized), as well as a significant improvement of teachers' perceived knowledge regarding mental health issues.

These results suggest that increasing teachers' mental health literacy is a crucial complement of school-based intervention that can permit early detection of mental health problems in young people.

Keywords: mental health promotion, mental health literacy, teachers, young people, impact of the intervention.

Mental health problems affect 10–20% of children and adolescents worldwide (World Health Organization, 2001), so it is likely that a large number of schools increasingly have children with mental health problems. At the same time, the influence of school context in students is undeniable, namely regarding acquisition of knowledge, beliefs and behaviours (Rethink, 2008). At behavioural domain, facing a mental health problem, "early recognition and appropriate help-seeking will only occur if young people and their "supporters" (e.g. their family, teachers, and friends) know about the early changes produced by mental disorders, the best types of help available, and how to access to this help" (Kelly, Jorm & Wright, 2007, p. 26). Mental health promotion in schools provides opportunities to build positive responses to emerging emotional and behavioural problems, and to promote social and

learning environments that are supportive to emotional well-being and collective growth (Patton, Glover, Bond, Godfrey, Di Pietro & Bowes, 2000 cit in Campos, Palha, Sousa Lima, Dias, Duarte & Veiga, 2014).

The United to Help Movement (UPA) is a Portuguese initiative started by ENCONTRAR+SE¹, a NGO that aims to contribute to the combat of mental illness stigma and discrimination. Under the UPA umbrella several projects have been developed, including projects directed to the general public awareness, of which are example UPA'08 – A song for mental health² - and UPA Informs³; as well as projects focused on specific target-groups. At school context, we highlight the initiatives developed among secondary school students (UPA Makes the Difference project) and teachers (United to Help Teachers project), recognizing their crucial role as educational agents.

Following UPA Makes the Difference' project, "P'UPA project - United to Help Teachers: Intervention to promote mental health literacy in secondary school teachers" was developed. This project aims promoting mental health literacy (Jorm, 2000) in secondary school teachers. During the first year of this project a pilot study was carried out focusing on the development of an

assessment instrument, and on a mental health promotion intervention. The pilot study had on its base the materials developed in the UPA makes the Difference project, including: 1) the focus group with teachers; 2) Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems; and 3) Mental health awareness intervention. These materials were adapted to teachers resulting in the "Questionnaire UPA Makes the Difference: Perceptions of mental health problems – teacher form", and in a two-sessions intervention addressing teachers' needs.

This article aims to discuss the preliminary results of P'UPA project - United to Help Teachers - regarding the effectiveness of the intervention, in a sample of secondary school teachers.

Methods

Sample

Sixty secondary school teachers, from 7 secondary schools were included in this study. Participants were aged between 24 to 63 year-olds ($M = 45.86$; $SD = 10.84$). Regarding gender, 55 (91.7%) were female. Seventeen (28.3%) were single, 34 (56.7%) were married, 8 (13.3%) divorced and 1 (1.7%) were widow. Regarding educational level, 37 participants (61.7%) hold a degree, 13 (21.7%) a master, 1 (1.7%) a PhD and 9 (15%) were graduated in a specific area.

1. <http://www.encontrarse.pt/>

2. <http://www.encontrarse.pt/upa08/>

3. <http://upainforma.encontrarse.pt/>

Measures

Questionnaire UPA Makes the Difference: perceptions of mental health problems – teacher form

The questionnaire comprises a *social-demographic form* allowing data collection on teachers' social-demographic features and three sections: 1) Stigmatizing perception; 2) Perceptions of Knowledge; and 3) Behavioural intentions.

The social-demographic form allows data collection from: age, gender, civil status, occupational status, educational level, nationality and city/town. The form also collects data referring to contact and degree of proximity with people with mental health problems.

Stigmatizing perceptions - This section comprises 19 items [(11 of which were translated and adapted from PHS-AMI – Public Health Scale - Attitudes Toward Mental Illness (Kobau, Dilorio, Chapman & Delvecchio, 2010)], organized in a 5-point Likert scale (0 = *completely disagree*; 4 = *completely agree*).

Perceptions of Knowledge - This section comprises questions regarding the perception of knowledge on 13 mental health problems in a 5-point scale (0 = *don't know at all*; 4 = *know very well*); causes of mental health problems – eight items organized in a 5-point scale (0 = *completely disagree*; 4 = *completely agree*); one item evaluating their belief regarding the possibility of people with

mental disorders “having a life similar to other people's” – in a 4-point scale (0 = *impossible*; 4 = *possible*); and a list (9 items) where participants should identify mental health problems with cumulative possible answers.

*Behavioural intentions*⁴ – This section includes three questions: seeking help intention facing a mental health problem, organized in a 5-point Likert scale (0 = *definitely wouldn't seek help*; 4 = *definitely would seek help*); type of help, with four options; intention of helping a close person with mental health problems (yes/no/I don't know).

Mental health promotion intervention

The Mental health promotion intervention was adapted to the target group of this project - teachers - considering changes suggested by the results of the pilot study (Campos, Palha, Dias & Costa, 2012).

The intervention is composed by 2 sessions, 150 minutes each, one-week interval, conducted by one trained psychologist. Sessions follow an interactive methodology, using group dynamics and music and group discussions. The specific goals and structure of the sessions were: First Session: a) to present United to Help Teachers project; b) to explore teachers' cognitive-emotional

4. Data related to Behavioural intentions was not analysed in this article.

experience; c) to discuss the meaning of mental health problems; d) to understand the cross-line between mental health and mental disorders; e) to identify mental disorders causes and risks. Second session: a) to explore the impact of mental disorders; b) to discuss treatment and prognosis of mental disorders; c) to address behavioural intentions related to mental health problems; d) to explore the concept of mental health; e) to raise teachers' awareness of their own mental health promotion as well as of their students; f) to promote non-stigma behaviours towards mental disorders. Intervention general goals, specific session's goals, structure, contents, materials, methodologies and activities are manualized, allowing for its replicability.

Procedures

The study of the intervention's effectiveness was conducted through a pretest-posttest design using the "Questionnaire UPA Makes the Difference: perceptions of mental health problems – teacher form" previously described.

All ethical procedures related to data collection authorization were taken.

Data was analysed with Statistical Package for Social Sciences (SPSS) 17.0. Descriptive statistics were used for participants' social demographic characterization, stigmatizing perceptions and perception of knowledge regarding mental health problems; paired-samples

t test was performed in order to assess pre-post intervention differences.

Ten stigmatizing perceptions items were recoded. A total score was obtained using the average score for each item. Higher scores refer to less stigmatizing perceptions (more positive perceptions). In order to assess perceptions of knowledge, a total score was obtained by adding the scores of each mental disorder. Higher scores indicate higher perceptions of knowledge.

A $p < .05$ was used for statistical significance.

Results

Pre-intervention

The mean result of the *perceptions of knowledge* regarding listed mental disorders is negative ($M = 1.60$; $SD = 0.56$) in a 5-point Likert scale (0 = *don't know at all*; 4 = *know very well*).

A detailed analysis of the values obtained for each mental disorder indicate that participants have less knowledge perceptions about dysthymia ($M = 0.19$; $SD = 0.54$); bipolar disorder ($M = 1.54$; $SD = 0.63$); obsessive-compulsive disorder ($M = 1.57$; $SD = 0.80$); autism spectrum disorders ($M = 1.21$; $SD = 0.67$); disruptive behaviour disorders ($M = 0.67$; $SD = 0.66$); and attention deficit hyperactivity disorder ($M = 1.66$; $SD = 0.82$).

Concerning the *stigmatizing perceptions* section, in a 5-point scale (0

= *completely disagree*; 4 = *completely agree*), participants show neutral perceptions ($M = 2.35$; $SD = 0.33$).

Post-intervention

Preliminary results showed a significant improvement of teachers' perceptions of knowledge regarding mental health issues ($t(59) = -6.97$; $p \leq .001$) between pre ($M = 1.60$; $SD = 0.56$) and post-intervention ($M = 2.11$; $SD = 0.55$) scores (see Figure 1).

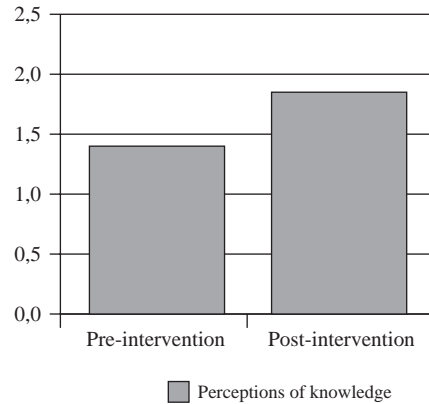


Figure 1. Differences between pre-test and post-test mean scores of perceptions of knowledge

A detailed analysis shows significant differences in the perceptions of knowledge regarding all mental disorders focused (see Table 1 and Figure 2).

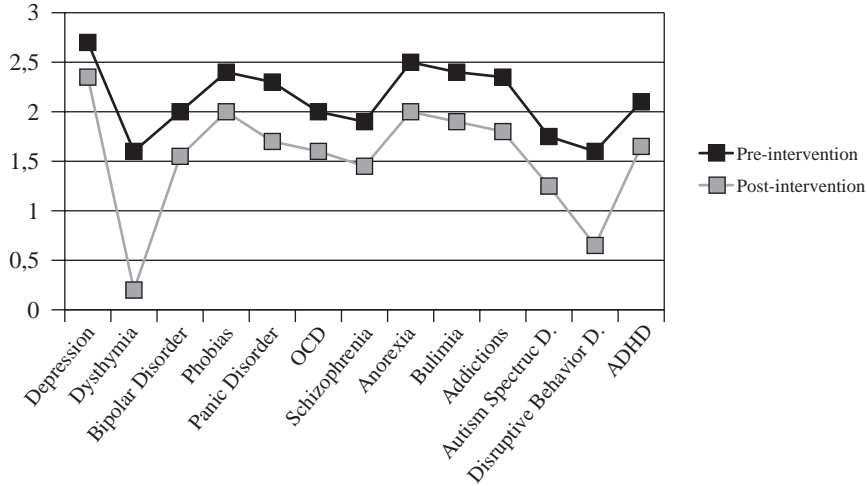


Figure 2. Differences between pre-test and post-test perceptions of knowledge regarding mental disorders

Note. OCD - Obsessive-Compulsive Disorder; Autism Spectrum D. - Autism Spectrum Disorders; Disruptive Behavior D. - Disruptive Behavior Disorders; ADHD - Attention Deficit Hyperactivity Disorder.

Table 1.

Differences between pre-test and post-test perceptions of knowledge regarding mental disorders

	Pre-test		Post-test		<i>t</i>
	N	Mean (SD)	N	Mean (SD)	
Depression	59	2.31 (0.86)	59	2.61 (0.81)	-3.13**
Dysthymia	57	0.19 (54,0)	57	1.65 (0.77)	-12.11***
Bipolar Disorder	59	1.54 (0.63)	59	2.03 (0.64)	-5.19***
Phobia	56	2.02 (0.84)	56	2.32 (0.77)	-2.99**
Panic Disorder	58	1.78 (0.96)	58	2.21 (0.87)	-4.24***
Obsessive-compulsive	58	1.57 (0.80)	58	2.03 (0.70)	-4.85***
Disorder Schizophrenia	58	1.43 ((0.68)	58	1.90 (0.77)	-4.70***
Anorexia nervosa	59	2.02 (0.88)	59	2.47 (0.84)	-4.55***
Bulimia nervosa	58	1.93 (0.86)	58	2.34 (0.81)	-4.20***
Addictions	58	1.86 (0.71)	58	2.31 (0.75)	-4.68***
Autism spectrum disorders	58	1.21 (0.67)	58	1.79 (0.79)	-5.33***
Disruptive behavior disorders	58	0.67 (0.66)	58	1.66 (0.83)	-9.23***
Attention deficit hyperactivity disorder	59	1.66 (0.82)	59	2.12 (0.67)	-4.31***

*** $p < .001$

** $p < .005$

Preliminary results pointed more positive perceptions (less stigmatizing) ($t(41) = -3.455$; $p = .001$), when compared the total score of stigmatizing perceptions obtained before ($M = 2.35$; $SD = 0.33$) and after ($M = 2.49$; $DS = 0.28$) the mental health promotion intervention (see Figure 3).

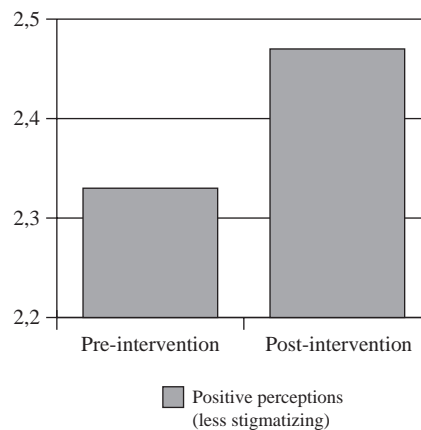


Figure 3. Differences between pre-test and post-test mean scores of positive perceptions (less stigmatizing)

Discussion

This work aims to present the preliminary results of “P’UPA - United to Help Teachers”, a project with the main goal of promoting mental health literacy in secondary schools’ teachers. This study used a sample of sixty teachers, with a pre-post design aimed at assessing the effectiveness of mental health promotion intervention that we developed.

Post-intervention results showed a significant increase of perceptions of knowledge and less stigmatizing perceptions. Even though these are preliminary results two aspects should be highlighted.

First, the importance to develop interventions “with the target groups” is crucial. For example, the development of pilot studies (e.g. focus group) in order to construct interventions with contents and strategies, which are adequate to the needs of the target groups. This is a determining factor to obtain positive results in interventions.

Second, increasing teachers’ mental health literacy can have a double effect: at a personal level and at an educational level. As educational agents they can have an effect in young people’s way of dealing with mental health issues (Cohall, Cohall, Dye, Dini, Vaughan & Coats, 2007). Furthermore, teachers’ awareness of mental health issues can allow an early detection of mental health problems in school-aged children and adolescents (Graham et al.,

2011; McGorry et al., 2007; VicHealth, 2008).

In conclusion, the preliminary results presented suggest that the intervention developed appears to be adequate to the proposed goal. “The ideas taught to children during mental health awareness programmes in schools have the potential to infiltrate the community more broadly” (Burns & Rapee, 2006, p. 227), likewise it is necessary that teachers are involved and learned from these programs, otherwise the promotion of mental health targeting young people is undermined.

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