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# Criteria for Selecting Mental Health Training for K-12 School Personnel

## OVERVIEW

From high rates of anxiety and depression to concerns about bullying and the alarming toll of school shootings, there is no question about the need for schools to focus on student mental health and wellness as a prevention and early intervention strategy. Training all school personnel about mental health, including how to identify at-risk students and connect them with support as early as possible, is a critical component of addressing this urgent need.

Implementing schoolwide mental health training for all teachers and student-facing staff holds many benefits. First, it increases linkage to treatment for students with a diagnosable mental health disorder. According to 2017 data from Mental Health America, 64.1% of youth with major depression do not receive any mental health treatment.[1] Untreated mental illness can cause further declines in mental health that lead poor academic performance, behavioral issues, and higher likelihoods of dropping out of school.[2] In addition, training is an opportunity to improve the relationship between students and adults in the school community, influence school climate, improve attendance and academic performance, and foster integration between mental health and related initiatives.

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The key for successful implementation of mental health training is choosing the right combination of training modality (e.g., in-person, online, blended) and content (e.g., evidence-based, practice-based, lecture) while considering cost and other factors, such as speed of deployment.

The goal of this document is to provide an overview of current training approaches and criteria for selecting the right training for schools, districts, and states.

[1] Mental Health America *2017 State of Mental Health in America - Youth Data*
[2] National Alliance on Mental Illness (NAMI) *Mental Health Facts: Children & Teens* (2018)

## Preparing School Personnel as Student Mental Health Gatekeepers

In a Gates Foundation survey of more than 20,000 public school teachers, 99% agreed that their role extends beyond teaching academics to include "reinforcing good citizenship, resilience, and social skills."[3] While teachers may be willing to serve in a capacity that goes beyond teaching academics to students, this preparation is often lost to focusing on academic or basic classroom management strategies.

Most teachers are not explicitly trained in how to effectively communicate with a student experiencing psychological distress.[4] In a study on perceived confidence in teaching school violence prevention, a group of pre-service teachers reported that they would agree that addressing mental health issues and violence prevention is essential for schools, but only half believe that they are adequately prepared to address these issues.[5] When it comes to reported barriers to supporting student mental health needs, a survey of 292 elementary school teachers found that 78% agreed or strongly agreed that a lack of adequate training was a barrier.[6]

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Finally, mental health stigma from both teachers and students can be a barrier to adequately addressing mental health. In a literature review of 44 studies, stigma ranked as the fourth highest barrier to help-seeking. For students, there may be hesitation in disclosure, due to feelings of shame or embarrassment.[7] For school personnel, mental health may feel like a difficult topic to address, or there may be denial in recognizing that treatment is necessary. Given these barriers, mental health training (referred to in the literature as "gatekeeper training") can serve as a solution to not only engage teachers but also to foster a supportive school climate.

## Considerations for Choosing a Mental Health Training Solution

There are many criteria to consider when choosing a mental health training solution for school personnel. Whether you provide a mandatory training to meet compliance guidelines or discretionary training to meet school climate goals, mental health training deserves careful consideration rather than an approach that merely "checks the box."

**The following sections include several key criteria to consider when selecting a mental health training program:**

**Modality**

**Evidence of effectiveness and fidelity**

**Role-play and practice**

**Time constraints and content scope**

**Cost**

**Ease and speed of implementation**

[3] Bill & Melinda Gates Foundation *Primary Sources: America's Teachers on Teaching in an Era of Change, Third Edition* (2014)
[4] Koller, J.R. et al. Responding to Today's Mental Health Needs of Children, Families, and Schools: Revisiting the Preservice Training and Preparation of School-Based Personnel. *Education and Treatment of Children*, 29.2 (2006): 197-217.
[5] Kandakai, T.L. et al. Preservice teachers' perceived confidence in teaching school violence prevention. *American Journal of Health Behavior,* 26.5 (2002): 342-353.
[6] Reinke, W.M., et al. Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers. *School Psychology Quarterly,* 26.1 (2011): 1-13.
[7] Clement, S., et al. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine,* 45.1 (2015): 11-27.

## MODALITY

Training modalities can take a few forms.

***Face-to-face*** mental health training typically includes a four- to eight-hour session where a single trainer provides a lecture and engages users in a discussion about the topic. Ideal group size is up to 20 participants.

***Online*** mental health training can take two different forms. The first is traditional e-learning which tends to be one to three hours of narrated slides or videos with a few simple activities (quizzes, drag-n-drop). The second type of online training is an interactive simulation with virtual humans, which typically includes several role-play practice scenarios and game-based learning activities. Interactive simulations can be completed in up to one hour at the user's convenience.

Finally, ***blended learning*** is a combination of face-to-face and online training. For example, the online training can be used as part of an in-person workshop to provide participants with hands-on practice, or as a follow-up to in-person training. Alternatively, online training can be the primary focus, with the face-to-face training offered as a follow-up for small groups.

## EVIDENCE OF EFFECTIVENESSAND FIDELITY

Evidence-based training means that the program has been empirically tested, peer-reviewed, and demonstrated to be effective in achieving the desired outcomes. The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the National Registry of Evidence-based Programs and Practices (NREPP), which assesses the effectiveness of interventions related to mental health and substance use. An evidence-based mental health intervention for use in schools should be empirically tested in a school setting with a large sample size. The highest fidelity of an evidence-based training is when data that back up the program's efficacy were collected in the field and not under "laboratory" conditions.

Fidelity is the notion that the empirically-proven model can be replicated in the field precisely as designed and tested in the "laboratory" setting. For evidence-based online programs, 100% fidelity is built into the digital program itself. For face-to-face workshops or presentations, the ability to maintain trainer quality when implemented in the field, combined with other conditions such as the number of participants and training facility, can undermine fidelity.

## ROLE-PLAY AND PRACTICE

Role-playing or "behavioral rehearsal" has been cited as a critical element for changing adult "gatekeeper" behavior change.[8] Role-playing increases the skills and confidence of participants through practice and immediate feedback from an expert coach. Typically, role-play is understood as a face-to-face activity, with the gold standard being medical education's "standardized patient" which uses highly trained actors to portray patients while faculty expertly coach and evaluate the performance of the trainee.

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When it comes to mental health training for school personnel, the use of "standardized students" would be prohibitively expensive, especially when the goal is to train all school personnel. In a typical face-to-face workshop, participants are not experts, and little standardization would be expected of the players. Both of the individuals taking on roles are novices in the skills being learned. And, if the role-play is conducted with a third person acting as the coach, that person is usually also a novice.

A relatively recent development, however, is the inclusion of role-playing as a central feature of online mental health simulations that feature conversations with virtual, fully animated, and emotionally responsive students. In this case, the learner takes on the role of a teacher practicing how to lead a conversation with a virtual student in distress. The role-play is standardized, guaranteeing the quality of the response from the virtual student (see discussion of fidelity above). In addition, a "virtual coach" provides immediate, personalized, and expert feedback to the novice participant. Furthermore, since this type of role-playing is executed as an individual exercise, there is no negative impact on learning from the embarrassment (or social evaluative threat) that many learners experience when taking part in face-to-face role-play in a workshop.

[8] Cross, W.F., et al. Does Practice Make Perfect? A Randomized Control Trial of Behavioral Rehearsal on Suicide Prevention Gatekeeper Skills. *Journal of Primary Prevention,* 32.3-4 (2011): 195-211.

### TIME CONSTRAINTS & CONTENT SCOPE

Time is an essential consideration for choosing a mental health training solution because it's a precious commodity. Given the many competing priorities for professional development, like curriculum, technology, or compliance, allotting a significant portion of professional development hours to mental health can be unrealistic for districts, despite the importance of the topic.

What may be more important than time is selecting the appropriate scope of the training's content. If the goal is to identify when student behavior is of concern and how to take effective action, the training may not need to educate school personnel on the diagnostic criteria and distinctions that more appropriately belong to mental health professionals. Alternatively, simple awareness training is not likely to be a meaningful use of time or money. The training must provide skills and build confidence in approaching and talking with at-risk students so that it results in action and not merely awareness from participants.

### COST

With any training modality, there will be a need for a staff person to coordinate the logistics of training across the district, at the school level or both. Other time costs will include trainer fees (or training of trainers, where district or school staff are trainers), and the release time or substitutes for school personnel to participate. Schools should also factor in the hidden cost of paid professional development when training is incorporated into this time.

Materials costs for workshops may include workbooks or manuals, refreshments, and space. Personnel costs include any overtime for custodial or security staff and travel costs for trainers. There are generally few or no materials costs for online programs.

Program evaluation may be another cost to consider. For training deployments that require the investment of significant funds, data collection is essential to measuring program success and determining future directions for programming. Districts, especially larger ones, will want to evaluate the effectiveness of their training efforts regarding the number of individuals trained and the learning outcomes. Online tools for tracking and assessment can add to the ease of implementation and more seamless evaluation.

#### For face-to-face training, consider:

- Cost of trainer or training of trainers (or retraining, in case of staff turnover)
- Number of training sessions needed to train all school personnel
- Cost of participant time ($/hour)
- Cost of materials (workbooks)
- Cost of space/ refreshments
- Cost of travel
- Coordination time

#### For online and blended training, consider:

- Cost of annual site license or per user cost
- Cost of set up
- Cost of materials
- Coordination time
- Cost of participant time ($/hour)

### EASE AND SPEED OF IMPLEMENTATION

By contrast, online training can generally accommodate an unlimited number of simultaneous participants, thus may be able to be rolled out quickly to an unlimited number of geographically disparate staff. In addition, online training can also be made available 24/7 to be available for new staff or staff whose work hours are not aligned with the schedules of others (e.g., bus drivers, cafeteria workers).

## In the Fight Together

Action-oriented and evidence-based mental health training for all school personnel can be accomplished within the many time and cost constraints that are a practical reality for schools. Schools have many choices ahead of them, which are not limited to traditional face-to-face workshops, lectures, or simple e-learning. Online learning that includes role-play should be on the shortlist for all districts looking at mental health training for teachers and staff.