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A Comprehensive Mental Health Training Format for Adult Education Teachers

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EDUCATION TEACHERS

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Abstract

The present study investigated the needs of adult education staff pertaining to adult students' mental health issues within a local school board by utilizing a mixed-methods design. The study was divided into progression of three separate studies. An initial focus group was conducted in order to identify the 12 participants' concerns and provide a direction for the needs assessment survey that was administered to the entire population of adult education teachers in the board. Two 2-hour workshops were designed for the 120 members of the staff based on the needs identified by the surveys. An evaluation of the workshops indicated that the workshops were valuable and further training was desired.

By educating teachers about students who are learning in the context of mental health challenges, we will be able to provide them with the necessary tools to do their jobs more successfully and comfortably.

Keywords: school-based mental health; adult education; training format; needs assessment

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Introduction

According to the literature, adult students who have gone back to receive their high school diploma at an adult education centre report a higher prevalence of mental health issues and other difficulties than traditionally-aged high school students, and also report high levels of violence and poverty (Rodger et al., 2005). In addition to the multiple stressors that adult students have, such as financial difficulties and childcare concerns, Rodger and colleagues (2005) indicate that adult students report many difficulties throughout the course of their education as a child and youth, which have resulted in their participation at an adult education centre for the purposes of attaining their high school diploma.

There are a variety of reasons why people participate in adult education programs (Wynne, 2005). For example, many people participate in adult education programs in order to obtain their secondary school diploma. In addition, many adult learners are newcomers who desire adequate language skills in order to participate in the workforce and society. Other reasons that people participate in adult education programs include the desire to upgrade literacy skills; the opportunity for retraining and upgrading of skills in the workforce; and people who want to be able to participate in their community. By no means is the aforementioned list an exhausted list of reasons of why people participate in adult education programs in Ontario. Although there are many reasons why people participate in adult education programs, there are several barriers to learning experienced by these students that Myers and de Broucker (2006) outline. Economic growth, lack of awareness, lack of confidence, lack of interest, cost, time, family responsibilities, and health concerns, likely impact the availability of adults to participate in secondary school related learning.

This study addresses one of the reported stressors for adult students participating in adult education programs, mental health.

The World Health Organization (WHO) defines mental health as being:

> a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community [(WHO, 2001a), p. 1].

Mental health promotion is often overlooked as being one of the essential components of individuals' overall health and well-being (Sturgeon, 2006). Further, the proportion of people who struggle with mental health issues worldwide has drastically increased since 1990. Murray and colleagues (1996) estimated that 1 in 4 people will suffer from a mental health disorder in their life time, and given the WHO (2001b) estimation of the incline of mental health issues, this figure is currently likely an underrepresentation.

In a recent report by Santor, Short, and Ferguson (2009), mental health was shown to be an important factor for students. Fourteen percent of student dropouts were related to mental health disorders, underlining the correlation between poor mental health and school success.

As indicated by Rodger and colleagues (2005), the prevalence of mental health issues among adult education students is even higher than the national prevalence. In 2008, the national rate of diagnosed mood disorders, including bipolar disorder and depression, was 6.8% (Statistics Canada, 2008). In contrast, the prevalence of depression alone among adult education students was over 30%. Therefore, it is evident that mental health issues are exacerbated among the aforementioned population.

Given that mental health issues are highly prevalent among adult students, teachers working within adult education centres need to be equipped with the necessary tools and knowledge in order to address the additional issues of their students (Stafford & Price, 2011). Ponizovsky, Grinshpoon, Sasson, Baidani-Auerbach, Eliezer, and Shershevsky (2003)

indicated that reports of teachers and principals in adult education centres suggested that they were unsure of how to address adult students with mental health issues. Furthermore, the teachers and principals expressed that receiving enhanced mental health training would likely foster more positive attitudes towards the adult students because the teachers would have a better understanding of the students' experiences. Therefore, it is imperative that adult education teachers receive proper mental health training and learn how to develop strategies to improve the educational experience for themselves, as well as their students (Ross-Gordon, Plotts, Joesel & Wells, 2003).

Within the social cognitive theoretical framework, the concept of self efficacy indicates that one's self perceptions influences their achievement strivings, goal pursuits, failure despondency, and reactions to physiological stress and ability to cope (Bandura, 1986; Bandura, 1982). In general, self efficacy is related to one's perceived capabilities within a specific context. Further, Bandura (1993) indicates that a positive sense of efficacy can be fostered by enhancing feelings of confidence and competency. Therefore, enhancing one's confidence and feelings of competency in one's abilities should in turn facilitate a positive and healthy sense of efficacy.

In relation to the education system, teachers' sense of efficacy is related to the degree to which teachers believe they are capable of reaching the most difficult students and facilitate learning in these students (Woolfolk, Winne, & Perry, 2010). Additionally, teachers' sense of efficacy is one of the few personal characteristics of teachers that is correlated with student achievement and success (Woolfolk, Hoy, & Davis, 2009). The literature indicates that teachers' sense of efficacy tends to be higher in schools in which teachers receive more support and assistance from principals, administrators, and other teachers, which impacts

teachers' outlook on the students' abilities (Hoy & Woolfolk, 1993). Because teachers in adult education centres are reporting that they are not receiving adequate support in their work with adult students and their exacerbated mental health issues (Ponizovsky et al., 2003; Rodger et al., 2005), it is plausible that adult education teachers experience a lower sense of efficacy. It is important that in light of all the other aspects of adult students' lives that can interfere with getting an education that there are teachers who feel as best as they can about teaching students with mental health issues.

To conclude, adult education teachers may experience a lower sense of efficacy related to a lack of supports or necessary training (Stafford & Price, 2011) in order to adequately address their students' mental health issues (Rodger et al., 2005). Therefore, providing adult education teachers with the necessary information and training in order for them to feel competent in addressing students' difficulties should enhance feelings of confidence and competency, which in turn facilitates a positive sense of efficacy (Bandura, 1993).

Mental Health in the Education System

Adult education centres provide a wide variety of courses for students over the age of 18, including job training (for example, personal support worker), literacy instruction, English as a second language classes, and secondary school credit courses (Wynne, 2005). The courses are more intensive than traditional secondary school courses because of the limited time frame provided for the courses to be implemented.

The enrollment rate of adult education students within these centres has dramatically increased over time (Ministry of Education, 1994). In the early 1980s, there were approximately 20, 000 adult learners enrolled in returning to secondary school programs, and a decade later, the numbers had increased to 98, 500 adult students enrolled. Currently, it is

estimated that approximately 97, 000 adult learners in Ontario are engaged in secondary school related learning, 28, 000 of these adult learners are enrolled in day school at an adult education centre (Myers & de Broucker, 2006). These centres are located throughout Ontario and are administrated through local school boards as part of the adult, alternative, and continuing education portfolio; however, the support available for teachers and students is often different when compared to typical elementary and secondary schools. Although the Ministry of Education (EDU) and the Ministry of Training, Colleges and Universities (TCU), who are the primary funders of adult education in Ontario, are contributing over 200 million dollars to the programming in adult education centres (Wynne, 2005), none of the funding is being designated for the purposes of mental health training or support.

Currently in Ontario, school boards have started to move towards improving mental health services for students in pre-kindergarten to Grade 12 schools by raising awareness, universally promoting positive student mental health, identification of and intervention with at-risk students, and providing services for students (Santor, Short, & Ferguson, 2009). The Ontario Ministry of Education has developed programs such as Healthy Schools, Safe Schools, Character Development, Student Success Strategy, and the Student Support Leadership Initiative for the elementary and secondary school systems (Whitley, 2010). The focus of the aforementioned programs is to promote positive mental health and provide students with the necessary tools in order to develop and maintain positive relationships, cope with stress, manage emotions, and problem solve. However, even though school boards are moving in the right direction, there is no research to date that explores the notion of improving student functioning and promoting mental health amongst the adult education centres in Ontario.

Therefore, in order to meet the growing demand of the adult education sphere in relation to mental health issues, it may be beneficial to use as a starting point, our understanding of the tactics used in the professional development regarding mental health issues that elementary and high school teachers receive.

Existing Literature on Mental Health Training

Given that teachers are on the frontline working with students daily, professional development needs to address recognition of mental health issues in order to appropriately provide the necessary resources and supports for the needs of students with mental health issues. Research has shown that early recognition and referral of students can minimize the frequency and severity of mental health disorders because students are able to receive timely treatment after identification (Reinke et al., 2011; State, Kern, Starosta, & Mukherjee, 2011). In addition, the content of mental health training for teachers typically focuses on symptom and diagnostic specific interventions; there is a need for mental health training to include information in regards to improving general student functioning in the school setting (Ringeisen, Henderson & Hoagwood, 2003). It has been suggested that the lack of mental health training for teachers has resulted in unintentional attitudinal barriers towards students with mental health issues including a lack of knowledge, understanding, and awareness of the mental health issues (Pivik, Mccomas, & Laflamme, 2002). Unintentional attitudinal barriers prevent teachers from being able to effectively identify and help students with difficulties, and increase the stigma of mental health issues.

In general, the current literature indicates that elementary and secondary school teachers express a lack of knowledge and training when dealing with mental health issues in the classroom (Reinke et al., 2011). One would expect that to be true also of teachers in the adult

education system, as they experience similar teacher education. Further, the training that teachers receive regarding mental health issues is minimal and typically fails to address such issues as recognition, assessment, and social emotional development (State, Kern, Starosta, & Mukherjee, 2011). Without proper training in methods of recognition, it is unlikely that students will receive support of these influential professionals who work with them daily, to help them cope with the challenges related to mental health.

Although the research on teacher education of recognition and referral is minimal, the current research findings are promising. Reinke et al. (2011) attest that teachers are aware that there is a need for enhanced mental health training. Reinke suggests that a deepened understanding is needed in order to adequately recognize students with mental health issues, while simultaneously responding to those students' needs in a timely manner. Additionally, Scullion-McPherson (2004) found that mental health training for teachers initiated an increase in ability to use expressive speaking skills to address mental health barriers to students' learning, and Stafford and Price (2011) indicated that professional development programs improve teachers' competency skills when dealing with student mental health issues.

Therefore, there is evidence for the need for mental health training for teachers and that training does enhance their knowledge of mental health issues in the classroom. However, further evaluation of training content is necessary to provide teachers with the best possible tools in order to cope with the mental health issues and barriers presented in the classroom.

Training Format and Considerations

In addition to the content of mental health training for teachers, it is also crucial to evaluate appropriate approaches to presenting mental health training to teachers. The

literature suggests that teacher characteristics and environmental factors are typically not taken into account when designing and implementing training programs for teachers, which results in inadequate addressing of mental health issues in the classroom (Han & Bahr, 2005; Ringeisen, Henderson & Hoagwood, 2003).

Reinke et al. (2011) indicate that the majority of educators receive mental health training through inservice workshops and receive very little training during their education prior to entering the professional field. Further, the literature indicates that teachers who have received some inservice training feel more competent in administering mental health interventions, and report having more confidence dealing with mental health issues than teachers who have received little or no mental health training at all (Taylor & Hawkins, 1991). Given that the majority of teachers receive mental health training when they are already in the field and working on the frontline, it is imperative to consider how these teachers learn and retain information most effectively.

The current literature suggests that any school-based program implementation, such as bullying awareness programs, can be highly effective in improving students' mental health if the administrators of the programs are appropriately trained and if the teachers have a high level of investment (Han & Bahr, 2005). Moreover, in order to increase the likelihood of program sustainability after teachers receive training, it is essential that factors related to the teachers' characteristics be integrated into training to improve the program fidelity (Han & Bahr, 2005; Ringeisen, Henderson & Hoagwood, 2003). The literature also indicates that teacher-level influences that impede program success include teacher burnout and the lack of believability that the program will work (Han & Bahr, 2005; Ringeisen, Henderson, & Hoagwood, 2003). Teachers need to believe that the training they will receive to enhance

their knowledge of mental health issues will be beneficial. Further, the program or knowledge gained from mental health training will not sustain and be integrated into the classroom if the teachers are skeptical about its value. Teachers report that they are typically not consulted throughout the development of a program, which perhaps results in a lack of interest in implementing a program. Therefore, it is essential that teacher judgments and beliefs be evaluated prior to training. Evaluation of teacher judgments and beliefs prior to training will help to determine the motivational levels of the teachers participating, their likelihood to adhere to the structure of the program, and increase the chances of the teachers utilizing their newly acquired knowledge.

In addition, adult education teachers experience additional obstacles that create barriers to successful training and program implementation than teachers who are in the traditional secondary school system. The amount of vicarious trauma and stress that adult education teachers are exposed to is amplified because of the significant struggles of adult students (Rodger et al., 2005), and further, adult education centres receive significantly less supports and funding than traditional school systems (Wynne, 2005), which likely exacerbates adult education teachers' feelings of hopelessness and being overwhelmed.

All of the aforementioned difficulties that adult education teachers endure can potentially impact the feasibility and success of additional training and program implementation.

Present Study

The literature indicates that adult students who are going back to school in order to receive their high school diploma experience significantly more barriers, including mental health issues, than students within the traditional secondary school system (Rodger et al., 2005). The present study investigated the concerns of adult education staff who are working

with adult students with mental health concerns. The researchers, who are three experts in the area of education and mental health, developed a needs assessment tool to identify specific needs based on the information provided from a key informants comprising the focus group, and then developed, delivered and evaluated a series of professional development workshops to provide the requested support.

This study utilized a mixed method design, using both a survey (quantitative measures) and an open-ended questionnaire (qualitative measures) to gather data and was divided into three separate studies, which have individual purposes and results. Each subsequent study builds on the previous one. The ethics certificate authorizing the project can be found in Appendix A.

Given the aforementioned research on mental health issues in the regular classroom, the most appropriate first step to addressing mental health issues in the adult education system would be to consult with adult education teachers. Therefore, the first study consisted of conducting a focus group with adult education teachers in order to identify the general areas of concern to be addressed in a needs assessment questionnaire.

The second study consisted of designing a needs assessment survey based on the results of the focus group concerns. The purpose of the needs assessment survey was to gain a comprehensive understanding of the concerns of the broader population of adult education teachers. The information gathered from the survey provided insight as to the inclusion of content in the professional development workshops that would be the most beneficial to adult education teachers. In addition, a brief presentation of community resources related to mental health was conducted after the completed surveys were collected.

The third study consisted of designing the professional development workshops and evaluating the success of the workshops and training through an evaluation questionnaire. The purpose of the professional development workshops was to provide the teachers with the mental health training and information that they felt would be the most beneficial to them and their students. Furthermore, the open-ended evaluation questionnaire was provided post completion of the workshops for the teachers to assess the usefulness of the workshops.

This research is beneficial for both educational instructors and students. By identifying the needs of instructors, we were able to provide them with the necessary tools to do their jobs more successfully and comfortably. Furthermore, the knowledge that was gained through this research has the potential to enhance the capabilities of future teachers by incorporating the identified information into pre-service programs in order to better prepare educators.

Study 1

Purpose

The purpose of the focus group was to gain a general understanding of the concerns and needs of a select group of adult education teachers pertaining to mental health issues amongst adult learners.

Participants

Participants were teachers from a local school system consisting of multiple adult education centres in Southwestern Ontario. There were a total of 12 teachers (5 males, 7 females) who were selected by an administrator as key informants who would be able to provide insight on the issues faced by the adult educators each day. The participants experience in teaching adult education ranged from less than one year to over 20, and their

concerns varied from desiring to learn more about community resources, to strategies for addressing student crises and obtaining additional supports..

Materials

There were five areas of concern that were addressed by the questions posed to the focus group. The questions were as follows:

1. What are the mental health issues you see in the classroom? How do you respond to these?

2. How do you go about relationship building with your students, and with other educators? What do you find helpful in terms of encouragement and support?

3. What are the issues you see with your students in terms of work and family, and how do you approach conflicts with school work?

4. What do you feel are gaps in your knowledge when it comes to working with students with mental health issues?

5. What types of support do you have, and/or do you want, in terms of meeting the needs of your students and your own needs?

The purpose of the core questions was to gain a general understanding of the concerns and issues that the teacher participants had regarding mental health issues that they encounter in their classrooms. In addition, the responses provided in the focus group directed the formulation of the needs assessment survey, which was available for completion by the entire adult education teacher population in the school system.

Procedure

All of the potential participants in the focus group were given a letter of information, which can be found in Appendix B, and if they chose to participate, they were required to sign the consent form, which can be found in Appendix C. The participants were also told that it was not mandatory to participate in the focus group and that they could leave at any time.

After the consent forms were signed and submitted, the researchers commenced the focus group by presenting the participants with a general overview of the research project and introductions, which took approximately 30 minutes. The introductions and general discussion consisted of each of the participants stating who they are and their positions, as well as the reasons they wanted to participate in the study. In addition, the participants discussed some of their experiences with mental health issues in their classrooms, and the concerns that they had related to their experiences.

After the introductions were complete, the focus group was split into two smaller groups for more in depth discussion. Both groups were presented with the questions and the participants' responses were recorded on chart paper by the researchers. The discussions lasted approximately 60 minutes. A short break took place after the discussions and refreshments were provided for the participants.

The two groups united at the end of the break for a general discussion regarding the group responses, as well as disclosure of what the next steps of the project were going to be. This portion of the focus group meeting took approximately 60 minutes. The entire focus group meeting was tape recorded and took three hours. The audiotape was transcribed verbatim.

Initially, a qualitative analysis on the responses of the participants in the focus group was conducted to identify the key areas to include in the needs assessment survey. The researchers identified the areas of concern by reviewing the transcriptions from the focus group meeting and analyzing the general areas that the participants focused on and expressed a need to address them.

Results

The participants identified several topics of concern during the focus group meeting that they felt should be addressed in future training programs. The focus group indicated that there is a need for a more enhanced awareness and understanding of particular mental health issues that students have, including the signs and symptoms of mental health issues, as well as how to address a student who might be experiencing a problem:

> "We're not trained psychologists to recognize that [mental health issues] in the classroom and even if we were, we're not professionals to deal with that. So we have that fuzzy area between what we do and somebody else is going to have to deal with that on that professional level. We're kind of the bridge in the middle trying to keep things afloat".

> "I've had students who are currently being treated for mental health issues and they will depending on where they are at in their treatment, their doctors are adjusting their meds and doing all these kinds of things, they're trying to come to school and they will be there physically but they are so snowed under that they have no real clue of what's going on around them. And the problem is, I have had students literally fall asleep in the classroom […]. Again that's without having the knowledge of what do those drugs do to people".

> "I think maybe what we need is some kind of a cheat sheet that gives us the greens of awareness and how to respond to them [student mental health issues]".

The participants emphasized that they had a lack of knowledge regarding community resources and who they should turn to for help with students or for their own personal mental health needs. Many of the participants expressed feelings of frustration and being

overwhelmed with their students' issues because they do not know where to turn to for

guidance and assistance:

> "I've had a lot of [student] issues[...] so I find it really frustrating that I don't know about the resources. I don't know a lot about what we have to offer so I feel I have a bit of a handicap in that way. I usually try to find someone who maybe does know something. I do know that this year there has been multiple students with suicide attempts and self harming. It scares me, so I would like to have more information in order to just be able to help my students".

> "Many students reporting physical abuse, sexual assaults and I had a student this year who I sat with for a period over two terms for probably about 10 hours, sitting with her and making phone calls to mental health centres and finally we convinced her to start talking to a counsellor. That was my only resource was to find phone numbers and to walk her through using them. […] My real wish is to have resources onsite so that I could redirect them effectively, not just saying, here's a phone number I know you won't call".

> "[…] we are having some issues because we don't have the capability to cope with the cutting and the suicide attempts, and we don't really know what all of the resources can be or should be in order to help our students to be successful, which is what we all want to happen".

Also, the participants underscored the importance of building relationships with their

students and fostering relationship building within their classroom. The participants

discussed relationship building strategies that they found to have worked in their classroom:

> "I've always encouraged students, once they have left out program, to if they need to stop by and talk about something […] they stop by and talk. No matter what it is. It's an open door policy then they come in. I find that really helps them feel included. They don't feel like once they're gone, they need a pass to come back in".

> "One of the things I find really works on is I do a lot of group work. If you have a group of people with a whole lot of backgrounds and experiences, just a mixed bag, that when you bring them together as a group, which the teacher can do by using a topic or them or whatever that involves everyone, then you get them all talking. What happens is sometimes issues that are maybe with one person get brought up and then another person has the same thing, then they start talking and you kind of mediate.. as a moderator and they start partially solving the problems themselves. I find that that's really a big help".

> "I think once you build that sense of community, then people start letting the barriers down and start feeling safer in the environment that they're in".

"I think you have the other side of it, teachers who are so uninvolved that they actually take the behaviour of the student, and they take it personally. Because the student is not coming to class therefore, it doesn't matter if the student has a mental health issue, it doesn't matter if they have a problem somewhere else, it's 'You're doing it to me, you skipped my class and now I am unhappy with you' and you take it personally. We can't do that".

In addition, some of the participants indicated that the student issues that they are faced with everyday causes additional stress and feelings of helplessness, which serves as a barrier to teachers' motivation:

"The other aspect that I feel not only for the students, which is big, but it is also for the staff. We need to be able to support our staff. When our staff are dealing with these things much more constantly then we need them to be able to go home at night and not have this weight on them so that they can still do their jobs and be helpful to the students and again it all comes back to that. But our staff need the support as well as our students".

To conclude, the participants revealed concerns of not being able to identify mental health issues, specifically, substance abuse indications, as well as a desire to learn more about the community resources and where the teachers can turn to for support to provide assistance to their students. The participants indicated that they felt unsupported and alone when addressing their students' difficulties and that they often were unsure of how to address students' crises. In addition, many of the participants indicated that they have developed strategies within their classrooms in order to try to build relationships amongst their students so as to facilitate a supportive environment. They emphasized the importance of building a positive and safe environment for their students by providing the students with opportunities to express their experiences amongst each other.

The results gathered from the focus group provided a direction for the content of the needs assessment survey that was administered during a professional development day to the

adult education teachers of the entire school system. The questions in the needs assessment

survey were designed to probe in depth the issues and concerns that were raised by the

participants in the focus group, and to provide direction of the content to be included in the

future professional development workshops.

Study 2

Purpose

The purpose of the needs assessment survey was to identify the concerns and needs of the

entire adult education teacher population within the school board in order to provide a

direction as to what information to include in the mental health training workshops.

Participants

Participants were adult education teachers from a local public education system. There

was a total of 99 participants (30 males, 69 females) between the ages of 24 and 66 (*M*=

44.75, *SD*= 12.09) who completed the needs assessment survey- 15 participants returned the

survey uncompleted. The participants experience in teaching adult education ranged from

less than one year to 30 years (*M*= 10.59, *SD*= 14.17) and the participants reported a range

from less than one year to 24 years in which they have held their current teaching position.

Further, 84.8 % of the participants indicated that they held a teaching certificate, such as a

Bachelor of Education degree or a Diploma of Education.

Eighty-two participants (82.8%) in the current study described themselves as Caucasian;

ten participants (10.1 %) reported Other, indicating that their ethnicity was not one of the

options; one participant (1%) described him/herself as Caribbean Canadian; one participant

(1%) described him/herself as Asian Canadian; one participant (1%) described him/herself as Aboriginal Canadian; and nine participants did not report their ethnicity.

Materials

The needs assessment survey was designed to gain an understanding of the concerns of the entire adult education teacher population. The content of the survey was identified through the information and knowledge gained from the focus group, as well as literature searches of research related to mental health training for educators. In addition, the researchers thoroughly discussed the development of the needs assessment survey and made decisions regarding the information and questions that should be included based on their knowledge and experience in the mental health field, as well as the education system.

The needs assessment survey consisted of 40 questions in total; eight of the questions concerned the demographic characteristics of the participants. The responses for the other 32 questions on a range of topics related to mental health in the classroom were indicated on a 6-point scale from 1, 'Strongly Disagree', to 6, 'Strongly Agree'. Sample items in the needs assessment include "I do not feel as though I have a plan or procedure for dealing with someone who I believe has brought a weapon to school" and "I feel competent in recognizing significant emotional issues, such as psychosis". The survey can be found in Appendix D.

Procedure

Participants for the survey were recruited during a local professional development day for adult education teachers. All of the potential participants were given the survey and a letter of information, which can be found in Appendix D and Appendix E respectively, in an envelope and informed that they were not required to participate and could hand the envelope back in without having completed the survey. Potential participants were told that the workshops

would be guided by the results from the survey. The survey was administered to the adult

education teachers during a professional development day. In addition, a brief presentation

regarding the teachers' concerns and community resources was conducted after survey

administration. The participants received a folder containing crisis and community resources

during the presentation.

Results

Analyses of the descriptive statistics of the needs assessment survey responses were

conducted in order to identify the specified areas of concern of the entire sample, which

directed the design of the professional development workshops.

Descriptive Statistics for Needs Assessment Survey Items

It is important to note that the items explore a range of concerns related to mental health

issues in the classroom, rather than being divided into subscales.

First, descriptive statistics were conducted on each item in the needs assessment survey in

order to identify which items stood out as being significant based on the mean values. The

mean values for each item indicate how the responses of all the participants averaged for a

particular item. The higher mean values indicate the items that the participants felt were more

valuable, and the lower mean values indicate the items that the participants felt were less

valuable as a topic for training. The means and standard deviations for each item in the needs

assessment survey that required a response on the Likert scale are shown in Table 1.

Visual inspection of the mean item responses indicate that the lowest scores related to the

amount of mental health training that the participants received in the past three years (*M*=

2.07, *SD*= 1.38), and the amount of mental health training that the participants reported

receiving prior to beginning their teaching career (*M*= 2.51, *SD*= 1.66). That is, participants

report they had received very little mental health training either before or throughout their

careers.

Additionally, these descriptive analyses revealed that the highest mean item scores related

to the value of achieving a sense of community within the school environment (*M*= 5.42,

SD= .91), the value of having a positive relationship with students (*M*= 5.06, *SD*= 1.14), and

the degree of mental health issues that are present in the classroom (*M*= 5.05, *SD*= 1.21).

That is, these high mean values indicate that the participants felt that building a sense of

community and positive relationships within their classroom was highly valued, and that they

witness significant mental health issues in their classrooms.

Ranking of the Concerns and Barriers

Next, the concerns about, and the barriers to, providing support for students that

participants could experience were evaluated by having them rank a list of ten concerns

(ranking 1 as the highest and 10 as the lowest; see Question 39 in Appendix D) and seven

barriers (ranking 1 as the highest and 7 as the lowest; see Question 40 in Appendix D). The

purpose of ranking the concerns and barriers was to direct the focus of the workshops to

include the issues that the participants felt were the most relevant, as well as to address the

barriers that the participants felt were preventing them from doing their jobs effectively.

The analysis indicated that the top five concerns that the participants had regarding their

students were stress (*M*= 3.54, *SD*= 2.51), anxiety (*M*= 3.69, *SD*= 2.31), depression (*M*=

3.86, *SD*= 2.21), alcohol and drug use (*M*= 4.62, *SD*= 3.01), and anger (*M*= 4.94, *SD*= 2.02).

The means and standard deviations for each of the concerns that the participants ranked are

shown in Table 2.

Table 1

Summary for Items 9 through 38 of the Needs Assessment Survey (n=99)

Item	M	SD	Item	M	SD
Q9	5.05	1.219	Q24	4.08	1.270
Q10	4.00	1.184	Q25	3.24	1.321
Q11	3.88	1.333	Q26	3.96	1.108
Q12	3.27	1.358	Q27	3.98	1.196
Q13	3.14	1.160	Q28	2.07	1.387
Q14	4.58	1.079	Q29	3.20	1.579
Q15	3.69	1.271	Q30	3.91	1.081
Q16	3.76	1.214	Q31	3.70	1.640
Q17	5.06	1.147	Q32	4.34	1.260
Q18	3.07	1.237	Q33	3.64	1.258
Q19	3.27	1.295	Q34	3.81	1.236
Q20	3.48	1.234	Q35	3.65	1.259
Q21	3.33	1.434	Q36	5.04	1.064
Q22	4.10	1.410	Q37	4.90	1.180
Q23	2.51	1.661	Q38	5.42	.919

Note: Likert scale 1 (Strongly Disagree)- 6 (Strongly Agree)

Table 2

Summary for Ranking of Participants' Concerns (n=99)

	M	SD
Concern		
Stress	3.54	2.516
Anxiety	3.69	2.315
Depression	3.86	2.214
Alcohol/drug abuse	4.62	3.012
Anger	4.94	2.022
Involvement with the law	6.21	2.446
Violence (perpetration)	6.46	2.632
Isolation	6.71	2.75
Spousal abuse	7.37	2.461
Sexual involvement	7.56	2.283

Note: ranking of the concerns (1-10) was item 39 in the Needs Assessment Survey.

The analyses indicated that the top five barriers that they encounter when attempting to assist their students were lack of training (M= 2.81, SD= 1.68), lack of time (M= 3.05, SD= 1.54), severity of students' issues (M= 3.60, SD= 1.81), lack of access to mental health professionals (M= 3.64, SD= 1.83), and lack of resources (M= 3.67, SD= 1.67). The means and standard deviations for each of the barriers that the participants were required to rank are shown in Table 3.

The teacher participants had an opportunity to voice their comments pertaining to their experiences and needs in a free response item, "comments", on the needs assessment survey. The following comments best illustrate key points expressed by the participants:

> "How do I begin to help such damaged people? Last year, a student attempted suicide in the school, others would come in bruised from the weekend. I grew up so sheltered; I was shocked when a student apologized for being high every day for a semester; they never smelled of weed, and I'd never seen anyone on oxy. How do I begin to help the numerous young women who disclose abortions or miscarriage? How do I begin to help and not be so affected that I go home and cry for them? These students are mine but beyond my ability to fix."

> "I have training in mental health issues because of my major in university. I have never received any training or information about it in my work training, nor have I been informed of where to go or where to send students to get help. This is a very important issue and should be taught in an in-class workshop, not simply a video posted to a school board website to be viewed on personal time. Thank you for taking this issue seriously and creating a resource and workshops to help educate teachers on what to look for, ideas on how to handle situations, and informing us of community resources to turn to and use as well!"

After the needs of the adult education teachers were assessed through the evaluation of the surveys, two 2-hour workshops were designed by the researchers based on the needs identified by the staff. The workshops were provided to staff during professional development sessions at one of the adult education centres within the school system.

Table 3

Summary for Ranking of Barriers (n=99)

	M	SD
Barriers		
Lack of training	2.81	1.682
Lack of time	3.05	1.544
Severity of students' issues	3.60	1.818
Lack of access to mental health professionals	3.64	1.831
Lack of resources	3.67	1.679
Large class size	5.25	1.796
Too many required modifications to lesson plans	5.90	1.588

Note: ranking of the barriers (1-7) was item 40 in the Needs Assessment Survey.

Study 3

Purpose

The mental health training workshops were implemented in order to address the identified needs and concerns from the needs assessment survey that the adult education teachers completed. An evaluation of the workshops was administered to determine whether the workshops were successful in addressing the participants' needs.

Participants

There were a total of 102 participants from the same adult education teacher population as the participants who completed the needs assessment survey who completed the evaluation questionnaire.

Materials

An open-ended evaluation questionnaire was developed in order to receive feedback regarding the success of the workshops once they had been completed, and the extent to which the participants' needs were met. In addition to identifying whether the needs of the staff were met, the questionnaire addressed topics related to the usefulness of the workshops; the benefits and drawbacks of strategies used when dealing with the students; as well as suggestions and improvements for future workshops. The evaluation questionnaire can be found in Appendix F.

Procedure

Upon analyses of the needs assessment survey, two workshops were designed by the researchers that addressed the areas of concern that the participants had identified. The workshops were conducted by the researcher and colleagues in a large auditorium with a stage, large screen for power point display, and fixed seating.

The first workshop focused on the three main issues that were emphasized in the original focus group, and also reappeared in the participant responses of the needs assessment survey. A third of the first workshop focused on substance abuse. The reasons individuals would use or abuse substances were reviewed so as to facilitate empathy and understanding of the users' perspectives and circumstances. Further, identifying symptoms and signs of substance use were reviewed for a wide variety of substances including prescription medications, alcohol, marijuana, cocaine, and methamphetamines. A handout was provided to the teachers of the possible substances their students might use, as well as the typical signs of the individual substances. In addition, circumstantial influences that cause changes in one's behaviour were reviewed, so as to provide the participants with a broad understanding of the impact of external (to school) experiences in their students' lives.

The participants' responses to the needs assessment survey indicated that they were unsure of how to approach students who were in crisis or who evidently needed assistance. Therefore, the second portion of the first workshop was related to general mental health in the classroom and crisis de-escalation strategies. This portion of the workshop addressed the signs of stress and anxiety and the basic strategies that teachers can do in order to facilitate goal-setting and self-regulation in their students. For example, it was suggested to the teacher participants that organization, making sure the students know the rules and consequences prior to any occurring incidence, connecting the students and providing a welcoming environment, and ensuring routine in the classroom were valuable in the promotion of positive mental health in the classroom. In addition, this portion of the workshop addressed why students might have a crisis (i.e., stress, anxiety, depression) and the appropriate steps and precautions that should be taken in order to approach a student and assist them. Warning

signs and preventative action of crises were discussed, as well as the perspective and experience of the student who may be going through a mental health crisis. A step-by-step procedure was presented to the participants on what they should do and how during a student's crisis. Grounding techniques, verbal communication, physical communication and how the teachers can evaluate and assess the level of intervention needed were presented to the participants. Suggestions on how to handle the rest of the class during a student's crisis were reviewed. The crisis de-escalation steps were presented to the group by the researchers during a role play and the group was then asked to role play the steps amongst themselves. The actions that should be taken after a crisis has been de-escalated were discussed and suggestions such as providing the student with resources, checking on the rest of the class, and checking in with the student periodically in the future.

The last portion of the workshop was related to relationship building and the factors influencing student success in school. Risk factors that have the potential to negatively influence one's life outcome were reviewed to provide an awareness to the teachers of the situational variables that some of their students may be facing. Bronfenbrenner's (Bronfenbrenner & Morries, 2006) ecological model was introduced and a visual representation was used to emphasize how the environment and external variables influence one's decisions, behaviour, mental health, and life in general. Student success in school was related to Bronfenbrenner's model in that the environment has a large influence, but also students' personal characteristics such as self-efficacy, high self-esteem, and a positive self concept, can predict success. It was recommended to the participants that they can have a positive influence on their students' success by providing them with opportunities to establish relationships with their peers and discover their talents and abilities, as well as to

provide them with a positive school culture and supportive classroom environment. The participants were provided with specific suggestions as to how they can provide their students with a supportive environment and promote positive relationships and competence. For example, in order to provide a supportive environment in the classroom, it was proposed that the teachers directly ask their students what they need and their opinions through an anonymous survey. Suggestions such as keeping the class informed, joint decision making, diversifying the classroom, and being fair, were provided in order to promote positive relationships in the classroom. Participants were informed that affirmation, statements promoting acceptance, celebration of strengths, and increasing their interest in their students would promote their students' self competence.

The first workshop was concluded by providing the participants with homework in which they were required to utilize the crisis de-escalation strategies and steps when the next crisis occurred in their classroom. In addition, the participants were asked to utilize the approaches and strategies suggested in order to build a positive community within their schools. The participants were to report about the outcome of their homework assignment in the following workshop, which was held approximately two months later.

The second workshop was designed for the participants to reflect on their experiences with the homework assignment and to discuss the strategies that worked and didn't work with their peers, as well as the challenges that they faced when implementing the suggested strategies. The participants were asked to get into small groups and create a visual representation of the strategies that they found beneficial in creating a positive environment for their students. After the poster representations were completed, each participant received five sticky notes in order to place on their top five favourite posters. The purpose of the

activity was for the teachers to connect with each other and learn from each other's experiences and opinions.

An evaluation of the workshops occurred after completion of the final workshop using an open-ended questionnaire (see Appendix F). All of the participants who were present during the final workshop were given the questionnaire and informed that they were not required to complete the questionnaire, but any feedback regarding the workshop series would be appreciated. The participants were told that the questionnaire would be anonymous and the feedback provided would be used to evaluate the success of the workshop series and criticisms would be taken into account in the development of future workshops.

After the participants completed the questionnaire, they handed them to one of the researchers upon departure and were thanked for their participation.

Results

A thematic analysis was conducted on the qualitative responses that the participants provided in the final evaluation questionnaire of the professional development workshops to assess the success of the workshops. The analysis was conducted by one of the researchers evaluating the participants' responses and recording patterns of repeated responses. The results of the this analysis included positive and negative feedback regarding particular aspects of the three workshops, as well as overall responses to the participants' experiences. In addition, there were several suggestions for improvements of future workshops that were found to be significant.

Evaluation of the Resource Presentation

The majority of the participants indicated that the resource guidebook provided to them during the presentation, which took place subsequent to the administration of the needs

assessment survey, was valuable and would be useful in the future. Further, the majority of the participants indicated that the overarching topic of mental health training was valuable and needed to be addressed. The following comment from the evaluation questionnaire stood out, as it captured the thoughts that were expressed by the majority of the participants who outlined that the resource guidebook was valuable:

> "It was a valuable reminder of what we need to do as educators- first and foremost, our students are people that look to us for guidance. This can be quite overwhelming, so it is reassuring to learn about how to help and what resources are available."

Evaluation of the First Workshop

The feedback regarding the specific content of the first workshop was varied, indicating that the participants' unique experiences and opinions directed their opinion of the value of the content.

The first portion of the workshop addressed the issue of student substance abuse. The majority of the participants indicated that the information related to specific drug side effects was useful; however, feedback also indicated that enhanced information regarding how to deal with chronic users and dependents would have been more beneficial as opposed to recreational users. The following comment encompasses many of the other participant comments pertaining to the substance use segment of the workshop:

> "I don't feel we have a clear sense of what we'd be supported to do when dealing with students under the influence. We must address recreational drug users who have an increasing presence in our classrooms and parking lots."

In addition, the crisis de-escalation strategies provided in the second portion of the workshop were frequently described as advantageous; however, it was suggested that it would have been helpful to include more detail and concrete steps. Further, many of the

participants indicated that role playing the de-escalation strategies was not as effective as the use of case examples would have been.

A substantial proportion of the participants who completed the evaluation questionnaire attested that the material provided in the third portion of the workshop was highly beneficial. Many of the participants agreed that building a sense of community within their schools would enhance learning and student success. The following comments encompassed many of the participants' gratitude towards the inclusion of community building strategies and information related to the importance of healthy relationships:

> "I feel that more of my peers have a firmer grasp on the material and are more able to discuss issues with me."

> "I better understand that the school can be a strong support for struggling students."

For future workshops, it may be advantageous to provide specific strategies and approaches to building a positive sense of community in the school setting.

Evaluation of the Second Workshop

An abundance of the participants felt that having the opportunity for them to vent and share their experiences amongst each other during the second workshop was a highly valuable experience:

> "Thank you for participating and leading of these workshops. There was a great need for this in our building and I feel that each teacher can benefit from these sessions. Finding out more from our colleagues was helpful and having an opportunity to share was beneficial."

Other participants indicated that the workshops had helped them feel more prepared to address students' mental health issues and difficulties:

> "In the past few months, the same things have happened that always happen—students have disclosed abuse, self-harm, eating disorders, suicidal thoughts, marital chaos, serious illness, drug use, etc. The difference now is that I feel less alone about it. Thank-you."

Evaluation of General Feedback

It was recognized that many of the participants felt that the inclusion of more practical

information and strategies to use in the classroom would have been beneficial, which

suggests that the strategies provided in the second workshop were not clear or had not been

emphasized. In addition, many of the participants who taught English as a Second Language

(ESL) reported that the content of the workshops did not apply to their students because their

students were typically faced with different issues, such as financial stress, post traumatic

stress, adjustment difficulties, cultural differences, and many experience spousal abuse. It

was also suggested that substance use specifically is not an issue for ESL students:

> "[Was the information regarding substance abuse adequately addressed?] Sure, but
> I'm not interested; no relevance to my ESL classes."

Evaluation of the Workshop Series' Format

There were several suggestions regarding the general format of the workshops that should

be considered and addressed in the development of future mental health training workshops

for teachers. The suggestions that respondents provided regarding the general format of the

workshop series included having smaller groups and utilizing webinars and videos.

Additionally, many of the respondents reported that they would have appreciated having

access to the powerpoint presentations, and to include more case examples and no role play.

It was also suggested that the workshops were too far apart from one another, which resulted

in difficulty recollecting the content of the previous workshops; therefore, several

respondents recommended that having an evaluation after each workshop would improve the

credibility of the overall evaluation of the workshop series. However, much of the feedback

pertaining to the workshop format was inconsistent, likely due to the subjective quality of the

topic. Two participants' comment appeared to provide an overview of the majority of the

participants' concerns with the format of the workshops:

> "... need to have smaller groups; tackle real life examples within small groups; and have a panel of mental health professionals answer questions."

> "As in large lectures, it is extremely difficult to retain large amounts of information. Though no fault of your own, the odds of retaining useful amounts of information is slim. Closer times might help to remember, or smaller groups."

Evaluation of the Knowledge Gained Indicated by Respondents

Descriptive analyses were conducted for the 10 items in the last portion of the evaluation

questionnaire in order to identify workshop series content that was new and old information

to the participants. The participants were asked to respond to the items on a Likert scale

ranging from 1 to 4, with 1 representing *Learned Nothing New* and 4 representing *A Lot of*

New Information. The means and standard deviations for each item in the evaluation

questionnaire that required a response on the Likert scale are shown in Table 4.

Visual inspection of the means item responses indicate that the majority fell in the middle,

indicating that the average of responses suggested that either a little or some new information

was learned for each item.

The highest mean value was related to how much new information about community

resources was learned throughout the workshops (M= 3.01, SD= .827). The lowest mean

value was attributed to an item related to how much new information was learned about

community building and how a sense of community can be promoted within the school (M=

2.47, SD= .891).

Table 4

Summary for the Evaluation Questionnaire

	M	SD
Item		
Qa	3.01	.827
Qb	2.77	.810
Qc	2.59	.863
Qd	2.54	.820
Qe	2.65	.908
Qf	2.61	.829
Qg	2.68	.802
Qh	2.67	.816
Qi	2.47	.891
Qj	2.59	.910

Note: Likert scale 1-4. These items can be found on the last page of the Evaluation

Questionnaire (Appendix F).

Discussion

What follows here is a brief overview of the purpose and findings of the present study, and a discussion of the findings with respect to previous research, theoretical framework and, importantly, implications for teacher education.

The initial focus group was conducted to provide the researchers with a general understanding of what the main areas of concern were pertaining to mental health in adult education systems, as well as to allow the focus group participants to express what they felt they needed in relation to mental health training. The findings of the focus group indicated that the participants felt unsupported and helpless when addressing their students' exacerbated mental health issues, and that they desired to learn more about the resources available for their students. In addition, the participants expressed a desire to learn more about the signs and symptoms of mental health issues so as to be able to identify students who might be having difficulty. The focus group participants also felt that building positive relationships within classrooms and amongst students was highly valuable and that relationship building strategies need to be emphasized to the larger adult education teacher population.

The findings of the focus group provided the researchers with a direction for the content of the needs assessment survey, which was administered to the entire adult education teacher population within the school system on a professional development day. The purpose of the needs assessment survey was to gain an in depth understanding of the needs and concerns of the entire adult education teacher population pertaining to mental health in the adult education system. The results of the needs assessment survey indicated that the participants desired training surrounding the signs and symptoms of substance use, crisis de-escalation

strategies, and relationship building strategies. The results of the survey provided a direction in the development of the mental health professional development workshops..

After completion of the professional development workshops, an evaluation questionnaire was administered to the participants who were present at the last workshop. The results of the evaluation indicated that the participants felt the workshops were useful, and that the training format was beneficial. However, there were some suggestions for future training workshops, including smaller groups, webinar format, and providing evaluations after each workshop.

As indicated previously, the area of adult education and mental health has been untapped in the literature. However, the findings of the present study reflect those of previous research that examined these same concepts with kindergarten to grade 12 teachers (Han & Bahr, 2005; Pivik, Mccomas, & Laflamme, 2002; Reinke et al., 2011; Ringeisen, Henderson & Hoagwood, 2003; Santor, Short, & Ferguson, 2009; State, Kern, Starosta, & Mukherjee, 2011) indicating that adult education teachers also feel they have a lack of mental health training and desire further mental health training in order to be better prepared when addressing students' mental health issues. Therefore, it is evident that adult education teachers desire similar training to elementary and high school teachers, and would benefit from the mental health programming that the school systems across Ontario receive.

Han and Bahr (2005) investigated the level of investment that regular high school and elementary teachers had towards the implementation of mental health programs and training in schools, and found that the success of the programs was directly related to the investment of teachers. Often, the teachers were not consulted prior to the implementation of programming or training, which in turn, decreased the rate of success of the programs or

training. Similarly, the adult education teachers in the present study appreciated the opportunity to be involved in their own professional development by completing the needs assessment survey, identifying the areas of mental health in which they desired training, and ultimately being provided workshops designed to their specified needs. After a general synopsis of the current needs and concerns of the adult education teachers in the focus group were compiled, the needs assessment survey was developed in order to investigate the broad areas of concern in depth with the entire adult education teacher population within the school board. This allowed all of the adult education teachers to provide input for the direction and content of the professional development workshops, which increased the teachers' level of investment to the training.

   Woolfolk, Winne, and Perry (2010) emphasized the importance of teacher self efficacy in relation to student success and achievement. In order for students with difficulties to experience success in school, it is essential that teachers believe they are capable of reaching these students. Self efficacy is related to individuals' perceptions of their abilities (Bandura, 1986; Bandura, 1982). Therefore, if teachers perceive themselves as being incapable of reaching difficult students, then they will likely fulfill this prophecy (Woolfolk, Winne, & Davis, 2009). Many of the teachers in the focus group of the present study reported feeling helpless and lost when addressing students' with difficulties and their mental health needs. According to the literature (Woolfolk, Winne, & Perry, 2010; Woolfolk, Winne, & Davis, 2009; Bandura, 1986), the teachers' feelings of helplessness likely impacted their actual ability of reaching their students. By providing the teachers in the present study with resources and an opportunity to share with each other, it was reported that they felt more supported by each other and less alone:

"In the past few months, the same things have happened that always happen […] the difference now is that I feel less alone about it."

By connecting with their peers, the teachers in the present study were able to realize that they were not alone, which challenged their perceptions of their ability to help students with difficulties (Bandura, 1986).

The process of the three individual studies building on each other provided the teachers an opportunity to guide their professional development, and therefore, have a personal investment in the training. In addition, the teachers had an opportunity to connect with their colleagues, which reportedly enhanced their self-efficacy because they discovered that they were not alone in their feelings of stress and helplessness.

Participants from the present study provided suggestions for improvement for the format of future workshops. Given the feedback provided, it may be beneficial having the workshops closer together, as some of the participants reported that they forgot to do the homework assignment and forgot about much of the material presented in the previous workshops because a significant amount of time had lapsed. It was also suggested that segregating the participants into smaller groups would have allowed for in depth conversations pertaining to the topic of discussion, and restricted the personal social interactions. In addition, it was suggested that alternative modes of providing the information would have been beneficial, such as webinars, websites, or utilizing a panel of professionals from the community.

The findings and knowledge obtained from the present study should facilitate movement in conducting further research in order to adapt and determine the most appropriate process for mental health training programs. In particular, the format and process of the present study should be reproduced and implemented over multiple school systems in order to compare the

similarities and differences among school systems, as well as to determine the effectiveness of the workshops with a larger population.

Limitations

Upon reflection of the design of the present research study, the researchers identified a few weaknesses that could be adapted in future studies.

The preliminary focus group was conducted with all participants in the group and the researchers present, so it is plausible that the participants may have felt group pressure to answer questions in a particular way and to provide attitudes that coincide with the rest of the group. In addition, the presence of the researchers may have initiated anxious feelings in the participants and influenced the participants' answers or attitudes towards topics of discussion, which in turn would impact the content of the needs assessment survey. However, the researchers took precautionary measures in the attempt to relieve the anxiety and social pressure by providing the focus group participants with a comfortable environment including food and refreshments, having a preliminary meet and greet where the participants had the opportunity to talk and get to know each other, and by informing the participants that they were not required to respond to questions that they felt uncomfortable answering.

In addition, there is a possibility of response bias that can take place when self-report measures are used. The participants may have responded to the needs assessment and evaluation questionnaire according to what they perceived the researchers were looking for, instead of their personal opinions. In order to attempt to combat response bias, the researchers emphasized that the assessment and questionnaire was anonymous and that the participants' feedback was highly valued.

Another identified concern of the study is the time lapse between each of the workshops. There was approximately two months between each workshop, which could have impacted the success of the workshops in that many of the participants reported that they forgot a lot of the information from the previous workshops. It may have been beneficial to provide a brief evaluation at the end of each workshop in order to determine the immediate success of the workshops.

The main concern of the design of this study is the degree that the findings can be generalized to the broader population of adult education teachers. There was only one school system involved in the study, indicating that the workshops were designed in order to address the needs of the teachers within the school system involved. Therefore, it is difficult to determine whether the content of the workshops in the present study would be relevant to other adult education centres in other school districts and locations. Teachers from differing centres may identify concerns and issues that are unrelated to the concerns and issues that the teachers in this study have expressed.

However, even though the workshop content may not be generalized, it is evident that by conducting a needs assessment and allowing the teachers to guide their own development, the identified needs will be addressed and the teachers' abilities in responding to mental health issues will strengthen. Furthermore, by giving teachers the opportunity to guide their own development, it is likely that they will have a personal vested interest in improving their competency skills, which should ensure a successful outcome of the professional development workshops. Therefore, the process of utilizing the three steps (focus group, needs assessment, and workshop implementation) presented in the present study can be generalized.

Implications for Future Research

The future direction of this area of research should move towards identifying and incorporating mental health training components into the curriculum of teaching degree programs. It is evident that teachers are feeling underprepared and incompetent to deal with students' mental health issues when entering the profession, and are seeking out further mental health training once they have been launched into the field in order to bridge the gap (Reinke et al., 2011). Therefore, it would be ideal to systematically incorporate evidence-based mental health training into teachers' degree programs and professional development training.

The knowledge gained from the present study should facilitate movement in the direction of changing the teacher education system and professional development programming in order to incorporate sufficient mental health training for teachers. By educating teachers about students who are learning in the context of mental health challenges, a difference can be made in academic engagement and success for learners, as well as the safety and teaching efficacy for educators.

Further, it is evident that adult education centres have insufficient mental health resources and supports for adult learners. Because of the exacerbated mental health issues of adult learners (Rodger et al., 2005), and the expressed teachers' concerns in the present study, future research should focus on identifying the necessary resources and supports to be incorporated in adult education centres.

Implications for Practice

The present study revealed that much like regular elementary and secondary school teachers (Reinke et al., 2011), adult education teachers express a lack of knowledge and training when dealing with mental health issues in the classroom. However, the issues of

adult education teachers and elementary and secondary school teachers are vastly different. For example, adult education teachers witness a higher degree and severity of mental health issues in their students as compared to elementary and secondary school; and adult students have different rights and responsibilities compared to elementary and secondary school students, which influences the perceived and real role of adult education teachers (Rodger et al., 2005).

Many of the participants in the present study indicated that students' difficulties and issues were often passed on to the guidance counselors or the health nurse, who was only present at one of the adult education centre for one half day per week. A guidance counselor present during the focus group shared her experiences and perspective pertaining to the increase in student mental health issues, which allowed the researchers to gain an understanding of the additional stressors and struggles that the health professionals and teachers endure within adult education centres:

> "In guidance, we are having some issues because we don't have the capability to cope with the cutting and the suicide attempts, and we don't really know what all of the resources can be or should be in order to help our students be successful.[…] We need to be able to support our staff. When our staff are dealing with these things much more constantly, then we need them to be able to go home at night and not have this weight on them so that they can still do their jobs and be helpful to the students.'

It is evident that teachers and health professionals are being overwhelmed by students' exacerbated issues and difficulties in the adult education system. As indicated previously, adult students who are returning to school to obtain their high school diploma experience significantly more difficulties than high school students (Rodger et al., 2005) and the education system as a whole is not supporting adult education teachers or the health professionals within adult education centres (Ministry of Education, 2005). Therefore, the findings gained from the present study regarding a specific and logical progression for

implementing inservice mental health training will be highly beneficial in alleviating some of the additional stress that adult education teachers experience. Providing teachers with basic mental health training will support them in the ability to identify problems or concerns that arise amongst their students, as well as to provide teachers with the information as to where students should be directed to address their issues. Further, teachers cannot be expected to be mental health professionals, and the findings from the present study serve as evidence that adult education centres need to be provided with more mental health practitioners on site.

Conclusion

To conclude, the findings of the present study indicate that the three step progression to mental health training for adult education teachers is beneficial. The preliminary focus group allowed a selected group of adult education teachers to provide an overview of their concerns pertaining to mental health in adult education centres. Further, the needs assessment survey, developed based on the generalized concerns expressed by the focus group, allowed the entire adult education teacher population within a local school board to express their concerns in depth. Following the needs assessment survey, the professional development workshops were designed to address the specified concerns and needs raised in the survey. Therefore, the adult education teachers had the opportunity to direct their own professional development by expressing their concerns.

Given that there is little to no research to date pertaining to adult education teachers and the mental health issues that adult students endure, the findings of the present study serve as a defining point in the foundation of this area of research. Now that an awareness has been made of the mental health issues and difficulties that adult students face, as well as the concerns and needs of adult education teachers who are consistently exposed to their

students' difficulties, we have managed to identify and implement a successful training

format to address the teachers' concerns. Therefore, a gap has been bridged between the

existing literature on mental health training for regular elementary and high school teachers

to mental health training for adult education teachers.

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Appendices

Appendix A

THE UNIVERSITY OF WESTERN ONTARIO
FACULTY OF EDUCATION

Western | USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE

Review Number: 1107-6
Principal Investigator: Jacqueline Specht
Student Name:
Title: *Adult Education: The need for information on mental health issues*
Expiry Date: June 30, 2012
Type: Faculty
Ethics Approval Date: August 17, 2011
Revision #:
Documents Reviewed &
Approved: UWO Protocol, Letters of Information & Consent

This is to notify you that the Faculty of Education Sub-Research Ethics Board (REB), which operates under the authority of The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above. The approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the REB's periodic requests for surveillance and monitoring information.

During the course of the research, no deviations from, or changes to, the study or information/consent documents may be initiated without prior written approval from the REB, except for minor administrative aspects. Participants must receive a copy of the signed information/consent documentation. Investigators must promptly report to the Chair of the Faculty Sub-REB any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information/consent documentation and/or recruitment advertisement, newly revised documents must be submitted to the Sub-REB for approval.

Dr. Alan Edmunds (Chair)

2011-2012 Faculty of Education Sub-Research Ethics Board

Dr. Alan Edmunds	Faculty of Education (Chair)
Dr. John Barnett	Faculty of Education
Dr. Jason Brown	Faculty of Education
Dr. Farahnaz Faez	Faculty of Education
Dr. Wayne Martino	Faculty of Education
Dr. George Gadanidis	Faculty of Education
Dr. Elizabeth Nowicki	Faculty of Education
Dr. Immaculate Namukasa	Faculty of Education
Dr. Kari Veblen	Faculty of Music
Dr. Ruth Wright	Faculty of Music
Dr. Paul Woodford	Faculty of Music
	Faculty of Education, Associate Dean, Graduate Programs & Research (*ex officio*)
Dr. Susan Rodger	Faculty of Education, UWO Non-Medical Research Ethics Board (*ex officio*)

The Faculty of Education | Karen Kueneman, Research Officer
1137 Western Rd. | Faculty of Education Building
London, ON N6G 1G7

Copy: Office of Research Ethics

Appendix B

Letter of Information

Focus Group
Adult Education: The need for information on mental health issues

What is the Purpose of This Study?
We would like to invite you to participate in a research study looking at the needs of educators when dealing with the mental health issues of adult students. We are interested in looking at what information and training that teachers need in order to constructively deal with the mental health issues of adult students.

Who are the Investigators?

Jacqueline Specht, PhD	Faculty of Education University of Western Ontario
Susan Rodger, PhD	Faculty of Education University of Western Ontario
Fiona Meek, BA Masters Candidate	Student University of Western Ontario

Who is Eligible to Participate and What Will Happen in This Study?
In August, a focus group consisting of selected staff members at G. A. Wheable Centre will take place to determine the content questions of the survey. The focus group will be approximately two hours in length and will be audio recorded. In December, the focus group will regroup and discuss any potential issues that may have arisen in the survey. From the needs assessment gathered from the survey, the content of three workshops will be determined and will be run from February to May.

There are no known risks that result from participating in this research. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. If you are already participating in another study at this time, please inform the investigators right away to determine if it is appropriate for you to participate in this study.

Your research records will be password protected on a computer and/or locked in a filing cabinet, and when the research is completed and the data is published these materials will be destroyed. When the results of the study are published, your name will not be used and no information that discloses your identity will be released.

Any Questions?
If you have any questions about this study, please contact Jacqueline Specht or Susan Rodger. If you have any questions about your rights as a research participant, you may contact the Institutional Research Officer at the Faculty of Education, The University of Western Ontario.

If you agree to participate, please complete the attached consent form.

Appendix C

Adult Education: The need for information on mental health issues

Jacqueline Specht, PhD
Susan Rodger, PhD
Fiona Meek, BA

CONSENT FORM

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Name (please print):

Signature: Date:

Name of Person Obtaining Informed Consent:

Signature of Person Obtaining Informed Consent:

Date:

Appendix D

Demographics

Please circle the appropriate response.

1. Sex:
    a. Female
    b. Male
2. Ethnicity:
    a. African Canadian
    b. Asian Canadian
    c. Caucasian Canadian
    d. Latina/o Canadian
    e. Caribbean Canadian
    f. Aboriginal
    g. Other (please specify):_____

3. Age:_____

4. Highest education level achieved:
    a. High school diploma or GED
    b. College diploma
    c. Bachelor's
    d. Master's
    e. Other (please specify):_____

5. Do you have a teaching certificate (e.g., B.Ed or DipEd)?   Yes ____   No____

6. Please specify the department in which you teach:_____

7. Number of years that you have been in your current position:_____

8. Number of years that you have been teaching adult education:_____

1 Strongly Disagree	2 Disagree	3 Disagree Somewhat	4 Agree Somewhat	5 Agree	6 Strongly Agree

9. I see mental health issues in the classroom.	1	2	3	4	5	6
10. I feel competent that I could handle a situation in the classroom in which a student becomes verbally aggressive towards me or other students.	1	2	3	4	5	6
11. I am aware of the side effects of prescriptive medications.	1	2	3	4	5	6
12. I feel I have adequate knowledge of mental health disorders.	1	2	3	4	5	6
13. I find it difficult to teach students with mental health issues.	1	2	3	4	5	6
14. I feel competent that I could adjust a lesson plan if a student is having difficulty with a subject or example that I am discussing.	1	2	3	4	5	6
15. I am aware of how prescriptive medications affect learning.	1	2	3	4	5	6
16. I feel comfortable dealing with individuals with mental health disorders.	1	2	3	4	5	6
17. I think that emergency services can be contacted if an adult student is threatening to harm him or herself.	1	2	3	4	5	6
18. I feel confident that I understand my students' mental health issues.	1	2	3	4	5	6
19. I do not feel I could adequately handle a situation in which an associate of a student presents him/herself at the school for the purpose of harassing the student (i.e., an abusive partner)?	1	2	3	4	5	6
20. I do not feel as though I am competent to handle a situation in which a student is obviously having difficulty learning/being in the classroom due to the medications they are taking.	1	2	3	4	5	6
21. I feel competent in recognizing significant emotional issues, such as psychosis.	1	2	3	4	5	6
22. I feel competent in handling a situation where I suspect abuse of a child.	1	2	3	4	5	6
23. I received mental health training prior to teaching.	1	2	3	4	5	6
24. I feel competent that I could handle a situation in which a student shows up to class intoxicated/under the influence of substances.	1	2	3	4	5	6
25. I do not have a plan or procedure to assist me in dealing with a student who is withdrawn.	1	2	3	4	5	6
26. I feel competent in recognizing drug and alcohol symptoms.	1	2	3	4	5	6
27. I have a plan or procedure for dealing with a student who is intimidating others.	1	2	3	4	5	6
28. I have received no mental health training in the past three years.	1	2	3	4	5	6

1 Strongly Disagree	2 Disagree	3 Disagree Somewhat	4 Agree Somewhat	5 Agree	6 Strongly Agree

29. I do not feel as though I have a plan or procedure for dealing with someone who I believe has brought a weapon to school.	1	2	3	4	5	6
30. I have a plan or procedure about how to deal with someone who appears to be under the influence.	1	2	3	4	5	6
31. I never use other support services and resources to assist me and the students in dealing with their mental health issues.	1	2	3	4	5	6
32. I do not have a plan or procedure about how to deal with a student who is disruptive.	1	2	3	4	5	6
33. I do not feel competent in recognizing abuse.	1	2	3	4	5	6
34. I do not feel comfortable in dealing with issues that interfere with the student being available to learn.	1	2	3	4	5	6
35. I do not have a plan or procedure about how to deal with a student experiencing abuse.	1	2	3	4	5	6
36. I feel that it is important to have a relationship with my students.	1	2	3	4	5	6
37. I feel supported by my colleagues.	1	2	3	4	5	6
38. I feel as though achieving a sense of community within the school is important for the students' learning.	1	2	3	4	5	6

39.Rank the issues that you feel are most important (1) to least important (10) in the students that you teach:

___ Alcohol/Drug Abuse
___ Sexual Involvement
___ Violence (perpetration)
___ Anger
___ Anxiety
___ Depression
___ Stress
___ Spousal Abuse
___ Involvement with the Law
___ Isolation

40.Rank the barriers that you feel are the most significant (1) to the least significant (7) to solving mental health problems in your school:

___ Lack of training
___ Lack of time
___ Large class size
___ Lack of resources
___ Lack of access to mental health professionals
___ Too many required modifications of lesson plans
___ Severity of students' issues

Comments:

-

_____

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Appendix E

Letter of Information

Survey Participation
Adult Education: The need for information on mental health issues

What is the Purpose of This Study?
We would like to invite you to participate in a research study looking at the needs of educators when dealing with the mental health issues of adult students. We are interested in looking at what information and training teachers need in order to constructively deal with the mental health issues of adult students. This research has received approval from Faculty of Education Sub-Research Ethics Board at the University of Western Ontario.

Who are the Investigators?

Jacqueline Specht, PhD	Faculty of Education University of Western Ontario
Susan Rodger, PhD	Faculty of Education University of Western Ontario
Fiona Meek, BA Masters Candidate	Student University of Western Ontario

Who is Eligible to Participate and What Will Happen in This Study?
All adult education staff at the G. A. Wheable Centre will be invited to participate in this study.

We would like to develop 2 workshops for staff in the area of teaching adult students who have returned to school to complete their secondary school education. A specific focus will be on mental health issues in adult education students in a secondary school setting. In order to create workshops that meet the needs of the staff, we would like you to complete a survey about different issues related to the mental health of your students. A summary of the survey will be made available for stakeholders to determine the needs in this school community. From the information gathered from the survey, the content of two workshops will be determined and will be presented from February to May. In May, an evaluation of the workshops will take place. Participants will be asked to complete an open-ended questionnaire to determine if their needs were met by participating in the workshops. In addition, the evaluation will seek information regarding the usefulness of the workshops, the usefulness of the suggested strategies when used with students, and any suggestions that participants may have had to improve the workshops. Both surveys will take approximately 30 minutes to complete and may be done so wherever you can access a computer.

There are no known risks that result from participating in this research. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. You may refuse to participate in completing the surveys or you

may choose to participate in one or both surveys. Refusal to participate in survey completion will not affect your opportunity to participate in the professional development workshops.

All information collected will be stored on a password protected computer and/or locked in a filing cabinet in a locked room. Data will be destroyed 5 years after completion of the research. Your name will not be associated with the data in any way. When the results of the study are published, your name will not be used and no information that discloses your identity will be released.

Any Questions?
This letter is yours to keep. If you have any questions about this study, please contact Jacqueline Specht at or Susan Rodger. If you have any questions about the conduct of this study or your rights as a research participant you may contact the Office of Research Ethics, The University of Western Ontario.

Completing the survey will represent your consent to participate.

Appendix F

Mental Health Professional Development Series: Evaluation

1. During the first workshop in November, we briefly discussed the mental health issues that are prevalent within your schools and community resources that are available to you and your students. What did you find useful in this workshop?

    _____
    _____
    _____

    What did you find not useful?

    _____
    _____
    _____

2. The results of the initial needs assessment that was completed in November indicated that the three top needs were: 1) provision of information and understanding of substance abuse and how to adequately address students under the influence; 2) warning signs of potential crises and crisis response interventions; and 3) community building within the school environment.

    a) Do you feel that the information regarding substance abuse was adequately addressed in the February workshop? Why or why not?

        _____
        _____
        _____
        _____

    b) Do you feel that the information regarding crisis response interventions and de-escalation practices was adequately addressed in the February workshop? Why or why not?

        _____
        _____
        _____
        _____

c) Do you feel that the information regarding the impact of positive relationships and a community environment on learning was adequately addressed in the February workshop? Why or why not?

_____

_____

_____

_____

3. During the second workshop in February, we discussed substance use, crises de-escalation strategies, and the relevance of community building and positive relationships. What did you find useful in this workshop?

_____

_____

_____

_____

What did you find not useful?

_____

_____

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_____

4. After the February workshop, we provided you with 'homework' to try out the crises de-escalation strategies and building a positive community within your schools. Did you find the 'homework' beneficial?

_____

_____

_____

_____

_____

5. During this last workshop, you discussed strategies that worked and didn't work with your peers and the challenges that you faced when putting the suggested strategies into practice in your classroom. What did you find useful in this workshop?

    _____

    _____

    _____

    _____

    What did you find not useful?

    _____

    _____

    _____

    _____

6. After completion of the Mental Health Workshop Series, do you feel more supported by your peers?

    _____

    _____

    _____

    _____

    Did this series impact your feeling of community within your school?

    _____

    _____

    _____

    _____

7. The format for the workshops consisted of providing you with a Needs Assessment survey in order to identify what you believed your needs were, and then addressing the identified needs through a powerpoint presentation. Further, we asked that you put the information that we provided into practice to evaluate whether you felt the strategies were useful.
Did you like the format of the workshop series? Are there other formats that you would find more useful? (i.e., Webinar, Interactive Training including role play, etc.)

_____
_____
_____
_____
_____
_____

8. Do you have any suggestions for future workshops?

_____
_____
_____
_____
_____
_____
_____
_____

I learned.....

1 Nothing New	2 A Little New Information	3 Some New Information	4 A Lot of New Information

a) ... about the resources in the community available to me and my students.

1   2   3   4

b) … about mental illness and identifying signs and symptoms to be aware of.

1   2   3   4

c) … about substance use signs for a variety of substances

1   2   3   4

d) … about how to handle a situation in the case that a student is under the influence in the classroom.

1   2   3   4

e) … about the impact that anxiety, stress, and depression can have on students' abilities to learn.

1   2   3   4

f) … about how to identify crisis signs.

1   2   3   4

g) … about crises de-escalation procedures and the steps I need to take.

1   2   3   4

h) … about the relationship between student characteristics, such as resiliency and self-efficacy, and school success.

1   2   3   4

i) … about community building and what I can do to promote it within my school environment.

1   2   3   4

j) … about the impact that a positive community has on learning.

1   2   3   4

Additional Comments:

_____

_____

_____

_____

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_____

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_____

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_____

_____

Thank you for your participation!

Curriculum Vitae

Name:	Fiona Meek
Post-secondary Education and Degrees:	King's University College at Western University London, Ontario, Canada 2007-2011 B.A. Western University London, Ontario, Canada 2007-2013 M.Ed.
Honours and Awards:	King's College Continuing Scholarship 2008-2009, 2009-2010, 2010-2011 Joseph-Armand Bombardier Canada Graduate Scholarships-Social Science and Humanities Research Council (SSHRC) Master's Scholarship 2011-2012 Province of Ontario Graduate Scholarship 2012-2013
Related Work Experience	Research Assistant Western University 2011-2012 Graduate Teaching Assistant Western University 2012-2013