

0366

Why wait until qualified: the benefits and experiences of undergoing mental health awareness training for PGCE students.

Julie Bostock, Richard Kitt, Candi Kitt
Edge Hill University, Ormskirk, United Kingdom

Background

Mental health problems such as depression and self harm within the child and adolescence age group appear to be on the increase, with strong continuities into adult hood reported (Birmaher et al 1996; Martin and Cohen, 2000). A major concern with this increase is that depression is strongly associated with suicide, which is the second most common cause of death amongst 15-24 year olds (Sheffield and Donovan, 2003).

Many teenagers who have mental health problems are not known to their G.P or mental health service (Cooper and Goodyer, 1993, Moor et al 2000). Although G.P.s can provide a mental health service to adolescents and refer appropriately, many teenagers appear reluctant to initiate contact. In addition, they often present with physical rather than psychological problems which makes it difficult for G.P.s to diagnose. Many authors argue that the primary setting for the identification of depression in adolescence may be in school rather than the G.P surgery (Gowers et al 2004; Moor et al 2007). It is suggested that teachers are well placed to observe some of the common symptoms of mental health problems such as depression.

School teachers are classed as tier 1 CAMHS and are expected to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services. Clearly, appropriate training is vital if such practitioners are going to be able to carry out these roles effectively. Indeed, teachers have expressed an interest in and desire to learn more about children's mental health as they are also aware of the impact it has on learning (Gowers et al, 2004). Some studies have evaluated training packages designed to improve the recognition of mental health symptoms (Moor et al, 2007) and provide early intervention strategies (Kimber et al, 2008, Maddern et al, 2004) and have found that their success has been mixed. The government agenda for multi-agency working and integrated services in schools reflects the need for early intervention in child and adolescent mental health problems. However, teachers and non-teaching workers tend to work in parallel rather than together and teachers traditionally prefer to learn from other teachers rather than non-teachers (Spratt et al, 2006). Perhaps this is less true of students and if so it makes sense to introduce them to inter-professional working before this attitude sets in.

Research Questions

This paper addresses several research questions:

- Do teachers and trainee teachers understand the importance of their role as first tier mental health professionals?
- How effective will a one day training event be in raising awareness amongst trainee teachers of the role of teachers in the early detection of mental illness? How might their attitudes change as a result of this training?
- What attitudes currently exist among practising teachers in relation to their role in early detection of mental illness? Are these different from the attitudes of trainee teachers? What are the implications of this?
- What kind of training are experienced teachers receiving currently in schools?

Methods

Research methodology combines questionnaire surveys of participants' views with a focus group interview with students who attended the conference last year, plus a case study of one particular individual. A likert scale was used to quantitatively assess the change in attitudes of PGCE student before and after the conference, and also to compare their attitudes after the conference with the attitudes of experienced teachers in schools. Additional open-ended questions were subjected to content analysis and emerging themes identified. Focus group interview questions were tailored to assess the attitudes of newly qualified teachers who attended the training last year as to whether the training was useful and what follow-up training needs to happen in schools. Comparisons are made with the survey responses of experienced teachers to the question of how much training they have received in school for their CAMHS role. A case study of one PGCE student who reported awareness of a pupil with an emerging mental health problem consisted of a content analysis of his reflective assignment on the issue followed by a semi-structured interview about the impact of the mental health conference.

Frame

There are good reasons for providing such training as part of initial teacher training rather than waiting until qualified and working in school. Trainees who attended the one day event last year were very positive about the inter-professional nature of the training and this contradicts the findings of Spratt et al (2006) who found that teachers prefer to learn from other teachers rather than non-teachers. This suggests that it might be worth getting teachers used to inter-professional working before this attitude develops. Secondly, it is clear from the research by Rothi et al (2008) that very little training is happening in schools, so waiting until qualification might result in no training at all. Rothi et al also found that there was a reluctance for teachers to use the terminology of mental health, tending instead to refer to "behavioural problems" or "emotional problems". This reluctance was reported to be because they do not feel qualified to use such language, yet labelling a problem as behavioural could lead to the wrong kind of treatment; ADHD can resemble the early signs of bipolar disorder, for example.

Research findings

This paper has implications for the curriculum of teacher training in general. In order for trainee teachers to fully meet the QTS standards, the Every Child Matters agenda and the need for multi-agency working in schools they need to be aware of emerging mental health problems at 14-19. Providers of ITT must meet requirements such as:

- develop the knowledge, skills and understanding that trainee teachers need to meet the qualified teacher status (QTS) standards,
- take account of the changes in the work that teachers and others are expected to do
- implement Every Child Matters and extended services provision
- train teachers who are committed to promoting the development and well-being of children and young people
- provide learning experiences for trainees that include aspects such as: securing children's well-being

Two of the 33 QTS standards which all trainee teachers have to achieve during their training relate to health and well-being (Q21 a and b). The need to be able to recognise the early warning signs of mental health problems in their pupils and begin the early intervention procedures which can make such a difference to the outcome for such pupils is clearly important in relation to these standards. In addition, trainees need to be aware of factors which could affect the learning and progress of their pupils (Q18).

Many of the studies published have concentrated on increasing awareness for qualified teachers on and around mental health issues (Spratt et al 2006; Gowers et al 2004; Maddern 2004), but there appears to be very little mental health training incorporated within the curriculum for PGCE courses. PGCE students at Edge Hill complete a Critical Reflection assignment as part of their Personal and Professional Development module. A number of these in 2008-9 turned out to be reflections on

dealing with mental health issues of pupils while on teaching practice in schools. Trainees are clearly having to deal with such problems and need to be aware of them and know what to do. This emphasises the need to have appropriate training provided during the PGCE year, especially when so little training for the CAMHS role is happening in schools.