

Training

In order for a sustainable systems change to occur, the recognition of a paradigmatic shift must occur not only in attitude (i.e., reducing the stigma of mental illness and philosophy), but also at the interdisciplinary pre-service and in-service training and content knowledge levels derived from evidence-based practices. Currently, the demand for child and adolescent mental health services exceeds the capacity of available services to meet the need, an indication of the need for additional professionals trained in best practices for working with the mental health needs of adolescents.

There are several groups that may require additional or revised training in mental health concepts, clinical interventions, crisis response, helping skills, consultation processes, and collaboration. These may include:

- Health care practitioners (e.g., nurses, GPs, primary care providers)
- School-based personnel
- Youth workers
- Mental health professionals (e.g., counselors, psychologists, social workers, psychiatrists)

Primary Care

Studies have identified a lack of practitioner experience in engaging with parents in ways which encourage their participation in parent consultation sessions and personal problem solving (Lowenhoff, 2004). Primary care and front-line practitioners play a pivotal role in promoting service accessibility; subsequently, these professionals need to have sufficient knowledge to enable them to identify children and adolescents at-risk; offer advice and support to those with mild or minor problems; and have sufficient knowledge of specialist services to be able to refer on appropriately when necessary.

Training programs have been developed expressly for this purpose, to give professionals the skills they need to identify relationships at risk, to provide advice and support to prevent minor difficulties turning into major problems, and to work with parents and children where emotional and behavioral problems are adversely affecting home, school and social life (Lowenhoff, 2004).

It has been demonstrated that professionals can be trained to identify parent-child relationships at risk, in order to offer preventive interventions before emotional and behavioral problems have had the chance to develop (Lowenhoff, 2004).

Analyzing practitioner training in the Triple-P Positive Parenting Program, Crisante (2003) provides evidence for the effectiveness of training practitioners to deal with the concerns parents have about the behavior of their children. Following training, practitioners noted better relationships with parents, as well as a tendency to raise issues with parents earlier, rather than waiting for behavior problems to reach a critical point, thereby demonstrating an enhanced capacity to meet parents' needs.

School-Based Personnel Training

The critical importance of competency-based training of all school-based personnel at the pre-service level has assumed paramount importance. However, school professionals often lack basic specific evidence-based knowledge and skills to identify and intervene with students at risk for behavioral and emotional difficulties. Therefore, there is a call for a paradigm shift at the pre-service level to better prepare all school-based personnel, including teachers, administrators, counselors, psychologists, social workers and nurses to proactively confront the mental health challenges of today's youth and the difficulties they face in serving those students (Koller & Bertel, 2006).

Increasingly, more children with a variety of emotional needs are included in the general classroom setting, placing increased demands on both the special education and general education teacher. Koller & Bertel (2006) suggest that university-based pre-service educational training programs do not adequately prepare and thus provide sufficient knowledge, skill, or experience to work with children in schools who present with mental health problems. Teachers and administrators receive little, if any, specific competency-based training in knowing how to identify a wide variety of precipitant mental health issues facing students today (e.g., depression, stress, anxiety, school violence, and bullying).

As research continues to identify early developmental patterns predictive of long-term failure, the teacher must be able to apply basic mental health principles to foster positive personal, social and emotional growth (Koller et al., 2004). Since children spend the majority of a school day in the classroom where the teacher is the only adult present, the teacher assumes an influential role in the development of the child from both an academic as well as personal, social and emotional perspective. Hence, it is essential that teachers are equipped with a fundamental knowledge of factors that influence not only the development of mental illness in those they serve, but also those proactive strengths-based prevention efforts which promote mental health and resilience.

Programs to train school personnel as “gatekeepers” are based on the premise that suicidal youths are under-identified and that we can increase identification by providing adults with knowledge about suicide. Only 9% of a national random sample of U.S. high school teachers believed they could recognize a student at risk for suicide. The purpose of gatekeeper training is to develop the knowledge, attitudes, and skills to identify students at risk, determine the levels of risk, and make referrals when necessary. Research examining the effectiveness of gatekeeper training is limited, but the findings are encouraging, with significant improvements in school personnel’s knowledge, attitudes, intervention skills, preparation for coping with a crisis, referral practices (Gould, Greenberg, Velting, & Shaffer, 2003).

It is recommended that in response to the unclear and insufficient standards of many pre-service programs designed for school personnel, the development and implementation of specific competency-based objectives for *all* persons preparing to work in the school environment should be instituted. Formal, specific competency-based instruction to

address the mental health needs of all youth should be required during all teacher preparation programs to enable teachers to help students overcome those non-academic barriers that hinder learning in the classroom.

Koller et.al. (2004) state that all pre-service teachers should know and be able to demonstrate the following concepts upon completion of their pre-service requirements:

- Understand the specific role that all teachers have in the prevention of mental health problems (e.g., creating positive classroom environments, promoting healthy peer relationships, and enhancing students' self-concept) from a knowledge of current evidence-based practices;
- Know how to identify students who may have or who may be headed toward a mental health problem (e.g., preventing bullying behavior, or working with the depressed or anxious child); and
- Know how to create a positive, strengths-based learning environment where learning academic content (e.g., math) can occur, while the development of a positive self-image in the learner flourishes.

Youth Workers

Many challenges exist for professionals working to build competencies in youth clients; relying primarily on individual therapeutic interventions with at-risk youth can be limiting in many ways (Vera & Shin, 2006). Therefore, there is a great need for persons working directly with adolescents outside a clinical setting to be familiar with ways of promoting positive mental health and well-being. These workers should be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer youth in need to more specialist services.

Some specific aims for workers interacting with adolescents include:

- 1) To understand what is meant by 'child and adolescent mental health'
- 2) To identify factors that protect and undermine good mental health
- 3) To be familiar with definitions and uses and of various diagnostic labels.
- 4) To be familiar with the development of basic social and psychological needs of youth as a way of understanding and addressing behavioral problems and symptoms.

Training courses such as "Understanding the Mental Health and Emotional Needs of Children and Young People" are offered to youth workers through the UK's Child and Adolescent Mental Health Training program (<http://www.camhs.nhs.uk/>).

Mental Health Practitioners

Research indicates a current imbalance between the incidence of psychosocial problems of youth and related coursework in mental health training programs. Initial estimates suggest that training in intervention typically focuses on individual or small group psychotherapy for conventional neuroses and behavior problems. Nakkula, London, Frank, Slayton, & Davis's (1989) analysis of available intervention courses in psychology and social work found a significantly low percentage of available courses specifically addressing children and adolescents, revealing a major gap in professional preparation to deal with the problem area of youth mental health.

There is consensus among professionals that competence in clinical child psychology requires:

- a strong foundation in developmental processes;
- broad supervised clinical experiences with diverse populations of children who vary in age, gender, type of disorder and ethnic background;
- familiarity with multiple methods of assessment and intervention;
- an awareness of the unique ethical and legal issues related to serving children and their families; and
- an understanding of the systems that form the social-developmental contexts of children's lives.

Shirk and Philips (1991) support this literature base by citing competent training in developmental, cultural sensitivity, and contextual sensitivity (i.e., any and all systems that impact development) as integral factors for working with youth. Their research suggests that child therapists should be trained to conduct developmental task analyses of psychosocial interventions to maximize the likelihood that treatment processes are compatible with the child's level of development.

Research has shown that it is possible to train people to recognize the signs, symptoms and behaviors associated with suicide [as well as other mental health concerns], and effective referral and intervention strategies can be implemented by almost anyone who has an interest in helping suicidal people (Pearce, Rickwood, & Beaton, 2003).

Examples of Training Programs

The Applied Suicide Intervention Skills Training (ASIST) program is a two day intensive workshop designed to provide caregivers with knowledge and 'suicide first aid'. ASIST has been used extensively in Australia to deliver mental health knowledge and skills to identify and interact with people who are at risk of suicide.

The Mental Illness Education Australian Capital Territory (MIEACT) program makes use of people who have personal experience of living with the effects of mental illness and aims to increase mental health literacy and reduce the negative stigma

associated with mental illness in the community. The MIEACT program is based on the premise that contact with people who have experienced mental illness and have an increased knowledge about mental illness will result in decreased reported social distance toward people with mental illness, and decreased stigma.

The Missouri Department of Mental Health, in a cooperative relationship with the University of Missouri—Columbia to initiate a more proactive (vs. reactive) strengths-based (vs. pathology based) approach to prevention, formulated the **Center for the Advancement of Mental Health Practices in Schools (CAMHPS)-** <http://schoolmentalhealth.missouri.edu/>, a training program for professionals dedicated to emphasizing the prevention of mental health problems within schools, families, and communities, and the promotion of positive mental well-being for all children.

The Center is committed to serving as a mechanism which supports the mental health needs of *all* students, their families and the school based personnel who serve them. As such, the Center has pioneered a number of programs designed to integrate innovative multidisciplinary approaches to mental health practices in schools.

The Center's mission is to (a) promote the *awareness* of positive mental health practices impacting school systems; (b) Increase the *knowledge* of school personnel and their role in preventing mental health problems through evidence-based practices; and, (c) Provide school personnel and other mental health providers the *skills* to problem-solve mental health issues.

The curricular focus is based upon a preventative, strengths-based approach to mental health, utilizing available evidence-based practices. The program is offered entirely online and courses are taught by doctoral level professionals from a broad range of disciplines including medicine, nursing, law, psychology, psychiatry, special and general education and educational leadership.

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