

The Investigation into the Teaching of a MindMatters Module in Secondary School Classrooms May 2006

NB. This summary was prepared and written by the MindMatters Evaluation Committee

**The Evaluation team who conducted the evaluation were Helen Askeff-Williams, Michael J. Lawson, Rosalind Murray-Harvey, Phillip Slee
School of Education Flinders University Adelaide, Australia**

A study was conducted on the classroom implementation of the curriculum resource ‘Understanding Mental Illness’ (UMI) aimed at senior students from the MindMatters materials. It aimed to provide insights about the way that the UMI materials are used in classrooms and the way that they are received by teachers, students and administrators. The evaluation design was a mixed-method approach employing qualitative and quantitative techniques to provide a detailed analysis of the use of the UMI materials in a small number of schools.

Evaluation methodology

Approaches were made by MindMatters staff and the researchers to a number of school principals and staff in South Australia and New South Wales seeking teachers who were teaching the UMI module in terms 2 or 3 of 2005. Teachers teaching the UMI module were difficult to find. Three schools in South Australia were identified. Difficulties were encountered in finding schools using the materials at senior school levels.

Using validated scales instruments were developed to measure teacher efficacy and student knowledge, attitudes and behavioural intentions. To guide classroom observations questions from a productive pedagogy project were used to focus observations. The instruments contain items designed to facilitate both qualitative and quantitative analysis. The teaching of the UMI module in three secondary school classrooms, ranging from six to ten lesson observations per school, was observed in-depth. Focussed interviews about the UMI materials and their classroom implementation were held with teachers, before,

during and after the teaching of the UMI module. Focussed interviews about the teaching of UMI were held with school administrators. Participating teachers and students completed questionnaires at pre-teaching and post-teaching the UMI module. For teachers it was designed to investigate their efficacy for teaching the module. For students it aimed to assess their knowledge, attitudes and behavioural intentions relevant to mental illness. 'Member checking' by teachers occurred near the end of the investigation when interim findings were presented to a teacher reference group for consideration and further discussion.

Main findings

1. Change in knowledge, behavioural intentions and attitude for students

Students' questionnaire responses indicate that at the group level, students' knowledge, attitudes and behavioural intentions relating to Mental Illness improved from pre-teaching to immediate post-teaching of the UMI module. The evaluators were also prepared to add with a "cautionary interpretation" a delayed post-teaching effect in the relatively small participant group - students' knowledge showed a predictable decline (due to finish of the teaching unit) whilst attitude and behavioural intentions continued to improve.

2 The importance of teacher professional decisions when using materials.

The MindMatters kit and the UMI booklet was constructed to provide a range of activities from which teachers select for their class. Teachers experienced in teaching about mental health were well equipped to make these choices. The success of some of the UMI learning also relied upon students having had previous experience in the classroom of active, student directed learning activities. Teachers involved in the study indicated they felt they had inadequate knowledge in the area of mental illness. Feedback from teachers and students in this study also acutely illustrates the range of student's development even within the two Year levels included in the study. Students in Years 10 to 11 can range from 14 to 17 years of age. The importance of assessing the development of the abstract thinking by the teacher was critical for at least one activity. The evaluators noted quite different professional judgements were made by the teachers in the study but that the overall effect for the majority of students was still an improvement in students'

knowledge, attitudes and behavioural intentions relating to Mental Illness from pre-teaching to immediate post-teaching of the UMI module.

3. Teacher efficacy and fidelity of implementation in teaching the UMI module

As part of the study the evaluators were asked to consider teacher efficacy and its potential impact on the way that health promotion teaching occurs within the classroom. Teachers' responses indicated that they feel efficacious about their teaching abilities and have goals for teaching that are compatible with the UMI module. Various ways with different portions and proportions of the booklet were used by the teachers were presented to students. Teachers elected not to use large sections of the UMI materials. MindMatters kit was perceived as it intended – to be a resource to be mined as required, not a prescriptive package. Teacher usage was directly related to teachers' content knowledge. None of the classes completed the UMI module in the allocated lesson time, even though up to 12 lessons were allocated in one school, which is a substantial allocation to one topic.

4. The importance of teacher knowledge for the teaching of the UMI module

When discussing the impact of teacher knowledge, the evaluators made a distinction between three kinds of teacher knowledge they saw as pertinent to the study of the use of UMI module – teacher pedagogical knowledge, (eg lesson design, teacher-student relationships and successful class management), teacher knowledge about mental health and teacher pedagogical content knowledge (how to best teach the specific subject matter at hand)

The teachers' in the study felt confident about their general pedagogical knowledge in areas such as relationships with students and curriculum design (this is also reflected in their self-efficacy)

In this study teachers commented on their lack of knowledge in the area of mental health and mental illness. This indicates the possibility of limited availability of teachers in each school who feel that they do have adequate knowledge to teach in this field. Re-working of the materials with a core and extension structure might assist to focus teacher's knowledge acquisition.

5. The wide variation of how the UMI module is taught in the classroom

The teachers in this study addressed the UMI module of instruction in

6. The extent to which the UMI module is offered to senior students

The evaluators questioned if the teaching about UMI is finding a place in the Curriculum. The UMI resource is aimed a crowded and time poor senior curriculum. Schools were hard to locate who were actually teaching this module within the curriculum with senior students and at the time suitable to the study – the second half of the year. The evaluators also commented that the three schools that were eventually recruited to this evaluation study engaged with teaching the UMI module more fully for the purposes of the evaluation that they would have if the evaluation study was not being undertaken. The evaluators commented in their discussions with schools and their possible involvement in the evaluation, that some schools have no curriculum line for the inclusion of MindMatters modules. If UMI is not specifically included in Health and Physical Education then it may occur in pastoral care. Some schools do not have a provision for pastoral care in senior school.

7. The time issues faced by schools and teachers to teach the UMI topic

The evaluators commented on the issue of time – time for curriculum planning, the amount of time realistically schools will spend in the curriculum (the availability will vary across states), the variation in the amount of time that may be needed with particular groups and classes to cover the same material and the pressure from related areas on student health and well being eg anti-bullying programs, anti-drugs programs, the National Safe Schools Framework (NSSF). The report includes the following suggestions to address time limitations.

8. The support for teachers in the schools

Teachers generally indicated that in lesson design and delivery they were given the freedom and responsibility to act relatively autonomously, but received support as required from other school personnel. They felt that the UMI materials, and the MindMatters materials in general were useful. Teachers reported they felt confident in the content UMI materials due to the credibility of the organization producing the materials. Professional development for teaching about mental health received by teachers in this study ranged from none to attending MindMatters workshops..

9. Availability of teaching-learning resources in the schools studied

Teachers in these three schools seemed generally unaware of other supporting materials such as web sites and guest speakers who could complement their teaching of the UMI module. Restricted access to books, pamphlets, posters, photocopying, computers and internet access impacts upon the possibilities that teachers have for lesson design. The availability of one UMI booklet in each school makes it a limited resource that tends to remain with the teacher. (One teacher needed to borrow the researcher's UMI booklet for the duration of the UMI teaching program, as the school booklet had been mislaid). With limited resources available during lesson time, students need to rely on the teacher for access to information.

10. Comments by schools and the evaluators on the current materials and the future development of the MindMatters materials

The study provides some insights on the future redevelopment of the UMI booklet and the MindMatters kit (first published in 2000) generally including using state/territory mandated assessment requirements, updating materials, organising the materials in smaller units, exploring attitudinal change rather than information provision, looking at the models of health and well being they provide and their implications for 2006 onwards, providing for pre-service-teacher training and supporting beginning teachers and other alternative modes of delivery for providing the information to students.

Updating the MindMatters resource could also include new technology such as DVDs and the internet will provide valuable resources for relatively economical distribution of information. However, teachers also expressed a need for bound and loose leaf paper versions of materials and updates such as fact sheets.

Teachers professional decision making was seen as critical in the selection and delivery of materials to accommodate the different personal and education experiences, expectations and levels of maturity of their students. In the small number of classes considered in this collaborative study, the improvement in attitude and behavioural intentions as a result of studying small components of the suggested mental illness module appear to be sustained.