

Towards Flourishing Training Evaluation

Background:

The Towards Flourishing (TF) Mental Health Promotion Facilitators (MHPFs) deliver the Towards Flourishing training to the Public Health Nurses (PHNs), Home Visitors (HVs), Community Mental Health Workers, Managers and others who are involved in the Families First program.

Home visitors from the Strengthening Families Home Visiting Program, the sister program to Families First, delivered in Manitoba's First Nations communities have also attended training sessions.

The sessions review the TF curriculum and ask participants to interact with the tool through role-playing and participation in the everyday strategies and topics. The overall goals of the training are:

1. Increase mental health literacy and promote skill development in mental health promotion among Public Health staff and other key staff participants.
2. Orient and instruct participants on the content of new mental health promoting tools and supports (four topics and nine strategies) used in TF.
3. Prepare Public Health staff for use of the new mental health promoting tools and facilitate integration into practice with Families First families who consent to participate for evaluation purposes and with any other family they are working with.

Training Objectives:

As a result of the TF training, it was hoped that participants would be able to:

1. Demonstrate a broad understanding of mental health as a component of overall health.
2. Demonstrate knowledge of the role of positive mental health on overall wellbeing.
3. Identify the factors that contribute to or enhance positive mental health.
4. Identify the factors that demote or challenge mental health.
5. Demonstrate knowledge of the dual continua model of mental health and mental illness.
6. Demonstrate knowledge of the three domains of positive mental health.
7. Understand how mental health can be measured.
8. Define mental health promotion.
9. Understand that mental health promotion takes place within the individual, community, and society.
10. Demonstrate knowledge of a range of mental health promotion interventions/activities.
11. View mental health promotion as an integral part of the role of public health practice.
12. Perceive themselves as having a role in the delivery of mental health promotion strategies in the community.
13. Gain greater confidence in their ability to address the mental health needs of their clients (within their role).
14. Recognize and respond to common mental health needs.
15. Demonstrate readiness to deliver the TF curriculum and introduce the mental health promotion everyday strategies to families.

Methods:

- ❖ Participants completed Pre- and Post-training surveys
- ❖ Significant differences in knowledge and attitudes from Pre- to Post-training were examined

Evaluation Questions:

Some questions examined the overall goals of training:

- ❖ Is the training appropriate and effective?
- ❖ Are there differences between training sessions? Are some training sessions more effective than others?

Other questions related to specific training objectives:

- ❖ Have we changed peoples' knowledge and attitude about mental health?
- ❖ Are we meeting the 15 identified training objectives?
- ❖ Did we equip people with the necessary skills to deliver the intervention?

Results:

There was some variability in the number of training objectives that were met in each of the trainings, with about three quarters of the training objectives being met, overall.

When a one-day version of the standard two-day training was piloted, fewer objectives were met.

In some cases, it was not possible to “meet” the objective of training, because participants came into training with a high level of knowledge, or an already positive attitude that left little room for improvement.

The training objectives that focused on increasing participants' confidence and perception of their own skill level in discussing and dealing with mental health issues with the families they work with showed the most consistent improvement from pre- to post-training.

The training objectives that appeared not to have been fully met across trainings related to the belief that mental health is a public health concern. There were some concerns about the clarity of the questions that attempted to assess this, so it is not clear from this evaluation whether these objectives were not fully met, or whether the questions used to measure changes related to these objectives need to be revised and clarified.

Conclusions:

Although the Pre- and Post-training survey had some limitations, responses indicated that overall, the training was viewed positively and that participants felt that the TF tools would fit well in their work with families in the Families First program. Participants also noted that they saw the TF everyday strategies as useful in their own lives.

Recommendations:

The following recommendations were made for future evaluation of the TF training:

- ❖ In addition to Pre- and Post-training surveys, include a follow-up survey once participants have had the time to implement the TF resources to determine the impact that training has on the day to day practice of public health staff.
- ❖ Collect more qualitative data, to gain a deeper understanding of participants' training experience.