

A Mental Health Training Format for Adult 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. The study utilized mixed-methods design and was divided into progression of three separate studies. An initial focus group was conducted 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-hr workshops were designed for the 114 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

teacher training, school-based mental health, adult education, training format, needs assessment

Mental health promotion is an essential component of individuals' overall health and well-being (Sturgeon, 2006) and is a significant predictor of students' academic functioning and achievement (Santor, Short, & Ferguson, 2009). This relationship may be especially important for adult students who are working toward receiving their secondary school diploma. According to Rodger et al. (2005), the prevalence of mental health issues is significantly higher among adult education students in comparison

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with the national prevalence rates. For example, in 2014, the national rate of diagnosed mood disorders, including bipolar disorder and depression, was 7.8% (Statistics Canada, 2014). In contrast, the prevalence of depression alone among adult education students was more than 30%.

Adult education students are faced with an abundance of additional barriers that traditional secondary school students typically do not experience (Myers & de Broucker, 2006). For example, lack of awareness of available resources, lack of confidence in their abilities, family responsibilities, health concerns, time, and financial pressures likely impede adult students' ability to participate in secondary school-related learning. These barriers to learning and life stressors that adult students endure can contribute to the elevated rates of mental health issues among this population (Petty & Thomas, 2014).

What Is Adult Education?

In the context of this article, adult education refers to secondary school-related learning for adults. Adult students within this context are those who want to complete the requirements to obtain their secondary school diploma; newcomers to Canada; internationally trained tradespeople who wish to improve their language skills; employees who are required to upgrade their skills; and those who wish to learn how to read and write (Ontario Ministry of Training, Colleges and Universities, 2012). Adult education centers provide a wide variety of courses for students above 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). These centers are located throughout Canada 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 with typical elementary and secondary schools. In comparison with the traditional elementary and secondary school systems, significantly fewer resources and supports are provided to the adult education system for mental health services; for example, the Individual Education Plan (and accompanying supports) mandated by the *Education Act* in Ontario that is developed for a K-12 student with exceptionalities (including learning disabilities and mental illness) is not applicable to adult basic education in Ontario.

Currently in Canada, school boards have started to move toward improving mental health services for students in pre-kindergarten to Grade 12 by raising awareness, universally promoting positive student mental health, identifying and intervening with at-risk students, and providing services for students (Santor et al., 2009). Although 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 among Canadian adult education centers. Therefore, to meet the growing demand of the adult education sphere in relation to mental health issues, it may be beneficial to use our understanding of the tactics used in the professional development regarding mental health issues that elementary and high school teachers receive as a starting point.

Teachers' Competency

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 (Frey, Lingo, & Nelson, 2011; Reinke, Stormont, Herman, Puri, & Goel, 2011; Rodger et al., 2014). Not surprisingly then, teachers and principals in adult education centers often report that they feel incompetent and unsure of how to address adult students with mental health issues (Ponizovsky et al., 2003). According to Bandura (1993), feelings of incompetency are frequently associated with a lack of confidence and poor perceptions of one's capabilities within a specific context, also referred to as poor self-efficacy. Therefore, because teachers in adult education centers report feeling incompetent in addressing their students' mental health difficulties, and also report having few supports to turn to for assistance (Ponizovsky et al., 2003), it is plausible that they are experiencing a lower sense of efficacy.

Increasing Teachers' Self-Efficacy

To foster a positive sense of efficacy, Bandura (1993) suggests enhancing one's feelings of confidence and competency. For teachers, previous research attests that training and enhancing teachers' knowledge of student mental health issues and interventions increase teachers' feelings of competency and confidence (Vieluf, Kunter, & van de Vijver, 2013). Therefore, the most logical solution would be to provide adult education teachers with the training and information that they feel they are lacking. However, for training programs and professional development workshops to be successful, careful consideration needs to be taken when determining the targeted population and designing the training modality.

Reinke and colleagues (2011) indicate that the majority of educators receive mental health training through in-service workshops and receive very little training during their education prior to entering the professional field. 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 to increase sustainability of the training (Han & Bahr, 2005; Ringeisen, Henderson, & Hoagwood, 2003).

The current literature suggests teachers' level of investment is a strong predictor of the sustainability of school-based programs and training programs (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). Teachers need to believe that the training they will receive to enhance their knowledge of mental health issues will be beneficial. Furthermore, 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 (Franklin et al., 2012). Therefore, to determine motivation and adherence, it is essential that teacher judgments and beliefs be evaluated prior to training.

In the context of adult education, there are many additional difficulties that serve as barriers to training success and program feasibility for teachers. For example, adult education

teachers are exposed to significant vicarious trauma and stress due to the exacerbated mental health needs of their students (Horsman, 2004), and receive significantly fewer supports and less funding than teachers of traditional school systems (Carpenter, Weber, & Schugurensky, 2012; Rodger et al., 2005). Because of these additional barriers, it is of utmost importance to provide adult education teachers with the training and information that they feel they require to do their jobs adequately and comfortably.

To reiterate, teachers receive very little mental health-related training and often report feeling helpless and lost when addressing students' mental health issues (Reinke et al., 2011). These experiences are likely further compounded for adult education teachers due to the high incidence of mental health disorders among adult students returning for secondary school-related learning (Rodger et al., 2005). Therefore, the overall purpose of the present research was to provide training in an area of need for adult education teachers and increase teachers' feelings of self-efficacy.

To do so, the researchers, who are three experts in the area of education and mental health, adopted a three-study approach as a planned research program, utilizing a mixed-methods design. The three studies consisted of conducting a focus group, developing a needs assessment survey, and designing/implementing two workshops, which were presented 2 months apart. The studies had individual purposes and results and, therefore, are outlined independently in the subsequent sections. Ethical principles in research with human participants were followed for all three studies, and ethics board approval was obtained from both the university and the school board in which the research was conducted.

Study I

Purpose

As there has been very little research conducted on the mental health issues of adult education students and the experiences of their teachers, the most appropriate first step was to consult with adult education teachers about their perceived needs and concerns pertaining to mental health. The first study consisted of conducting a focus group with adult education teachers to gain a general understanding of the concerns and needs of teachers pertaining to mental health issues among adult learners.

Participants

Participants were teachers from a local school system consisting of multiple adult education centers in Southwestern Ontario. There were a total of 12 teachers (five men, seven women) who were selected by an administrator as key informants who would be able to provide insights into the issues faced by the adult educators each day. The participants' experience in teaching adult education ranged from less than 1 year to more than 20 years.

Materials

A semistructured interview approach was used. There were five questions posed to the focus group, which were shaped by issues that were reported by teachers in the

literature: (a) What mental health issues do you see in the classroom? How do you respond to these? (b) 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? (c) What are the issues you see with your students in terms of work and family, and how do you approach conflicts with schoolwork? (d) What do you feel are gaps in your knowledge when it comes to working with students with mental health issues? (e) 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?

Procedure

The focus group lasted approximately 2½ hr, and was audio recorded for its entirety. The first 30 min was an introductory period for the researchers and consenting participants. The participants were informed that their input during the focus group would be used to direct the development of a needs assessment survey that would be administered at the next professional development day provided to all of the adult education teachers within the school board. The researchers reiterated to the participants that they could withdraw at any time without penalty, and that they did not have to answer questions they felt uncomfortable answering.

Although the participants disclosed identifiable information during the session (i.e., their names, subjects they taught, and location they taught at), they were informed that no identifiable information would be collected or used in the reporting of the results. Transcriptions utilized pseudonyms.

The focus group was split into two smaller groups randomly for ease of conversation and discussion of the aforementioned questions/areas of focus, which lasted approximately 60 min. Two of the researchers each led the smaller groups by posing the questions and writing down bullet points that were brought up by the participants on chart paper.

After a brief break, the two groups united for the remaining 60 min. A general discussion of the group responses and experiences took place. In addition, the researchers explained the next step of the development of the needs assessment survey that would be administered to all of the participating adult education teachers at the next professional development day offered by the school board.

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 key points for which the participants expressed concern.

Results

The participants identified several topics of concern during the focus group meeting that they felt should be addressed in future training programs. Specifically, the participants revealed concerns of a lack of knowledge related to the mental health issues that their students experience and uncertainty of how to address students' crises. In addition, they emphasized the importance of building supportive and positive relationships

with their students, as well as establishing a safe environment for students to express their experiences among each other.

First, the focus group indicated that there was 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:

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 consult for help with students or for their own personal mental health needs. Many of the participants expressed feelings of frustration and helplessness because they did not have the necessary training and were not aware of resources to help their students:

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 centers and finally we convinced her to start talking to a counselor. 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 our 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 is I do a lot of group work . . . 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 behavior 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 facilitate additional teacher stress and feelings of helplessness, which serve as barriers 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. 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.

The results gathered from the focus group provided a direction for the second study, which consisted of a needs assessment.

Study 2

Purpose

Based on the information gathered from the focus group, a needs assessment survey was developed to tap into the concerns of the broader population of adult education teachers. The information gathered from the survey provided insights into the inclusion of content in the professional development workshops that would be the most beneficial to adult education teachers.

Participants

Participants were adult education teachers from a local public education system that were involved in a professional development day. There was a total pool of 114 participants. Fifteen people declined to participate for unknown reasons resulting in 99 participants (30 men, 69 women) between the ages of 24 and 66 ($M = 44.75$, $SD = 12.09$) who completed the needs assessment survey. The participants' experience in teaching adult

education ranged from less than 1 year to 30 years ($M = 10.59$, $SD = 14.17$), and they also reported a range from less than 1 year to 24 years in which they had held their current teaching position. Furthermore, 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 percent of the participants described themselves as Caucasian; 10% reported Other, indicating that their ethnicity was not one of the options; 0.8% described themselves as Caribbean Canadian; 0.8% described himself or herself as Asian Canadian; 0.8% described themselves as Aboriginal Canadian; and 7.6% did not report their ethnicity.

Materials

Based on the information collected from the focus group, a needs assessment survey was developed. The needs assessment survey consisted of 42 questions in total; eight of the questions concerned the demographic characteristics of the participants; 32 items touched on a range of topics related to mental health in the classroom. Responses 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 last two items inquired about participants' concerns and barriers that they felt were impeding on their ability to teach. Participants ranked concerns from one to 10 based on how significant each item was to them. The concerns that were ranked were (a) stress, (b) anxiety, (c) depression, (d) alcohol/drug abuse, (e) anger, (f) involvement with the law, (g) violence (perpetration), (h) isolation, (i) spousal abuse, and (j) sexual involvement. Participants ranked barriers that they experienced from one to seven based on how significant each item was to them. The barriers that were ranked were (a) lack of training, (b) lack of time, (c) severity of students' issues, (d) lack of access to mental health professionals, (e) lack of resources, (f) large class size, and (g) too many required modifications to lesson plans.

Procedure

The survey was administered to the adult education teachers during a professional development day. Teachers were asked to refrain from including their names and to place the survey in a provided sealed envelope to ensure anonymity. In addition, a brief presentation regarding the teachers' concerns and community resources was conducted after survey administration, where the participants received a folder containing crisis and community resources based on the needs that were discussed in the focus group.

Results

Analyses of the descriptive statistics of the needs assessment survey responses were conducted 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 explored a range of concerns related to mental health issues in the classroom for the purpose of identifying the areas of concern with the greatest need.

The mean item responses indicated that the lowest scores related to the amount of mental health training that the participants received in the past 3 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 ($M = 2.51$, $SD = 1.66$). In other words, the participants reported receiving very little mental health training before entering the field, and within the past 3 years.

In addition, these descriptive analyses revealed that the highest mean item scores related to the value of achieving a sense of community within the school environment ($M = 5.42$, $SD = 0.91$), 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 ($M = 5.05$, $SD = 1.21$). As such, the participants reported valuing a sense of school community, developing positive relationships with students, and a high degree of mental health issues among their students.

Ranking of concerns. 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 ($M = 4.94$, $SD = 2.02$).

Ranking of barriers. 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 ($M = 3.67$, $SD = 1.67$).

Overall, the needs assessment survey revealed several significant areas that directed the development of workshops. First, the participants indicated that they had very little mental health training, and further evaluation of the survey results suggested that the major mental health issues that the teachers were exposed to with their adult students were substance abuse, students' personal crises, and lack of mental health resources. Furthermore, the participants suggested that building a sense of community in their classrooms and schools was important for students' morale. Last, the results indicated that the teachers are feeling stressed and overwhelmed when trying to manage students' mental health issues in their classrooms.

Study 3

Purpose

On analyses of the needs assessment survey, two workshops were designed by the researchers that addressed the areas of concern that the participants had identified within the needs assessment. The workshops were administered during professional

development days that were predetermined and scheduled by the school board, which happened to occur 2 and 4 months after the needs assessment survey was administered. The purpose of the workshop series was to address the training needs and concerns of the adult education teachers. The workshops were conducted by the researchers in a large auditorium with a stage, large screen for PowerPoint display, and fixed seating. The contents of each workshop are described in greater detail below. In addition, an open-ended questionnaire was administered to the participants at the end of the workshop series to determine whether the series and initial presentation during the needs assessment survey were successful in meeting the participants' needs.

Workshop 1

The first workshop focused on the three main issues in the participant responses of the needs assessment survey (i.e., substance abuse, addressing classroom crises, community building). The first portion of the workshop pertaining to substance abuse focused on the reasons individuals used substances. Furthermore, identifying symptoms and signs of substance use were reviewed for a wide variety of substances including prescription medications, alcohol, marijuana, cocaine, and methamphetamines. The second portion of the workshop related to general mental health in the classroom, and crisis de-escalation strategies addressed the signs of stress and anxiety and the basic strategies that teachers can do to facilitate goal setting and self-regulation in their students. The last portion of the workshop addressed the importance of a sense of community within the school and strategies to facilitate positive relationships within the classroom. Compounding risk factors and situational variables that affect student success were outlined, and Bronfenbrenner's ecological model was used to provide a framework for how the environment and external variables affect one's decisions, behavior, mental health, and life in general (Bronfenbrenner & Morris, 2006). 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 serve as protective factors.

The first workshop was concluded by providing the participants with homework in which they were asked to utilize the crisis de-escalation strategies when the next crisis occurred in their classroom. In addition, the participants were asked to utilize the approaches and strategies suggested 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 2 months later.

Workshop 2

The purpose of the second workshop was for the participants to reflect on their experiences with the homework assignment and to discuss the strategies that worked and did not 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. The purpose of the activity was for the teachers to connect with each other and learn from each other's experiences and opinions.

Participants

As with Study 2, the 114 teachers who attended the professional development day were invited to participate in an evaluation at the end of the workshops. Participants were informed that their responses would be anonymous, and that they did not have to complete the evaluation. In this study, 102 people completed the questionnaire.

Materials

An open-ended evaluation questionnaire was developed to receive feedback regarding the success of the workshops once they had been completed and the extent to which the participants' needs were met. The questionnaire consisted of eight open-ended questions inquiring of the usefulness of the workshops, the benefits and drawbacks of strategies used when dealing with the students, and suggestions and improvements for future workshops. Example items of the questionnaire include the following: (a) 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/not useful in this workshop? (b) 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?

In addition, the questionnaire contained 10 items related to how much the participants felt they learned during both workshops. Participants were required to report on a 4-point Likert-type scale from 1, *nothing new*, to 4, *a lot of new information*. Example items include the following: I learned (a) . . . about the resources in the community available to me and my students, (b) . . . about mental illness and identifying signs and symptoms to be aware of, and (c) . . . about substance use signs for a variety of substances.

Procedure

The above-described workshops were presented 2 and 4 months following the administration of the needs assessment survey. An evaluation questionnaire was administered to the participants during the last 15 min of the final workshop. The questionnaire evaluated the initial resource presentation that was administered after the needs assessment survey, as well as the two additional workshops that were developed based on the findings of the needs assessment. After the participants completed the questionnaire with the absence of identifiable information, they submitted them faced down in a box on departure and were thanked for their participation.

Results

The analysis involved an iterative and fluid process that involved reading and re-reading all questionnaires. A thematic analysis (Boyatzis, 1998) was conducted on the qualitative responses that the participants provided in the final evaluation questionnaire. The analysis was conducted by categorizing participants' responses based on common themes identified by the first researcher that related to the specific workshops, the overall workshop content feedback, training format feedback, and participants' experiences. The responses to the questionnaires were then reviewed by the second and third authors to validate the emergence of themes. When reviewing the transcripts, the other coders noted overarching themes and recorded them. Any disagreements were handled by a discussion among the coders. The results of the analysis included positive and negative feedback regarding particular aspects of the 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 participants indicated that the resource guidebook provided to them during the initial presentation where the needs assessment was conducted was valuable and would be useful in the future. Furthermore, 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 and was representative of the feelings expressed by the participants:

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 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 those who are under the influence during class time would have been more beneficial. The following comment encompasses participant responses 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. Furthermore, the participants indicated that role-playing the de-escalation strategies was not as effective as the use of case examples would have been.

The participants who completed the evaluation questionnaire attested that the material provided in the third portion of the workshop was highly beneficial. They agreed that building a sense of community within their schools would enhance learning and student success. The following comments encompassed the participants' gratitude toward 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.

Evaluation of the second workshop. The participants felt that having the opportunity for them to vent and share their experiences among 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.

Participants also 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 the workshop series' format. During the evaluation, the participants provided several important suggestions regarding the format of the workshops that should be taken into consideration for the development of future related workshops or training programs. The key suggestions were as follows: offering the workshops closer together in time to enhance memory of previous material learned, segregating participants into smaller groups for discussion to maximize in-depth conversations of the discussion topic and minimize personal social interactions, and utilizing a variety of methods to portray the training content, such as webinars, websites, and a panel of community professionals.

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, such as having smaller groups and utilizing webinars and

videos, access to the PowerPoint presentations, utilization of case examples, having a professional panel, limiting role-plays, having the workshops closer together in time, and evaluating each workshop after it was implemented. However, the feedback pertaining to the workshop format was inconsistent, in that some participants would have preferred a webinar series, or professional panel, whereas others enjoyed the lecture style and practical components that were offered. This points to individual learning preferences, and the necessity to provide a variety of learning modalities to suit the needs of all participants. Two participants' comments appeared to provide an overview 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.

Discussion

What follows here is a brief overview of the purpose and findings of the present study, as well as 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 among 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 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. Two mental health professional development workshops were designed to address the identified concerns in the survey.

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 virtually untouched 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; Kutcher, Wei, McLuckie, & Bullock, 2013; Pivik, McComas, & Laflamme, 2002; Reinke et al., 2011; Ringeisen et al., 2003; Rodger et al., 2014; Santor et al., 2009; State, Kern, Starosta, & Mukherjee, 2011; Whitley, Smith, & Vaillancourt, 2013), indicating that adult education teachers also feel they have a lack of mental health training and desire further training 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 traditional school systems receive.

Previous research has also determined that teachers who are consulted with, and part of the training process, are more likely to be invested and adhere to training programs than those who were not consulted (Han & Bahr, 2005). In addition, teacher self-efficacy has also been shown to be a significant predictor of program adherence and success (Bandura, 1986; Woolfolk, Hoy, & Davis, 2009; Woolfolk, Winne, & Perry, 2010). Self-efficacy is related to individuals' perceptions of their abilities (Bandura, 1982, 1986) and can be improved or enhanced by showing individuals that others experience similar difficulties (Bandura, 1986). Therefore, by connecting with their peers, the teachers were able to challenge their perceptions of their ability to help students with difficulties.

Limitations

Taking into account the participants' responses on the evaluation and on reflection of the design of the study, the researchers identified a few weaknesses that could be adapted in future studies.

One such concern of the study is the time lapse between each of the workshops. Some of the participants reported forgetting to complete the homework that was assigned during the first workshop. For future studies, it is suggested to provide a reminder notice before the next workshop.

Similar to many other research designs, a main concern with the study is the generalizability of the findings. However, the purpose of the study was not to generalize the specific needs of adult education teachers across all districts and school boards. Instead, the process of identifying the needs of the participants through a needs assessment survey is applicable across other jurisdictions and school boards. The study revealed that teachers desire mental health training, and it raised the issue for people teaching in adult education settings.

Implications for Future Research

The future direction of this area of research should move toward 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 (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.

Furthermore, it is evident that adult education centers 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 teachers' concerns expressed in the present study, future research should focus on identifying the necessary resources and supports to be incorporated in adult education centers.

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 with elementary and secondary schools; and adult students have different rights and responsibilities compared with elementary and secondary school students, which influences the perceived and real role of adult education teachers (Rodger et al., 2005).

It is evident that teachers are 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 centers (Ontario Ministry of Education, 2005). Therefore, the findings gained from the present study regarding a specific and logical progression for implementing in-service 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 among their students, as well as to provide teachers with the information as to where students should be directed to address their issues. Furthermore, teachers cannot be expected to be mental health professionals, and the findings from the present study serve as evidence that adult education centers need to be provided with more mental health practitioners or resources 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. 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 present study serves as a defining point in the

foundation of this area of research. Now that we have been made aware of 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 and mental health training for adult education teachers.

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