Evaluation of a School-Based Program Designed to Improve the Mental Health in Children: A Collaborative Approach

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Abstract

This article describes how evaluators and stakeholders could combine their expertise to collaboratively evaluate a program designed to promote mental health in the school environment. The program, called Youth Mental Health First Aid USA (YMHFA), was designed to help young people cope with the early stages of mental health concerns. Specifically, the desired short-term outcomes of this evaluation were to (a) communicate the effectiveness of the program, and (b) determine the effectiveness of the eight-hour training. Data was collected from a survey questionnaire to staff members. Descriptive statistics were used to inform recommendations for the next steps in the development of the program. The Model for Collaborative Evaluations (MCE) was selected in this formative evaluation to actively engage the key stakeholders as collaboration members throughout the evaluation process. Implications for using the MCE in evaluating the mental health program are discussed. Overall, responses showed that the implementation of the mental health program impacted participants' schools positively.

Key Words: mental health program, school environment, model for collaborative evaluation, logic model, Youth Mental Health First Aid, YMHFA, training, professional development, school staff, prevention, intervention

Introduction

Research has shown a need for more mental health training and services in schools (Moon et al., 2017) as this may help to foster a positive school environment where children's social/emotional concerns are acknowledged and addressed. Previous studies have cited that schools are an appropriate setting for helping students with their mental health concerns (Atkins et al., 1998; Beidas & Kendall, 2010; Haggard et al., 2007); however, there are often needs related to the implementation of these programs that arise for schools (Adelman & Taylor, 1999; Brenner et al., 2007; Climie, 2015; Dinkmeyer & Dinkmeyer, 1984; Milovancevic & Jovicic, 2013; Weist et al., 2006). One program that aims to fill this need is called the Youth Mental Health First Aid USA program (YMHFA). This is a public education program initiative to teach parents, family members, caregivers, teachers, school staff, and other citizens ways to help adolescents that are facing a mental health issue, addiction, or facing a crisis (Mental Health First Aid USA, 2016). This article addresses how evaluators and key stakeholders could combine their expertise and provide a more comprehensive, collaborative approach to evaluate the YMHFA.

Youth Mental Health First Aid Program

YMHFA is part of the Mindful Schools Project/Florida AWARE program that is dedicated to establishing safer environments and increasing awareness in the community of issues related to school-age children's mental health (Kelly et al., 2016), as well as to improving knowledge to respond to youth mental health crises in the early stages. The main function of YMHFA is to train adults that interact with children in the schools and in the community about the risk factors associated with mental health.

The YMHFA is an eight-hour public education program that aims to teach participants about the warning signs of mental health issues in school-aged children. The course trains the participants on ways to provide initial help for children when they display those signs. It further provides information about the importance of early intervention and teaches participants the initial steps to support an adolescent in need by applying a five-step action plan. It is important to note that although this program is targeted towards helping adolescents aged 12–18, the district being evaluated also offered this training for elementary school staff. Possible reasons for offering the training to elementary school staff may include taking preventative measures to help students younger than 12 or supporting overage students nearing 12 in the fourth and fifth grades.

The Five-Step Action Plan

The YMHFA manual (2012) describes the five-step action plan to be followed by the adult as an effective way to work with the child or adolescent in a crisis situation or who is showing signs of mental health concerns. Once trained, the adults are identified as a first aider. The five steps are listed in order of actions A, L, G, E, E and is given the name of ALGEE plan (YMHFA, 2012).

Action A: Assess for risk of harm or risk of suicide. The first aider should give support to any potential crises that could happen: whether the crisis displays in self-harm (e.g., finding the helpee in high need for help, displaying signs of panic attack, aggressive behavior, a high anxiety state) or signs of non-suicidal harm or injury.

Action L: Listen nonjudgmentally. The first aider should use empathetic listening when working with youth who are dealing with mental health issues, showing respect and understanding, allowing the helpee to express their thoughts freely, and listening to them nonjudgmentally.

Action G: Give reassurance and information. The first aider offers emotional support and gives hope, as well as information on how to deal with daily tasks that seem stressful to the young person. This action requires that the helper has some knowledge in mental health.

Action E: Encourage appropriate professional help. The first aider makes the young person aware of the professional help that is available to them. In those cases, parental involvement is needed to find the appropriate professional help.

Action E: Encourage self-help and other support strategies. The first aider helps the youth to find some support within their immediate social environment; this could be a trusted adult at school that is a valuable resource to the child in need.

The steps do not need to be followed in any particular order by the first aider to insure proper and effective implementation. The YMHFA manual (2012) notes that flexibility is key in providing help. Depending on the need of the child, not all five steps may be necessary in the process of providing first aid. The first aider should make a good judgment to whether to follow all the steps and what order the individual's situation requires, depending on the condition of the student.

Study Design: Evaluation Approach

The education field commonly relies on program evaluation to study the results and to determine the value of programs applied in schools. According to Scriven (1991) evaluation is a tool that determines the merit, worth, or value of an evaluand, or things that are measured. For the purpose of this study, a collaborative approach using the Model for Collaborative Evaluations (MCE) was used in this formative evaluation. A logic model served as a guide to illustrate how the program was perceived to occur throughout the collaborative evaluation (see Figure 1). A survey designed to address the perspective of school staff was used to help in answering the evaluation questions.

From a broad perspective, collaborative evaluation belongs to the *use* branch of the evaluation theory tree described by Alkin in *Evaluation Roots* (2004), which was concerned with enhancing evaluation use through stakeholder involvement. Collaborative evaluation requires a substantial degree of collaboration between evaluators and specific stakeholders in the evaluation process to the extent that they are willing and capable of being involved (e.g., Fetterman et al., 2018). Specifically, collaborative evaluators are in charge of the evaluation, but they create an ongoing engagement between evaluators and program staff resulting in stronger evaluation designs, enhanced data collection and analysis, and results that stakeholders understand and use (Rodríguez-Campos, 2012).

The authors used the MCE, a framework that has provided important advances in collaborative evaluation and is grounded in the American Evaluation Association's Guiding Principles (Rodríguez-Campos, 2012). This model has been introduced in many countries around the world in a wide variety of settings including business, nonprofit, and education. Specifically, the MCE has been used in multisite and multiyear evaluations at the national and international level and for both formative and summative purposes (Rodríguez-Campos, 2015).

This collaborative evaluation was concerned with the short-term effects of a mental health program on the school environment in a Florida school district from the perspective of staff who participated in the YMHFA training. The short-term outcomes of the mental health program are defined as those results that can be observed on average within the first two years of implementation (Hayes et al., 2011). The desired short-term outcomes of the mental health program evaluation that were identified in the logic model are (1) to communicate the effectiveness of the program, and (2) to determine the factors that supported the implementation of the program in the schools.

Questions

The primary purpose of this study was to evaluate the implementation of the program from the school staff perspective. The study was conducted in one of the largest districts in the Southeast region, and it comprised more than 13,000 employees and more than 150 schools. The following main questions were addressed:

- How do school staff perceive the effectiveness of the eight-hour training to implement the program?
- What factors supported the implementation of the program at your school?

Stakeholders

A stakeholder is defined as a person who has invested in the company or organization by either sharing ownership of the firm or by being assigned duties and responsibilities which requires this person to act in the best interests of the firm (Zimmer, 2015). Although there are no decisions about to what extent a stakeholder should be part of the evaluation, stakeholders have to be involved in the evaluation process to a certain degree (Carr & Bradley-Levine, 2016). Taut (2008) found that the extent to which a stakeholder is involved in the evaluation depends on the desired outcome of the study and the nature of the evaluation.

The MCE was used to transform the evaluation of this program into a joint responsibility process between the evaluators and collaboration members (specific stakeholders who work jointly with the evaluators). For the purpose of this evaluation, the key stakeholders identified from the school system invited to become collaboration members included: the director of student services (evaluation client), the senior manager of psychological services for the school system, and the director and trainer of the program under evaluation. The roles in the collaborative effort were multifaceted and clearly defined to avoid overlap, maximizing the benefits of their contributions. In addition, roles were suited to everyone's interest, skills, and availability. With this type of evaluation, it was possible to achieve a holistic learning environment by understanding and creating collaborative opportunities.

Participants and Instrument

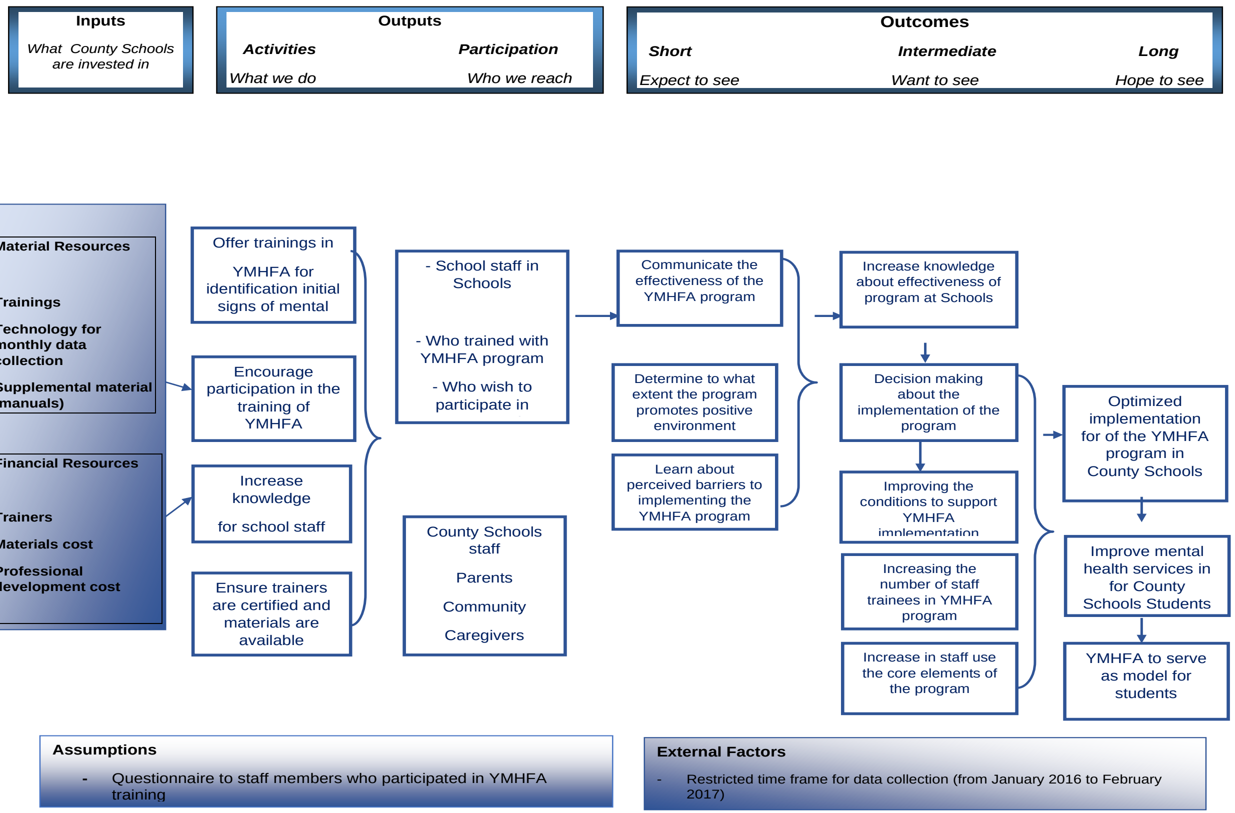
Participants invited for this study were school staff in elementary schools, middle schools, and high schools, who were employed by the school system under study and who volunteered to participate in the eight-hour training of the program (n = 414). Of the 414 staff members who attended the training, 73 staff members chose to participate in the survey. An informed consent was sent to the participants. In order to maintain confidentiality and protect the staff identity and email addresses, the director of student services sent the link through email to participants directly from the school district office. A week later, the primary author drafted a reminder email and requested its delivery from the director of student services.

This evaluation study employed a survey that was developed by the primary author to gather data about the effectiveness of the program from school staff perspective. Twelve questions were identified to meet the purpose of the study. The survey took approximately 7–10 minutes to be completed. The questions were informed through the literature reviewed and through the input of the stakeholders involved in the delivery of the program. Prior to being submitted to participants, the survey was pilot tested for improvement purposes. School staff that participated in the survey were given four weeks to respond to the questions. Of the 73 participants, 48% worked at the elementary school level, 26% were from the middle school level, and 26% were at the high school level. Of survey participants 30% were teachers, 22% were school psychologists, 20% were school counselors, 10% were school social workers, 1% were paraprofessionals, and 1% were school nurses; among the participants were 8% that checked "other." For the years of experience, 44% had been working with the school system for more than 10 years, 11% had between 8–10 years, 15% had 5–8 years of experience in their position, 18% had 2–5 years of experience, 7% of the participants had 1–2 years, and 4% had less than one year of experience. Some (45%) indicated that they attended the training because their employer asked them to, 53% attended out of interest in the training, and 67% attended to earn professional development credits.

A logic model was used to evaluate the outcomes (see Figure 1). The primary elements of the visual representation of the logic model consisted of *inputs, outputs,* and *outcomes*. Inputs include the school's resources, such as materials and trained educators to teach the components of the program to participants. The training and encouragement of the employees to attend so as to increase participants' knowledge about mental health and how to respond to initial signs of distress in adolescents represented the outputs. The outputs support the evidence that mental health is correlated with low academic performance (Ogle et al., 2016). There is also evidence that delivery of mental health services in the schools promotes positive outcomes (De Laet et al., 2015; Morcom, 2014; Ogle et al., 2016; White, 2011).

Figure 1. Logic Model of the Mental Health Program

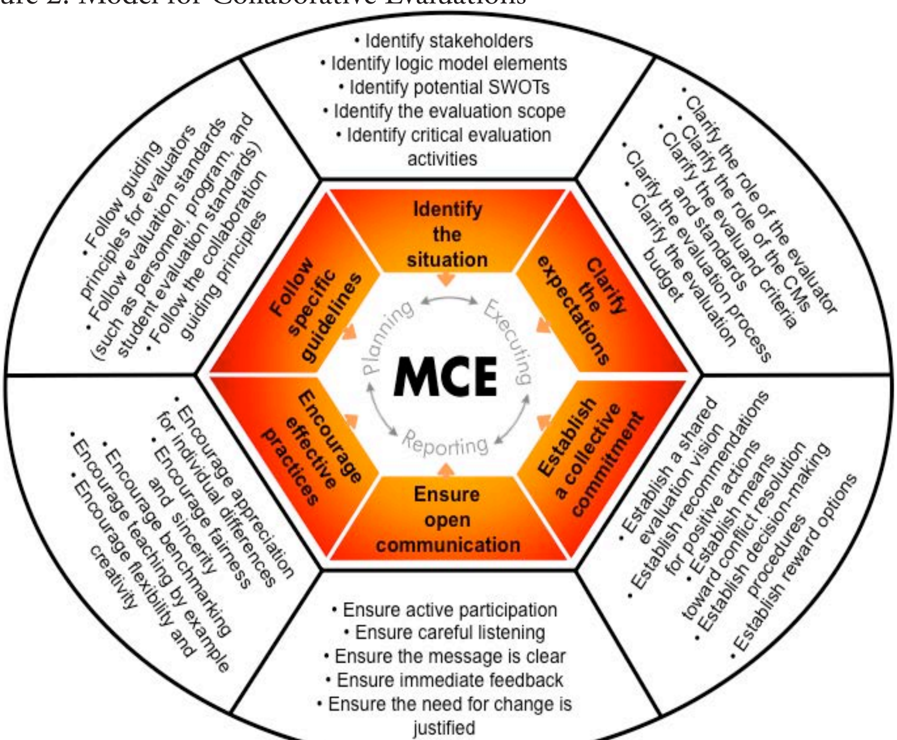
Program: Youth Mental Health First Aid USA Logic Mode
Situation: Mental Health Program in Schools



Collaborative Evaluation

There are multiple reasons for collaborating with stakeholders throughout evaluations (Azzam, 2010; Orr, 2010). For example, collaboration could improve relevance, shared ownership, and accuracy of evaluations (Rodríguez-Campos, 2012). Several collaborative methodologies exist (Fetterman et al., 2014), each has advantages and disadvantages. In this instance, we use the MCE to actively engage key program stakeholders through the evaluation. The MCE is a framework for guiding collaborative evaluations in a precise, realistic, and useful manner (Rodríguez-Campos & Rincones-Gómez, 2013). The model revolves around a set of six interactive components specific to conducting a collaborative evaluation in order to establish priorities and achieve a supportive evaluation environment (Rodríguez-Campos, 2015): (a) identify the situation, (b) clarify the expectations, (c) establish a collective commitment, (d) ensure open communication, (e) encourage effective practices, and (f) follow specific guidelines (see Figure 2). Within an MCE approach, evaluators retain control while collaborating with stakeholders. This arrangement helps safeguard the credibility of evaluation products, while integrating collaboration into the design (Hicks et al., 2017).

Figure 2. Model for Collaborative Evaluations



Note. From *Collaborative Evaluations Step-by-Step*, by L. Rodríguez-Campos & R. Rincones-

Gómez (2nd ed.), 2013, Stanford University Press, p. 14. Copyright 2013 by Liliana Rodríguez-Campos and Rigoberto Rincones-Gómez. Reprinted with permission.

The six components of the MCE model provide a framework for planning, executing, and reporting when evaluating a program. Each of the six components includes subcomponents that further help to describe the nuances within each component. The MCE model was used within this evaluation as it helped to inform and connect to the evaluation questions (i.e., How do school staff perceive the effectiveness of the eight-hour training to implement the program? What factors supported the implementation of the program at your school?). For example, the first component, identify the situation, helped to provide a better understanding of the importance of this program being viewed from the perspective of school staff that are in direct contact with children. This is especially important given that school staff has a substantial role in communicating with the students at varied capacities, and some staff members play a role in collaborating with many more professionals in creating an environment that support students' well-being. The second component, clarify the expectations, helped to clarify the role of the evaluator and the key stakeholders. For example, this was communicated through meeting with stakeholders: after initial contact with the collaboration members (i.e., the director of student services, the senior manager of psychological services for the school system, the director and trainer of the program under evaluation), an important role of the evaluators in the process was to develop and disseminate a survey with active input from the collaboration members. For instance, the role of the director of student services, a key stakeholder, was to select participants from the database for school staff who attended the training for the program. The link was sent directly from the school district office in order to maintain confidentiality and protect staff identity and email addresses.

The third component, establish a collective commitment, helped to collaboratively monitor the decision-making process. This was clearly communicated through a timeline that described the planning with the stakeholders for all activities regarding the implementation of the program and describing the responsibilities of the people involved. The fourth component, ensuring open communication, helped to ensure that formal and informal communication strategies were clear. This component was accomplished by consulting with the stakeholders about the actions taken throughout the study, such as the questionnaire development that was reviewed by stakeholders and the progress reports that informed the stakeholders about the status of the data collected and the general progress of the evaluation. The fifth component, encourage effective practices, helped to establish procedures or systems for producing a desired effect within a collaborative evaluation. This was ensured through creating a timeline table to ensure proper planning and meeting the deadlines. Regarding the sixth component, follow specific guidelines, this was ensured by implementing guidelines to provide direction for a sound evaluation. These guidelines served as a model for the evaluators and the collaboration members to use.

Study Phases

The first step of the study was to meet with the key school system stakeholders. Following the MCE model (Rodríguez-Campos, 2015), the purpose of the initial meeting was to identify the situation, to clarify the expectations, and to establish a collective commitment. For example, some of the areas that were discussed included the interest in conducting a collaborative evaluation and gathering information about the way the program is being implemented. A second meeting with the stakeholders supported the last three components of the MCE model, to support open communication, to ensure effective practices, and to follow specific guidelines. For example, an Institutional Review Board (IRB) application was conducted and approved by the school system. Policies and procedures were also clearly communicated and agreed upon—steps and methods to be used, as well as a timeline for conducting the evaluation.

Results

The evaluation questions and the results are reported from the 73 surveys that were completed and returned. The first four questions related to the demographics, such as level of school where they work, the position, the years of experience, as well as the reasons they attended the training. Answers to these questions were reported above. While survey Questions 7, 9, and 11 provided perspective related to the perceived effectiveness of the eight-hour training, Questions 5 and 6 directly addressed the first evaluation question: "How do school staff perceive the effectiveness of the eight-hour training to implement the program?" (Question 5. "Please indicate your level of agreement regarding the effectiveness of the program?"; see Table 1; Question 6. "Please indicate your level of agreement regarding the five elements of the Youth Mental Health First Aid USA action plan"; see Table 2). For example, for Question 7, more than half of the participants (53%) said that they use the skills between one time and five times a week. For Question 9, 71% either strongly agreed or agreed that they are provided with enough mental health resources for students in need. Question 11 related to how the school staff were able to translate the skills to the students in their school setting. The majority (58%) of the 73 participants believed that the skills extended somewhat to significantly to the school setting.

Table 1. Participants' Perceived Effectiveness of the Eight-Hour Training (Question 5)

	Completely Disagree		Somewhat Disagree		Neutral		Somewhat Agree		Very Much Agree	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Received useful training	1	1.37	1	1.31	3	4.11	21	32.88	47	64.38
Training helped me become more prepared to help students emotionally	1	1.37	1	1.37	5	6.85	24	36.99	42	57.53
Training helped me to become more likely to respond to a student in distress	3	4.11	1	1.37	11	15.07	18	24.66	40	54.79
Training helped me become more confident with the ability to refer to specialized services	2	2.74	1	1.37	10	13.70	20	27.40	40	54.70
I perceive that the program is a positive addition to my school	1	1.37	1	1.37	4	5.48	17	23.29	50	68.48
The program helped promote a positive school environment	1	1.37	1	1.37	6	8.22	19	26.03	46	63.01

Table 2. Perceived Effectiveness of the Components of the Program by Participants (Question 6)

	Completely Disagree		Somewhat Disagree		Neutral		Somewhat Agree		Very Much Agree	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
As a result of training, I am able to assess risk of suicide or harm for a student in distress	1	1.37	3	4.11	9	12.33	26	35.62	34	46.58
As a result of training, I am able to listen nonjudgmentally	2	2.74	1	1.37	10	13.70	21	31.51	40	54.79
As a result of training, I can give reassurance and confirmation to a student in distress	1	1.37	2	2.74	8	10.96	21	28.67	39	53.42
As a result of this training, I can encourage appropriate professional help to a student in distress	1	1.37	1	1.37	10	13.70	20	27.40	40	54.70
As a result of this training, I can encourage self-help and strategies to a student in distress	1	1.37	1	1.37	12	16.44	20	27.40	39	53.42

According to Question 8, 78% perceived that the program somewhat to greatly affected their school environment. For Question 10, when asked to choose from other topics to learn about, 62% of the 73 participants were interested in receiving training related to mental health. While survey Questions 8 and 10 provided perspective related to factors that supported the implementation of the program at participants' schools, Question 12 ("Please indicate your level of agreement regarding the extent to which these factors play a part in implementing the Youth Mental Health First Aid USA at your school.") addressed the second evaluation question: "What factors supported the implementation of the program at your school?" The factors included support from school administration, effective partnership with community mental health local agencies, positive climate at the school, involvement of faculty and parents, active communication with teachers, private counseling rooms and time, concern about stigma related to receiving mental health support, and staff members that the students are comfortable talking to regardless if they had the training. Factors also included beliefs that constitute a barrier to implementing the program. According to Question 12, the majority of participants perceived that the requirement of time within the school schedule (77%), as well as physical space for training (85%) can constitute a barrier to implementing the program. The majority of participants also perceived that another barrier related to the implementation of the program is the belief that students are hesitant to seek help because of stigma attached to receiving mental health support (74%), as well as the belief that schools were not the ideal settings for providing mental health care (51%) (Table 3). These factors could support educators in helping their students within a school setting.

Table 3. Factors that Affect Implementation of Mental Health Program in Schools (Question 12)

	Completely Disagree		Somewhat Disagree		Neutral		Somewhat Agree		Very Much Agree	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Implementation of the program requires support from school administration	1	1.37	0	0	1	1.37	14	19.18	57	78.08
Implementation of the program requires effective partnership with local community mental health agencies	1	1.37	0	0	1	1.37	22	30.14	49	67.12
Implementation of the program requires a positive climate at the school where students feel safe and supported	1	1.37	2	2.47	3	4.11	17	23.29	50	68.49

Implementation of the program requires quality assurance strategies such as faculty and parent involvement in the process	1	1. 37	1	1.37	5	6.85	18	24.66	48	65.57
The belief that students are hesitant to seek help because of stigma related to receiving mental health support constitutes a barrier to implementing the program	1	1.37	6	8.22	12	16.44	31	42.47	23	31.51
The belief that students would rather talk to adults they feel comfortable with regardless of the adult training constitutes a barrier to implementing the program	4	5.48	4	5.48	14	19.18	27	36.99	24	32.88
Program implementation requires active communication or referrals from teachers	0	0	0	0	5	6.85	27	36.99	41	56.16
Program implementation requires physical space/private room	2	2.74	1	1.37	8	10.96	28	38.36	34	46.58
Program implementation requires within school schedule	0	0	0	0	17	23.29	26	35.62	30	41.10
Belief that schools are not an appropriate sector for mental health program implementation	10	13.7	8	10.96	18	24.66	13	17.81	24	32.88
Belief that emphasis in school is on academic achievement rather than mental health/wellness	0	0	5	6.85	11	15.07	18	24.66	39	53.42

Discussion and Recommendations

For evaluation Question 1, school staff who underwent YMHFA training generally responded positively. For example, participants reported finding the training beneficial and incorporating its components more frequently into their work with students. Additionally, they felt more confident in their ability to address and respond to students' emotional needs by providing them with the necessary mental health resources. In a YMHFA evaluation study conducted by Jorm et al. (2010), findings similarly revealed that the training increased the teachers' knowledge and confidence in helping the students with their mental health needs; teachers reported a positive impact on the students by giving more information in the area of mental health.

For evaluation Question 2, based on the participants' perspective, the implementation of the program was marked by a higher number of positive factors, including quality assurance strategies such as faculty involvement in the process, supportive administrative policies, active communication with teachers, and a positive school climate. Several studies that evaluated implementation of the YMHFA program support the results of the current study. For example, Bond et al. (2018) conducted a study on the implementation of YMHFA in secondary schools; they identified several factors that were critical for successful implementation, including having dedicated staff and faculty to guide the program and school leadership support. Jorm et al. (2010) conducted a study on the dissemination of the YMHFA program; they identified the support from key stakeholders as an advantage to the implementation of the program. Climie (2015) suggested that implementation of mental health programs requires that schools actively communicate with teachers and staff through training them in the mental health issues and educating them about the ways to support children in the schools. Hart et al. (2018) examined the effectiveness of schoolwide implementation of YMHFA on students' and teachers' mental health knowledge, attitudes, and behaviors and found that schools that received YMHFA reported a significant improvement in their overall school climate.

On the other hand, in the current study, there were fewer negative factors, such as the requirement of time within the school schedule and resources as well as physical space or a private room for training. Another barrier in the study related to the implementation of the program is the belief that students are hesitant to seek help because of stigma attached to receiving mental health support, as well as the belief that schools were not the ideal settings for providing mental health care. Several studies (Hart et al., 2019; Jorm et al., 2010; Richardson et al., 2015) evaluated the implementation of YMHFA in an academic setting and identified several barriers to successful implementation of the YMHFA program, such as limited time and resources and challenges in reaching and engaging the target population. Richardson et al. (2015) also found that stigma was another significant barrier to YMHFA implementation. In a study by Jorm et al. (2005) in the implementation of the YMHFA, the authors noted that school settings may not be the most ideal for implementing the program; they suggested that it may be more effective when delivered in community settings, as there may be greater flexibility to tailor the program to the specific needs of the participants. Thus, our results provide similar findings as other studies in the evaluation of the YMHFA program.

This collaborative evaluation examined the perception of school staff regarding the implementation and effectiveness of YMHFA. It determined the extent to which it improved the mental health environment of the school from its personnel's perspective. The MCE seemed to provide an increased shared ownership among key stakeholders that may have optimized their receptivity to the findings. For example, we made sure to involve all relevant key stakeholders (e.g., director of student services, senior manager of psychological services, school staff) throughout the entire process from the initial planning stages to the final dissemination of results. This included active engagement in the development of the evaluation plan, data collection and analysis, as well as follow-up to gauge understanding and implementation of changes. By including stakeholders in this way, we were able to foster a sense of ownership and investment in the evaluation process. As a result, the client and key stakeholders accepted and acted upon the findings, leading to meaningful improvements in the program being evaluated. Collaborative evaluation is a highly effective approach as it provides stakeholders with the opportunity to have a voice in the process, which in turn increases their buy-in and commitment to implementing recommended changes (Rodríguez-Campos, 2015).

Results showed that the mental health program under evaluation achieved what was intended and desired short-term outcomes were met. A conceptual framework or logic model served as a guide throughout the collaborative evaluation; it reflected that the feasibility of the program short-term outcomes, or intended goals, was evident to school personnel. Creating an environment that supports mental health prevention and intervention to students in schools allows for added proficiency in dealing with mental health issues for students. There is evidence that delivery of mental health services in the schools promotes positive outcomes (De Laet et al., 2015; Morcom, 2014; Ogle et al., 2016; White, 2011). In the short-term outcome of the program, the effect of the mental health program on the school environment was ranked as desirable among the participants. Gryglewicz et al. (2018) conducted a study that aimed to evaluate the YMHFA program in a school setting and similarly found evidence of the effectiveness of the YMHFA training. That study also found that staff who received the YMHFA training reported an increased ability in helping at-risk students with mental health issues (Gryglewicz et al., 2018), which was also consistent with the current study.

This evaluation introduced several considerations for collaboratively evaluating the impact of implementing a mental health program in schools. The MCE helped to understand and account for the nature of the work and the full range of stakeholders in the collaborative evaluation process, leading to sound and useful results and recommendations. The following summarizes the recommendations for improved implementation of the YMHFA mental health program in schools. These recommendations were based on the responses to the evaluation questions; they were developed with the assistance of the collaboration members and shared with relevant stakeholders for their feedback.

Recommendation 1. Based on the fact that 78% perceived that the program somewhat to greatly affected their school environment in a positive way, stakeholders should continue to seek input from staff members in regards to implementing the program. This will allow the stakeholders to gain continuous perspective about the impact of the program on the students. To achieve this goal, stakeholders can send a survey every other month to the trainees with two to three questions that are intentionally created to help with improving implementation outcomes (Koundinya et al., 2016). It is also recommended that the district encourages a follow-up with a focus group session with the participants that attended the training within a short amount of time after the training (Koundinya, et al., 2016). The focus group could be led by a district employee who has expertise in the mental health program offered and the components associated with it. Discussions could revolve around brainstorming opinions and detailed information about personal experiences in implementing the program. Focus groups can also be an opportunity to seek clarification or ways to advance the program.

Recommendation 2. Based on over one-third of the participants (33%) marking that they do not keep track of how many times they use the skills they learned to help the students, it is recommended that staff members who participated in the training be encouraged to keep data on the number of times they help a student in need using the components of the program. Encouraging those responses supports an accurate representation of the skills used from the program. To achieve this goal, it is suggested that within the bimonthly survey, one of the questions reflects the number of times participants used the skills. This will help to generate more accurate data as the participants will be required to complete it and send it monthly to the district office.

Recommendation 3. Based on the fact that many (62%) of the participants were interested in receiving training in the area of mental health and well-being, it is recommended that the district provides additional workshops in those areas of interest.

Recommendation 4. Based on the staff members who attended the training reporting its positive impact on the school environment, and out of a large number of employees of more than 13,000 in the district, less than 5% participated in the training, it is recommended that the school district reconsider how the program is being promoted and offered. The district can look into offering the program with several options for different days and times as well as different start dates to span over an entire school year.

Recommendation 5. Based on the high percentage of participants indicating the importance of implementing the program to help foster a positive school climate, it is recommended that the district encourages the use of the YMHFA training in order to help promote a supportive and caring environment. Given that the program targets adolescents between the ages of 12–18, it was expected that the highest rates of responses would come from either middle or high school staff. Interestingly, the highest rate of responses (48%) came from staff working in elementary schools; therefore, this recommendation is especially relevant to elementary schools, where it serves as a prevention measure to disciplinary problems at higher grade levels.

Recommendation 6. Based on the fact that a high percentage of participants (73%) agreed that the implementation of the program requires support from the administration, it is recommended that the district offers additional professional development opportunities to administrators. Administrators could benefit from learning about the perception of staff members and the positive outcomes of the program. Administrative faculty are school leaders, and as such they can encourage staff attendance and support program implementation fidelity.

Recommendation 7. Based on the good rate of response by elementary school staff (48%), it is recommended that elementary schools adapt and implement the training at the elementary level. Even though the training is designed to target adolescents between the ages of 12–18, the participation from elementary school staff in this study supports this recommendation. This could reflect the pressing emotional and developmental needs of the elementary children in the district.

Limitations and Strengths

Although the survey asked the participants (n = 73) their school level and what position they held, the district did not provide information on the position or school level of the staff members who attended the training (n = 414). Therefore, we cannot tell whether the survey respondents' demographics correlated to who attended the training or whether the numbers were higher or lower in various areas. Staff members who felt overwhelmed with the demands of their jobs may not have found the time to complete the questions; this could have impacted the number of participants who completed and returned the survey. Another limitation is that the participants who chose to complete the survey may have a strong background or interest in the topic of mental health in schools; this could potentially have caused the sample to be skewed, as their answers may have been based on their own ideas of mental health. Furthermore, participants self-selected in this study, which also limits the generalizability of the study since it is not based on a random sample.

Another potential limitation of this collaborative effort was the difficulty in evaluating all aspects of a program with absolute objectivity, due to rationalizing and constructive activity of the evaluator's analyses. On the other hand, this collaborative evaluation had its special strengths. It united the goal of the district and participants and students, which is to design pedagogical elements in order to help inform the implementation of the mental health program. As a result, everyone was eager to embark on the evaluation process as collaboration members. Clearly, the level of involvement varied among everyone who collaborated in the effort and was based on their skills, ability, and availability. The evaluation findings were used to reflect upon lessons learned and share findings with the key stakeholders and external parties (Fetterman et al., 2018).

Conclusion

Mental health must be prioritized in the school setting in order to achieve academic and behavioral success (Adelman & Taylor, 1999). According to Atkins et al. (1998), schools are an appropriate setting for children to access mental health. Evaluators and stakeholders combined their expertise to provide a more comprehensive implementation of the collaborative evaluation. Although the mental health program was perceived by school staff to be effective, next steps should include the other community agencies and partners that participated in the training. For example, parents or guardians, police officers, and mental health agencies' employees could share their views about the program components.

The questions established at the beginning of this evaluation led to interesting results, whereby the multiple perspectives of stakeholders were addressed in a collaborative manner. Hence, the evaluation results were able to provide a useful basis for guiding the decision-making process, because people worked collaboratively while understanding the program and its interactions within its total system. The evaluation provided sound evidence to support suggested changes, along with recommendations for improvement. Therefore, the major contribution of this collaborative effort was an increase in understanding and use of its results by working with the stakeholders in order to expose the strengths and weaknesses of the program.

The evaluation findings were used to reflect upon lessons learned and, in presenting the results of the evaluation to the various stakeholders, the dynamic role of collaboration toward the program's outcomes was emphasized. A key element in the findings was the level of engagement and interaction among key stakeholders regardless of ability. It was through a consistent encouragement of the stakeholders to focus on individual strengths that supported a strong sense of fairness and sincerity as the evaluators conducted each phase of the evaluation. While attending to the intended and unintended effects of the collaborative relationships, the MCE provided an increased shared ownership that also led to an increased quality of information for decision-making and receptivity of findings. The MCE provided an important learning opportunity on how to conduct a collaborative evaluation step-by-step and account for its full range of stakeholders (Rodríguez-Campos, 2015).

References

Adelman, H., & Taylor, L. (1999). Mental health in schools and system restructuring. *Clinical Psychology Review, 19*(2), 37–63.

Alkin, M. C. (Ed.). (2004). *Evaluation roots.* Sage. https://doi.org/10.4135/9781412984157

Atkins, M. S., McKay, M., Arvanitis, P., London, L., Madison, S., Costigan, C., & Webster, D. (1998). An ecological model for school-based mental health services for urban low-income aggressive children. *The Journal of Behavioral Health Services & Research, 5*(1), 64–71.

Azzam, T. (2010). Evaluator responsiveness to stakeholders. *American Journal of Evaluation, 31*, 45–65.

Beidas, R., & Kendall, P. C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems contextual perspective. *Clinical Psychology: Science and Practice, 17*, 1–30.

Bond, K. S., Jorm, A. F., Kitchener, B. A., Reavley, N. J., & Rossetto, A. (2018). Mental health first aid training for Australian high school students: Using cluster randomization to test a research hypothesis. *International Journal of Mental Health Systems, 12*(1), 17.

Brenner, N., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the school health policies and programs study 2006. *Journal of School Health*, *77*(8), 486–499.

Carr, K. M., & Bradley-Levine, J. S. (2016). Translational research design: collaborating with stakeholders for program evaluation. *The Qualitative Report*, *44*(1).

Climie, E. A. (2015). Canadian children's mental health. *Intervention in School & Clinic*, *51*(2),122. https://doi.org/10.1177/1053451215579265

De Laet, S., Colpin, H., Vervoort, E., Doumen, S., Van Leeuwen, K., Goossens, L., & Verschueren, K. (2015). Developmental trajectories of children's behavioral engagement in late elementary school: Both teachers and peers matter. *Developmental Psychology*, *51*(9), 1292–1306. https://doi.org/10.1037/a0039478

Dinkmeyer, D., Jr., & Dinkmeyer, D., Sr. (1984). School counselors as consultants in primary prevention programs. *Personnel & Guidance Journal*, *62*(8), 464.

Fetterman, D., Rodríguez-Campos, L., Wandersman, A., & O'Sullivan, R. (2014). Collaborative, participatory and empowerment evaluation: Building a strong conceptual foundation for stakeholder involvement approaches to evaluation. *American Journal of Evaluation, 35*(1), 144–148.

Fetterman, D., Rodríguez-Campos, L., & Zukowski, A. (2018). *Collaborative, participatory, and empowerment evaluation: Stakeholder involvement approaches*. Guilford.

Gryglewicz, K., Childs, K. K., & Soderstrom, M. F. P. (2018). An evaluation of Youth Mental Health First Aid training in school settings. *School Mental Health, 10*, 48–60. https://doi.org/10.1007/s12310-018-9246-7

Jorm, A. F., Kitchener, B. A., & Sawyer, M. G. (2005). Youth Mental Health First Aid: A description of the program and an initial evaluation. *International Journal of Mental Health Systems*, 9(1), 1–10. https://doi.org/10.1186/1752-4458-9-1

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC Psychiatry, 10*. https://doi.org/10.1186/1471-244X-10-51

Haggard, M. S., Allen, B., Chamberlain, M., & Bauer, M. F. (2007). *School-based mental health services and supports: Needs assessment and recommendations.* Allen, Shea, & Associates.

Hart, L. M., Morgan, A. J., Rossetto, A., Kelly, C. M., Mackinnon, A., Jorm, A. F., & Chisholm, K. (2018). Schoolwide implementation of Youth Mental Health First Aid: A cluster randomized trial. *BMC Psychiatry*, *18*(1), 63. https://doi.org/10.1186/s12888-018-1661-5

Hart, L. M., Mason, R. J., Kelly, C. M., Cvetkovski, S., & Jorm, A. F. (2019). Youth Mental Health First Aid in a Canadian college: A description and evaluation of the program. *Early Intervention in Psychiatry, 13*(4)*,* 902–910. https://doi.org/10.1111/eip.12696

Hayes, H., Parchman, M. L., & Howard, R. (2011). A logic model framework for evaluation and planning in a primary care practice-based research network. *Journal of the American Board of Family Medicine*, *24*(5), 576–582. https://doi.org/10.3122/jabfm.2011.05.110043

Hicks, T., Rodríguez-Campos, L., & Hoon, C. (2017). Bayesian posterior odds ratios: Statistical tools for collaborative evaluations. *American Journal of Evaluation*, 1–12. https://doi.org/10.1177/1098214017704302

Kelly, C. M., Kitchener, B. A., & Jorm, A. F. (2016). *Youth mental health first aid: A manual for adults assisting young people* (4th ed.). Mental Health First Aid Australia.

Koundinya, V., Klink, J., Deming, P., Meyers, A., & Erb, K. (2016). How do mode and timing of follow-up surveys affect evaluation success? *The Journal of Extension, 54*(1), 18. https://tigerprints.clemson.edu/joe/vol54/iss1/18

Mental Health First Aid USA. (2016). *About MHFA*. National Council for Mental Wellbeing.

Milovancevic, M. P., & Jovicic, M. (2013). The role of mental health professionals contributes to mental health promotion and prevention: Innovative programmes in Serbia. *Emotional & Behavioural Difficulties*, *18*(3), 261–269. https://doi.org/10.1080/13632752.2013.819252

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, Elsevier, 73*(C), 384–391. https://doi.org/10.1016/j.childyouth.2017.01.006

Morcom, V. (2014). Scaffolding social and emotional learning in an elementary classroom community: A sociocultural perspective. *International Journal of Educational Research*, *67,* 18–29. https://doi.org/10.1016/j.ijer.2014.04.002

Ogle, R. R., Frazier, S. L., Nichols-Lopez, K., & Cappella, E. (2016). Non-academic self-concept among urban youth: Associations with academic success. *School Mental Health*, (2), 278. https://doi.org/10.1007/s12310-015-9162-z

Orr, S. T. (2010). Exploring stakeholder values and interests in evaluation. *American Journal of Evaluation, 31*, 557–569. https://doi.org/10.1177/1098214010372668

Richardson, A., Giallo, R., & Taft, A. (2015). Barriers to implementing youth mental health first aid in schools: A mixed-methods study. *Community Mental Health Journal*, *51*(5), 530–537. https://doi.org/10.1007/s10597-015-9879-9

Rodríguez-Campos, L. (2012). Advances in collaborative evaluations. *Journal of Evaluation and Program Planning, 35*(4), 523–528. https://doi.org/10.1016/j.evalprogplan.2011.12.006

Rodríguez-Campos, L. (2015). *Collaborative evaluations in practice: Insights from business, nonprofit, and education sectors*. Information Age.

Rodríguez-Campos, L., & Rincones-Gómez, R. (2013). *Collaborative evaluations: Step-by-step* (2nd ed.). Stanford University Press.

Ross, A. M., Hart, L. M., Jorm, A. F., Kelly, C. M., Kitchener, B. A., & O'Connor, M. (2019). Youth Mental Health First Aid: A description of the program and an initial evaluation. *International Journal of Mental Health Systems, 13*(1), 3. https://doi.org/10.1186/s13033-018-0263-3

Scriven, M. (1991). *Evaluation thesaurus* (4th ed.). Sage.

Taut, S. (2008). What have we learned about stakeholder involvement in program evaluation? *Studies in Educational Evaluation*, *34*, 224–230.

Weist, M., Ambrose, M., & Lewis, C. (2006). Expanded school mental health: A collaborative community school example. *Children & Schools*, *28*(1), 45–50.

White, R. (2011). A sociocultural understanding of mediated learning, peer cooperation, and emotional well-being. *Emotional & Behavioural Difficulties*, *16*(1), 15–33.

Youth Mental Health First Aid USA. (2012). *For adults assisting young people*. National Council for Behavioral Health.

Zimmer, S. (2015). Stakeholder theory and analysis. *Research starters: Business* (Online ed.).

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