

Evaluation of NAMI's School Based Educational Program
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The School Based Educational program evaluation consisted of two types of outcomes. The Satisfaction Survey which was administered only at the end of the program and a Pre-Post Knowledge/Interest survey which was administered before and after the program. Both instruments demonstrated that the program was very effective. The post only Satisfaction Survey showed that over 90% of attendees found the program to be helpful in increasing their understanding of childhood and adolescent mental illness and the impact it can have on families. The Pre-Post survey, which included a test of knowledge about childhood and adolescent mental illness, demonstrated that the program significantly increased the knowledge of the attendee on several key facts about childhood and adolescent mental illness. The interest items on the Pre-Post survey showed only small changes, but this was due to the already positive attitudes of attendees before the program. The findings were consistently positive across all the sites where the program was held.

Satisfaction Survey Results

The total sample size for the Satisfaction Survey was 268. Questions without a usable response were very infrequent, missing data ranged from 1 to 4 people depending on the question. The responses to all questions were very positive with most respondents selecting agree or strongly agree to each question. For all questions, over 90% of respondents selected one of those categories. The most positive responses were to the items regarding the effectiveness of the presenters to communicate (Question 7) and the item recommending the program to other school professionals (Question 10). No more than 5 people either disagreed or strongly disagreed to any item. A single attendee selected strongly disagree for all items and they account for almost all of the strongly disagree responses.

Satisfaction Survey Frequencies

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The program increased my understanding of the symptoms of childhood and adolescent mental illness.	55.4%	37.5%	5.6%	1.1%	.4%
2. The program provided me with new and useful resources for working with families.	50.9%	41.5%	5.7%	1.5%	.4%
3. The program will help me recognize early warning signs of mental illness in children and adolescents.	47.4%	43.2%	7.9%	1.1%	.4%
4. The program helped me to understand the trauma experienced by children and families dealing with mental illness.	62.3%	34.7%	2.3%	.4%	.4%

5. The program helped me to understand the normative stages of family response as caregivers.	47.3%	44.3%	7.6%	.4%	.4%
6. The program helped me to understand the importance of early intervention for children with mental illness.	55.6%	36.1%	6.8%	1.1%	.4%
7. The program helped me to understand the impact of untreated mental illness in families.	55.3%	35.7%	7.1%	1.5%	.4%
8. The presenters of the program effectively communicated orally.	70.3%	25.6%	3%	.8%	.4%
9. The written materials were helpful in achieving the goals of the program.	62%	32.7%	4.9%	0%	.4%
10. I would recommend this program for other school professionals.	69.1%	26%	3.8%	.4%	.8%

Satisfaction by Site

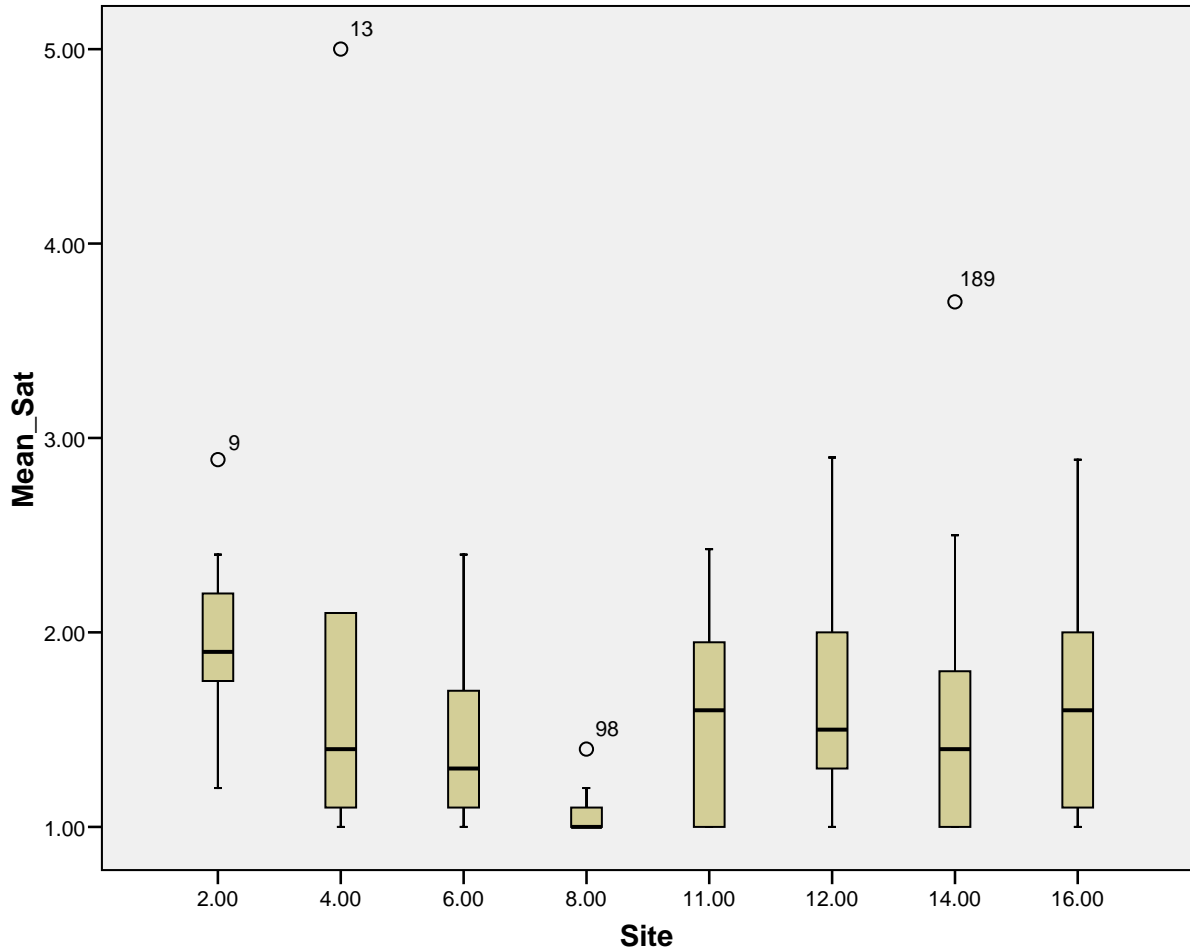
A mean of all 10 items was calculated for each site. The mean was calculated by assigning a 1 to strongly agree, 2 to agree, 3 to neutral, 4 to disagree and 5 to strongly disagree. Therefore the lower the score, the more positive the rating. For the entire sample, the mean score was 1.5. The sample sizes for each site vary from 9 to 63. Although all the mean satisfaction ratings are above 2, which would correspond to agree, there are significant differences between sites. Site 8 has the best ratings (mean = 1.06) and site 2 has the lowest ratings (mean = 1.96).

Mean Satisfaction Scores by Site

Site #	Site Description	Sample Size	Mean Satisfaction Score	Standard Deviation
2	Waterbury School District	11	1.96	.47
4	Park City Academy	9	1.82	1.26
6	Lisle School District	61	1.42	.40
8	Newport Mesa Unified School District Health Services	21	1.06	.11

11	Cherokee SED School in the Orange County Public System	27	1.53	.46
12	Kingston Junior High School	33	1.63	.53
14	Bay District Schools	63	1.47	.52
16	Corona del Mar High School	43	1.65	.53
	Total	268	1.51	.54

The box plot of satisfaction scores by site allows a visual comparison across sites, including the existence of several outliers.



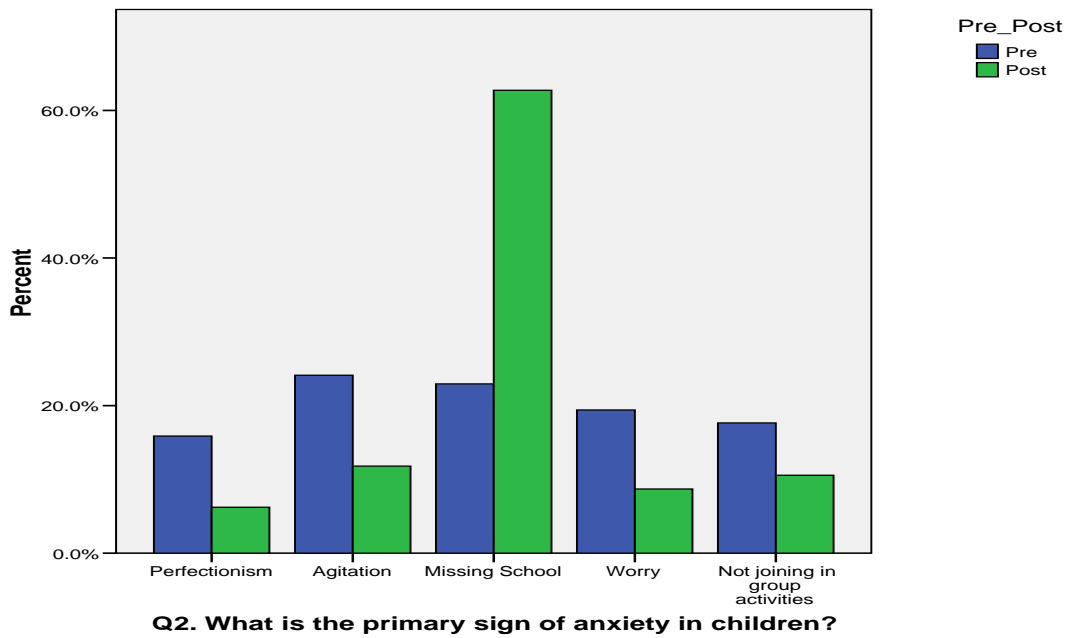
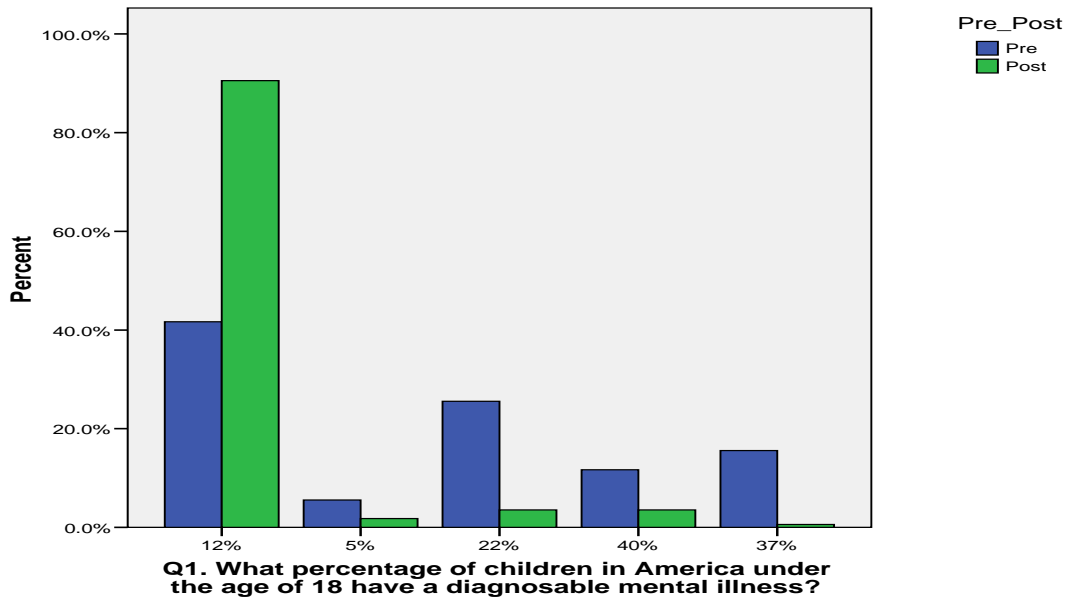
Pre – Post School Survey Results

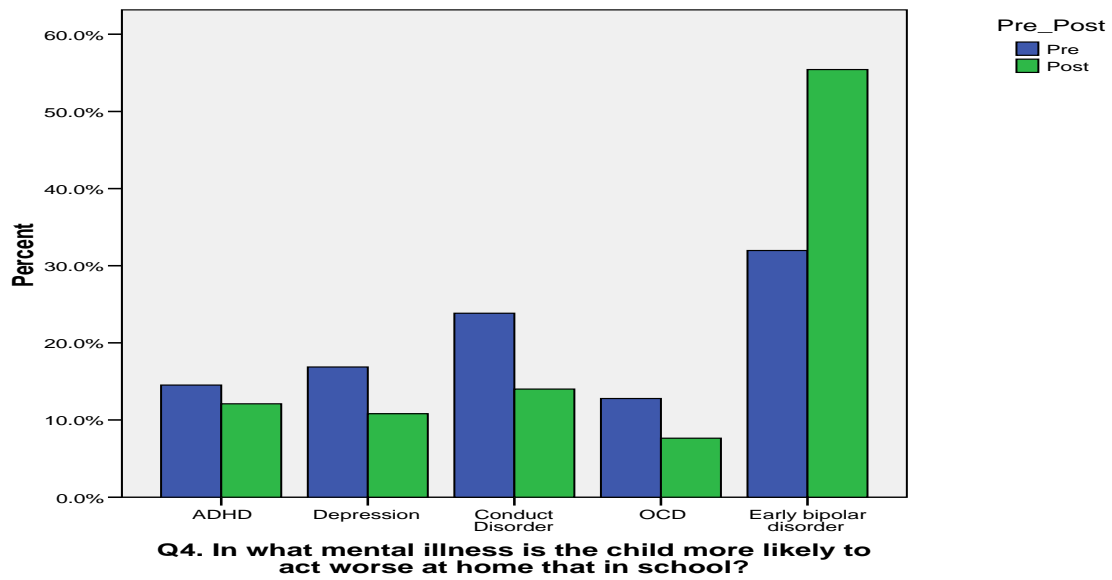
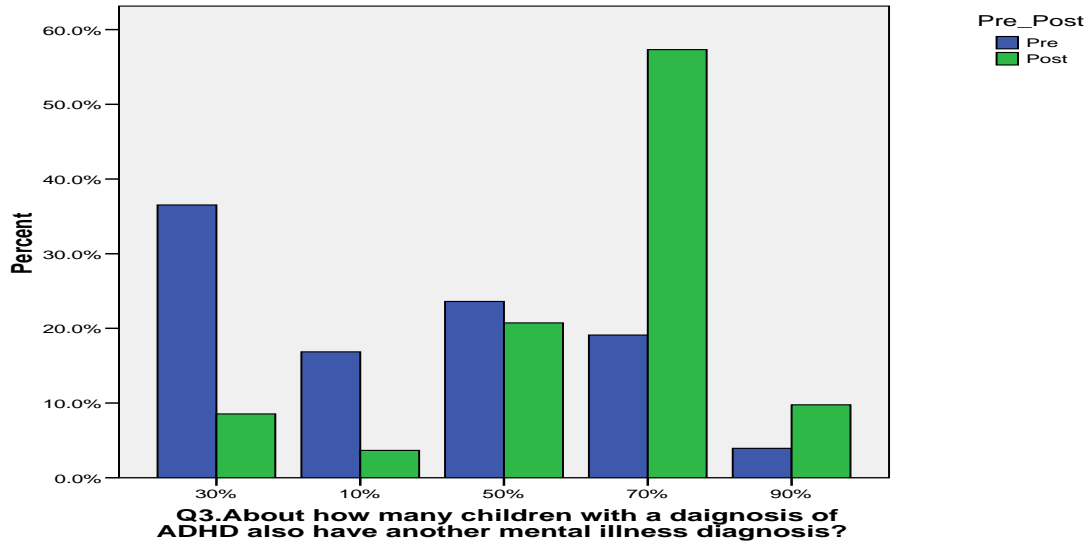
Sample

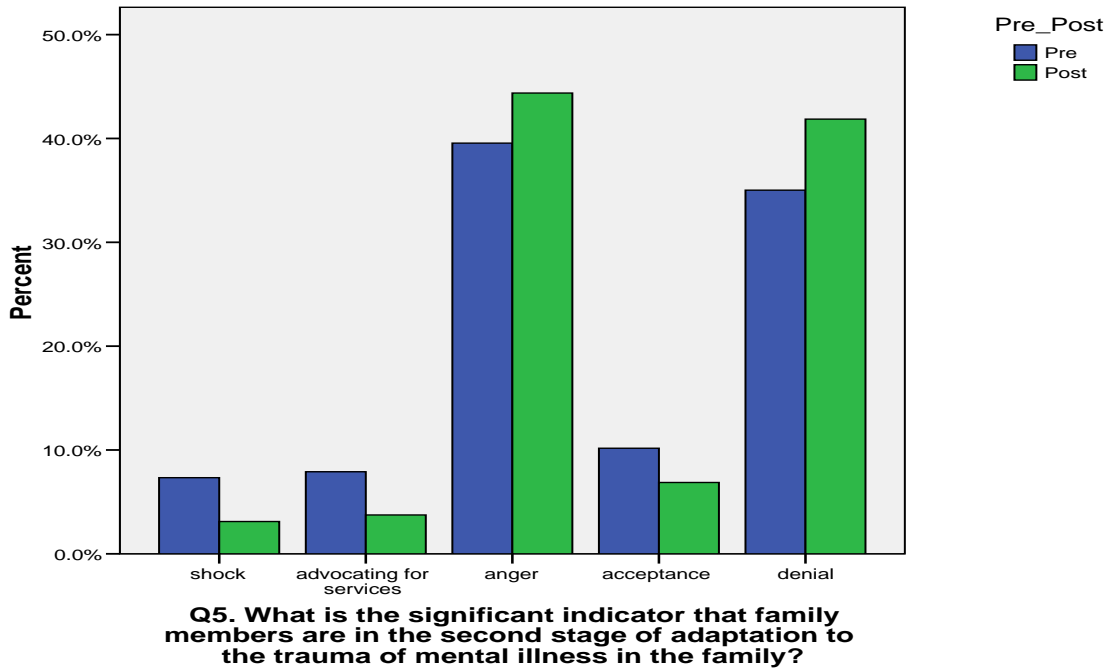
The pre-test sample included 190 respondents. For the knowledge questions, missing data ranged from a low of 10 for Question 1 to a high of 20 for Question 2. Post test responses were available for 177 participants. The missing data pattern was similar to the pre-test. Knowledge items that were left blank were scored as incorrect.

Knowledge Item Responses

The following graphs illustrate the percentage of people who endorsed each possible response on the knowledge questions before and after the presentation.







Percentage of Correct Responses

The percentage of people selecting the correct answer for the knowledge questions significantly increased for questions 1 – 4. The increase in correct in responses was not significant for question 5.

Knowledge Question	Pre	Post
Q1. What percentage of children in America under the age of 18 have a diagnosable mental illness?	39.5%	86.4%
Q2. What is the primary sign of anxiety in children?	20.5%	57.1%
Q3. About how many children with a diagnosis of ADHD also have another mental illness diagnosis?	17.9%	53.1%
Q4. In what mental illness is the child more likely to act worse at home than in school?	29.1%	49.2%
Q5. What is the significant indicator that family members are in the second stage of adaptation to the trauma of mental illness in the family?	36.8%	40.1%

Number of Correct Responses

The number of correct responses for each person was calculated by summing the numbering of correct responses for items 1 to 5. The total score could range from 0 (none correct) to 5 (all correct). Across all sites, there was a significant increase in the total number responses. The average number of correct responses increased from 1.4 before the presentation to 2.9 after the presentation.

Number of Correct Responses by Site

Sites varied in size from samples of 5 to 72. The majority of sites showed significant increases in knowledge from pre to post. Sites 1, 9 and 10 did not demonstrate a significant increase, although the lack of significant change was likely due to the small samples sizes at these sites rather than differences in quality of teaching.

Site	Pre			Post		
	Sample Size	Mean	SD	Sample Size	Mean	SD
1	5	1.8	2.0	5	3.8	1.3
3	69	1.2	.92	72	2.8	1.8
5	44	1.8	1.2	44	3.3	1.3
7	20	1.2	1.1	21	2.0	1.4
9	17	1.0	.70	12	1.6	.99
10	9	2.3	1.2	5	3.4	1.3
13	18	1.8	1.0	11	2.7	.65
15	7	1.7	1.3	7	4.1	.90

Mental Health Interest Items

The following graphs illustrate the percentage of people who endorsed each possible response on the Interest questions before and after the presentation. Due to lack of variability of the responses, we do not think that these questions were helpful in evaluating the impact of the program.

