

Making the **Big** a little *easier*: Blending prevention and intervention through mental health literacy and gatekeeper training

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Learning objectives

- Participants will be able to identify commonalities in mental health literacy and gatekeeper programs.
- Participants will understand the goals of providing mental health literacy and gatekeeper programs on campus.
- Participants will be able to describe the benefits and potential pitfalls involved in the implementation of mental health literacy and gatekeeper programs.

Session OVERVIEW

- State of Mental Health in Higher Education
- Overview of some Higher Education Prevention/Intervention Programming
- Learning Outcomes in Higher Education
- Implementation: UK, UM, USF
- Barriers & Obstacles
- Recommendations

Questions to ask ourselves

Have you received any training to support student mental health needs?

Does your campus offer mental health trainings to students? Faculty? Staff? Community Partners?

Do you think your campus colleagues feel prepared to support student mental health needs?

State of Mental Health in Higher Education

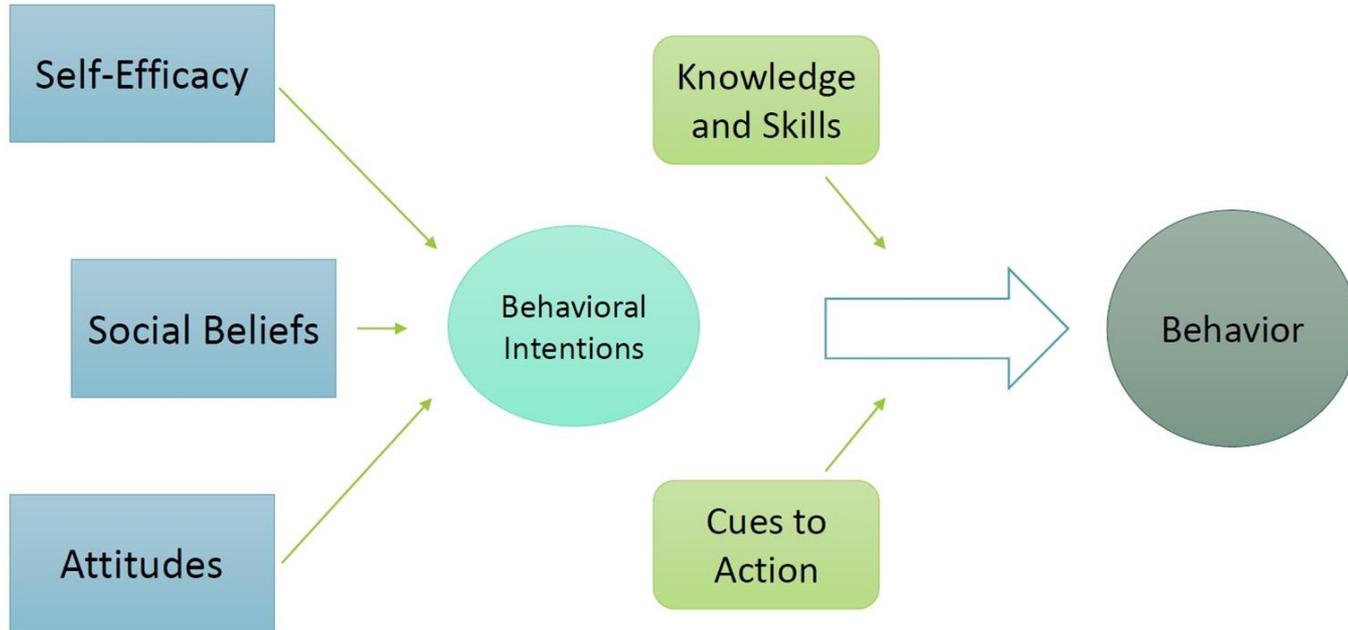
1. Current state of mental illness on college campuses.

- Significant increase in number and complexity in the past few decades (NASPA, 2009).
- Data show the majority of mental illnesses develop before the age of 25 (Hunt & Eisenberg, 2010).
- Most common illnesses in college students are depression and anxiety (Keyes et al., 2012)
- Low rate (36%) of students who actually are diagnosed seek out or receive treatment (Healthy Minds, 2009).

2. Major barriers to help-seeking on college campuses.

- Stigma
- Financial concerns
- Supply and demand

Unified Theory of Behavior Change (UBT)



Meeting needs in the current climate of college mental health

- Gate Keeper Trainings
 - Campus Connect
 - QPR (Question. Persuade. Refer.)
- Mental Health Literacy
 - Applied Suicide Intervention Skills Training (ASIST)
 - Kognito
 - Mental Health First Aid (MHFA)

Overview of Campus Connect

- ▶ 2.5-3 hour training
- ▶ Solely focuses on suicide prevention and referral
- ▶ In-person with interactions & exercises
- ▶ Schools you could connect with:
 - ▶ University of South Florida

Overview of QPR

- ▶ One to three hour online gatekeeper training or in-person
- ▶ Three simple steps (Question, Persuade, and Refer)
- ▶ Addresses suicide prevention, dispels myth of suicide, and teaches the gatekeeper referral skills
- ▶ Specialized training (law enforcement, veterans, medical personnel, OT/PT, educators, and Firefighters and EMS)
- ▶ Three year certification
- ▶ Schools you could connect with:
 - ▶ University of Miami
 - ▶ University of Kentucky

Overview of (ASIST) Suicide Intervention Skills Training

- ▶ ASIST training is 14 hours
- ▶ Allows for a more skill dependent training addressing the attitudes of participants and engaging in simulations
- ▶ On SAMHSA's evidenced based program list
- ▶ For use in a variety of settings
- ▶ Schools you could connect with:
 - ▶ Suzie Stadelman, University of Oregon

Overview of Kognito

- ▶ 3-6 hour trainings
- ▶ Simulation is available 24/7
- ▶ Covers information specific to LGBTQ+, Veterans, Mental Health, Suicidality
- ▶ On SAMHSA's evidenced based program list
- ▶ Schools you could connect with:
 - ▶ Deidre Weathersby, University of Illinois at Urbana-Champaign
 - ▶ Teresa Michaelson-Chemir, University of Central Florida

Overview of (MHFA) Mental Health First Aid

1. 8 hour training. Certification valid for 3 years.
2. Courses for Adult, Youth, Spanish Language, Higher Ed, Public Safety, Military Families, Rural Audiences.
3. Listed in SAMHSA's National Registry of Evidence-based Programs and Practices.
4. Curriculum is interactive (group discussion, videos, activities, case scenarios). Participants receive a manual and swag to indicate training.
5. Learn how to integrate the Mental Health First Aid (MHFA) training curriculum.
 - What is ALGEE? Actionable plan bolsters confidence.
6. Trainer training is 40 hours long (\$2000). Required to run 3 training yearly to maintain certification.

Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. Hadlaczky, G., Hokby, S., Mkrtchian, A., Carli, V., & Wasserman, D. (2014). *International Review of Psychiatry* 26(4), 467–475.

Review of 15 trials (3081 participants) demonstrated that **MHFA increased participants knowledge regarding mental health** (effect size 0.38-0.74), **decreased negative attitude towards mental health** (effect size 0.22-0.35), and **increased supportive behaviors towards individuals with mental health problems** (effect size 0.12-0.38).

Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behavior. Morgan, A., Ross, A. & Reavley, N. (2018, May 31). *PLOS One*, 13(5).

Review of 18 trials (5936 participants) found small to moderate effects post-training and up to 6-months later in: **mental health first aid knowledge** (ds 0.31-0.72), **recognition of mental disorders** (ds 0.22-0.52), **beliefs about effective treatment** (ds 0.19-0.45), **reduction in stigma** (ds 0.08-0.14), **confidence in helping a person with a mental health problem** (ds 0.21-0.58) and **intentions to provide first aid** (0.26-0.75).

What is ALGEE?

Listening non-judgmentally

Goal: Encourage a compassionate climate of understanding

L

Encourage appropriate professional help

Goal: Promote and enhance recovery

E

Assess for risk of suicide or harm

Goal: Preserve life when a person may be a danger to themselves or others

A

Give reassurance and information

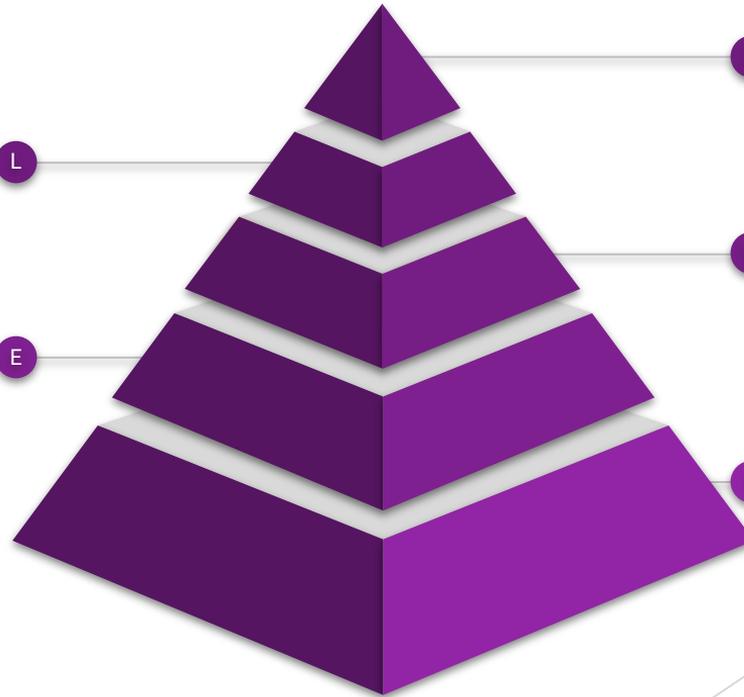
Goal: Provide help to prevent the problem from becoming more serious

G

Encourage self-help and other support strategies

Goal: Provide comfort and support

E



Why do these work?

Prevention and Intervention!

- ▶ Role plays
- ▶ Physical exercises
 - ▶ Physical and mental disabilities
 - ▶ Auditory Hallucination
- ▶ Relevant referrals

Efficacy

- ▶ Benefits of improved mental health literacy
 - ▶ Faculty and staff are more engaged in the front line
 - ▶ Education abroad safety
 - ▶ Outdoor recreation trips safety
 - ▶ Improves everyone's mental health and climate
 - ▶ Increases understanding of mental health issues and treatments
 - ▶ Connects more people with care and resources
 - ▶ Reduces stigma and increases help-seeking
- ▶ Participants report:
 - ▶ Increased understanding of mental health and their personal biases
 - ▶ Increased ability to identify red flags
 - ▶ Confidence in using ALGEE, QPR, and/or ASIST action plans to respond
 - ▶ Self-reliance in referring to campus resources

Learning Outcomes in Higher Education

1. Understanding and Responding to

- Depression (Suicidal Behavior, NSSI)
- Anxiety (Panic Attacks, Trauma, Anxiety)
- Psychosis (Acute Psychosis - Disruptive or Aggressive Behavior)
- Substance Use Disorders (Overdose - Withdrawal; Substance Use Disorders)

2. Using Mental Health Literacy Training

- Promotes effective collaboration with harder to reach departments:
 - STEM
 - International Students
 - Medicine and Health
- Identifying Red Flags

Implementation: Univ of Miami

QPR:

- ❖ Since 2008
- ❖ Two instructors
- ❖ In-person train 40 people in a year
- ❖ Offer free online training on UMCC website
- ❖ Faculty, staff, and students in leadership roles (e.g., peer educators and fraternities and graduate students, RAs)
- ❖ UMCC coordinates and pays

Mental Health First Aid:

- ❖ Since Summer 2017
- ❖ Two MHFA instructors
- ❖ Eight courses since December 2017
- ❖ 133 trained including administrators, staff, faculty, and graduate students trained (Law School, Medical School, School of Marine Sciences, Housing and Residential Life, Office of Academic Enhancement, Study Abroad Office)
- ❖ Offer four trainings a year
- ❖ If UM department requests-cost share

Implementation: Univ of Kentucky

30,000+ students in Lexington, KY

Flagship land grant University

QPR:

- ▶ Since 2004
- ▶ Train 500-1000 individuals per year since 2004
- ▶ All incoming RA's
- ▶ UKCC coordinates and pays for

Mental Health First Aid:

- ▶ Since 2018
- ▶ 3 instructors: 1 Wellness director, 2 UKCC admin
- ▶ Trainings:10
- ▶ Total Trained:175
- ▶ Departments pay to get trained
- ▶ Listserv for those trained
- ▶ Lunch n' Learns monthly

Implementation: Univ South Florida

- ▶ 50,000+ students
- ▶ 14,000+ student-serving employees
- ▶ Campus Connect since 2016, over 625 students and employees trained
 - ▶ 150-200 RAs every summer
- ▶ MHFA since Summer 2018, over 400 employees trained through 21 classes
 - ▶ Insertion into course lectures for education and health courses
 - ▶ Listserv for contact to shelter-in-place and triggering event support
 - ▶ Adapted version of the Mental Health Beliefs and Literacy Scale (MBLS) used to evaluate impact of training

Implementation: Univ South Florida

Background

- Among the U.S. college student population, problems with mental health (MH) have been shown to be highly prevalent and increasing in severity^{1,4}
- Mental illness among U.S. college students also has significant implications on student success and wellbeing^{5,9}
- Alarming high rates of MH problems along with significantly low rates of knowledge, service utilization, and help-seeking behaviors found among the college student population present a significant public health problem^{10,11}
- Mental health first aid (MHFA) is an 8 hour educational training program that aims to increase mental health literacy (MHL) and teach participants how to approach, support, and aid those in mental health distress or crisis¹²⁻¹⁵

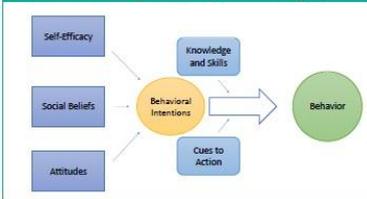
Purpose

- This study aims to evaluate the effectiveness of a MHFA training among university faculty and staff members

Methods

- Study Design:** A longitudinal, pre-, post-, and 3-month follow-up¹⁶; ***3-month follow-up portion of evaluation is still in collection phase**
- Study Participants:** 118 university faculty and staff members
- Tool:** Mental Health Beliefs and Literacy Scale (MBLS)¹⁶⁻¹⁷
- Guiding Framework:** Unified Theory of Behavior Change (UTB)¹⁸⁻²¹

Unified Theory of Behavior Change (UTB)



Results

MHFA Construct			Assessment	Mean (SD)	MHFA Construct			
Social Beliefs	Personal Beliefs of MH Illness*	Pre	2.22 (84)	Attitudes	Difficulty*	Pre	2.25 (66)	
		Post	1.91 (73)		Post	1.74 (53)		
	Personal Beliefs of People with MH Illness*	Pre	3.40 (53)		Positive Effect*	Pre	3.60 (52)	
		Post	3.65 (46)		Post	4.07 (53)		
	Personal Beliefs of MHFA Actions*	Pre	4.35 (54)		Reward*	Pre	3.79 (66)	
		Post	4.85 (29)		Post	4.12 (62)		
	Others Beliefs of People with MH Illness	Pre	3.17 (37)		Self-Efficacy	Confidence*	Pre	3.66 (63)
		Post	3.25 (34)				Post	4.37 (44)
	Others Beliefs of MHFA Actions	Pre	4.06 (61)			Control*	Pre	4.26 (59)
		Post	4.15 (76)				Post	4.56 (48)
	Knowledge*	Pre	10.86 (30)			Perceived Behavioral Change	Pre	-----
		Post	13.32 (15)				Post	4.34 (54)
Behavioral Intention*	Pre	4.19 (57)	*Statistically significant at p < .001					
	Post	4.58 (46)	Note: Scale for all constructs ranged 1-5, except for Knowledge, which ranged 0-15 and was calculated as a SUM score instead of as a MEAN score.					

Conclusions & Future Implications

- Upon completion of MHFA training, pre-to-post assessments revealed significant, positive changes in 10 of the 12 constructs.
 - A significant decrease in the constructs of difficulty and personal beliefs towards MH illness occurred from pre-to-post assessment. This indicates that participants perceived helping others as less difficult and were less likely to hide personal MH distress or diagnoses after MHFA training, which in turn, is a significant positive change.
- Using the knowledge they gained from training, participants perceived personal positive behavior change and reported being more likely to help students in MH distress in the future.
- Overall, MHFA is an effective intervention with numerous benefits that positively affect the response to MH issues among college students.
- Based on these results, institutions of higher education should find alternative interventions to improve the personal beliefs that students, faculty, and staff members hold towards MH illness, and on a larger scale, address the normative beliefs on MH illness and MHFA actions on campus as a whole.
- Future evaluation of MHFA should focus on determining significant differences between students, faculty, and staff members, as well as explore for significant differences among varying demographic groups, such as by race, ethnicity, and age.

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Barriers & Obstacles

▶ Costs

- ▶ MHFA \$2000 to train one trainer plus \$20 per (required) book for participants
- ▶ Campus Connect train-the-trainer 6-hour session for 25 is \$5,000
- ▶ QPR train the trainer 8 hour session is \$400 per participant for 10 and above
- ▶ Kognito costs per student in institution and per module

▶ Time

- ▶ MHFA is 8 hour course (breaking it down feasible but wrought with problems)
- ▶ ASIST is 14 hours over two days

▶ Experiential Buy-In

- ▶ Whose job IS it to intervene?
- ▶ Who is taking these trainings?

What about YOU?

What barriers and obstacles have you seen or do you anticipate on your campus?

https://www.polleverywhere.com/free_text_polls/G6xG2tHSyuw9xV7eJYveq

Recommendations

- ▶ Trainer and logistics
 - ▶ Who to train?
 - ▶ When to offer?
- ▶ Costs and resources
 - ▶ Whose budget line?
 - ▶ Where?
- ▶ Who is required to complete (RAs, Advisors, faculty, etc.)
- ▶ Long-term sustainability
 - ▶ Saturation?

How can they work for YOU?

- ▶ What is the need on your campus?
- ▶ Who on your campus would you target for these trainings?
- ▶ What barriers might you encounter?
- ▶ What support would you need?

So, IS the Big a little easier?

- ▶ Questions?
- ▶ How do you see your campus implementing programs like this?

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