Research on Mental Health Gatekeeper-Trainings on College and University Campuses

2014 GLS Combined Annual Prevention Grantee Meeting

Sarah Ketchen Lipson, *University of Michigan*
Assistant Director, The Healthy Minds Network
School of Public Health, Department of Health Management & Policy
School of Education, Center for the Study of Higher & Postsecondary Ed.

Comprehensive Review of GKTs

- Lipson, S. K. (2013). A comprehensive review of mental health gatekeeper-trainings for adolescents and young adults. *International Journal of Adolescent Medicine and Health*, 1-12.
- 21 studies conducted in schools/youth settings
  - 9 in K-12 schools, 6 on college/university campuses, and 6 in youth settings
  - 9 studies of QPR

Review Questions

- How have the effects of GKTs been assessed in high schools, colleges, and other youth settings? What are the primary outcomes?
- How effective are GKTs delivered in these settings? Do effects vary over time or based on certain participant/program characteristics?
- How can prior studies help sharpen the agenda for research and practice with GKTs in school settings?

Strengths and Limitations of GKT Research

- Strengths
  - “Lay” people trained/studied
  - Studies of online and in-person GKTs
- Limitations
  - Non-experimental, single-site
  - Short-term self-reported outcomes

GKT Outcomes

- Knowledge
- Attitudes
- Self-efficacy
- Skills
- Behaviors
- Population-level

Findings for Knowledge

- Self-perceived knowledge (11 studies)
  - Short-term positive effects in all studies
- Assessed/objective knowledge (12 studies)
  - Short-term positive effects in 10 studies

Findings for Attitudes

- Attitudes are defined as how trainees feel about a relevant topic (e.g., levels of stigma; gatekeeper reluctance; belief that suicide is preventable)
- Measured in 14 studies
- Short-term positive effects in all but 2
  - In those 2 studies, there was little variation at baseline

Findings for Self-Efficacy

- Self-efficacy is defined as trainees' beliefs that they can successfully accomplish a gatekeeper task (e.g., perceived ability to identify emotional distress)
- Measured in 15 studies
- Short-term positive effect in all 15 studies

Findings for Skills

- Skill acquisition is considered one of the most valid measures of GKT efficacy
- Proven expertise of GKT objectives as assessed by someone other than the participant
- Gatekeeper skills: active listening, assess risk, persuasion to get help, referral to care
- Short-term positive effects in 5 of 6 studies
- Often better suicide-specific but not general helping skills or ability to recognize “subtle signs”

Findings for Behaviors

- Behavioral intentions (9 studies)
  - Short-term positive effects in 8 studies
- Behavioral actions (e.g., asking about suicide, referring to professional counseling) (5 studies)
  - Short-term positive effects in just 1 study
  - Weak connections between actions and other outcomes (knowledge, attitudes, self-efficacy, intentions)

Findings for Population-Level Outcomes

- Direct measures of help-seeking or mental health in the target population
- Measured in 2 studies (neither on college campuses)
- One study found positive effects on help-seeking and no effects on mental health and one found negative effects on both help-seeking and mental health

Effects Diminish Over Time

- 8 studies measured effects at 3 time points, with follow-up ranging from 3-6 months post-training
- % of short-term effects maintained over time

Knowledge: assessed (25%); perceived (33.3%)

Attitudes (50%)

Self-efficacy (66.7%)

Skills (33.3%)

Behavioral intentions (50%)

No long-term measures of actions or population-level effects

RCT of Mental Health First Aid

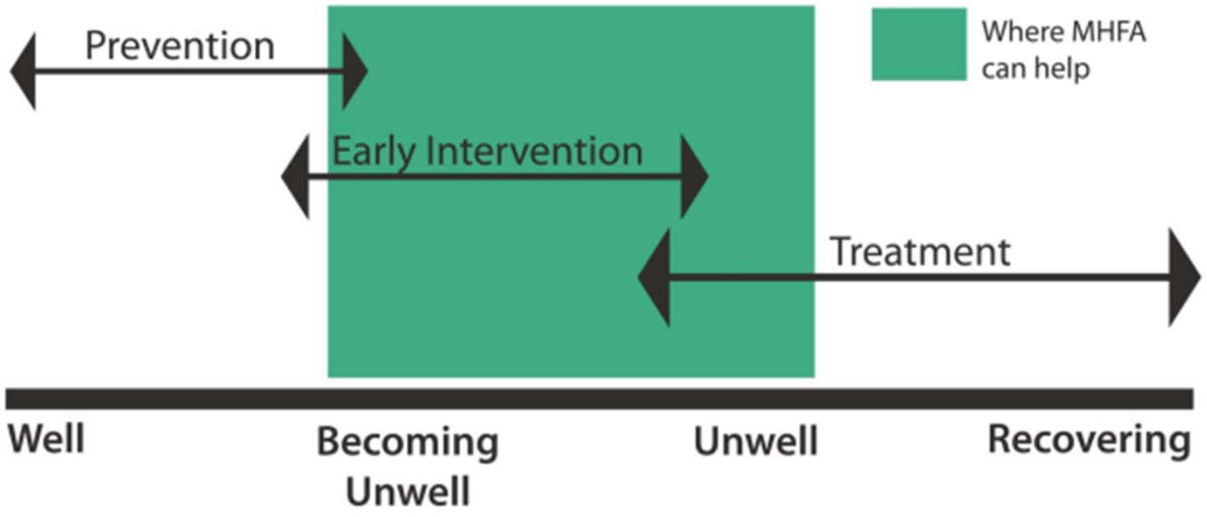
- Study PIs: Daniel Eisenberg & Nicole Speer
- Funding (2009-2011): NIMH, grant 1RC1MH089757-01
- Working paper: Lipson et al. Gatekeeper training and access to mental health care at colleges and universities: Results of a multi-campus randomized control trial, *The Journal of Adolescent Health* (forthcoming)

Contributions

- MHFA never before studied in U.S. college setting
- Largest GKT study on college campuses
- One of the first studies of a peer-based GKT in any setting to estimate population-level effects
- Study design and scope enable one of the most comprehensive evaluations of a GKT program to date

Mental Health First Aid (MHFA)

MHFA is a 12-hour (now 8-hour) training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

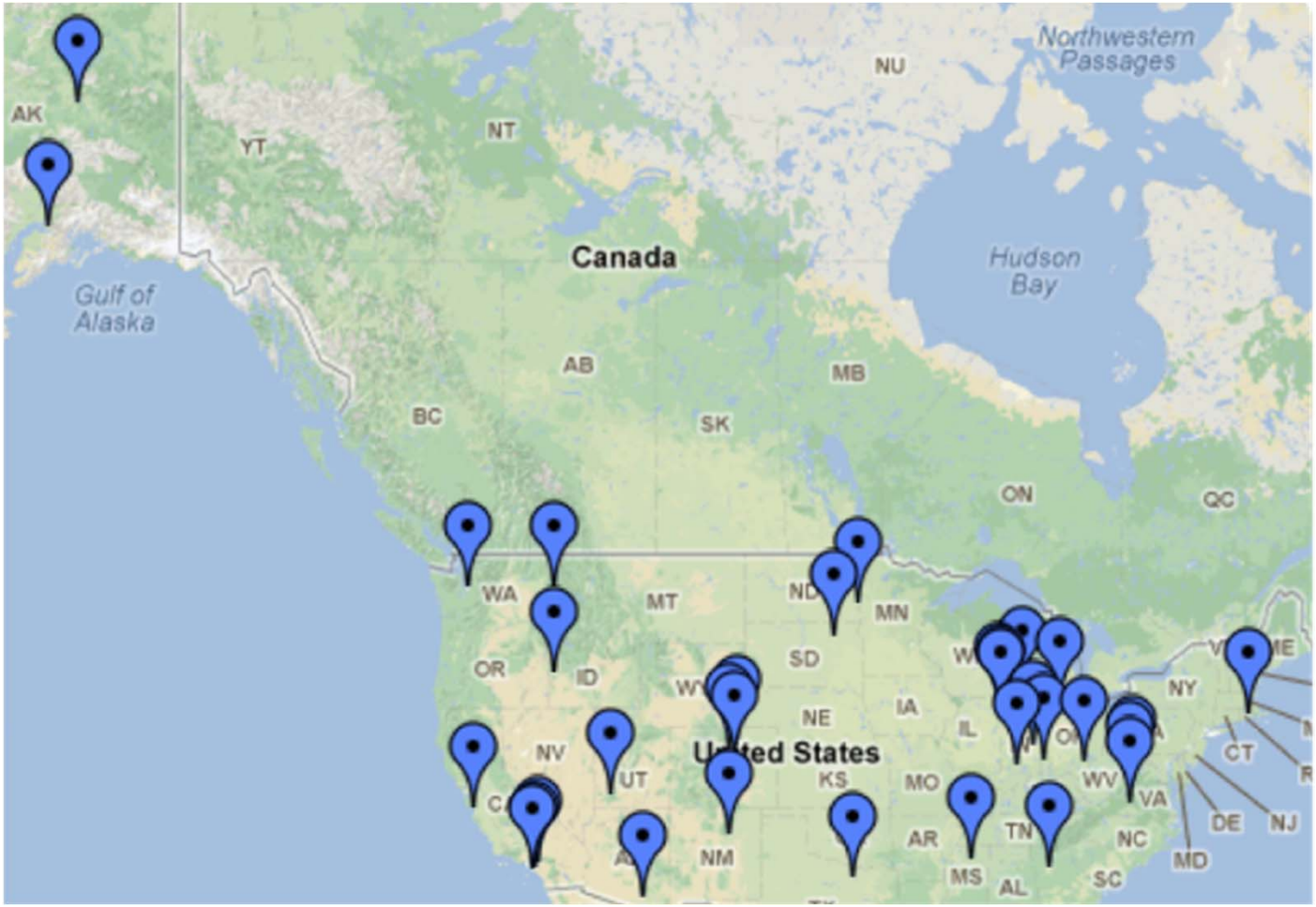


Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

Study Design

- Sample: 32 campuses, 2009-2011
- Matched-pair random assignment of residences: intervention (MHFA, on top of usual training), vs. control (usual training only)
  - Primary analysis focused on mixed campuses
  - Supplementary sample of “pure” intervention and control campuses used to measure “spillover” effects from intervention to control group (*none found*)

Participating Campuses



Student Sample and Measures

- Sample: N=3,492 subjects
- Trainees: resident advisors (RAs) (n=675)
- Target population: student residents (n=2,817)
- Outcomes: (1) Pre-/post-test surveys (RAs and residents): knowledge, attitudes, RA self-efficacy, help-seeking, mental health (validated screens) (2) Counseling center usage data
- Powered to detect even small effect sizes for key outcomes

Study Timeline

	Fall	Winter Break	Spring
Treatment	Usual training; Pre-test	**MHFA**	2 months later, post-test
Control	Usual training; Pre-test	(No additional training)	2 months later, post-test

Summary of Findings for RAs

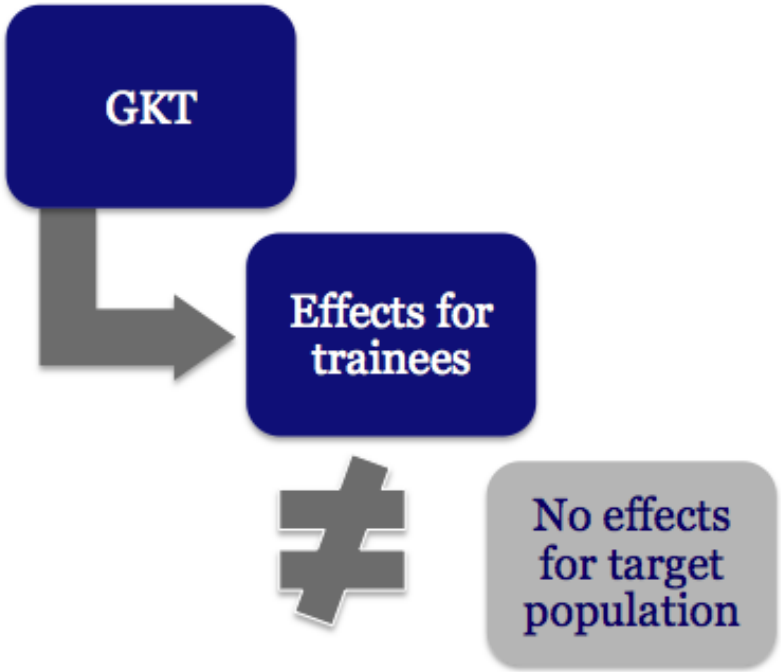
Compared to RAs in control residences, RAs trained in MHFA report:

- ↑ Knowledge about mental illness and treatments (ES=0.4**)
- ↑ Confidence to help students (ES=0.2*)
- ↑ Confidence to identify students in distress (ES=0.2*)
- ↑ Belief in helpfulness of medication/therapy (ES=0.1*, ES=0.1**)
- ↑ Use of therapy/counseling (OR=1.7*)
- ↑ Positive affect (ES=0.2*)
- ↓ Binge drinking (OR=0.6**)

Notes: Controlling for student/RAs' age, sex, minority status, parental education, experience as an RA, baseline response to the outcome, and residence condition (tx/control); *$p \leq 0.05$, **$p < 0.01$, ***$p < 0.001$

Summary of Findings for Students

No effects (in survey measures or counseling center utilization data); not even among higher risk subsample



Effectiveness of MHFA

Glass half-empty

Null effects for target population

Glass half-full

Effects on trainees' self-perceived knowledge, self-efficacy, and service utilization

Key question: How to make GKTs more effective?

Summary: The Need for Booster Sessions

- Very few studies include booster sessions
- At long-term follow-up, participants request additional information about resources, listening, how to express concern/persuade
- Effects from GKTs susceptible to skill decay – the diminishment of acquired abilities after periods of non-use
  - Gatekeepers may not have immediate opportunities to apply what they have learned Most GKTs – 1–3 h, single session trainings

Summary: What We Know

- Certain outcomes (knowledge, attitudes, self-efficacy) have been commonly measured
- Short-term positive effects for these outcomes
- Effects often diminish over time
- There are reasons to be concerned about the sustainability of GKTs

Summary: What We Don't Know

- Certain outcomes (behaviors, skills, population-level) have rarely been assessed
- Largely unanswered question: *How do GKTs affect abilities/actions of trainees and subsequent help-seeking of students in need?*
- Little known about peer gatekeepers, variations across program duration, delivery format, participation characteristics (professional background, knowledge)

Summary: Improving GKTs

Consider other potential gatekeepers (low knowledge, high ability); if we train enough people could we create culture change?

		Gatekeeper Ability	
		High	Low
MH Knowledge	High	RAs	Upper-level administration
	Low	**General students Support staff**	Faculty

Evaluation

Evaluate over longer period (symptoms, behavioral action may take longer to change)

Program design

Add booster sessions (e.g., online exercises; trainee discussion groups)

Contact Information

Presented by: Sarah Ketchen Lipson (sklipson@umich.edu)
The Healthy Minds Network (email): healthyminds@umich.edu
The Healthy Minds Network (web): healthymindsnetwork.org