



### Research on Gatekeeper-Trainings

#### About GKTs

Mental health GKTs target individuals (“gatekeepers”) who are in frequent contact with other people in their communities. The trainings equip nonprofessionals with the skills and knowledge to recognize, intervene with, and link distressed individuals to appropriate mental health resources. Most GKTs focus on suicide prevention, but many programs also address common mental health issues such as depression, anxiety, eating disorders, and substance use.

#### Overview of GKT research

GKTs are widely used on college campuses across the country. Though there are no formal data on how many colleges are using GKTs, the number is at least several hundred. Despite the popularity of GKTs, there have been no large-scale studies on college campuses demonstrating that these programs are effective in increasing service utilization and improving mental health outcomes. In the college setting, GKTs typically target residential life staff, commonly undergraduate resident advisors (RAs) who are trained to serve as gatekeepers for their student residents.

A gap exists more generally in the literature on peer-based intervention programs, beyond college settings per se. Most GKT studies have measured effects for trainees’ self-reported gatekeeper knowledge and skills, without measuring actual helping behavior among gatekeepers and, even less so, population-level service utilization and well-being.

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### Announcements

#### Webinar on GKTs

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#### Participate in HMN research

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#### RSVP for The College Mental Health Research Symposium

March 11-12, 2014 in Ann Arbor, Michigan

#### HMN Scholarships

HMN will award up to 5 \$1,000 scholarships for junior scholars to attend the research symposium. Application deadline: December 1, 2013  
[healthymindsnetwork.org/events/research-symposium](http://healthymindsnetwork.org/events/research-symposium)

#### Call for Proposals

12<sup>th</sup> Annual University of Michigan Depression on College Campuses Conference accepting proposals  
Deadline: October 1, 2013  
[depressioncenter.org/doccc/call-for-proposals.asp](http://depressioncenter.org/doccc/call-for-proposals.asp)



# Randomized control trial of Mental Health First Aid

Full article available at: [healthymindsnetwork.org/projects/mental-health-first-aid](http://healthymindsnetwork.org/projects/mental-health-first-aid)

## About MHFA

- Developed in 2001 in Australia
- 12-hour course, 6 modules (depression, anxiety, psychosis, substance abuse, eating disorders, self-harm)
- 5-step action plan (ALGEE): (1) Assess risk; (2) Listen nonjudgmentally; (3) Give information; (4) Encourage self-management skills; (5) Encourage professional help-seeking

### Contribution

The MHFA study is the first large-scale, multi-site study of GKTs for college students and one of the first studies of a peer-based GKT in any setting to estimate population-level effects. The study design and scope enable one of the most comprehensive evaluations of a GKT program to date.

### Study design and methods

32 U.S. colleges and universities participated in the study. Residence halls were randomly assigned to intervention (MHFA) or control conditions. Resident advisors (RAs) in treatment halls were trained as gatekeepers. Both conditions received the standard on-campus training provided by their institutions. For the primary analyses, the sample was restricted to the 19 campuses with both intervention and control residences (N=2,543).

### Methods and measures

Data came from two sources: (1) online surveys completed by RAs and residents, and (2) counseling center utilization reports. We estimated effects separately for RAs (primary outcomes: knowledge, stigma, self-efficacy, intervention behaviors, psychological distress) and residents (primary outcomes: knowledge, stigma, service utilization, psychological distress).

### Results

At two-month follow-up, we find that MHFA training is associated with higher levels of RAs' self-perceived knowledge, self-perceived ability to identify students in distress, and confidence to help these students. We also find positive effects for secondary outcomes such as RAs' treatment utilization, happiness, and binge drinking. However, we find no evidence of effects for student residents on self-reported measures or campus counseling center service utilization.

## Directions for future research

Additional research is needed to identify how GKTs can be most effective in college and other settings. Ideally, evaluations should examine outcomes several months post-intervention, using reports from trainees, community members, and any available institutional data. Given the widespread popularity of GKTs, evaluating the impact of programs that are already or soon to be implemented should be a priority. Practitioners can play a key role by improving the quality and dissemination of their internal evaluations, ideally in partnership with researchers. These efforts will strengthen the research-to-practice link for GKTs and mental health interventions more generally. Finally, more research is needed to assess the relative impact of different GKT models. At 12 hours, MHFA is one of the most time-intensive trainings. Duration is just one characteristic for consideration in cross-program evaluations; others include delivery format (online vs. in-person; inclusion of booster sessions), content (suicide prevention vs. mental health intervention more broadly), and target trainees (e.g., RAs versus general students).

## Implications for practice

The findings from this study provide a mixed answer about how well MHFA works in college settings. There is no evidence for effects on the student community that the RAs are supposed to help, but RAs appear to benefit personally from the trainings, and their increased confidence and knowledge could potentially translate to population-level impact over a longer time horizon or perhaps in ways not measured in the study. The evidence for MHFA's effectiveness is on par with the limited evidence for other GKTs. Therefore, campus administrators still might want to conduct MHFA, if they prefer a more comprehensive and intensive training, given there is strong evidence for at least proximate outcomes reported by trainees. Findings from this and other studies suggest that it will also be important to consider gatekeeper trainees beyond RAs.

## Conclusions

In college settings and elsewhere, an open question remains as to whether MHFA and other GKTs can demonstrate clear evidence of effects on behavioral outcomes and population health. We found that self-reported knowledge and attitudes did not yield these outcomes, which is consistent with other research findings that self-reported knowledge and attitudes are often surprisingly poor predictors of behavior. Overall, these results suggest that GKTs delivered to RAs, a model adopted on hundreds of campuses across the country, may not be fully achieving their objectives of increased help-seeking and improved well-being for broader student communities. Future initiatives in both research and practice may need to consider revised models. This will be discussed at the upcoming HMN webinar.

## Acknowledgements

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Study PIs: Daniel Eisenberg (University of Michigan) and Nicole Speer (University of Colorado, formerly at WICHE, the Western Interstate Commission for Higher Education)  
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# More from the Healthy Minds Network

## Upcoming webinars

### September

Gatekeeper-trainings

September 18 (3-4pm ET)

September 23 (12-1pm ET)

*Content the same at both sessions*

Panelists:

Daniel Eisenberg

Sarah Ketchen Lipson

Victor Schwartz

### October

Disordered eating among college students

### November

Mental health, social media, and video interventions for adolescents and young adults

### Future topics

Research and practice on help-seeking for mental health services

Population-level approaches to campus mental health

**HMN webinars are free and open to all! No special software required!**

### **RSVP:**

[healthyminds@umich.edu](mailto:healthyminds@umich.edu)



## Participate in The Healthy Minds Study

### About The Healthy Minds Study (HMS)

HMS is a population-level survey designed specifically for colleges and universities (two- and four-year U.S. and international institutions).

HMS examines mental health and related issues (depression, anxiety, substance use) and service utilization. HMS is one of the only annual campus surveys focusing exclusively on these issues, allowing for substantial detail. Since its national launch in 2007, HMS has been fielded at nearly 100 college and university campuses across the U.S., with over 100,000 survey respondents.

### Benefits of participation

- HMS data can be used in numerous ways:
  - To strengthen grant applications
  - To advocate for mental health services and programs on campus
  - To evaluate existing programs (e.g., reductions in stigma following a major campaign)
  - To assess need for programs and services
  - To raise awareness of mental health and campus resources
  - To make comparisons with peer institutions

### Participation fees

- Participation fees vary based on institutional characteristics (range: \$500-\$3,000)
- All fees support the development of HMN research, helping us to expand and create enhancements

**Contact our research study coordinator, Katie Beck, for more information:**

[healthyminds@umich.edu](mailto:healthyminds@umich.edu) or 734-936-1321