Welcome to the HMN webinar series!

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Thank you! We will begin shortly!

GKTs at Colleges & Universities:

New Findings and Next Steps for Research and Practice

The Healthy Minds Network Webinar Series

Session #3, September 2013

Agenda for Today's Webinar

- **Welcome**
- **Today's presenters**

Daniel Eisenberg & Sarah Ketchen Lipson, *HMN/University of Michigan*

Victor Schwartz, *The Jed Foundation*

- **About GKTs**
- **Overview of GKT research**
- **Results of a multi-campus randomized control trial of Mental Health First Aid**
- **Discussion**

About Gatekeeper-Trainings (GKTs)

What are they and how have they been studied?

What are GKTs?

Universal, primary prevention programs

- Gatekeeper first defined in 1971: "any person to whom troubled people are turning for help"
- Used in many settings (e.g., military, churches, senior living centers, prisons, workplaces, schools)
- Many focus on suicide prevention

Objectives

- Use comfort/familiarity from existing relationships to persuade and intervene
- Increase knowledge about mental health problems and ability to recognize and intervene
- Increase use of services and other support in target population

Who Are Gatekeepers & What do They Learn?

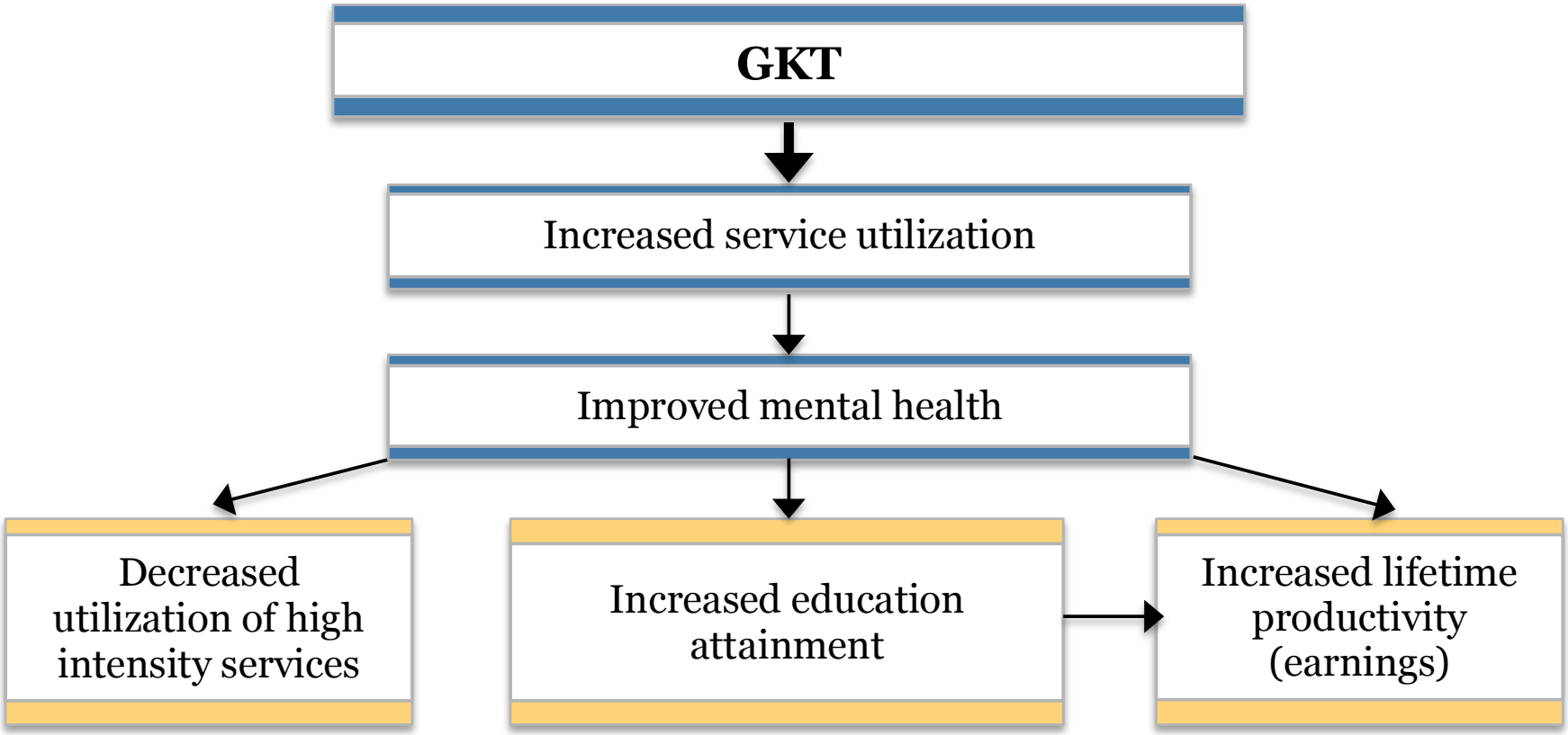
Gatekeepers

- Naturally positioned to carry out informal observation, detection, and assistance for those in distress
- Bartenders first gatekeepers to be studied (post-Vietnam War)
- Other common gatekeepers: hairdressers, postal carriers, waitresses
- On college/university campuses: resident advisors (RAs), general students, faculty, staff, coaches, etc.

Gatekeeper skills

- Active listening and clarifying questions
- Assess risk (mental health and risk of harm)
- Persuasion to get help and referral to care

The Promise of GKTs: Intended Process & Benefits



How Have GKTs Been Studied?

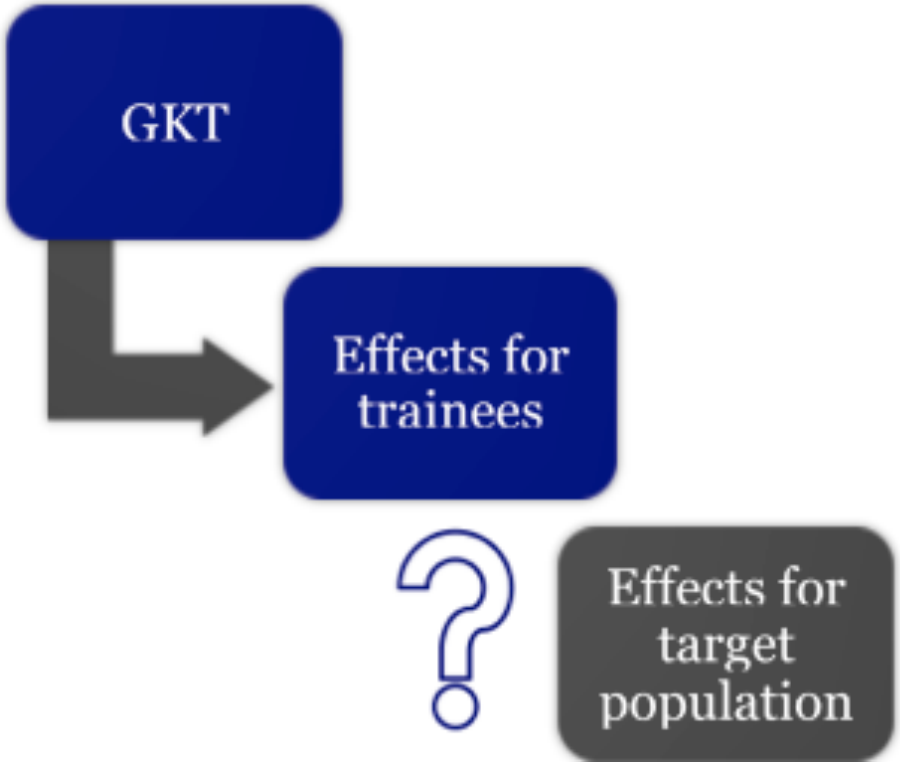
Study design

- Most non-experimental, single-site, short-term outcomes
- Small sample sizes

Measures

- Typically self-reported outcomes
- "Blurring" of certain outcomes (e.g., self-efficacy vs. skills)
- Most commonly measured outcomes: trainees' attitudes, knowledge (self-perceived and assessed), self-efficacy, behavioral intentions
- Least commonly measured outcomes: skills, intervention behaviors, outcomes for target population

Important Unanswered Question



Summary of GKT Evidence-Base

- Promising results (improve knowledge, attitudes, self-efficacy)
- Effects often "decay" over time
- Weak/limited evidence for intervention behaviors, skills
  - Improve suicide-specific intervention skills but not general helping
- Weak correlations between attitudes, knowledge, intentions and behaviors/skills
- Little known about variations across program and participant characteristics (especially peers gatekeepers)
- No campus-based studies have measured effects on general student populations

Research shows some promising evidence but we have an incomplete picture. Practice is far ahead of research.

Further reading: Lipson, S.K. 2013. A Comprehensive Review of Mental Health Gatekeeper-Trainings in Schools and Other Youth Settings.

Mental Health First Aid at Colleges & Universities

Results of a multi-campus randomized control trial

Why Test GKTs in College Settings?

Access to a large at-risk population

- First onset often shortly before or during college age (early intervention opportunity)
- High prevalence of mental health problems
- Majority of students with disorders are untreated
- Potential returns to individuals, campuses, and society

Unique opportunity

- 22 million people in college settings in the U.S.
  - 67% of first-year students and 20% of seniors live on campus
- Existing institutional structure (staff, resources, peer networks) conducive to implementing such programs
- Huge interest in GKTs (already in place at hundreds of schools)

Acknowledgements

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Principal Investigators:

- Daniel Eisenberg, *University of Michigan School of Public Health*
- Nicole Speer, *University of Colorado at Boulder* (previously at Western Interstate Commission for Higher Education)

Co-authors:

- Steven Brunwasser
- Elisabeth Hahn
- Sarah Ketchen Lipson

Overview

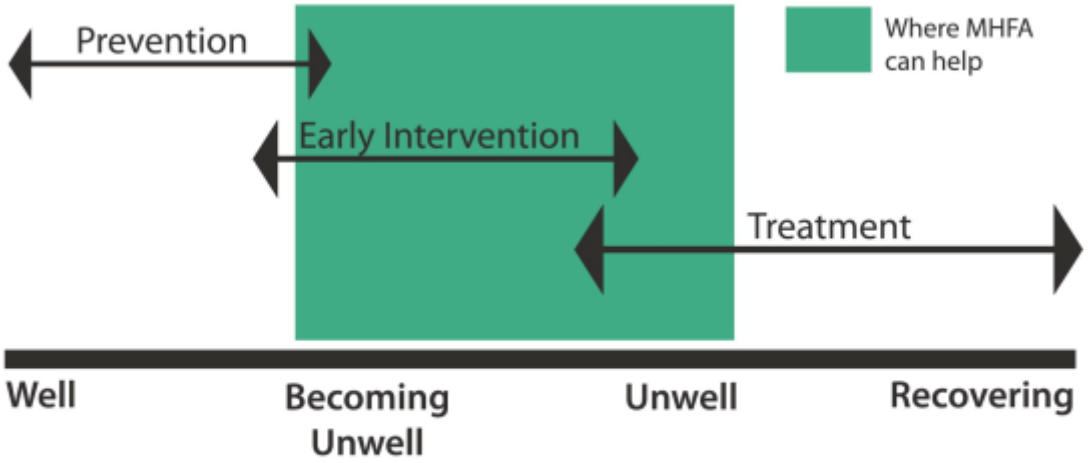
- **Gatekeeper program:** Mental Health First Aid (MHFA)
- **Dates:** 2009-2011
- **Setting:** 32 college campuses
- **Trainees:** resident advisors (RAs)
- **Target population:** student residents (general students)

On HMN website:

- Full working paper
- Questionnaire

About Mental Health First Aid (MHFA)

- 12-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
- Never before studied in U.S. college setting



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

MHFA Learning Modules

Modules

Depression

Anxiety Disorders

Psychotic Disorders

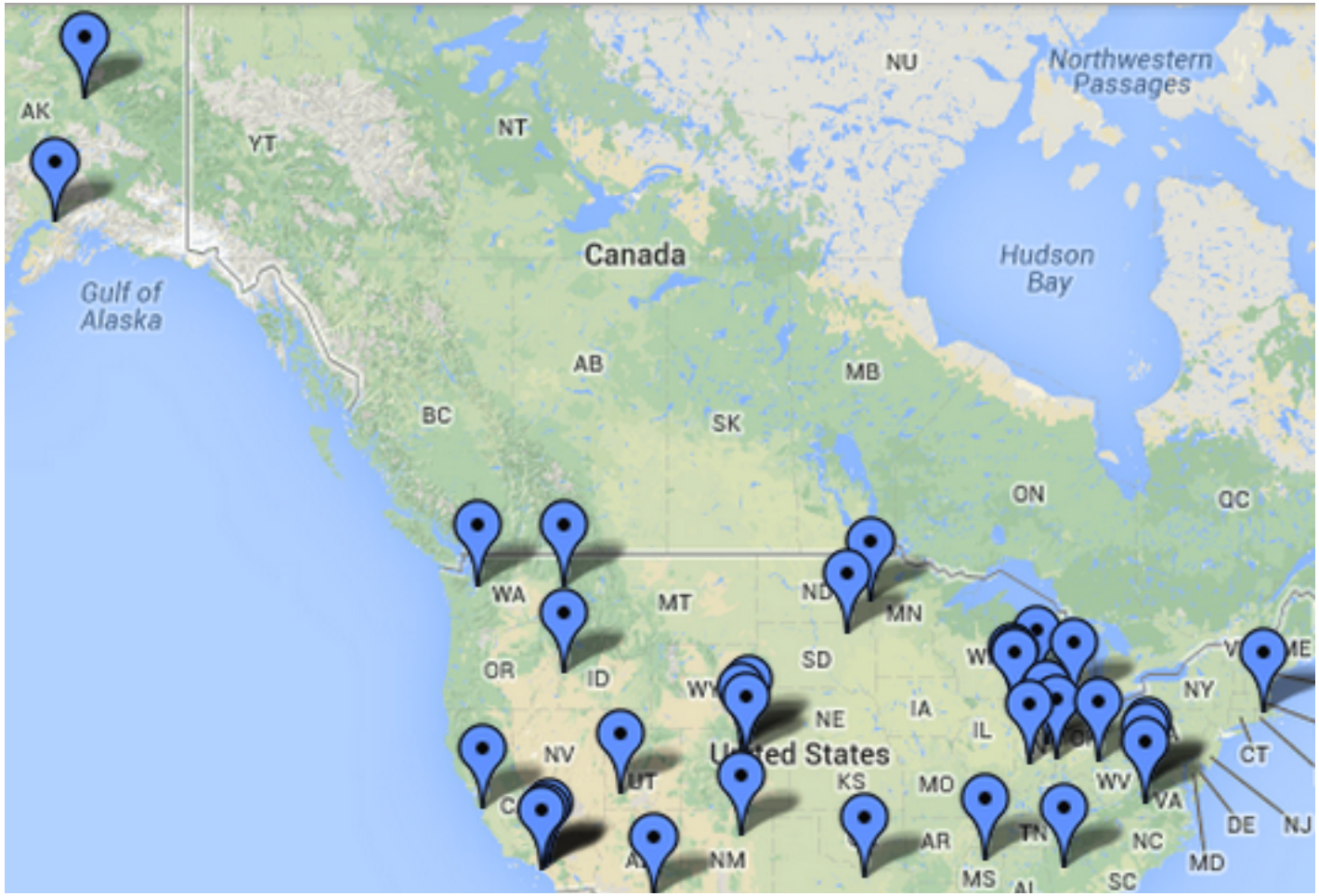
Substance Use Disorders

Eating Disorders

Within each module:

- Signs, symptoms, causes, treatments, and resources
- Crisis First Aid for suicidal thoughts and behavior, non-suicidal self-injury, panic attacks, traumatic events, acute psychosis, medical emergency from alcohol abuse, aggressive behavior

MHFA Participating Campuses

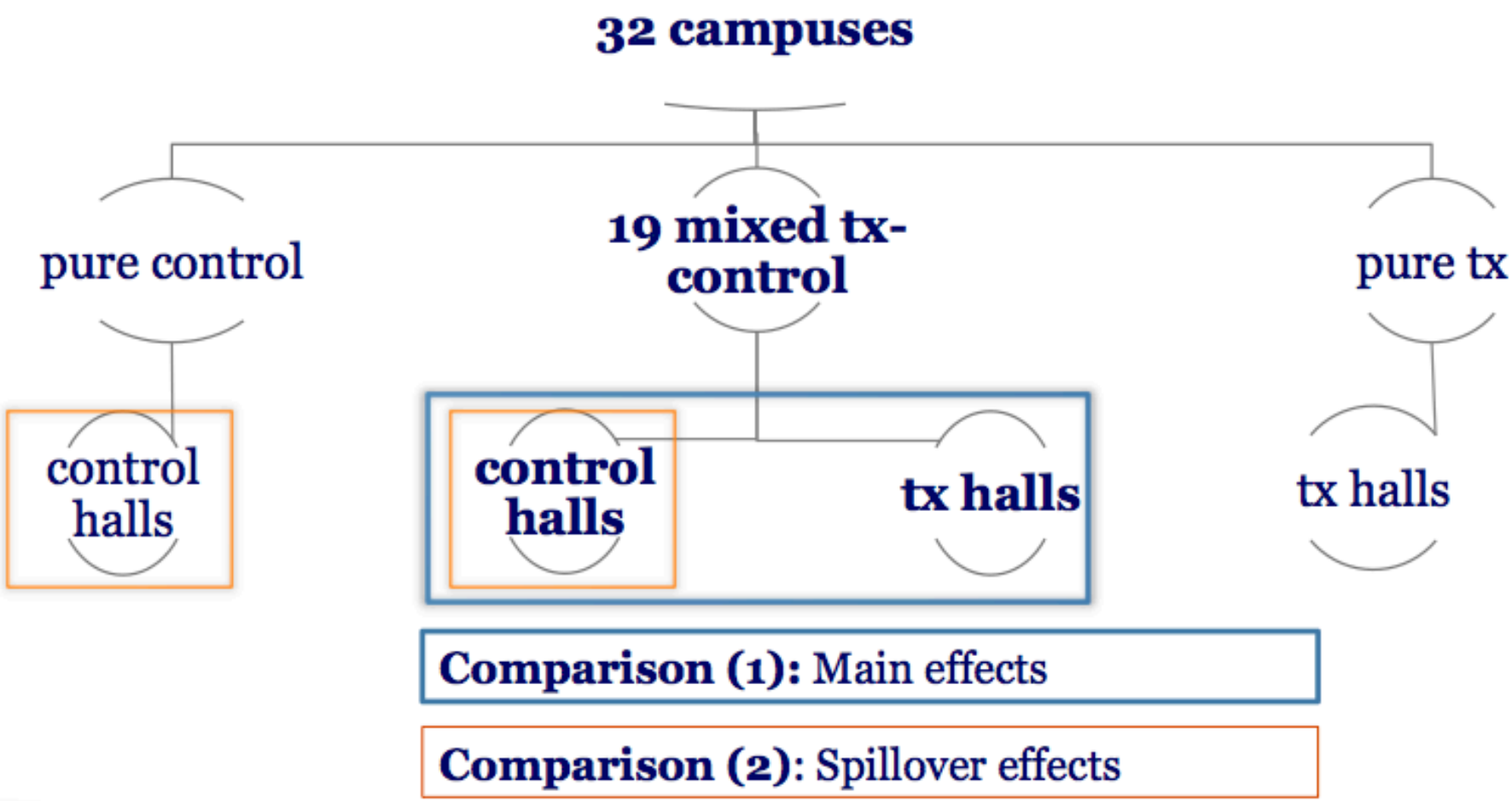


Intervention & Control Conditions

- **Primary sample**: 19 campuses with residences randomized to intervention (tx) or control condition
- **Intervention condition (tx)**=MHFA + training as usual
- **Control condition**=training as usual

- Supplementary sample of "pure" intervention and control campuses (N=13) used to measure "spillover" effects from intervention to control group (none found)

Randomization: Campuses & Halls



Participants, Data, & Outcomes

Sample

- Gatekeeper trainees: resident advisors (RAs) (N=553)
- Target population: student residents (N=1,990)

Data

- Surveys completed by RAs and student residents 2 months pre/post
- Counseling center usage data

Primary outcomes

- RAs: knowledge, stigma, gatekeeper self-efficacy, intervention behaviors, psychological distress
- Student residents: knowledge, stigma, service utilization, psychological distress

Powered to detect even small effect sizes for all key outcomes

Timeline: 2009-2011

	Fall	Winter Break	Spring
Treatment	Usual training; Pre-test	MHFA Training	Post-test
Control	Usual training; Pre-test	(No additional training)	Post-test

Main Findings for RAs

Compared to RAs in control residence halls, **RAs trained in MHFA** report, on average:

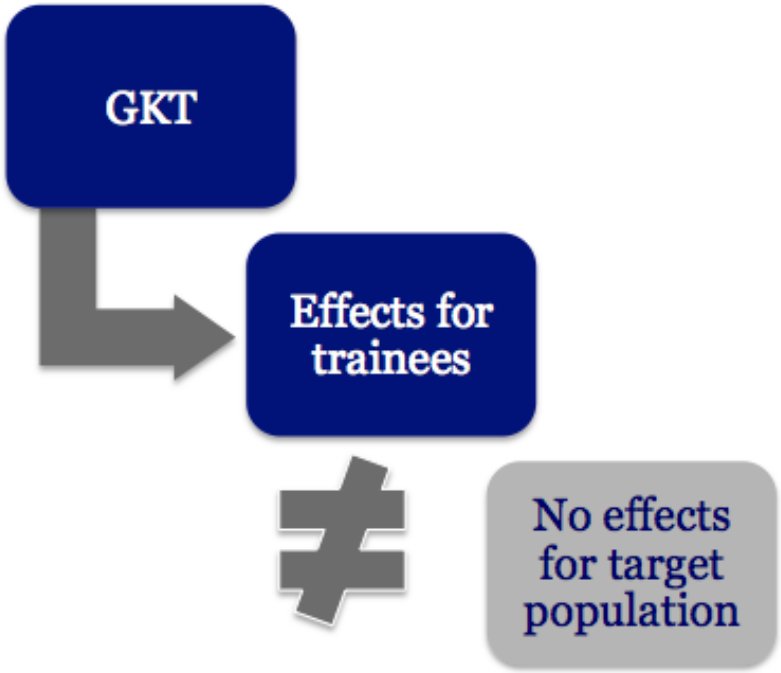
- ↑ self-perceived knowledge (ES=0.38***)
- ↑ self-perceived ability to identify students in distress (ES=0.19*)
- ↑ confidence to help students in distress (ES=0.17*)
- ↑ utilization of mental health therapy (OR=1.7*)
- ↑ positive affect (ES=0.15*)
- ↓ binge drinking (OR=0.58**)

No effects on objective knowledge or intervention behavior

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

Main Findings for Student Residents

No effects for student residents (in survey measures and counseling center service 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, service utilization, and even mental health

Improving GKTs

Consider other potential gatekeepers (low knowledge, high ability)

	High ability	Low ability
High knowledge	RAs	Upper-level administration
Low knowledge	**General students** **Support staff**	Faculty

Program design

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

Evaluation

- Longer follow-up (behaviors and symptoms may take longer to change)

Comments from Vic Schwartz

- Reflections on MHFA trial
- Priorities for GKT research and practice
- Major challenges and next steps

Discussion

About Participating

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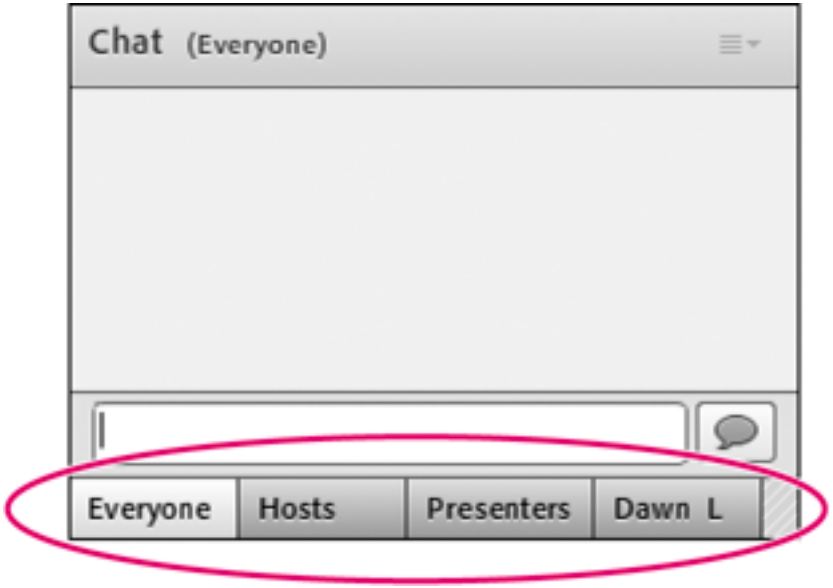

Guiding Questions

- **What can be done to improve GKT research?**
- **How can we make GKTs more effective in practice?**
- **What should campuses be doing with GKT programs given the limitations of the research?**
- **What role can practitioners play in strengthening the evidence-base for GKTs?**

HMN Announcements

- Participate in HMN survey-based research
- College Mental Health Research Symposium (March 11-12, 2014 in Ann Arbor, Michigan)
  - Travel scholarships (applications due 12/1/13)

Thank you for joining us!

More information

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