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Summary and Minutes

2015 College Mental Health Research Symposium

University of Michigan, Ann Arbor, Michigan

The Healthy Minds Network

for Research on Adolescent and Young Adult Mental Health

UNIVERSITY OF MICHIGAN

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The Fifth Annual College Mental Health Research Symposium
March 10 & 11, 2015
University of Michigan, Ann Arbor, Michigan
Location: Institute for Social Research (426 Thompson Street)

Summary:

The fifth annual College Mental Health Research Symposium was held on March 10 and 11, 2015 at the University of Michigan Institute for Social Research in Ann Arbor, Michigan.

The symposium brought together approximately 55 researchers, clinicians, campus practitioners, health IT professionals, advocates, media representatives, and undergraduate and graduate students to discuss ongoing projects and future trends/challenges in campus mental health. The diverse backgrounds of attendees allowed for the sharing of different perspectives on existing research, and an informal environment to brainstorm new ideas and approaches.

The Symposium was designed to address several key questions, including:

- What are some of the most significant gaps in knowledge?
- What are some of the most important research opportunities in the coming years?
- What else can we do to help share data and research to practitioners in a useful way?
- What are opportunities for collaboration?

The Symposium agenda was comprised of three full group sessions and eight small group concurrent sessions. The full-group sessions focused on: e-Health Interventions; Funding and Advocacy; and Collaborations and Next Steps for the Field. Interspersed with these were concurrent sessions facilitated by attendees with an interest or experience in the topics:

- Jed and Clinton Health Matters Campus Program and Active Minds, Inc.
- Student-Athlete Mental Health
- Sexual Assault on College Campuses
- Campus Partnerships with Health IT Companies
- Involving Students in Research, Program Development, Advocacy, and Outreach
- Gatekeeper-Training Programs
- Panel Discussion on Developing a Research Career in Campus Mental Health (for junior scholars)
- 'Healthy Minds of the Future'

This document includes the following information: 2015 College Mental Health Research Symposium agenda; notes from each of the sessions; attendee bios and contact information; and a list of additional resources and references mentioned during the Symposium. Photos from the Symposium are also included.

The Fifth Annual College Mental Health Research Symposium

March 10 & 11, 2015

University of Michigan, Ann Arbor, Michigan

Location: Institute for Social Research (426 Thompson Street)

DAY 1 Tuesday, March 10

Welcome and Overview (1430) 1:00-1:30pm

Brief welcome by HMN team, and remarks by James Jackson, *Director, Institute for Social Research*

Concurrent Sessions #1 1:30-2:30pm

1. Jed and Clinton Health Matters Campus Program and Active Minds, Inc., *facilitators: Nance Roy, Vic Schwartz, Alison Malmon, & Sara Abelson* (1430)
2. Student-Athlete Mental Health, *facilitators: Will Heininger & Stephanie Salazar* (1460)
3. Sexual Assault on College Campuses, *facilitator: Holly Rider-Milkovich* (1450)

Break 2:30-2:45pm

Full Session #1—e-Health Interventions (1430) 2:45-4:00pm

Programs represented in discussion: Kognito, 7cupsoftea, eBridge, AFSP, TAO (*see handout*)

Break 4:00-4:15pm

Concurrent Sessions #2 4:15-5:15pm

1. Campus Partnerships with Health IT Companies, *facilitator: Sherry Benton* (1430)
2. Involving Students in Research, Program Development, Advocacy, and Outreach, *facilitators: Allison Smith, Blake Wagner III, & Sonia Doshi* (1450)

Reception and Dinner (Atrium) 5:15-8:00pm

DAY 2 Wednesday, March 11

Breakfast and Day 2 Overview (1430) 8:00-8:30am

Full Session #2—Funding and Advocacy (1430) 8:30-9:30am

Break 9:30-9:45am

Concurrent Sessions #3 9:45-10:30am

1. Gatekeeper-Training Programs, *facilitator: Marian Trattner* (1430)
2. Panel Discussion on Developing a Research Career in Campus Mental Health (*for junior scholars*), *facilitators: Cheryl King & Paola Pedrelli* (1460)
3. 'Healthy Minds of the Future', *facilitators: Daniel Eisenberg and Sarah Ketchen Lipson* (1440)

Full Session #3—Collaborations and Next Steps for the Field (1430) 10:30-11:30am

Wrap-Up (1430) 11:30am-12:00pm

Concurrent Sessions #1: Jed and Clinton Health Matters Campus Program and Active Minds, Inc.

Facilitators: Nance Roy, Vic Schwartz, Alison Malmon, & Sara Abelson

Discussion Topics:

- Effectiveness and purposes of programs (Jed/Active Minds)
- Sustainability of programs

Take-Aways/Conclusions:

- Programs like these provide free years of consultation, hoping that schools find it helpful
- Program has been helpful on Pomona's campus
  - Students are saying that stress, sleep, alcohol, etc. are impacting ability to finish school
- Advantage to internal consulting, as well as external consulting
  - Need teams from schools to work collectively on this
- Just getting people to decide this is an issue [mental health] is very hard – it would be helpful to get media push and awareness of mental health on campuses

Action Items/Questions:

- What's in it for colleges?
  - Jed Clinton Foundation helps with filling the gaps of consultation
- Who do you reach out to (JF)?
  - Jed Foundation is well known among counseling centers – it's also a matter of connecting to those we are already connected with
  - It's about engaging folks and showing them why it's important to take part in our program
- How close to the original document is the new survey, and how could I persuade people to use the new survey and what are the advantages to that?
  - It's more comprehensive: technical assistance happening over the 4 years
  - Now, we are with you for 4 years to evaluate, reassess, and provide resources, so it's much more robust
  - Students frustrated that it takes forever to be seen by counselor – so it's good to use survey as a starting point
- How many schools using this program?
  - Currently 80 working on the project
- The level of support you are all providing is quite remarkable. Have you given thought about how you are going to take those key learnings and apply them on a larger scale?
  - We try to look at what's going to work for school A vs. school B. We find ways to introduce policy development for the schools, and how we can make things sustainable for them.
- Do you have any specific examples of what's happened with consultation that's been helpful?
  - Promoting what's working well on campus. Also, a lot of time is spent around policy development. Most schools are taking a close look at their leave policies, AOD policies, and how are schools providing the best services. Most schools that we (Jed) leave say thank you so much!

Concurrent Sessions #1: Student-Athlete Mental Health
Facilitators: Will Heininger & Stephanie Salazar

Discussion Topics:

- Athlete population is hard to tap in to
  - Student-Athletes hide issues from Athletic Department and staff
    - How do we get coaches involved?
    - Issue of kicking players off team who come forward
- Mental health is a resource to student-athletes
- Connection between campus distress (sexual assault, binge drinking)
  - Administrators focus on negative aspects – what about their wellness?
- Doing program development for students who are on medical leave for psychological issues
  - Schools have passive-aggressive policies to prevent them from returning to school
- Model: Services – research – training
- Concerns:
  - Where do Athletic Trainers fit in with this issue?
  - When a student-athlete comes to them what do they do?
  - How do we serve the student-athlete population?
  - How do we provide relatively anonymous, accessible system that doesn't create a logjam?
    - Tailored treatment through web technology (e.g., mystrength)
- Need to change the language – wellness vs. weakness/pathology
  - Digital interventions
- Collaboration is key – collective messaging over time and persistence
- Might be important to provide virtual environments, and use evidence-based communication studies
- Make it known that this is normal – what are *intrinsic motivators*?
  - Positive, strength-based model
- Needs to be a change in culture
  - Made progress in last 10 years
  - Combat stigma
  - Time is an issue, especially among student-athletes – how do we provide efficient care?

Concurrent Sessions #1: Sexual Assault on College Campuses
Facilitator: Holly Rider-Milkovich

Discussion Topics:

- Victimization prior to campus arrival
- Under-represented minorities and sexual assault on campus
- Exploitation of victims – co-opting voice/messages
- Peer advocates
- *Hunting Ground* – UM involved
  - Feature-length documentary related to sexual assault - @ UNC
  - Travel across country documenting sexual assault cases
- Healthy Minds Study of the Future – survey modules with one related to sexual assault
  - White House survey is based on UNH survey instruments
  - Challenges identifying behaviors men may have experienced
  - Problems related to engrained gender binary and anatomies
  - Problems with relationship between self and alcohol/substance consumption that relates to opening own sexual inhibitions and own guilt
- Male understanding of women's fears and thought processes
- Problems of re-victimization at Harvard on down
  - When do schools cause the re-victimization inadvertently while trying to help (need training) vs. when do schools have different objectives (need overhaul)
  - System responses causing trauma
  - Vis-à-vis affirmative consent
- Social norming campaigns for campus sexual assault prevention
  - UM social norming of sexuality and sexual activity to reduce dependence on alcohol
- UT-Austin – VAV – Counseling Center & Health Services available for victims, and now concerned about how to comply with mandatory reporting, how to react vis-à-vis Title IX
- Compare to suicidality which sessions now focus on reducing liability NOT therapy
  - SAMHSA-type funding for sexual-assault prevention
- Office of Violence Against Women – clinical program / <5% program evaluation / not for research
- UM has quasi-experimental research on campus sexual assault and program evaluation
- Abbey @ Wayne State looking at "Intent to Perpetrate" after alcohol consumption
  - More likely to commit immoral behaviors after alcohol consumption
- How to include questions about risk of perpetration in surveys such as HMS
  - UT-Austin has experiences with lack of social skills and student behaviors
    - Increasingly seen stalking behaviors
- University of Toronto has committee on sexual assault and preventions w/subcommittees

Action Items/Questions:

- Asking legislators to apply research / opportunities for research in new federal activity
- Role for campuses to have in order to identify potential assaulters – predictive analytics?
- Campus health centers need stronger HIPAA to overcome FERPA
  - University of Oregon issue of female student victimized by male athletes and then school didn't respond "appropriately" thereby re-traumatizing student. Her campus health records were then released

Full Session #1: e-Health Interventions
Also see handout on next pages

Discussion Topics:

- Electronic intervention programs
- What can we think about next? How are these programs related?
- How can we establish commonalities between these programs, and how can this be used as a strength?
- How are students responding to these interventions?

Take-Aways/Conclusions:

- Good to create collaborations – more we can bring these together the better
  - Question is how can we use something with the same measure? We are all trying to use these programs that aim to measure the same thing in different ways.
  - If we can pool data collectively, and come up with a common "language" that would be beneficial.
  - It's a problem that everyone has their "own scales" because it's hard to demonstrate to donors/insurance companies that we are accomplishing something.
- *Center for Collegiate Mental Health* is a good example of a collective effort
- Keep in mind that we can still measure effect size regardless of scale used – that's how we conduct meta-analyses
- The world of technology is constantly changing – we have invested a team of technical experts that are open to many things. Using student feedback has been really important.
- There is a problem with our standard of service. What were problems that lead to various solutions?
  - Urgent need to find a way to provide effective treatment that expanded help-resources
  - Need to look at how client is responding on a granular level so that we can determine which mental health resource is correct for them.
- How long did it take to use this concept of being online?
  - TAO: took a couple of years – piloted with students and finally found a way to get them engaged
  - 7cupsoftea: Took 20 months – constantly switched code and system until people satisfied – stigma is huge and online resource is great way to maintain anonymity
  - Kognito: Classical model interventions tell you that you need to do this, but we want to let people practice how to gently tell those in need to find resources and seek help - takes about 6 months to develop this
  - Put a learner in a virtual environment that's contextually rich and have them interact with virtual humans so they will act exactly like a student in psychological distress. This way you can gain self confidence, and ability to create referrals.
- Any hesitation from counseling staff?
  - It's easier to do 3 sessions with TAO than 1 session with a clinician. Counselors caught on.
- Empathy is important in time of distress: how are you creating that digitally?
  - The therapeutic relationship is the most important aspect. Students preferred to interact with virtual therapist (for TAO).
- Some literature shows that there is more comfort around a virtual character – more anonymous
- Difficult to create empathy for a virtual character without a voice – we (7cupsoftea) try to train within the chat to build empathy component
- There is an assumption that therapy has to be in person. We are shifting (we don't call, we text, we don't go out to shop, we sit on our computer and shop, etc.) – standards of therapy are also shifting
- Veterans Crisis Line Chat Training Program – very useful
- If we have range of options (face-to-face and virtual therapy), we have the best shot of treating the most people
- College campuses have advantage of having large networks
- Every other field has made big strides (cancer, Alzheimer's, etc.) – they've done it through pre-competitive collaboration.
  - If we're all separate entities, but all doing same thing, we shouldn't be competing, we should come together an pool our data. This would waste less time
  - However, important that we shouldn't market products before the line between research and implementation is analyzed.
  - Another concern that these discoveries will become part of the "noise" and won't be taken up.
- In terms of student involvement: there are measures that are available to gauge student involvement: Means Efficacy vs. Self-Efficacy. Means Efficacy examines student perception, engagement, and it shows that with high needs assessment, you will perform better.

7 Cups of Tea *Glen Moriarty, PsyD* *Founder*	7 Cups is a peer-to-peer emotional support system that matches people who need to talk with caring, trained, non-judgmental listeners. The app addresses typical mental health barriers by making the service anonymous, convenient, and free. Anonymity allows people to easily ask for help because there is no fear of them being personally identified. The service is also very convenient and available 24/7 via an app (both iPhone and Android) or desktop use. You click connect and within seconds you are chatting with a caring listener. Finally, the service is free. Cost is a huge barrier to mental health care for many people. Other important points include: ▪ 7 Cups graduated from Y Combinator incubator in Silicon Valley in 2013. ▪ >90,000 people from 158 countries (in 130 different languages) use the platform each week. We have helped >1,000,000 people. ▪ 7 Cups has partnered with Tumbr, Secret, and other companies/non-profits. ▪ We provide psychological assessments (DASS-21) and growth plans to help people overcome challenges. Growth plans include self-help guides that focus on the biggest problems students face. They are all based on CBT, ACT or DBT therapy protocols. ▪ We are starting to work with campuses to increase student support and retention. Our goal is to support 7 million people by the end of 2015. We'd love to work with you to support more students and to help make colleges more open and accepting environments.
Interactive Screening Program *Maggie Mortali, MPH* *Director*	Developed by the American Foundation for Suicide Prevention, the Interactive Screening Program (ISP) is a web-based method of identifying and encouraging college students who are not utilizing available mental health services to seek help. From the outset, the core aim of ISP was to encourage treatment engagement and reduce barriers to care. To achieve this, ISP is built on an online platform that provides students with significant barriers to help-seeking a safe and secure way to anonymously connect to a mental health professional on campus. This innovative approach is based on the premise that those who need help the most are often the least likely to utilize available services. Students engage in ISP via an email invitation from a designated campus official. The email contains a link to the school's customized ISP website where students sign-up with a user ID and password and take a brief, confidential Stress & Depression Questionnaire. Within 24 hours, students receive an email notification containing a link to the ISP website. Once logged on, students can access a personalized response posted by a campus counselor who has reviewed the students' questionnaire. Students may "dialogue" with the counselor online while maintaining their anonymity, schedule a telephone or in-person meeting, or request a referral for services.
Electronic Bridge to Mental Health (eBridge) *Cheryl King, PhD*	With NIMH funding for an R34 intervention development grant, we developed, pilot-tested and iteratively refined a theoretically-driven intervention, Students' *e*Bridge to Mental Health (*e*Bridge), which identifies students at elevated suicide risk and facilitates their linkage to mental health (MH) services. *e*Bridge is designed to work on computers, tablets and smartphones (i0S, Android) and is easily adaptable to evolving technologies in the future. It incorporates motivational interviewing (MI) principles and draws from health behavior models that emphasize autonomy and self-determination. Following a web-based screen using standardized scales to identify students at elevated risk (positive screens on two or more of: lifetime suicide attempt, current suicidal ideation, alcohol abuse, depression), *e*Bridge offers students options for personalized feedback (provided online in a conversational MI-adherent format) and corresponding online with professionals trained in MI and knowledgeable about university and community resources. In our R34 pilot randomized trial, students in the control condition received personalized feedback only (provided automatically in graphic format). At 2-month follow-up, students assigned to *e*Bridge reported (a) significantly higher levels of readiness to seek MH services; (b) significantly lower levels of stigma related to MH services; and (c) a higher likelihood of linking to MH services. In our current NIMH-funded multi-university trial, we are conducting a larger-scale, fully-powered randomized controlled intervention trial to address the following specific aims: (1) determine the impact of *e*Bridge on linkage to MH services, MH outcomes (suicidal thoughts and behaviors, depression, alcohol/substance use), and academic outcomes (GPA, retention) at 4-week and 6-month follow-up; and (2) examine possible moderators (gender, baseline functioning, baseline recognition of problem, borderline traits of impulsivity, affective stability) and mediators (engagement in online counseling, linkage to MH services) of *e*Bridge effectiveness.

Therapist Assisted Online (TAO) *Sherry Benton, PhD* *Founder & President*	How can time spent conducting individual psychotherapy go farther? How can psychotherapy make effective use of ubiquitous smart phones, tablets, and laptop computers? Traditional hour-long, face-to-face therapy is effective, but cannot meet the demand in many mental health sectors and fails to capitalize on emergent communication tools. There is a need for new treatments that are effective but more efficient. Individual treatment that uses online components to reduce, *not* eliminate, direct contact with the psychotherapist were first used and proven effective in several other countries. It now is being implemented and researched in the U.S. The prototype, Therapist Assisted Online (TAO) psychotherapy, a 7-week individual treatment for anxiety that uses online tools to keep client engagement and therapeutic intensity high, with a fraction of the therapist time of conventional therapy. TAO treatment pairs on-line educational materials with brief therapist contact through phone or video-conferencing. This treatment combines four tools associated with improved outcomes: text-message reminders, homework on mobile devices, video conference sessions, and weekly progress measures completed by and reviewed with the client. In research conducted at a large university counseling center, TAO clients had greater reductions in anxiety, and greater improvement in global mental health, life functioning, and their sense of well-being than treatment-as-usual (TAU) clients. Although not all anxiety clients are suitable candidates, TAO can be used to treat many clients for whom TAU, without fear that client welfare or therapy effectiveness are affected. Treatment with TAO could expand therapy capacity to 3 patients per hour, increase access for patients who have few or no treatment options now, all with improved patient outcomes.
Kognito *Cyrille Adam, EdM* *Research & Development*	Kognito is a leader in immersive learning experiences that drive positive changes in health behaviors. Kognito's award-winning online and mobile simulations utilize virtual humans to prepare individuals and professionals to effectively manage challenging conversations about health, behavioral health, and social issues. Kognito designs simulations using its proprietary Kognito Conversation Platform, which is based on research in neuroscience, social cognition, and applied game mechanics. Kognito currently has more than 450 clients in education, government and healthcare settings. To date, Kognito has addressed topics ranging from chronic disease, childhood obesity, childhood development, mental health, PTSD, veteran resilience, underage drinking, and LGBTQ bullying. Kognito has been recognized for its research-proven programs, and is the only company with digital simulations listed in the National Registry of Evidence-Based Programs and Practices. ▪ *At-Risk for University Faculty and Students* are a pair of online, interactive gatekeeper training programs that use virtual role-play to help faculty and students identify at-risk students. Through simulations of conversations with potentially at-risk students, the programs examine common indicators of psychological distress and methods for approaching an at-risk student for referral to the counseling center. ▪ *Veterans on Campus for Faculty, Staff and Peers* are two online, interactive training programs that help faculty, staff, and peers learn about the needs and experiences of student veterans, including (1) the unique value they bring to campus, (2) obstacles they may face in pursuit of a college degree, (3) effective techniques for managing classroom discussions of topics that may be sensitive to veterans, and (4) best practices for connecting veterans with support. ▪ *LGBTQ on Campus for Faculty, Staff and Peers* are two 30-minute online, interactive learning experiences that assist campuses in creating a safe and supportive campus community by 1) increasing awareness and empathy for the challenges faced by LGBTQ students, and 2) building the skills of faculty and staff to model respectful behavior, including managing classroom discussions that may include bias comments or attitudes or handling an LGBTQ-related issue. LGBTQ on Campus is a collaboration with the Trevor Project and Campus Pride. Learn more at www.kognito.com.

Concurrent Sessions #2: Campus Partnerships with Health IT Companies
Facilitator: Sherry Benton

Discussion Topics:

- People's experience/thoughts/ideas for collaborations with Health IT companies

Take-Aways/Conclusions:

- What are the outcomes of apps? Hard to sort through all that's out there.
  - Best ones made by the Department of Defense.
  - NDOD apps are very good
- Once a clinician is recommending the app it's already too late because they are in their office – what do we wish students had at their fingertips in that instance?
  - A lot of students who weren't making it to our office (TAO) were looking at our website, which was useful.
  - Tumblr does a cool thing where if someone writes "I'm depressed", the system will pop up a thing that says "People care about you".
    - We need to make mental health community based, and we need to make it something people want to share and tell their community about
- There is a lot to be careful with when working with Health IT.
  - Need to be careful with who you contract with. If the system goes down, how's it backed up?
  - So many issues to ask Health IT provider to make sure they are going to be a good partner
- Analogy of predictive advertisements online: "Clark's shoes" advertisement shows up because you are searching for Clark's shoes – how can we replicate this with mental health? How can we catch mental health issues early and predict them for certain students?
  - Need to be careful to not invade privacy
- Ethics and Health IT? How are we educating people on Health IT?
  - It's new territory - it takes a long time in science to get the outcomes that you can confidently say your program will work.
- Idea of Evidence Based Practice vs. Practice Based Evidence – always something out there that is published that says something about a program you are using, but you may not be using it right
  - The modules for developing new interventions have changed – working with both ways and with both kinds of evidence is good because they inform each other
- Idea of G-mail advertisement (going off the Clark's shoe advertisement idea) – finding something that students see all the time (gmail), and putting something on there that might be useful (i.e., mental health resource)
  - Put a button on gmail that allowed client to pick what would be ideal to have in order to help (therapist, app, etc.)
- Is there going to be one type of Health IT program that universities will get behind? Where does the counseling center sit with liability?
  - There are reasons why campuses and counseling centers are cautious about programs – there have been crazy things that have happened
  - It really helps to have someone on student side for their input (about university policy and procedures). To have someone who would be that link (liaison) would be helpful.
  - Any contract made with any program has to go through the counseling office. If we're intervening with mental health on a mobile device, there is liability there.
- To implement something like an app, there has to be certification tests and trainings
- Training could be computer based
  - Zuri Institute – example of online therapy training

Concurrent Sessions #2: Involving Students in Research, Program Development, Advocacy, and Outreach

Facilitators: Allison Smith, Blake Wagner III, & Sonia Doshi

Discussion Topics:

- Mental Health Monologues – how do you filter their content shared?
  - Erasing the Distance – Nonprofit
  - Rebecca's Dream – curate monologues – people share their stories, have actors share other people's stories
  - Workshop development, important to have student performers
- Often reach out to student leaders vs. not necessarily students who are not willing to reach out – how to engage less involved students?
  - Offer student employee positions – criteria is to not have a health interest or background
  - Pay students to produce content for us
  - Offer content contribution not necessarily related to health
  - Promote free stuff
  - Smaller venues
- Way to track which students are seeing YouTube videos?
  - Be in tune to what students are doing and catching them where they are
  - Extract learning from what students are interested in
- How to make distinction available between engaging students vs. providing them with help when needed?
  - Act of advocating and encouraging others to seek help translates back to them
  - Create a culture of caring with student groups – promote the highs and lows exercise
- Developing interdisciplinary courses
  - Mobile app development course about stress and wellness
  - Entrepreneurship course about mental health
  - Film course about mental health
- Negatives of working with students
  - Time intensive to manage students, inconsistencies of showing up, cyclical nature of academics and balancing programming, reviewing their work
    - How to combat these negatives:
      - Messaging, getting feedback, create safe-reporting guidelines, media guidelines – focus on "what not to say" or "what's harmful"
- How to tailor research to Student Engagement
  - Consider timing and academic calendars
  - Consider incentives and what students are interested in/what they need
  - Class credit for involving students in research
  - Ask student groups to evaluate research
  - Volunteer Research Fairs, UROP
    - Find creative opportunities to get involved in other studies and understand the big picture – make them feel important to want to get involved
- Examples of students involved in advocacy?
  - Active Minds – advocacy for increasing resources for counseling / mental health promotion efforts (including counseling center hotline number on back of IDs, etc.)
    - Form of advocacy?
      - Range from student body effort, start petition, student government working closely with faculty, staff, and administrators to system level
  - Issue of training/advising students who don't have advocacy skills but are passionate about the cause?
    - Difference between encouraging students to advocate vs. manipulating them for our needs
    - SAIC: developed student support network – engage students and create a caring culture
      - Mental Health Support Network – constructive dialogues about peer support
      - Having permanent student avenues to engage them for advocacy = sustainability
    - Challenge of student: need to be paid vs. student orgs
      - Recruiting new members is difficult

Take-Aways/Conclusions:

- Be in tune with what students are doing – extract learning from what students are already interested in
- Be data driven and share that information to students to help them understand key issues
- Educate students on topic of stigma – show value of student organizations, how it goes beyond college education

Full Session #2: Funding and Advocacy

Discussion Topics:

- Funding out there for NIMH?
  - There is funding out there – trick is to tailor your work to interests of funding agencies
  - Center for Disease Control – good funding source
  - You can sign up for COS Pivot for grant funding opportunities
- Need to not only match ideas with funding agencies, but they have to know they can trust you
  - Bringing in stakeholders is key to make it seem bigger than just "our small team"
  - Key to getting big grants is showing you can make things happen "on the street"
  - Important to hold meetings with funders, go to lunch with them, and ask for little grant first.
    - Not going to give you much without knowing you can do something productive with small fund
- Problem with funding:
  - It's hard to compete with other fields/programs for funding – mental health just isn't on the radar like other health issues
  - Most students aren't costing the federal government the same as other people with problems. Not as much of a need to address students
- It's helpful to encourage board of Regents to gather funding (e.g., UT Austin)
- We need to be getting this issue out in public and it needs to be accurate
  - Need to educate our own universities of these problems – there should always be a leveraging strategy
- Partnering with businesses for SPIR and STTR grants – someone got large investment from Blue Cross and NSF
- We have residential counselors, police, etc. for students to make sure the development of students in college is positive, yet we lack mental health resources – huge mistake
- National College Depression Partnership – best practice of mental health treatment taken to 42 universities
  - Universities are key!
  - AFSP started field advocacy program – nationwide program
- Other fields, such as cancer treatment, is excelling and we're not. There is a reason for that – we need to create partnerships with new treatments
  - Even pharmaceutical business gotten out of developing medicines for mental health illnesses – why? Too risky.
- Power of students is crucial to attaining grant money
  - Scholarship will get student *to* school, not *through* school – mental health wrap-around will help get them through school
    - Potential argument to make with wrapping mental health care and student financial aid bargain – could be great opportunity
- Wording of mental health is also very important
- Would be worthwhile to build a collective data base of some sort – would be a great resource for us all
  - Important to have statistics for funders, but also need to be better story tellers
- While dealing with college students is typically dealing with privileged population, it's crucial to address those students who aren't privileged (i.e., minorities, different SES, etc.)
  - Mental health has a PR problem – everyone thinks we're talking about the same image
- SAIC: started Parents Council – have connected affluent parents who might be interested in these issues.
  - Worked to engage that group in health and wellbeing, and it turns out they are very interested because they have kids who are struggling.
  - It's been successful – it's a partnership with the development office

Concurrent Sessions #3: Gatekeeper-Training Programs
Facilitator: Marian Trattner

Take-Aways/Conclusions:

- UW-Milwaukee – Campus Connect: gatekeeper training
  - Has been received very well – question is how do we provide something to campus community that gets message across in shorter time frame
  - The training is very experiential, but very long. (Might be partnering with residence halls for QPR training).
    - Length can steer people away
    - Short training (20 min) for staff – also a video in it that has been well received
- Apprehensive to make these trainings suicide focused – it raises the stakes, and it frightens the potential users
  - Downside: can steer people away
- Perk of QPR training: not so much doing things in the right order, but when confronted with the situation you now have the skills that you can use to connect people to get help.
  - Doesn't scare people away (suicide actually not talked about at all) – talk about reaching out to students who are distressed.
  - Not just campus focused – it's a life skill
- BU program: "Tell someone: BU listens"
- UT-Austin – implemented a bystander intervention-training program – teaching students about suicide prevention, hate speech, etc.
  - Regents say that everyone should have this on their campus
- Getting students to think about application of training is breathtaking – it's a good way of increasing mental health literacy on campus
- The more natural we can make the trainings, the better – it should be a community culture
- Words like "compassion" and "listening" has been very helpful for 7cupsoftea
- Tried incorporating empathy in videos (Brene Brown empathy video) – job is not to be a counselor in this position, it's to be a human being and have a presence
- Emotional gas tank: parents, friends, homework, etc. – all these things drain you. But if you have compassion towards you, and if people listen, it fills your tank back up.
- "Haven" (bystander intervention, sexual assault component) – and "Alcohol EDU" – taking these modules were very helpful
- Might be useful to partner with HR programs
- Gatekeeper Behavior Scale (Albright et al.)—see Appendix to this document

Concurrent Sessions #3: Panel Discussion on Developing a Research Career in Campus Mental Health (*for junior scholars*)

Facilitators: Cheryl King & Paola Pedrelli

Discussion Topics:

- Types of mentorships/contributions
  - How many mentors one would need
  - How to deal with unhelpful mentors
- Career options involving various degrees of research activity
- Productivity
  - Strategies allowing higher productivity
- Career opportunities
  - Teaching versus research
  - Career paths
- How to find postdocs opportunities
- How to determine best research interest to pursue and how to identify potential collaborators

Concurrent Sessions #3: 'Healthy Minds of the Future'

Facilitators: Daniel Eisenberg & Sarah Ketchen Lipson

Also see handout on next page

Discussion Topics:

- Personal feedback to students important
  - Social norming of feedback
  - How would custom feedback compare to corporate health assessment feedback reports?
- "Campus Climate" as a module
  - Have student work with administrators/HMS funding department to further analyze data
  - Publishing on student websites
  - Student support network and gaining support for future fielding
  - Student forum to present data to community
- Publishing results of school comparing to rate of the study overall
- Jed/Clinton endorsement of "commitment to address issues"
- Module ideas:
  - Sexual assault
  - Adverse Childhood Events (ACE) scores – reduces causal connection of mental health from the institution
    - See NLSF – Princeton
  - Cognitive skill functioning
  - Resilience skills compare to mindsets
  - Meaning/purpose/career goals
  - Greek life?
    - Do communities (e.g. Greek, athletics)
    - Ministry
    - View of these communities as support structures
  - Predictors of retention
  - Add basic medical health modules to compete more directly with NCHA
  - Deeper questions related to experiences of depression and micro-aggression
    - LGBTQ
    - Racial/ethnic minorities
  - Connectednesss (such as Greek life above)
  - Resource suggestions based on responses
    - Technology > papers (apps are better than reading a paper)
  - Working with Alcohol.edu
  - Interface with school insurance negotiators to reduce premium / work with specific insurance companies to negotiate Alcohol.edu-like discounts on insurance

Concurrent Sessions #3: 'Healthy Minds of the Future' Handout

Facilitators: Daniel Eisenberg & Sarah Ketchen Lipson

Distinguishing features of the Healthy Minds Study:

- Comprehensive survey of student mental health (with special emphasis on help-seeking)
- Use of validated screening tools (e.g., PHQ-9, GAD-7)
- Extensive research-to-practice efforts (e.g., customized data reports, interactive data interface, consultation)

Major enhancements:

- Survey consists of modules
    - Colleges/universities participate in ~6 modules (survey will remain the same length, 15-20 minutes)
        - 3 core modules (at all campuses): demographics, mental health screens, and mental health service utilization/help-seeking
        - ~3 elective modules (campuses select from menu): knowledge and attitudes; eating and body image; sleep habits; sexual health and sexual assault; violence/aggression; substance use; technology use; social networks; resilience/coping; upstander/bystander; campus climate/culture (including diversity); persistence and retention; financial stress; transition from school to career
- Students receive tailored feedback
    - Upon completing the survey, students will see how their scores on the mental health screens (e.g., PHQ-9, GAD-7) compare to their peers (based on HMS national averages)
- Students are offered relevant resources
    - Upon completing the survey, students will be offered relevant resources based on their symptoms/needs, as revealed in the survey.
        - Potential options include: evidence-based, accessible articles; tailored campus resources (e.g., sexual assault prevention on campus); Healthy Body Image Program (based on results of eating and body image module); SleepRate (based on results of sleep habits module); Kognito/other Gatekeeper Training Program (based on results of Upstander/bystander module); *e*Bridge (based on results of mental health screens and substance use module)
- Systematic efforts to conduct return on investment (ROI) calculations

Questions for consideration:

- For the end of survey feedback delivered to students, how should "peer" be determined? In other words, should students see how their scores compare to all other students? To students of their gender? To students of their degree level? How specific should the tailoring become to increase relevancy for students?
- When referring students to relevant resources, how should we deal with comorbidity?
- What are issues that colleges might have with the resources linkage component of the proposed study?
- Are there other resources we might offer to students?
- Are there other modules/topics you would like to see included?
- How could the data be more relevant to your work?
- Are there opportunities to address faculty/staff mental health?

Full Session #3: Collaborations and Next Steps for the Field

Discussion Topics:

- Important to propose mental health models to Regents of universities – need to have them on board
- Administrators care about student retention – if you can frame funding requests under that light it could create some leverage
- We need to be out there talking about mental health, but we need to be careful about how we craft our messages
  - Find ways to promote positive messages around mental health
  - Create positive partnerships
  - Hard to have mental health be news worthy if it's not negative – we need mental health to be news worthy no matter what!
    - Beneficial to have students run social media
    - Important to do work with / through students
- Strategic Primer on College Mental Health – talks about behavioral health problems and learning problems
  - To have better learning in life, you need better behavioral health practices
  - Behavioral health issues are learning problems
    - This would be easy for Student Affairs to see
- This symposium group would be the ideal group to figure out what are the key unanswered questions surrounding college mental health
  - Important to create small groups, and help those groups find the funding they need
  - Important to gather public and private institutions to tackle these issues
  - Important to make sure we stick to these collaborations and working groups – it's one thing to say we're going to make these groups, but to do it and stick to it is another
    - Maybe have monthly conference calls? (Could be hectic though)
    - One idea is to have a Facebook group that keeps us all connected
    - Some sort of social media could keep everyone connected (easy and effective)
- Forming a task force on validated measures – seems to be a good idea to for several task forces on different content areas
  - Task force on social media, outreach, etc. – then you have some basis of shared knowledge in the next meeting

Additional Resources and References

Resources Mentioned During Discussions:

1. Gatekeeper Behavior Scale (see 1 and 2 in Appendix)
2. A Strategic Primer on College Student Mental Health: www.apa.org/pubs/newsletters/access/2014/10-14/college-mental-health.pdf
3. SAMSHA Suicide Prevention app http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-/SMA09-4432
4. RAINN: phone and on-line 24 hr helplines as well as zipcode searcher for local confidential resources www.rainn.org/get-help
5. National Domestic Violence Hotline: Also has chat and phone crisis lines: www.thehotline.org
6. Love Is Respect: resources for support and hotlines (chat, text, phone) specifically for late adolescents www.loveisrespect.org/get-help/get-help
7. White House survey (notalone.gov)
8. *The Hunting Ground* (Trailer: www.thehuntinggroundfilm.com): shows relationship between victims and administration
9. Emma Sulkowicz carries mattress to protest (Columbia University): www.nydailynews.com/new-york/parents-columbia-student-accused-classmate-rape-rip-university-article-1.1962312
10. *The Atlantic:* When Helping Rape Victims Hurts a College's Reputation: www.theatlantic.com/features/archive/2014/12/when-helping-rape-victims-hurts-a-universitys-reputation/383820
11. A Strategic Primer on College Mental Health: www.apa.org/pubs/newsletters/access/2014/10-14/college-mental-health.pdf
12. Brene Brown Empathy Video: www.youtube.com/watch?v=1Evwgu369Jw
13. COS Pivot: pivot.cos.com/funding_main
14. Center for Collegiate Mental Health: ccmh.psu.edu
15. Veterans Crisis Line Chat Training Program: www.veteranscrisisline.net/about/faqs.aspx

Appendix

1. Validity Abstract

Shockley, K. & Albright,G. (2014). Development and Validation of a Scale to Assess the Impact of Gatekeeper Training Programs. Proceedings of the American Association of Suicideology, Los Angeles.

Learning Objective: At the end of this presentation the participant will be able to: summarize the components of a new validated scale designed to measure the impact of gatekeeper training programs and how to integrate the assessment tool into their work and research studies.

Currently, there are no validated measures to assess gatekeeper skills. This presentation overviews the first validated scale to measure the impact of gatekeeper training programs. The 11-item Gatekeeper Intentions Scale (GIS) measures learner's behavioral intent and skill to aid people in psychological distress, including those at risk for suicide, and assist them in finding appropriate mental health services. The GIS's items measure changes in attitudes and intentions by assessing three dimensions: learner preparedness and likelihood to engage in gatekeeper behaviors and gatekeeper efficacy. These components were derived by drawing from two prevailing motivation theories. Specifically, Social Cognitive Theory which states that preparedness acts as a belief variable that influences one's self-efficacy, which in turn influences ability to complete a task. Reasoned Action Theory, which incorporates behavioral intentions and preparedness stating that an individuals' self-reported level of intended preparedness acts as a measure of their perceived behavioral control, which, in turn, influences their intentions to perform an action. As an individual's intention to perform an action increases, their likelihood of engaging in the behavior increases. To validate the scale, 8,931 users completed pre-training, post-training, and 3 to 12 month follow-up GIS surveys. All learners took one of five of Kognito Interactive At-Risk training simulations for university faculty/staff or students, high school educators, or middle school educators from 2010 to 2013. The GIS's construct and content validity was assessed via confirmatory factor analysis (CFA). Criterion-validity was examined via correlations with behavioral measures, and convergent validity was assessed via correlations with similar but distinct constructs. Compared to a one, two, and four factor models, the three factor CFA model based on the subscales of preparedness, likelihood and self-efficacy fit the data best. Factor loadings showed all items correlated highly with theoretical constructs from which the items were derived ($r \geq 0.84$, $p < .001$). The full 11-item GIS was found to have high internal consistency ($\alpha = .93$). Criterion-related validity was established for likelihood to discuss concerns (measured in the post-training survey) significantly related to actually approaching people that they believe are in psychological distress ($r = .219$, $p < .001$; measured in the follow-up survey). Likelihood to refer someone to psychological services significantly correlated with the actual number of people referred ($r = .235$, $p < .001$). Convergent validity was established via a robust correlation between self-efficacy in motivating someone to seek help and general self- efficacy ($r = .519$, $p < .001$). The GIS appears to be a valid tool in measuring the impact of online gatekeeper training simulations and holds promise for assessing the efficacy of other delivery methods.

2. Gatekeeper Behavior Scale

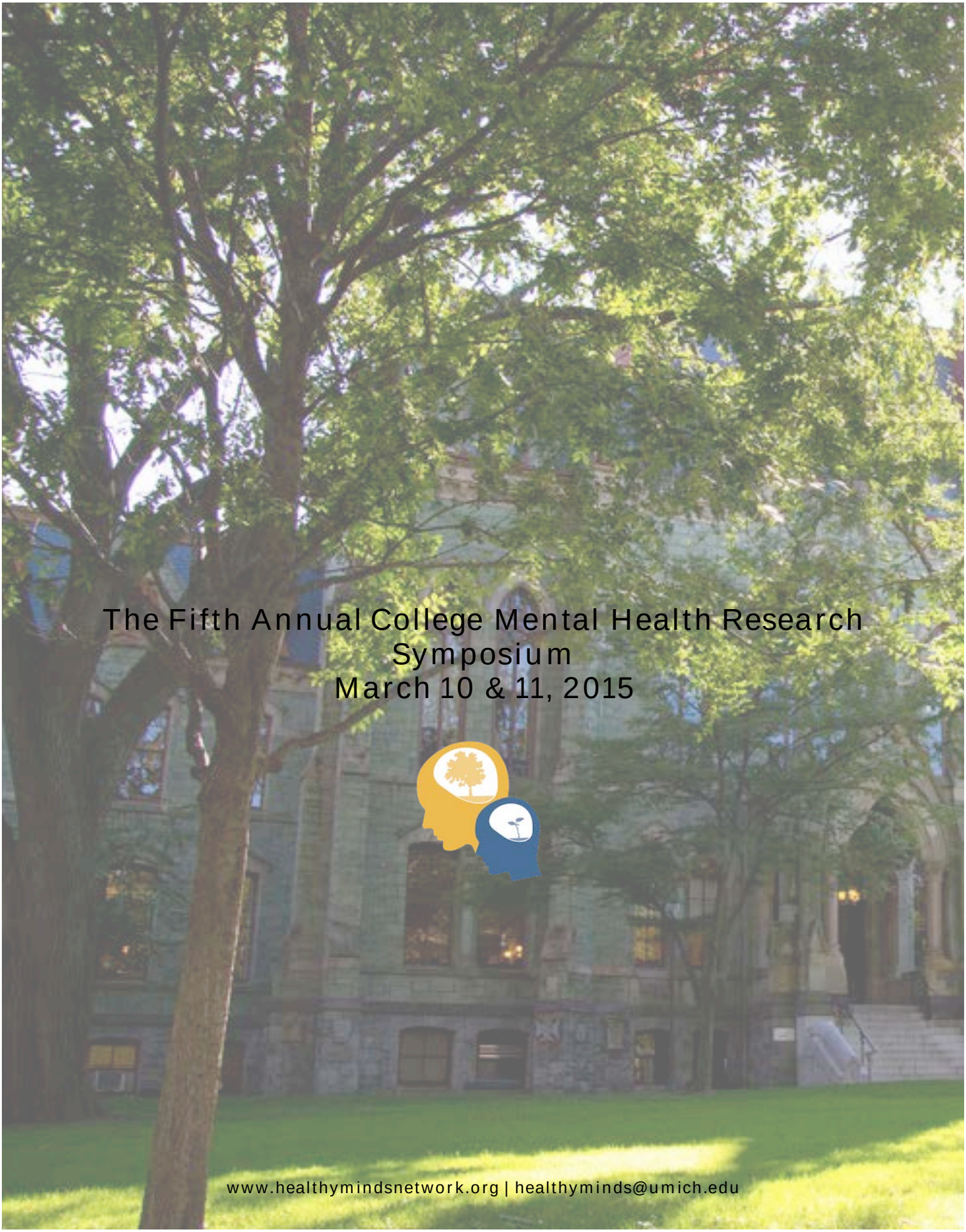
Gatekeeper Behavior Scale

This tool is freely available for noncommercial use and dissemination. See current citation at bottom of page.

Please select the number that corresponds to the label that most represents you.

Subscale	Number	Item	Response Scale
Preparedness	How would you rate your preparedness to:		
	1	Recognize when a student's behavior is a sign of psychological distress	1-Very Low 2-Low 3-Medium 4-High 5-Very High
	2	Recognize when a student's physical appearance is a sign of psychological distress	
	3	Discuss with a student your concern about the signs of psychological distress they are exhibiting	
	4	Motivate students exhibiting signs of psychological stress to seek help	
	5	Recommend mental health support services (such as the counseling center) to a student exhibiting signs of psychological distress	
Likelihood	6	How likely are you to discuss your concerns with a student exhibiting signs of psychological distress?	1-Very Unlikely 2-Unlikely 3-Likely 4-Very Likely
	7	How likely are you to recommend mental health/ support services (such as the counseling center) to a student exhibiting signs of psychological distress?	
Self-Efficacy		Please rate how much you agree/disagree with the following statements:	
	8	I feel confident in my ability to discuss my concern with a student exhibiting signs of psychological distress	1-Strongly Disagree 2-Disagree 3-Agree 4-Strongly Agree
	9	I feel confident in my ability to recommend mental health support services to a student exhibiting signs of psychological distress	
	10	I feel confident that I know where to refer a student for mental health support	
	11	I feel confident in my ability to help a suicidal student seek help	

Albright, G., Davidson, J., Goldman, R., Shockley, K. & Mitchell-Timmons, J. 2014. Development and Validation of the Gatekeeper Behavior Scale: A Tool to Assess Suicide Prevention Gatekeeper Trainings. Manuscript submitted for publication.



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