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


- 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
# 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.
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
<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter Break</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td>Usual training; Pre-test</td>
<td>MHFA</td>
<td>2 months later, post-test</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td>Usual training; Pre-test</td>
<td>(No additional training)</td>
<td>2 months later, post-test</td>
</tr>
</tbody>
</table>
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<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?

<table>
<thead>
<tr>
<th>MH Knowledge</th>
<th>Gatekeeper Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>RAs</td>
</tr>
<tr>
<td>Low</td>
<td>General students</td>
</tr>
<tr>
<td></td>
<td>Support staff</td>
</tr>
<tr>
<td></td>
<td>Upper-level</td>
</tr>
<tr>
<td></td>
<td>administration</td>
</tr>
<tr>
<td></td>
<td>Faculty</td>
</tr>
</tbody>
</table>

### 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