

Mental Health Awareness Education for College Faculty and Staff

By

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Abstract

Mental health is prevalent in the college-aged population. Many individuals that work closely with this population do not receive mental health awareness education. This includes college faculty and staff. By providing college faculty and staff education, college-aged individuals with mental health concerns can be recognized and potentially receive the support they need to be successful.

This project focused on providing education to college faculty and staff on the prevalence of mental health in the population they serve. Signs and symptoms of mental health issues were presented as well as campus resources that could be utilized. Information was collected from the project participants prior to the delivery of education and again after. The data collected reinforced the positive effects of the education. Faculty and staff who participated in the educational session recognized an improvement in their understanding of mental health, how to identify, approach, and refer a student in need. This data supports continuation of the project with possible implication for mandatory training for faculty and staff at the institution.

Mental Health Awareness Education for College Faculty and Staff

Chapter I

College faculty and staff typically have no formal education on how to assess and manage students with mental health issues, particularly suicidal students (Black Hawk College, 2018c; Black Hawk College, 2017). This is unfortunate because of the increased number of college students that are suffering from mental health concerns (Centers for Disease Control and Prevention [CDC], 2018; American College Health Association-National College Health Assessment [ACHA-NCHA-II], 2018). Suicide is rising in this population (CDC, 2018). Providing education to the faculty and staff at colleges may help to raise awareness and decrease the acute episodes experienced by students. The project has the potential to be accepted by the institution and become part of the employment process for faculty and staff.

Background

The National Alliance on Mental Illness (NAMI) & JED identify 75% of all lifetime mental illness are diagnosed before the age of 24 (2016). The traditional college student is between the ages of 18 to 24 years old. Across the United States, approximately 18.3% of adults will have a mental health issue in a year's time, and college-aged individuals have higher incidence at approximately 22.1% (NIMH, 2017). Studies have found that it is less likely that young adults will seek mental health treatment (Albright & Schwartz, 2018; Wyatt, Oswald, & Ochoa, 2017). In 2016, there were 4,631 suicide-related deaths for this age group (CDC, 2018). National and Illinois statistics for suicide and mental illness rates are comparable (Substance Abuse and Mental Health Services Administration, 2015). When looking at Rock Island County, there is a very high percentage of individuals ages 18-39 stating they have had chronic depression symptoms (Professional Research Consultants, Inc., 2018). Chronic depression in this

health study is defined as two or more years of feeling depressed or sad most days. Suicide rates in Rock Island County are above the national average as well. The county has a suicide rate of 16.3 per 100,000 compared to the Illinois rate of 10.5 per 100,000 and the country rate of 13.0 per 100,000. These rates have been an upward trend over the last ten years according to Professional Research Consultants, Inc. (2018). There are many new experiences and challenges a college student will face, and this can create anxiety and other feelings for the student (Wyatt, Oswalt, & Ochoa, 2017). Scheduling classes, work, and student activities, as well as living arrangement adjustments, are just a few of these changes that are directly related to college life.

Gatekeeper training educates people on how to identify at-risk individuals and assist them in getting support (Hasimoto et al., 2016). College campuses may have counselors available for students to assist them with college and life concerns. However, services cannot be provided if the student does not make contact with the counseling staff. Students have regular contact with teachers and other college staff. Faculty and staff of the institution may be able to recognize a student in need if given the tools (Schwitzer & Vaughn, 2017).

Another resource for faculty and staff is the Behavior Intervention Teams (BIT). Schools have begun implementing BITs (National Behavioral Intervention Team Association, 2018a). The team focuses more on the overall safety of the college's student body and staff. The college used for this project is implementing a BIT on campus (Black Hawk College, 2018a).

College students must find a way to be successful in their transition to the postsecondary lifestyle. During this time the students may feel a variety of emotions and stressors (Haq, Dar, Aslam, & Mahmood, 2018; Hawley et al., 2016). Academic demands, new social circles, campus activities, socio-economic factors, and living arrangement alterations are a few of the hurdles

students face. Haq et al. (2018) identified increased stress, anxiety, and depression levels among college students, especially males.

Needs Assessment

Hawley et al. (2016) conducted a baseline assessment at a mid-sized Midwestern university, looking to identify the mental and physical well-being and needs of college faculty, staff, and students. Researchers concluded a need for increased physical and mental well-being resources for students (Hawley et al., 2016). The results of this assessment support other research regarding the increased need for mental illness awareness. By providing mental health education for educators, college students will feel more supported and understood.

Faculty and staff were surveyed by Albright and Schwartz (2018) on their readiness to deal with a student who may be experiencing a mental health issue, and sixty-six percent revealed that they “don’t feel adequately prepared.” The same study uncovered that faculty and staff feel supporting students with a mental health issue is part of their job at the institution. Unfortunately, there are no legislative requirements for a college or university in Illinois to provide training or support to college faculty or staff regarding mental illness and suicide.

The focus of this proposal is a community college benefiting roughly 225,000 residents in a 2,200 square mile area (Black Hawk College, 2018d). There are two campuses and multiple outreach facilities to serve the community. This college’s mission and vision support the continued education of individuals in the community (Black Hawk College, 2018e). The student-centered approach adopted by the college encompasses the mental well-being of students as well as the educational goals.

Institution support. The SWOT analysis for the project identified an opportunity for better support from the institution's administration and the institution’s board support. Support

from the institution's administration and the board is necessary for the project to be successful. Providing data on mental illness in the college-aged population will help the board and the administration to see the significance of the problem. Additionally, identifying where the funding is to come from will assist in obtaining the institution's administration and the institution's board support for the project.

The college's administration and board support the college's core values (Black Hawk College, 2018e). This project also supported these including, caring and compassion, fairness, honesty, inclusion and diversity, integrity, respect, and responsibility. After presenting the project and explaining its relationship to the college's core values, the college's administration and the board supported it.

Counseling support. The college has a single counselor who must divide hours worked between the two campuses. Although the counselor is active in many student activities across both campuses, the students are not routinely seen in the classrooms or corridors by the counselor. Students at postsecondary institutions do not seek help on their own for mental health needs (NIMH, 2017; Yakushi et al., 2017).

Since professors and other staff of the college see students on a more regular basis, the counselor is supportive of educating the faculty and staff on the warning signs of a person in need of mental health support. The education was provided to give faculty and staff the knowledge they need to recognize warning signs and the ability to respond appropriately to the student. The project also provided faculty and staff of the institution with information about campus resources and how to make the referrals.

Funding. Funding was available for staff development projects, through a variety of sources. Some funding may be available at the designated college through the counseling office,

continuing education budget or through student safety budgets. There are also grants available through the college foundation organization (Black Hawk College, 2018b). These grants may be a one-time incentive or an annual reimbursement.

Problem Statement

Faculty and staff at colleges and universities work with a population that has an increasing mental illness and suicide rate (CDC, 2018). Students are also unlikely to seek treatment for mental health (NIMH, 2017; Yakushi et al., 2017). College faculty and staff do not routinely receive the training to identify, approach or refer students in need (Black Hawk College, 2018c; Black Hawk College 2017).

Purpose/Objectives

Education is needed to fill the gap and help college faculty and staff to feel more comfortable and confident in reaching out to students in need of mental health assistance. There are several mental health educational models available to aid in developing skills in non-medically trained persons. However, there are few models specific to educating faculty and staff at the college or postsecondary level. Of the schools that have begun to utilize programs, there is little consistency in the development or delivery of content (De Somma, Jaworska, Heck, & MacQueen, 2017; Jaworska, De Somma, Fonseca, Heck, & MacQueen, 2016). Lack of regulations requiring mental health education should not stop institutions from pursuing avenues to assist their faculty and staff with this educational opportunity. Institutions can create a model that addresses explicitly their student population taking into consideration gender, ethnicity and other student demographics (Condrón et al., 2017; Teo et al., 2016).

Addressing the needs of students at the postsecondary institution was the goal (Black Hawk College, 2018d). Research is showing the increases in mental illness and suicide at this level, and

institutions should take note (ACHA-NCHA-II, 2018; CDC, 2018; Wyatt, Oswald, & Ochoa, 2017). Finding a way to assist students in this time of difficulty will help them be more successful students and productive young adults while decreasing the suicide rate among 18-24 year-olds. These effects would be felt not only throughout college campuses but also throughout the communities they serve. The education offered to faculty and staff of the college would provide a skill that can be reinforced regularly to continue the positive effects of the project.

Providing education to college faculty and staff members was the focus of this project. The education provided included information regarding the recognition of student behaviors that may be associated with mental health issues. Also, faculty and staff were provided with tactics to address the individuals experiencing a mental health issue. Nonjudgmental speech, resources to contact, and referral alternatives were part of the education. This project addresses the needs of colleges and universities and may be modified to meet the needs of other institutions. The overall objectives for the project are as follows:

- Implement an interprofessional team of faculty and staff to assist in the creation of educational material to other faculty and staff with regularly scheduled meetings by the second week of March 2019.
- Design a fiscally responsible plan to cover the cost of the creation and implementation of the project with the approval of college administration by the end of February 2019.
- Analyze the current knowledge level of faculty and staff on suicide or self-harming behaviors of students through an anonymous survey by the end of May 2019.
- Implement educational opportunities for faculty and staff to enhance their knowledge of student behaviors that may indicate suicidal tendencies, self-harming behaviors, or mental health issues during August 2019.

- Analyze the knowledge retention of participants as proven by a post-assessment survey completed at the end of September 2019.

PICOT

In college faculty and staff, what is the effect of mental health education in the form of a presentation/lecture compared to no education on the comfort level of addressing students with potential mental health needs over a period of three months?

This project focused on college faculty and staff and whether mental health education in the form of a presentation/lecture compared to no education improves the comfort level of addressing students with potential mental health issues. The increased comfort level of college employees to address and assist students who are experiencing a mental health issue was the goal. Ultimately, this project will show higher rates of students receiving appropriate assistance with their mental health issues.

Congruence with Organizational Strategic Plan

The vision statement of the college selected for this project is “Total accessibility, quality instructional programs, student-centered services, and strategic alliances position Black Hawk College as the preferred choice for education and training” (Black Hawk College, 2018e). The project focused on the faculty and staff’s ability to assist students. There are many ways college staff and faculty can assist students to be successful, in the classroom is only one of those ways.

Core values of the college support the project’s primary objective (Black Hawk College, 2018e). The first is caring and compassion. Another value, inclusion, and diversity, is the acceptance of all individuals including those with mental illness. Creating an environment that is free of stigma will also be a talking point in the educational piece of this project. Responsibility is defined as a commitment to providing service to others. Again this value supports the

objectives of the project by providing service to students with a mental health issue. The reflection of the mission, vision, and core values support the education for college faculty and staff at the selected institution.

Synthesis of Evidence

Search strategy. Multiple databases were used to filter appropriate research data. “OneSearch” offers a database search engine that utilizes EBSCOhost and the thousands of articles in its many databases. Articles were collected from additional databases including Directory of Open Access Journals, Academic Search Complete, and ERIC. Looking at journal articles published between 2014 and 2018 were provided to limit the number of responses. Several keywords were searched to gather a variety of articles. The search included keywords such as suicide, mental illness, mental awareness, depression, gatekeeper training, student, post-secondary and college.

Many articles resulted from these searches and were displayed by date of publication from newest to oldest. The project creator narrowed the article retrieval. Reduction of articles was made by meeting more than one of the searched keywords and through abstract review. A final return of 72 articles was then accomplished. These articles were further sorted and reduced to 30 articles. This reduction was achieved by reviewing the abstract by the project creator and mentor together. The project creator and mentor discussed each article abstract and the evidence it would supply to the project. All articles were read in their entirety by the project creator. Ten articles were excluded because the full content of the research did not lend itself to the objectives of the project. The remaining 20 articles were reviewed and approved by the project mentor as offering considerable information to support the project.

Appraisal of evidence. The articles utilized in the project's research included a variety of methodologies and levels of evidence. Five of the selected research articles are level one. They are all quantitative studies providing quality evidence for the project. The majority of research articles used in this project are level three. Quantitative articles with level three evidence provided a good foundation for the educational program being offered in the project. There are also a few qualitative, level three articles that were selected for the project. These level three articles give support for addressing concerning behaviors in individuals suffering from potential mental health issues. There were three level four and five articles used for the project's research. All of these were chosen because of their specific focus on college and university populations. This population is the focus of the project as well. The articles are explained according to their content.

Suicide and mental health awareness.

Challenges faced by college students may lead to issues with depression, anxiety, and suicidal ideations (Hawley et al., 2016; Wyatt, Oswald, & Ochoa, 2017). College stressors are very likely in the first year of post-secondary school (Wyatt, Oswald, & Ochoa, 2017). The prevention and awareness of suicide across college campuses is a growing focus (Shadick & Akhter, 2014). Students within institutions need to receive appropriate support to handle the challenges faced in their transitions to college life (Schwitzer, & Vaughn, 2017; Wyatt, Oswald, & Ochoa, 2017). Students in post-secondary institutions understand they are having difficulties but are many times unwilling to ask for assistance (Yakushi et al., 2017).

Hawley et al. (2016) surveyed students, faculty, and staff at a public university to determine the baseline status of their mental and physical health. The students, faculty, and staff also reported on their knowledge of suicide and previous experiences with it. After the

completion of the study, Hawley et al. (2016) determined there is a great need at the college level to assist individuals with efforts for thriving mental and physical health. Knowledge regarding suicide was also determined to be a need for the college population (Hawley et al., 2016).

Looking at multiple colleges and universities, Wyatt, Oswald, & Ochoa (2017) surveyed only students to determine the correlation between mental health and academic success in first-year college students and upperclassmen. Online surveys that were done for the American College Health Association-National College Health Assessment II were reviewed for this study. Findings of the review showed first-year students to have a higher incidence of suicidal thoughts and self-harming behaviors (Wyatt, Oswald, & Ochoa, 2017). The study also identified an increased need for gender-specific and cultural mental health concerns.

Students of different ethnic or cultural groups at Pace University were the focus of Shadick & Akhter's (2014) research. The goal of the project was to decrease the rate of suicide through the creation of an educational toolkit for the college's administration and faculty. After delivery of the education, it was noted: "over 95% of participants indicated that they feel more confident in handling students with a mental health crisis," (Shadick & Akhter, 2014). Shadick and Akhter (2014) note their continued efforts and modifications to the project in order to assist the students at Pace University and other post-secondary institutions with emphasis on minority groups.

Stigma with depression and mental illness was the center of Yakushi et al. 's (2017) study. In their research, individuals were recruited to attend a lecture. Some of the participants were given a neutral lecture on depression while others were given an anti-stigma depression lecture. The participants were surveyed after the lecture to determine if there was an influence in disease model attitudes, help-seeking behaviors, negative affect toward depression, and non-

medication solutions. The results supported the anti-stigma lecture to improve disease-model attitudes and non-medication solutions (Yakushi et al., 2017).

Haq et al. (2018) examined students at Punjab University looking at stress, anxiety, and depression related to socioeconomic status. Students were randomly selected and self-reported in a two-part survey. The second portion of the survey consisted of the DASS-21 tool. The symptoms exhibited by males and females experiencing stress, depression, or anxiety varied according to the survey (Haq et al., 2018). Male students were found to have higher instances of depression, stress, and anxiety. The education level of parents also affected the stress, anxiety, and depression levels reported by participants. Higher incidence of stress, depression, and anxiety was found in participants whose parents had lower levels of education or were illiterate.

Arendt, Scherr, Niederkretenthaler, Krallmann, & Till (2018) looked to determine if reading enjoyment was affected if the material read contained information to debunk suicide myths, increase knowledge of suicide and support individuals in need. The study was conducted online through convenient sampling. Participants were divided randomly into three groups. One group did not receive reading material. The other two groups were given suicide information with one group receiving information exposing myths surrounding suicide. The reading material influenced readers perceptions without decreasing the enjoyment of reading. The perceptions influenced by the reading were of suicide myths, and readers showed increased knowledge of suicide awareness.

A survey distributed by Albright and Schwartz (2018) looked at the knowledge of students, faculty, and staff at over 100 colleges and universities. The participants were recruited but not required to participate in the survey. Faculty and staff surveyed were mostly female, while the students who participated were mostly male. The majority of students, faculty, and

staff reporting, identified they are not well prepared to recognize or assist someone who may be experiencing a mental health issue (Albright & Schwartz, 2018). Sixty percent of participants who acknowledged witnessing a student in a mental health issue denied assisting the student or referring them to additional resources.

De Somma et al. (2017) were trying to establish if consistency existed between postsecondary institutions across Canada in regards to mental health policies. The survey created for the study was distributed through email to identified college mental health services personnel and had a 96% return rate. The survey utilized a Likert-scale to answer questions and allowed for comments as well. The majority of respondents noted mental illness is an issue for students, but less than half identified having a policy in place to identify students at risk of mental illness (De Somma et al., 2017). Results of the survey varied on overall understanding of mental health awareness and campus policies, supporting the idea that increased mental health awareness is needed.

Specifically, in postsecondary institutions, Jaworska et al. (2016) looked into the mental health services provided to students. Mental health services personnel within Canadian universities that are publically funded were contacted and sent the survey created by Jaworska et al., (2016). Data collected was divided into three categories depending on the size of the university. The conclusion of the survey showed that 73% of campuses have mental health promotion programs, but only about 8% have students complete a mental health assessment (Jaworska et al., 2016). Gatekeeper training was reported to be available at many of the institutions. Eighty-four percent of respondents felt additional mental health promotion and outreach could be offered at their institution.

Researchers have identified those with suicidal ideations also have an increased mortality rate (Cain and Loprinzi, 2018). Cain and Loprinzi used the Center for Disease Control and Prevention's National Health and Nutrition Examination Survey results to conduct their research. Data from 2005-2010 was used to identify individuals between the ages of 20-85 years of age that reported suicidal ideation assessment and those with mortality assessments. Those reporting any suicidal ideations were found to have a "2.1 times greater risk for all-cause mortality" (Cain & Loprinzi, 2018, p. 6). While those with more frequent suicidal ideations were found to have a three to four times greater risk, the researchers suggest person-in-environment treatment may assist in decreasing the mortality rate of these individuals (Cain & Loprinzi, 2018). A limitation identified is the idea that the suicidal ideations are self-reported by individuals completing the survey. This limitation supports the project by assisting the faculty and staff of the institution to identify those experiencing a mental health issue.

Education to assist at-risk students. There is a need for additional education for individuals that work with those who may have issues with mental illness (Albright & Schwartz, 2018). Post-secondary educators typically do not have medical training to work with individuals with mental illness (De Somma et al., 2017). There is a gap between educators and their comfort level of identifying and approaching students for these reasons (De Somma et al., 2017; Schwitzer & Vaughn, 2017). Since educators are in touch with students on a regular basis, they can form a better understanding of each individuals' personality. They are better suited to identify some of the changes that may occur in a mental illness exacerbation. Schwitzer and Vaughn (2017) state "stepping out" of professional roles is necessary to aid these students.

Several programs exist to provide "gatekeeper" training to particular groups including non-medical and educators (Booth et al., 2018; Hashimoto et al., 2015; Ketchen-Lipson, Speer,

Brunwasser, Hahn, & Eisenberg, 2014; Rossetto, Jorm, & Reavley, 2018; Shadick & Akhter, 2014; Scantlebury, Parker, Booth, McDald, & Mitchell, 2018; Teo et al., 2016; Terpstra et al., 2018). If training is to be offered, it needs to be effective in reducing suicide rates among the targeted population and assisting in seeking appropriate management of mental illness (Terpstra et al., 2018). Mental Health First Aid (MHFA) is one educational program for non-medical personnel (Hashimoto et al., 2015; Ketchen-Lipson et al., 2014; Rossetto, Jorm, & Reavley, 2018). Creating an effective program includes addressing specific institution needs (Arendt et al., 2018; Yakushi et al., 2017).

Booth et al. (2018) conducted a literature review to evaluate the effectiveness of education for non-mental health trained professionals. Through this review, it was determined that education provides short-term changes in the participants' by increasing awareness, changes in practice, and attitudes regarding mental health (Booth et al., 2018). The methods used for each study evaluated and the content varied. Another critical point determined by Booth et al. (2018) included that adult learners may benefit from a variety of techniques in the delivery of the education including role-playing methods.

MHFA is the form of gatekeeper training evaluated by Ketchen-Lipson et al. (2014). This program has been used across the world to educate non-mental health trained individuals. Ketchen-Lipson et al. (2014) focused on the delivery of MHFA to resident advisors (RAs) and college students at 19 self-enrolled colleges and universities across the US. Results of the MHFA education showed that RAs were more likely to seek help for themselves but did not conclude they would identify or refer students appropriately (Ketchen-Lipson et al., 2014). With this conclusion, new gatekeeper training tactics may be more beneficial to participants with the goal of assisting students experiencing a mental illness crisis.

Another group of researchers, Rossetto, Jorm, and Reavley (2018), looked to university faculty and staff members who had already completed an MHFA course. They solicited participants with advertisements placed at the University of Melbourne. The 16 participants were interviewed with questions generated by Rossetto, Jorm, and Reavley (2018) looking at experiences helping individuals with mental health issues. Questions included determining what motivated or stopped the respondent from getting involved with the person in crisis. From the information gathered in the interviews, Rossetto, Jorm, and Reavley (2018) created a model to be used for future mental health awareness courses. This model includes the presentation of material found helpful from the survey respondents.

In the Netherlands, Question, Persuade and Refer (QPR) is used (Terpstra et al., 2018). Terpstra et al. (2018) conducted a study to evaluate the effectiveness of QPR training. QPR education was offered to 526 individuals. Pre and post-questionnaires were given to participants. The results showed that individuals in all professions gained knowledge of suicide and increased confidence to confront someone exhibiting suicidal behaviors (Terpstra et al., 2018). Even with positive results of increased knowledge and confidence, there were no reports of increased referrals for suicidal individuals.

Comparing QPR to Applied Suicide Intervention Skills Training (ASIST) was the focus of another study (Condrón et al., 2018). QPR is a brief form of gatekeeper training that lasts only an hour or two. ASIST is a two-day training program providing more in-depth information. In this study, researchers surveyed K-12 educational settings, community settings, and mental health settings. All of which participated in one of the mentioned mental health awareness training programs. Data from this study identified a more in-depth training program offered more behavior modifications of the trainee, but it came at a much higher financial cost (Condrón et al.,

2018). The comparison was that 4,509 individuals could be provided in-depth training for the same cost as 31,103 individuals in a brief training program. The conclusion supports an idea to integrate mental health awareness into schools, especially in rural areas (Condrón et al., 2018). Providing this education to non-mental health professionals may help identify students in need of mental health resources.

Mental health training for non-mental health trained professionals was the focus of Scantlebury et al. (2018) literature review. By conducting database searches, 19 articles were identified as meeting the specified criteria. These articles were examined for barriers and facilitators to delivering mental health training, as well as the perceived impact of training. Based on the data collected from the chosen articles, Scantlebury et al. (2018) created a list of recommendations for anyone looking to conduct a mental health education program for non-medically trained individuals. These recommendations include the design, implementation, and evaluation of the training.

Hashimoto et al. (2016) created a program to educate Japanese university administration in identifying and assisting students with mental health issues. This program was mirrored off the widely known MHFA program and adjusted to meet the needs of the university. Hokkaido University was the site of the study and included 76 administration staff members. After delivery of the education, participants were surveyed to identify confidence in the new skill. Another questionnaire was given one month later. The program was rated as very useful by 77.5% of participants, and 16.9% stated it was useful (Hashimoto et al., 2016). Thus, supporting the effectiveness of the educational program.

Identifying that stress-related mental health issues of college students exist, Saleh, Camart, Sbeira, and Romo (2018) tried to assist students through an online program stress

management program. They created two randomized groups with an average age of 22.54 years old at any level of their college career. The students were recruited through college online resources and posters on campus. Their participation was voluntary, and no compensation was given. One control group was surveyed but not offered stress management training. The experimental group was given access to online education. Initially, the data collected showed improvement in the experimental group on handling stress and the student's level of self-esteem. The conclusion was to offer such a program to individual students who appeared to be struggling but had not sought help on their own. Faculty and staff can assist in identifying students that need mental health resources and may be experiencing a mental health issue. The identified problems of this study were the limited number of participants and the retention of participants to complete.

Conceptual Framework

Dynamic Nurse-Patients Relationship by Ida Jean Orlando encompasses the desire of the mental health awareness education concept for this project. Orlando looks at four levels,

- the nursing process,
- understanding the meaning of behaviors,
- nurse-patient interactions and
- professional nurses (Rittman & Gullett, 2015).

In this project, the patients are the college-aged students. Students need assistance and direction when dealing with new challenges in college. These challenges may lead to new mental health issues or exacerbate previous ones. The institutional faculty and staff take the place of the nurse in this project. They are the ones who will be identifying students in need and assisting them to receive treatment.

The second piece of Ida Jean Orlando's theory includes identifying those in need (Rittman & Gullett, 2015). The education presented to the faculty and staff at the college will provide knowledge to identify those who may need assistance. Behaviors that indicate a mental health exacerbation were included. These were explained in the education provided to faculty and staff members. Observing students and identifying these behaviors will lead to the last two steps in this theory. As discussed by Yakushi et al. (2017), many individuals will not seek help or assistance on their own and need additional encouragement to get support for their mental health issues.

Interactions between the faculty/staff and the student will take place next. In Orlando's theory, this is the nurse-patient interaction (Rittman & Gullett, 2015). This project supplements the faculty/staff in the role of the nurse and their ability to identify students with concerning behaviors. Approaching the patient and addressing the mental health issue with the student is the final step in Orlando's theory as pertaining to this project. The interventions may differ depending on the individual needs of the student. The goal is to get treatment for the student by managing the situation they are dealing with and supporting them through the help-seeking process.

This theory created by Ida Jean Orlando is intended to be ongoing. By educating faculty and staff in this manner, they will be able to draw on their knowledge and continue to assist students in need. Supporting students that have been assisted in the past and assessing the needs of new students will be part of the process to continue efforts to confront students and their mental health issues.

Chapter II

Project Design

Understanding faculty and staff at this postsecondary institution do not receive formalized education on mental illness. This project looked to identify if exposure to educational material regarding mental health issues will aid in the identification of students in need (Black Hawk College, 2018c; Black Hawk College, 2017). The project was an evidence-based practice initiative aimed to provide the faculty and staff an understanding of the steps to take to assist the student to receive the help they need. Education similar to what was presented in this educational event has been proven to create more awareness among educators and will hopefully increase the number of students receiving the appropriate mental health care.

Setting

Statistics for the population and location the institution serves shows a need to address the college-aged population on the topics of suicide and mental health (Professional Research Consultants, Inc., 2018 & CDC, 2018). The project took place at a community college located in the Midwest serving rural and urban communities within a 2,200 square mile area (Black Hawk College, 2018d). Core values of the institution show its dedication to its students and the need to continue to provide faculty and staff who can support these core values (Black Hawk College, 2018e). The annual total student body enrollment between the two main campuses are just over 8,000. This student population has a diverse background with 32% of the population identifying as a minority. Students at this institution include traditional and nontraditional college students as well as students pursuing English as a Second Language (ESL). The institution offers a variety of educational opportunities to students including continuing education, certificate, and degree programs (Black Hawk College, 2018e). The Quad Cities campus offers a large lecture room that will facilitate the event.

Population

Research has identified the lack of self-help seeking behaviors by young adults (Albright & Schwartz, 2018; Wyatt, Oswalt, & Ochoa, 2017). At the given institution, there is only one counselor, but 519 total faculty and staff members between the two campuses. Providing the education to the faculty and staff will aid in recognition of students in need. College faculty and staff do not otherwise receive mental health education as a requirement of their employment.

The event was open to all faculty and staff of the institution. The event was optional for participants with no exclusions. The average age of faculty and staff at the institution is 48.9 years of age (see Appendix A). Faculty members have average years of service of almost 11 years, where staff has average years of service of approximately eight years. Approximately 37% of the faculty and staff have a master's degree or higher. Just over 29% of the faculty and staff have an associates or bachelor's degree.

The event took part in the professional development day of the institution. The education for the project was offered as one of four breakout sessions chosen by the faculty to choose from. The professional development day also allowed interested staff to attend. Participation was voluntary, and those that chose not to attend had a different breakout session available. Flyers were displayed in the academic success centers (ASCs) of all buildings to recruit participation in the breakout session on mental health awareness (see Appendix B). The ASCs are central locations in each building where faculty and staff get their mail and other campus news. A campus-wide email was also sent recruiting all faculty and staff to attend the event (see Appendix C). There was no compensation for participation in any of the breakout sessions.

Tools

The tools utilized for this project were created by the project creator and the project mentor. Information was gathered through research and review of mental health assessment tools used by practitioners.

Surveys. The Doctoral student and project mentor generated the pre and post evaluations (see Appendices D and E). These surveys provide information about each participant's comfort level of mental health before and after the mental health educational intervention. A Likert scale was used to identify the participant's responses to the statements. These surveys consist of statements the individual recognized as strongly disagree, disagree, neutral, agree, strongly agree. The pre and post surveys contained 13 of the same statements with the post-evaluation offering one additional final statement. This final statement helped to determine if the material presented made the participant feel they gained more knowledge on the topic. These statements were selected by the team members based on the expectation of the education to be presented to faculty and staff in this project.

Student video. Scripts that have been written and prepared by the project team were used for this activity (see Appendix F). These scripts included student scenarios. The students that participated in the videos did so with full disclosure of what the project was and the intention of the videos. All participants in the videos signed a consent allowing filming and viewing of the video by college faculty and staff (see Appendix G). The students performed the given script and were recorded. The scenario they performed was paused and allowed time for the program participants to then reflect on the behaviors that may be concerning. The break also allowed for discussion on how the faculty or staff member could approach the student in the video. After the discussion, the participants were asked to determine what resource would serve the student best. Faculty and staff received a worksheet to aide in their observation of the video (see Appendix

H). The worksheet provided them an area to take notes and respond to the questions of the presenters. The presenters engaged participants in a discussion regarding the scenarios one at a time to reinforce the behaviors identified, appropriate measures to address the behaviors, and appropriate referral if any is needed.

Project Plan

Statistics on mental health issues in the 18 to 24-year-old population, in the area of the project, support the idea of education for college faculty and staff (CDC, 2018; Professional Research Consultants, Inc., 2018). Students experiencing mental health issues are unlikely to seek treatment on their own (Albright & Schwartz, 2018; Wyatt, Oswalt, & Ochoa, 2017). Institutions providing postsecondary education to students need to help these students to be successful in and out of the classroom. Many time student behaviors may indicate they are experiencing a mental health issue and the faculty and staff at these institutions may be able to assist them. This project aimed to provide these faculty and staff members with education to understand some of the mental health issues of this population as well as recognition of behaviors that may indicate a problem. The project also provided faculty and staff with the appropriate communication to reach out to students in need and assist them to identify the appropriate resource for that student.

An educational event took place on the professional development day for faculty and staff. On the professional development day, breakout sessions were offered, and individuals were allowed to choose a session they wished to be a part of. The educational intervention was offered as one of these breakout sessions. Communication was released before the event on flyers and in an email that the breakout session for the project was a part of an evidence-based practice initiative project (see Appendices B and C). A participation consent was available at the entrance

before the event (see Appendix I). During the introduction of the educational event, it was shared again that participation was voluntary for the evidence-based practice initiative.

Faculty and staff who chose to take part in the event were first asked to complete a pre-evaluation to determine their level of understanding of mental health on the campus and if they feel prepared to identify and address concerning mental health issues with students (see Appendix D). The presentation began after completion of the anonymous pre-evaluation.

Educational intervention presentation. The information was presented by the project mentor (the institution's counselor), the Doctoral student (an employee of the institution), and the other project member (the Director of Student Life from the institution). These were familiar faces to the faculty and staff and created a comfort level within the educational event. The presenters divided the information into four sections (see Appendix J).

Mental health and the problem on campus. The first portion of the presentation included information regarding mental health and the statistics that warrant the project. This section included a brief definition of anxiety, depression, and suicide and how mental health impacts the 18-24-year-old college students. The national, state and local statistical data were also shared to emphasize the importance of the educational intervention. The initial portion of the presentation also made the connection as to why students experience mental health illness during their college experience.

Concerning behavior recognition. The second portion focused on identifying students that may be experiencing a mental health illness. The education included recognizing behaviors that are associated with a student in need. Since faculty and staff are exposed to students regularly, they learn the students' personalities. The faculty and staff were instructed on the behavior changes that may indicate if the student is experiencing mental health issues.

Intervention. Knowing what to do for the student once they have been identified was the content of the next portion of the educational intervention. Approaching the student is one of the options that was discussed. The words chosen to address the student by the faculty or staff are essential. The wrong words may cause the student to shut down and not share further information as to their feelings. The right words will assist the faculty or staff member to connect the student with the appropriate resource. Participants were given approach strategies on how to initiate a conversation with a student they feel may require mental illness resources.

Resources are available at the institution. These resources were discussed in detail with the faculty and staff in attendance. Identifying which resource is most appropriate for the student's situation and how to initiate a referral was also included in the lecture.

Observation of behaviors on video with discussion. After the educational intervention, participants were asked to watch videos created by the project team. These videos displayed students in a classroom setting displaying behaviors identified as concerning. Participants of the educational intervention were then asked to identify the concerning behaviors they viewed in the videos. A video activity worksheet was provided to take notes (see Appendix H). Discussion of the observed behaviors led to a conversation of the most appropriate way to approach the student. After the determination that the student requires further assistance, the proper resource for the student was selected. The video led to a group discussion guided by the project mentor. After the presentation, a post-evaluation was completed by participants (see Appendix E).

Objectives. The objectives of the project are listed below. Faculty and staff will be able to:

- Improve their knowledge of mental illness by 80% after participating in education as evidenced by the post-evaluation survey and video activity worksheet.

- Recognize 80% of the risk incidence of mental illness and students ages 18 to 24-years of age by the end of the educational intervention as evidenced by the post-evaluation.
- Recognize at least 80% of behaviors that may indicate a student is experiencing a mental health issue by the completion of the educational intervention as evidenced by the video activity worksheet.
- Demonstrate the most appropriate approach to address a student in need 80% of the time after completion of the event verified by their video activity worksheet responses and post-evaluation.
- Solicit the appropriate campus resource for a student in need 90% of the time after participating in the educational intervention and proven through their video activity worksheet and post-evaluation.

Data collection. The pre-evaluation survey was distributed at the beginning of the event (see Appendix D). Participants completed the evaluation as instructed. A large envelope was passed through the room to collect all surveys. These pre-evaluations were completely anonymous and did not have any personal identifying factors listed. One of the project team members collected the envelope and held it until the data was ready to be tallied. After the video activity, video activity worksheets were collected in a similar anonymous process. These video activity worksheets were also kept in the envelope until the project team was ready to decipher the data. The last portion of the event entailed participants complete a post-evaluation survey to determine if the objectives were met (see Appendix E). These post-evaluation surveys were kept anonymous and collected in an envelope until ready for recording results. All evaluations and the video activity worksheets are confidential and were only be viewed by the team members when the data was tallied. The envelopes when collected remained in possession of a team member

until the Doctoral student, and team mentor were able to meet to analyze the data. Data analysis was completed within one week of the completion of the event.

Data Analysis

The pre-evaluation and post-evaluation use a Likert scale of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5) (see Appendices D and E). The quantitative data from the pre-evaluation provided information as to the initial comfort level and feelings of the participant before receiving the educational intervention. The post-evaluation aided in determining if the education provided at the event increased the participant's knowledge of mental health and their ability to assist a student that may be having a mental health issue. Each statement on the pre-evaluation and post-evaluation were placed into an excel table for evaluation. The statements between the two surveys are compatible and allowed direct evaluation on whether or not the education provided accomplished the intended objectives. The final statement on the post evaluation was placed in a results tables to show the effectiveness of the overall project.

Data analysis conducted by the Doctoral student and the project mentor. The quantitative findings of this study were compiled and provided feedback to determine the institution's results. Data was entered by the Doctoral student into an excel spreadsheet in the presence of the project mentor. The spreadsheet allowed direct comparison of the pre and post evaluation responses. Once all of the data was analyzed, it was compiled into tables by the Doctoral student to show if the participants identified an increased comfort level to address and assist students experiencing a mental health issue. The data analysis also aided in identifying any portion of the project that needed modification. A meeting will be held with the Deans, Vice President, and the President of the institution to review the outcomes of the project. Results will also be available to other

interested parties by request. The quantitative data analysis and results tables will be provided at this time. The proposal to offer the event regularly is being considered because of the positive effects seen in the analysis.

Sustainability of the project was promising but will be up to the institution's administration. The event may remain voluntary or become a requirement for faculty and staff. Offering the education at later professional development days will allow faculty and staff who did not participate in the educational event to do so. Offering the education again will also allow those wanting to refresh their knowledge the chance to attend the education again.

The institution's counselor would take the lead role in the future implementation of the evidence-based practice initiative. The counselor may establish a new team of faculty and staff to assist with the delivery of the initiative. The new team members would be responsible for the presentation of the educational material and evaluating any data collected to determine if the objectives of the project were met. The objectives could remain the same unless modifications were needed based on the needs of the audience. The pre and post evaluations and the video activity worksheet could also remain the same and would need to be printed (see Appendices D, E, and H). The video used in the initial educational event would be reusable unless updating was needed. There would essentially be no financial commitment to hold the educational event again. Any adjustments needed in the educational material, pre or post evaluations or the video activity would be completed by the institution's counselor.

Institutional Review Board (IRB)

The institution hosting the evidence-based practice initiative has an IRB process. Completion of the IRB application is the first step (see Appendix K). The completed application was sent to the committee members, and a meeting is held to discuss the project being requested.

Faculty and staff completed the pre and post surveys anonymously. Since their information being collected was done so anonymously, there were no ethical concerns regarding discrimination or identifying an individual's responses. Faculty and staff completed their surveys and put them into envelopes in no particular order maintaining their confidentiality. All data provided in the final analysis was given as quantitative data and again was exempt from any individual identifying characteristics. The participants were informed the data collected would be provided to the college's administration and would be available to them as well if they would like. Participation in the educational event for faculty and staff was voluntary. There was no monetary reward or compensation for participating in the event.

All data collected was for the project and measuring outcomes. After completion of the project, all pre and post evaluations and video activity worksheets have been filed with the project research and creation information. The information collected has been evaluated, and data tables will be presented to the institution's administration for consideration of continuing the project in the future.

Participants recorded for the video activity were given all information regarding the purpose of the project. These individuals provided signed consents providing permission to film them (see Appendix G). This consent stated the video obtained would be used strictly for the educational intervention and that if the project is adopted into policy, it would be utilized as needed for future events. Students participating in the video for the project were not compensated for their time, but it is being evaluated as a project for future student government students.

Chapter III: Organizational Assessment and Cost-Effectiveness Analysis

Organizational Assessment

Readiness for change. As stated by the given statistics throughout this project, the time is appropriate to look at the processes in place regarding working with the college-aged population (JED, 2016; NAMI, 2016; NIMH, 2017; Professional Research Consultants, Inc., 2018). Providing education to those that have access to students is an integral part of that process to aid in the identification and intervention with those that are in need. There are currently no required educational interventions in the state of Illinois for postsecondary institutions related to this topic. There are also no standing mental health education requirements for employees of the selected institution. Research shows that college-aged students are less likely to ask for assistance if they are experiencing a mental health issue (Albright & Schwartz, 2018; Wyatt, Oswalt, & Ochoa, 2017). Also, those with preexisting mental health issues may not be receiving treatment for it. Mental health wellness is a part of overall wellness.

Barriers and facilitators to implementation. Getting buy-in from the college administration is one of the concerns to keep the project going in the future. There is currently support to offer the project as a voluntary event for faculty and staff to attend. Since the results of the final analysis showed promise to aid in the student well-being and mental health issues, the college's administration will need to decide if employees should be mandated to complete it along with other annual development requirements in which the employees would need to be paid for their time, or future educational events for educating faculty and staff and then could remain voluntary.

Faculty and staff may feel they are adequately prepared to identify or address students with mental health issues. Helping them to recognize the knowledge they have may not be sufficient may be a barrier to overcome for participants. Many faculty and staff also

misunderstand the resources on campus. These individuals may feel they have an understanding of them or how to make a referral and do not require the educational opportunity.

The event was provided as part of the professional development day at the institution. A professional development day occurs twice a year for faculty and attendance is required. This event was offered in August at professional development as a breakout session. There were four breakout sessions for faculty choose from, so attendance in the project session was voluntary. The date of the event allowed the education for faculty and staff to be given before students returning to class for the fall semester. By having the event as part of professional development, faculty was present and already on campus without the interference of students or classes.

Risks or consequences. Resources available on campus identified to faculty and staff during the presentation. Identifying what type of situations are appropriate for each and how to initiate the referral process was also included in the activity. There could be issues in future sessions if the resources discussed are no longer available on campus. There are also potential issues if the resource activated does not respond in the expected timeframe.

Additionally, there may be overzealous faculty and staff referring students inappropriately. If the students are referred inappropriately, it will strain the systems and potentially create relationship issues between students and the institution's faculty and staff. Assisting faculty and staff to understand what situation warrants what type of intervention is one of the objectives of the project.

Role of interprofessional collaboration. The project is incorporating a team made up of individuals from the institution that work in different roles and bring a different perspective. The counselor, the project mentor, has a great understanding of the student population and the mental health issues they may experience. The counselor's experience and understanding have helped

the project develop, and this was an instrumental part of the educational presentation that took place. The Doctoral student has a health background and was the lead educator in the emergency medical services area at the institution. The Doctoral student's experience with patients in crises aided in the understanding of the topic and also assisted with developing an appropriate approach to these students that may be in crises. The other team member on campus was the Director of Student Life. The Director of Student Life works directly with students in many areas including clubs and activities on campus. She has a superior ability to relate and communicate with students of this generation

The resources on campus also helped the project by bringing in different areas to assist students. Some students may be referred to the counseling office while more serious situations may need the involvement of campus police. The police would bring in manpower for assistance if a student were threatening harm to themselves or others. A BIT was in place at the institution where the project was being held (Black Hawk College, 2018a). The BIT is an interdisciplinary team of individuals from across campus who would respond if needed for an incident or that would reach out to a student if a referral was made. It was unclear if the faculty and staff understand the purpose of this group or how to make the referral. The proposed project worked to help faculty and staff understand the purpose of these campus recourses. It identified when and how to get each of them involved in a student's mental health situation.

Cost Factors

Budgetary needs. With the project being conducted by the Doctoral student, project mentor, and project member there were no costs for the presenters of the educational intervention during the event (see Appendix L). These individuals donated their time to assist in the completion of the project.

The Doctoral student completed flyers and printed material. The printed material consisted of the pre and post-evaluations and the video worksheets (see Appendices D, E, and H). The fees for these materials did not exceed \$50 and was paid for by the Doctoral student.

The project was given the opportunity to present at the faculty and staff development day. There was no cost presenting the education at the faculty and staff development day. The event was offered as a breakout session and allowed the opportunity for faculty to attend. Faculty from both of the institution's campuses were required to attend the professional development day. Staff from both campuses were also invited to the professional development day; however, for staff attendance was not required. All faculty and staff received the email invite and had the opportunity to see the flyers around campus. No RSVP were required because the room where the event was held would hold over one hundred people and participants would not receive any compensation for their participation.

Cost avoidance or savings associated with implementation. With project being successful and possibly being adopted by the college for future use, the printed material will be available to be recreated in the college campus' print shop. The educational intervention may remain voluntary or may become part of the requirement for employment of all faculty and staff. It may be determined to offer this education as a voluntary breakout session for future faculty and staff development days. The education may also be given as the keynote part of the faculty and staff development day making it required attendance for all. Either way, the project has been created and will not have any financial obligation if it is run in a similar manner in the future.

Chapter IV: Results

Outcomes

Implementation process. Information regarding mental health and college-aged students was startling. The majority of mental illnesses are diagnosed before the age of 24 years (NAMI & JED (2016). Mental health issues occur in 22.1% of individuals between the ages of 18-24 years (NIMH, 2017). The CDC (2018) also confirmed there were over 4,000 suicide related deaths in this population. Even higher incidence was found in the community the project's institution serves (Professional Research Consultants, Inc., 2018) After reviewing this concerning data, the presentation was created as well as a pre-evaluation and a post-evaluation. These surveys were crafted to determine if the objectives of the project were met.

Implementation took place on the college faculty and staff orientation day. Faculty and staff at both campuses were invited to attend the educational session via email and flyers posted across campus. A classroom was secured through the college Dean for the event. Unfortunately, as participants were entering the room it was discovered that the computer and projector were not functioning. The session was moved to another classroom on the lower level. Faculty and staff were asked to follow to the new room. It appeared the majority of the faculty and staff did relocate to the new classroom for the session. The new room was smaller than the intended classroom, but all faculty and staff were able to sit for the presentation.

Those in attendance were asked to review and sign a consent to participate in a research project. Twenty-seven consents were collected by a team member. It is uncertain how many in total were in attendance at the professional development day. Next, the faculty and staff members were asked to complete a pre-evaluation survey distributed by the Doctoral student. There was an error on the survey that was pointed out by a participant. Statement two on the pre-evaluation stated "I recognize the mental health issues in the postsecondary environment more now than prior to the education." The statement was to read "I recognize the mental health issues

in the postsecondary environment.” Instructions were given to the group to eliminate the last portion of the sentence or skip the statement all together. Ten individuals did skip the statement. These surveys were then collected by one of the team members. There were 30 pre-evaluations were collected. It is uncertain who did not complete the consent since all surveys were anonymous.

The Doctoral student conducted the presentation along with one of the team members. A powerpoint created by the team was used to show statistics of mental health and suicide in the college-aged population, warning signs to be alert for, and resources available. Videos of students were imbedded into the powerpoint. These were used as an activity to assess if the faculty and staff in attendance could identify behaviors deemed concerning. A worksheet was created and distributed for the faculty and staff to take notes on. Discussion was held to acknowledge how faculty and staff could approach the student. Once identified, the team members lead a discussion on which resources may be best suited for the student in the video.

A post-evaluation was distributed to the faculty and staff in attendance. It was asked this survey be completed and it would be collected as the individuals exited the room. Upon everyone exiting the room, twenty-seven post-evaluations were collected.

For future offerings, the computer and projector equipment will be tested before the program begins. In the next mental health awareness education for faculty and staff, information will be reviewed more closely and edited prior to distribution to avoid missing some of the intended data. Having participants sign the consent as they enter the room would be helpful to identify early in the session how many were in attendance and that all occupants have consented to the session. The pre- and post- evaluations will also be numbered in the future so the project team will be able to identify if there is a pre- evaluation for every post- evaluation. An

announcement should be made to the participants stating even if they choose not to complete the evaluations, all evaluations need to be turned in to determine total participation.

Analysis of project outcomes. The pre-evaluation (see Appendix D) and post-evaluations (see Appendix E) were created to be able to directly compare how the participant felt before the session and after the session in regards to understanding mental health, identifying concerning behaviors, approaching an individual, and making an appropriate referral. The post-evaluation (see Appendix E) had a final statement to identify the participants' impression of the overall session. Each survey allowed the participant to answer the statements with either strongly disagree, disagree, neutral, agree, strongly agree. All results are listed by the statement on the survey.

Report of findings.

1. I feel I have a responsibility in assisting students to be successful in my classroom.

The majority of faculty and staff members identified that they have a responsibility to help students be successful (see Figure 1). This includes the ability to be mentally prepared for class. After the educational information was presented, 89% of those surveyed strongly agreed they have a responsibility to students in their classroom. This was an increase of 2%.

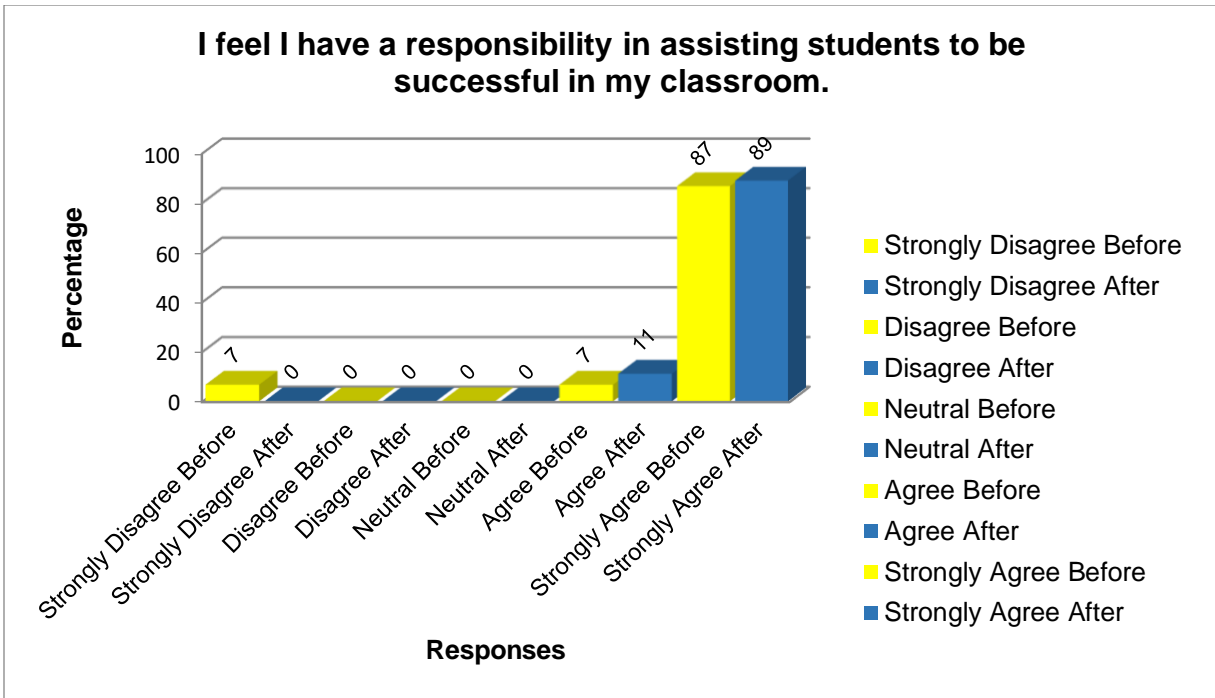


Figure 1. Results for I feel I have a responsibility in assisting students to be successful in my classroom statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

2. I recognize the mental health issues in the postsecondary environment.

Several faculty and staff members identified neutral or disagreed they understood the mental health issues at their institution (see Figure 2). Presenting the information in the presentation helped them to understand there are many mental health concerns students face while in college. Of those that participated, 85% of the participants realize the mental health concerns in the postsecondary institution after the session. This increased from 43% prior to the education.

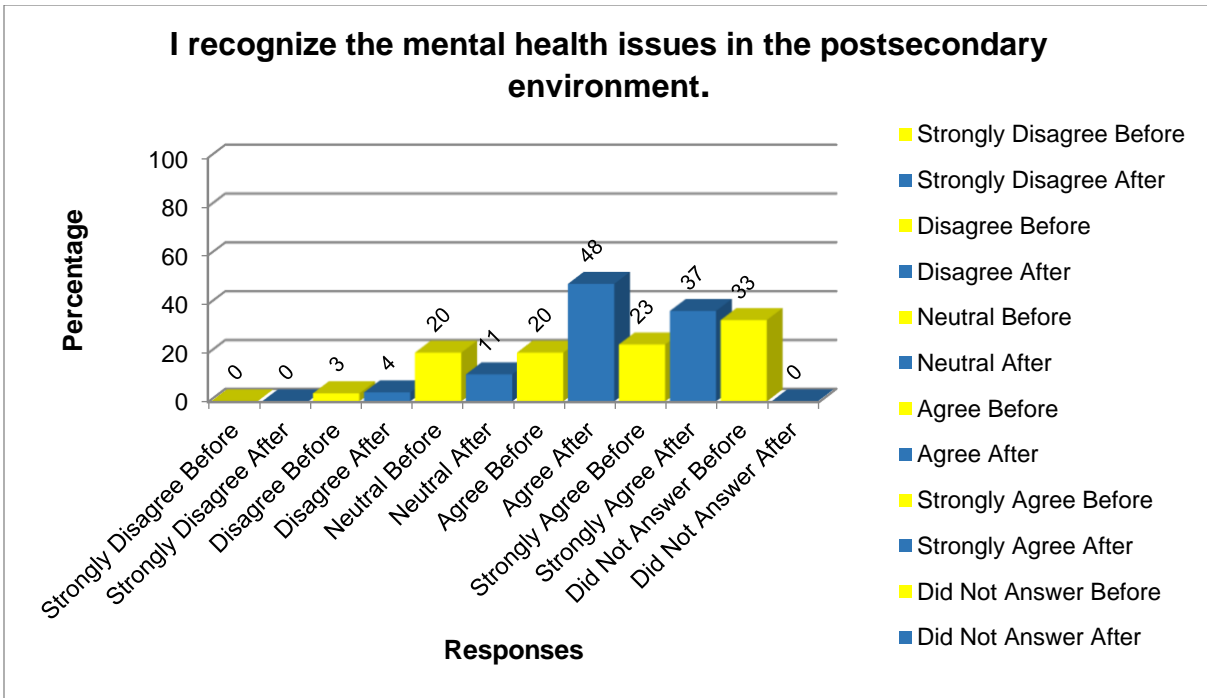


Figure 2. Results for I recognize the mental health issues in the postsecondary environment statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

3. I believe mental health is handled well in the postsecondary environment.

There was a shift after the college's resources were discussed in the educational presentation (see Figure 3). The pre-evaluation identified only 10% of responders agreed mental health is handled well. After receiving the education, 37% responded they agreed or strongly agreed. This is an increase of 27%.

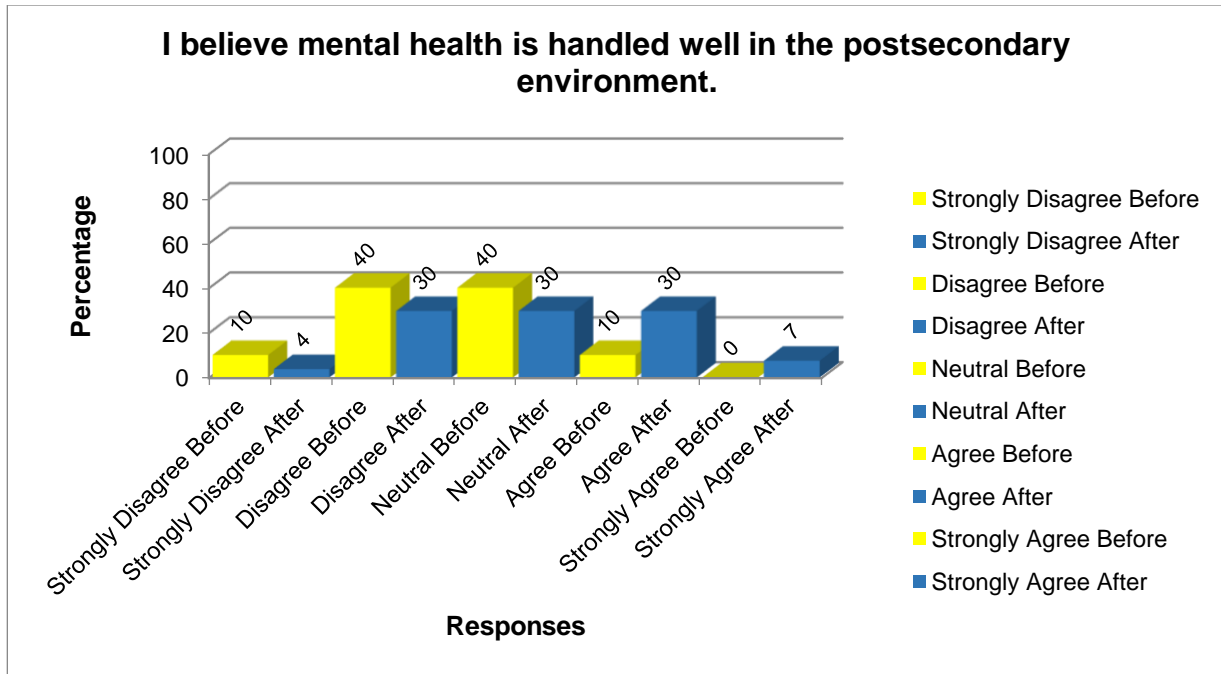


Figure 3. Results for I believe mental health is handled well in the postsecondary environment statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

4. I have knowledge and understanding of mental health issues.

The main objectives of the project included providing faculty and staff with a better understanding of mental health issues. This was identified in statement four on the pre and post evaluations. Prior to the session 36% of participants felt they had some familiarity with mental health. After the session this increased to 74% more than doubling the number of individuals who feel more knowledgeable on mental health.

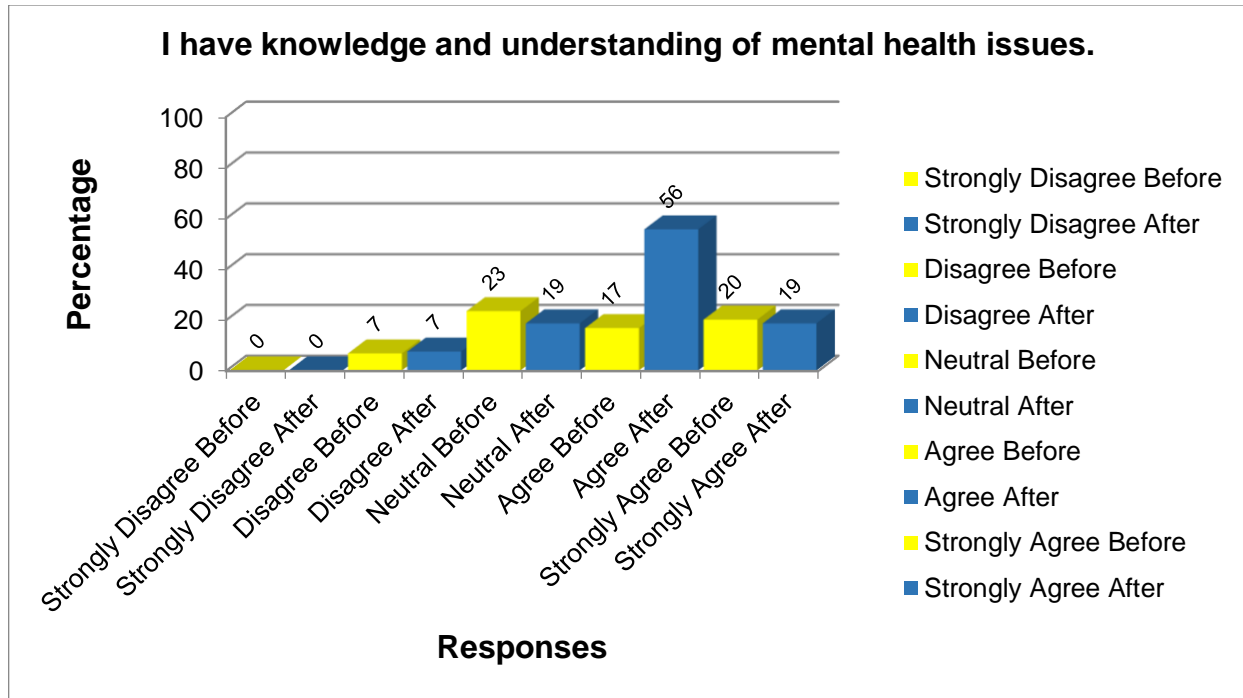


Figure 4. Results for I have knowledge and understanding of mental health issues statement.

Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

5. I understand where I can obtain additional information on mental health topics.

Resources were discussed as part of the educational presentation. Individuals that attended the session recognized more of the resources to obtain information on mental health available after the session. Strongly agree was the response of 33% of the participants on the post-evaluation. This increased by 13%. This statement showed a 13% decrease in the disagree responses.

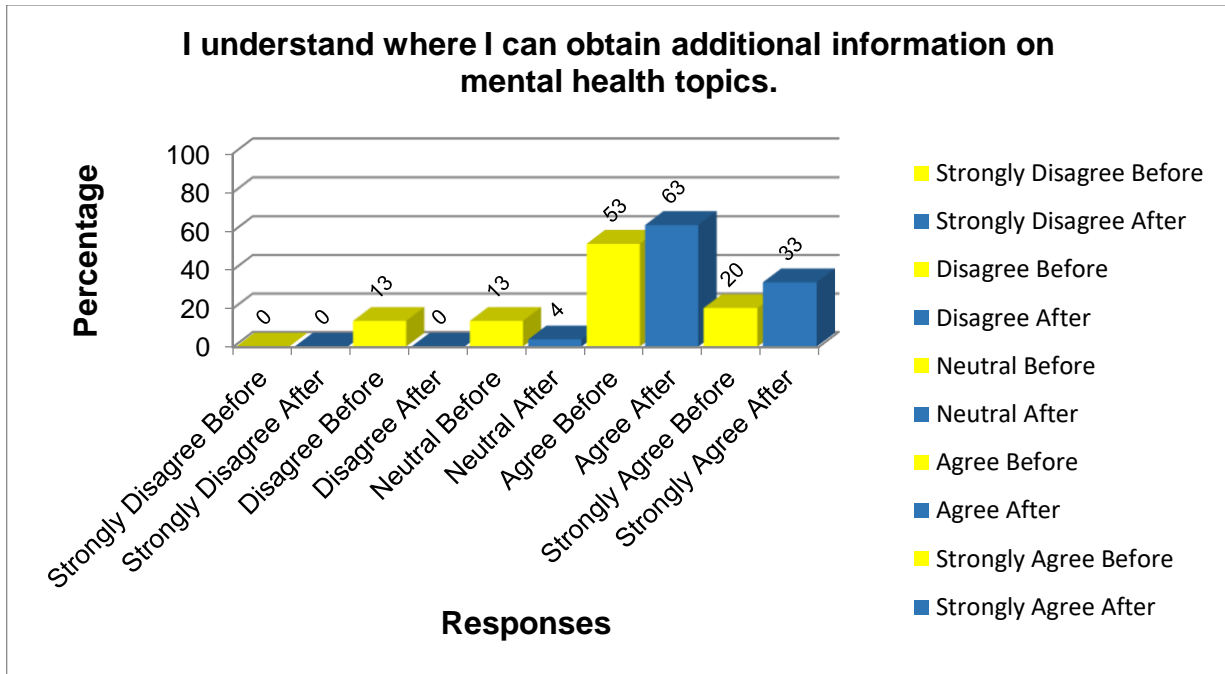


Figure 5. Results for I understand where I can obtain additional information on mental health topics statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

6. I recognize mental wellness is an important part of overall wellness.

The findings were very similar regarding the link to mental health and overall wellness. There was not a large shift in the responses after the educational session. All participants agreed or strongly agreed with this statement. This shows participants are knowledgeable on mental health and its impact on overall health.

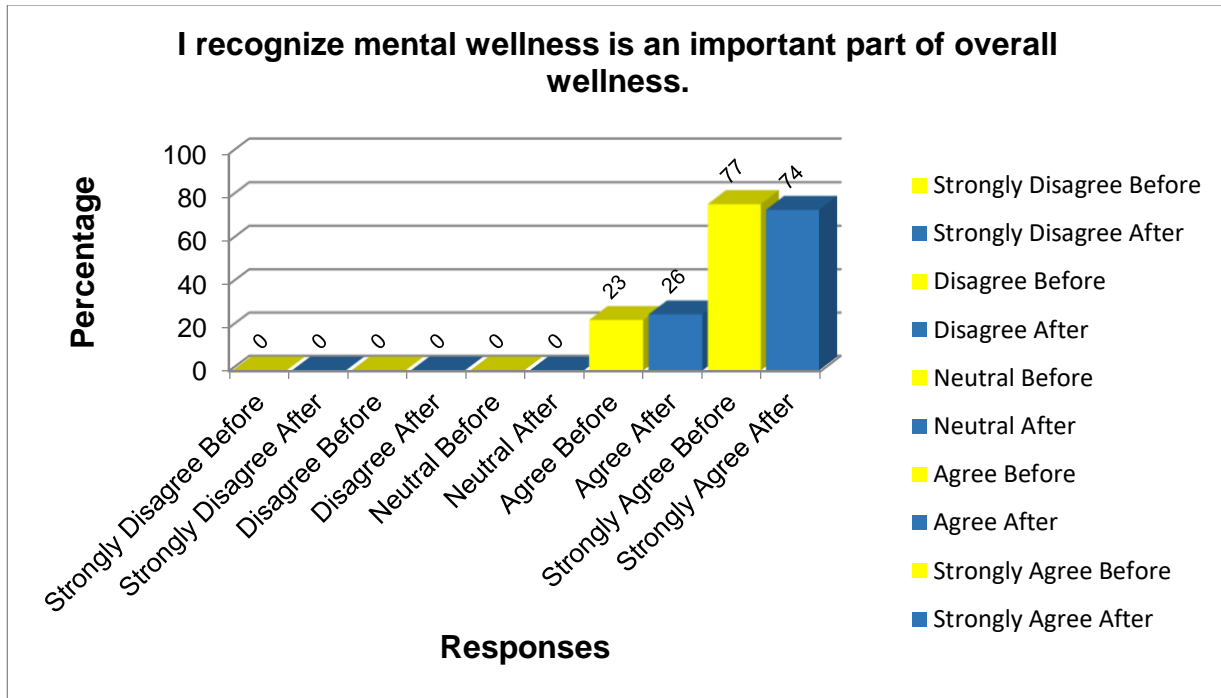


Figure 6. Results for I recognize mental wellness is an important part of overall wellness statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

7. I feel a student with a mental health issue will look for help from appropriate resources.

Supportive data was presented in the session to identify students in postsecondary institutions typically do not seek treatment for mental health concerns. The data collected showed more individuals felt this was true after the session. Due to the large number of disagree responses, it is uncertain if the individuals understood the question or did not feel there was enough information provided in the presentation to support the statement.

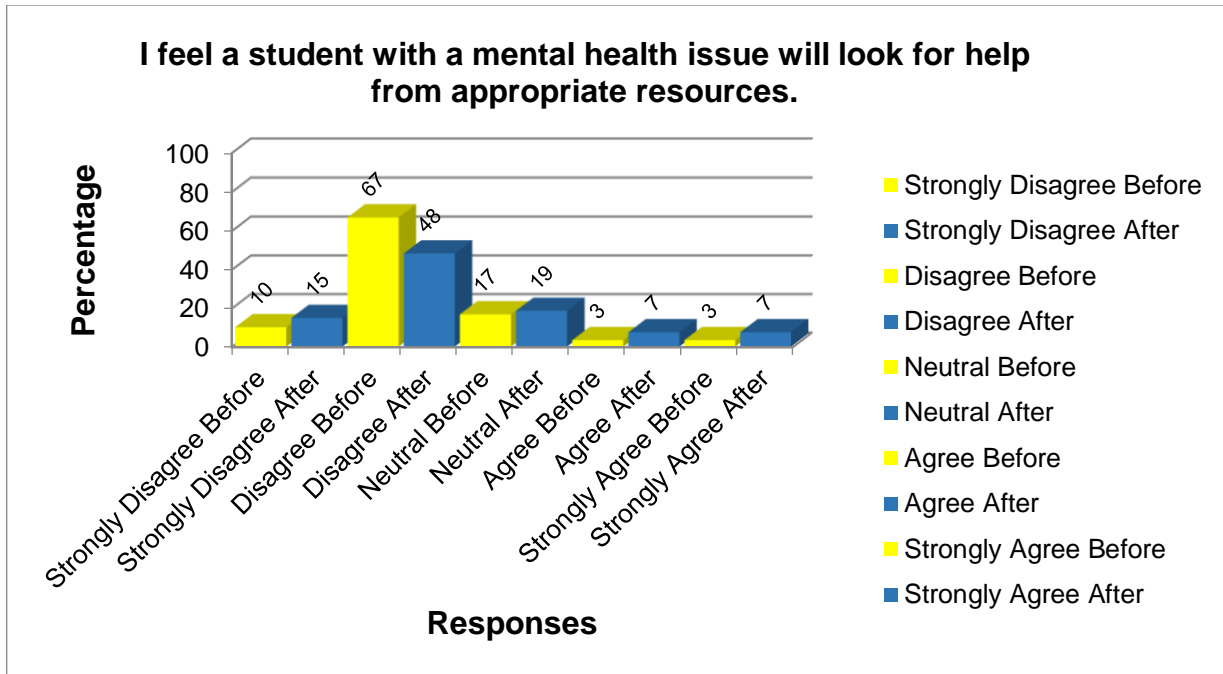


Figure 7. Results for I feel a student with a mental health issue will look for help from appropriate resources statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

8. I can identify a student who is having mental health issues in the classroom.

Another objective of the project was measured with this statement. There was substantial evidence supporting individuals are better prepared to identify mental health concerns in students more so after the presentation. Prior to the presentation almost 27% of participants felt they disagreed or strongly disagree with the statement. After the educational session, this dropped to 4%. The number of individuals that felt they could identify students with mental health concerns after the educational presentation improved by 45%.

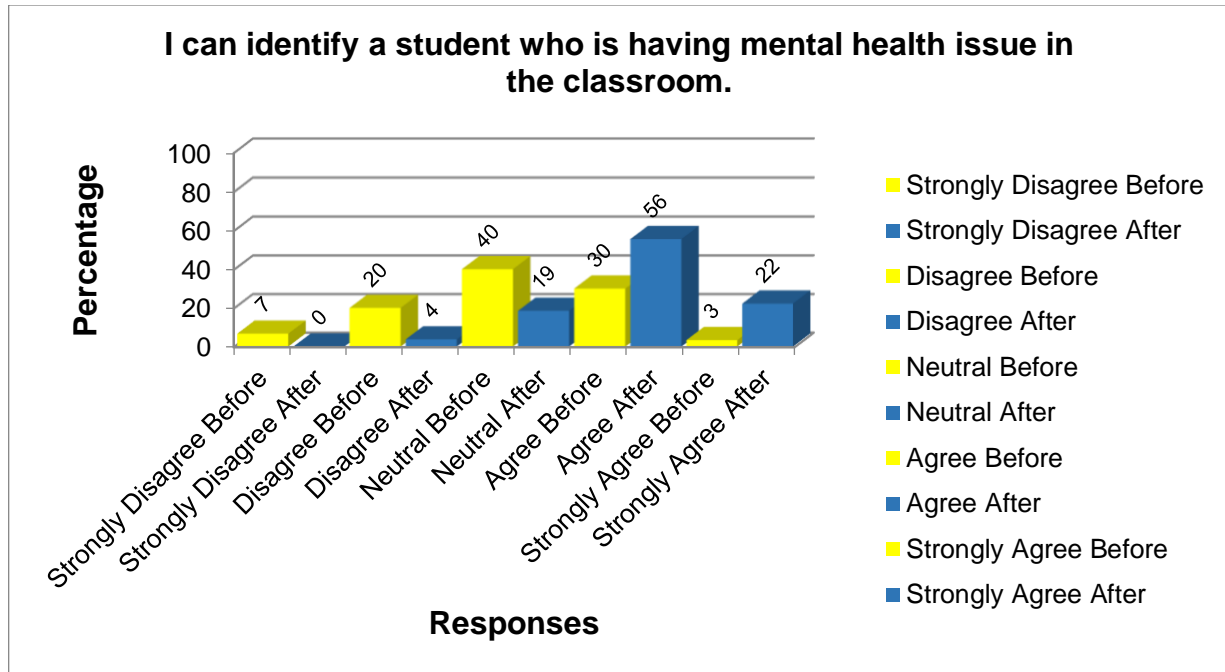


Figure 8. Results for I can identify a student who is having mental health issue in the classroom statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

9.I know how to talk to students when they seem to be struggling with behaviors or emotions.

Addressing students who may be having a mental health issue was also an important part of the presentation. The participants identified prior to the session that they felt comfortable speaking to students that may be having an issue 47%. This increased to 74% because of the information presented in the educational session was effective.

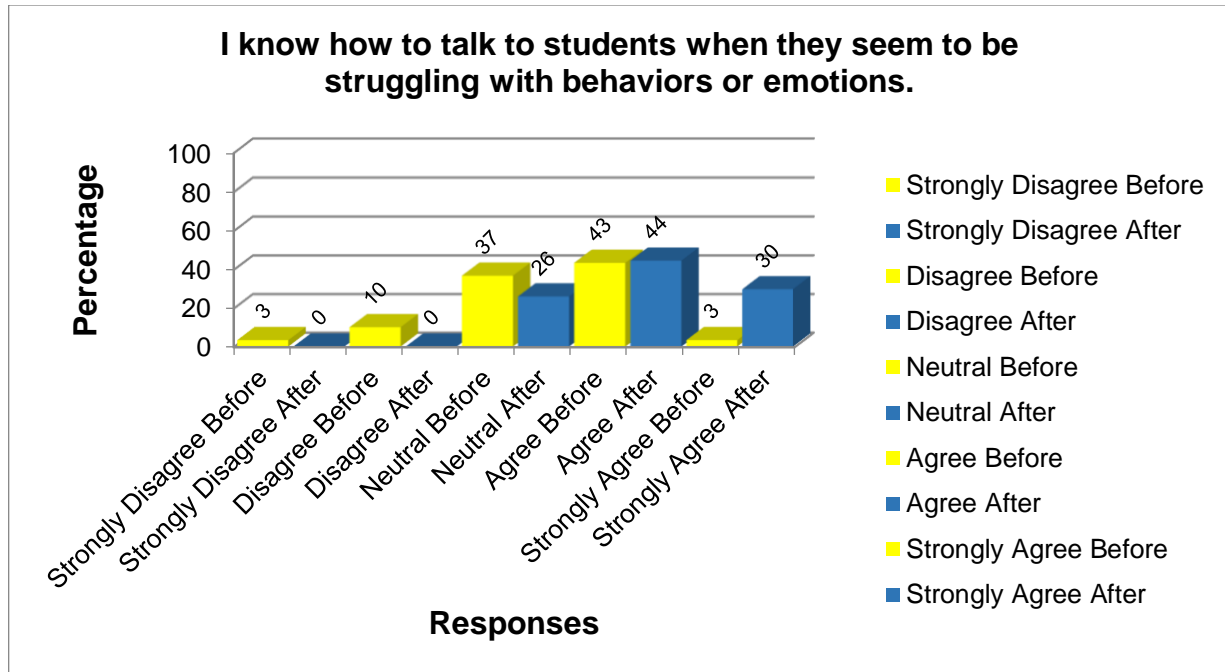


Figure 9. Results for I know how to talk to students when they seem to be struggling with behaviors or emotions statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

10. I know the resources available in my institution to support students' mental health.

Only 63% of participants felt they knew what resources were available at their college. By providing information regarding the counselor, the Behavior Intervention Team (BIT), and the police, the number of participants that could identify the campus resources after the educational session increased to 100%. The information presented included what each resource would offer to the student in need.

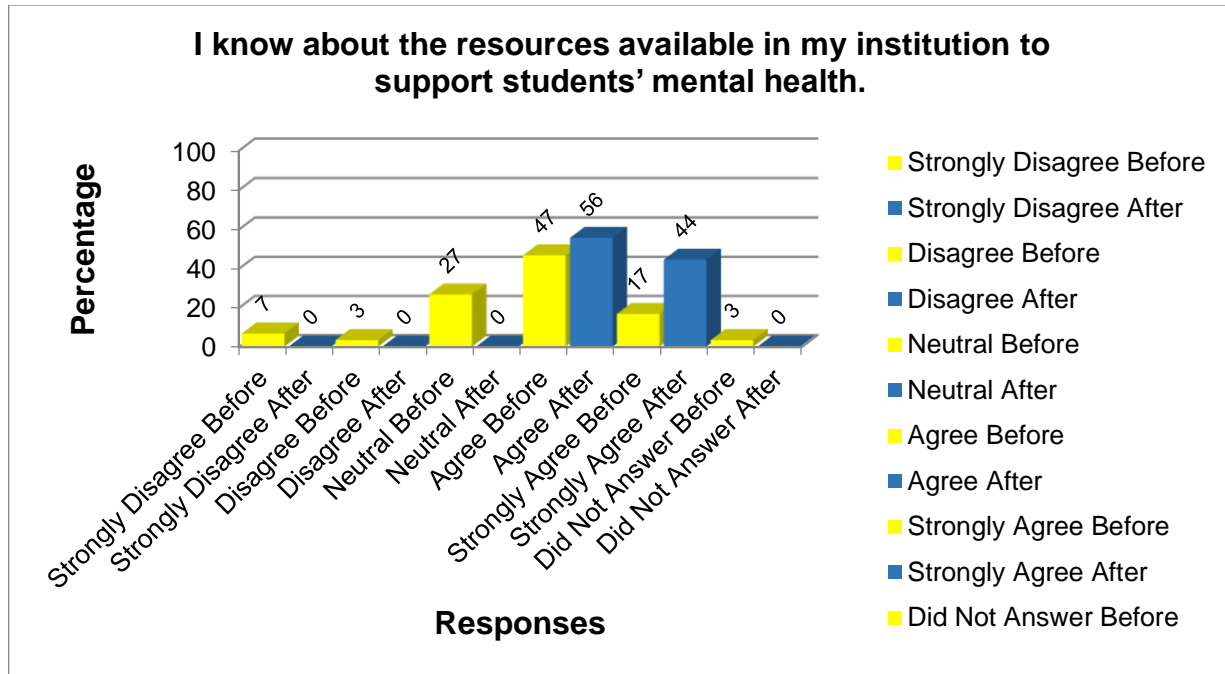


Figure 10. Results for I know about the resources available in my institution to support students' mental health statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

11. I know the steps to take to make a referral for a student who seems to be struggling with behaviors or emotions.

The information provided in the educational session greatly increased the number of faculty and staff that understood how to make a referral to one of the campus resources. It is important to not only identify the resources, but also take the right steps to initiate a referral. Data collected showed 96% of those that attended the presentation felt they knew how to make a referral for a student in need. This was an increase from 60%.

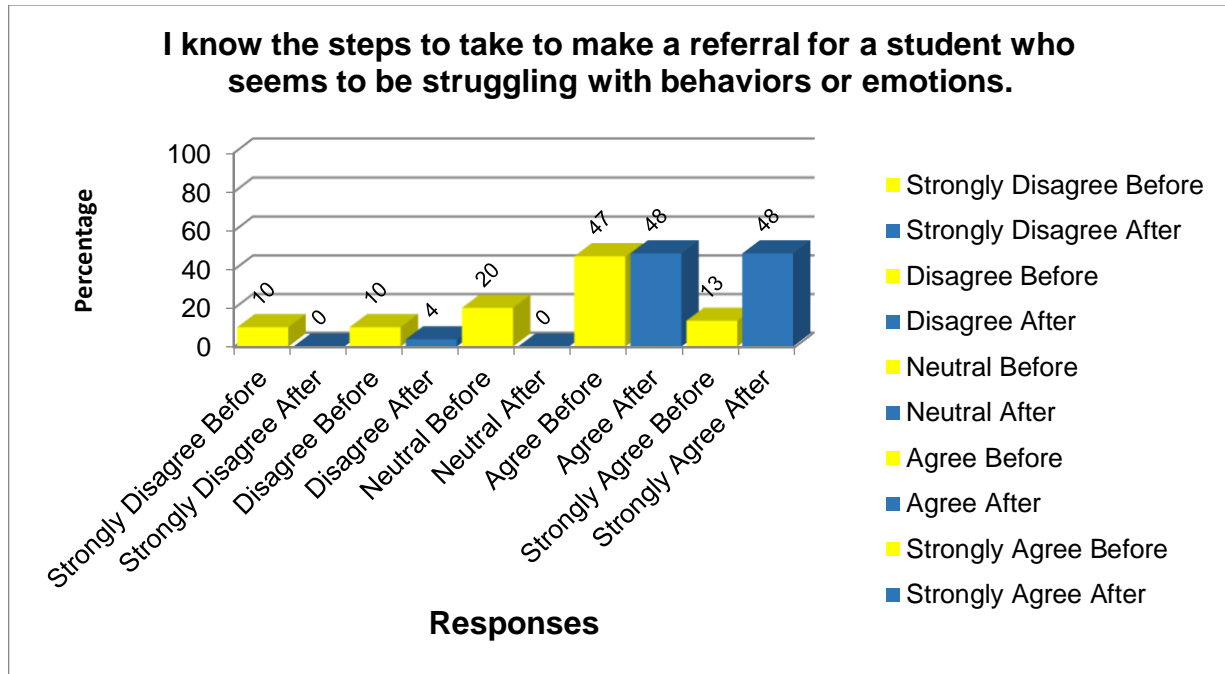


Figure 11. Results for I know the steps to take to make a referral for a student who seems to be struggling with behaviors or emotions statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

12. I can effectively address a situation when a student confides in me that they are thinking of harming themselves or others.

The rate of suicide in the college-aged population is high and it is important that college faculty and staff know how to handle a situation if presented with it. The presentation was shown to increase the ability of faculty and staff to address a situation from 50% to 89%.

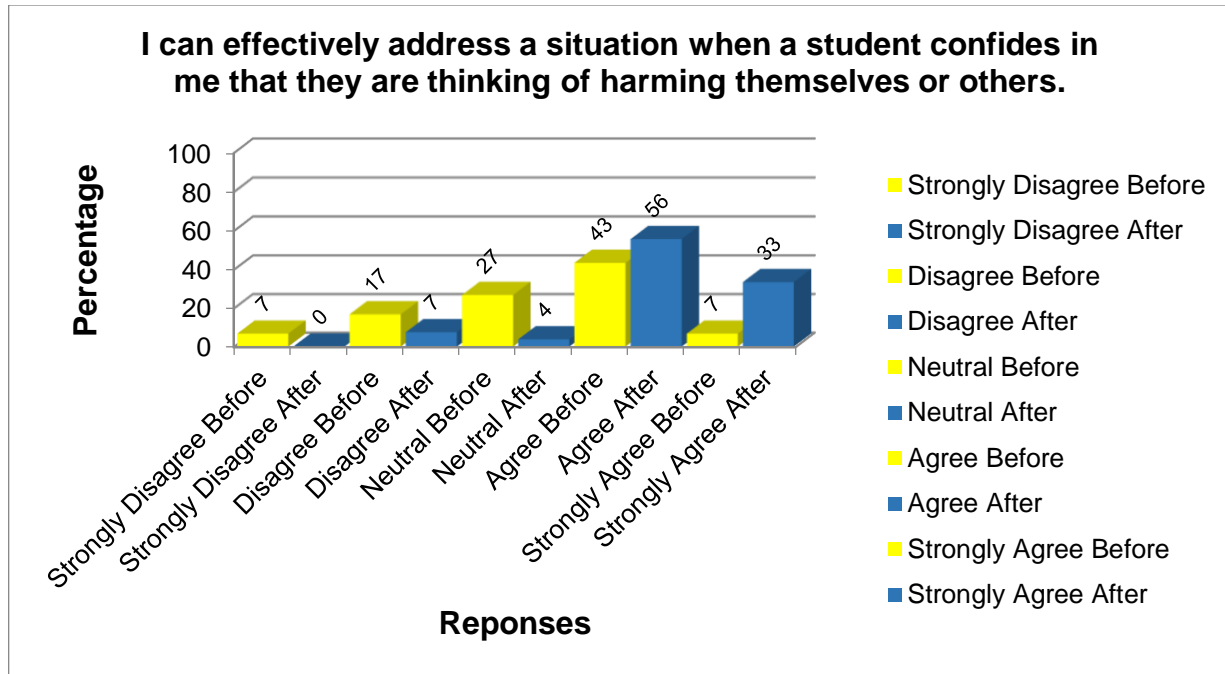


Figure 12. Results for I can effectively address a situation when a student confides in me that they are thinking of harming themselves or others statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

13. I will reach out to a student who appears in need of support for a mental health issue.

The number of faculty and staff members that felt they would reach out to students increased after the session. By providing information during the session on how to approach these students, the number of those that felt they disagreed or strongly disagreed with the statement decreased from 10% to 4%. Those that agreed or strongly agreed with the statement increased from 80% to 96%.

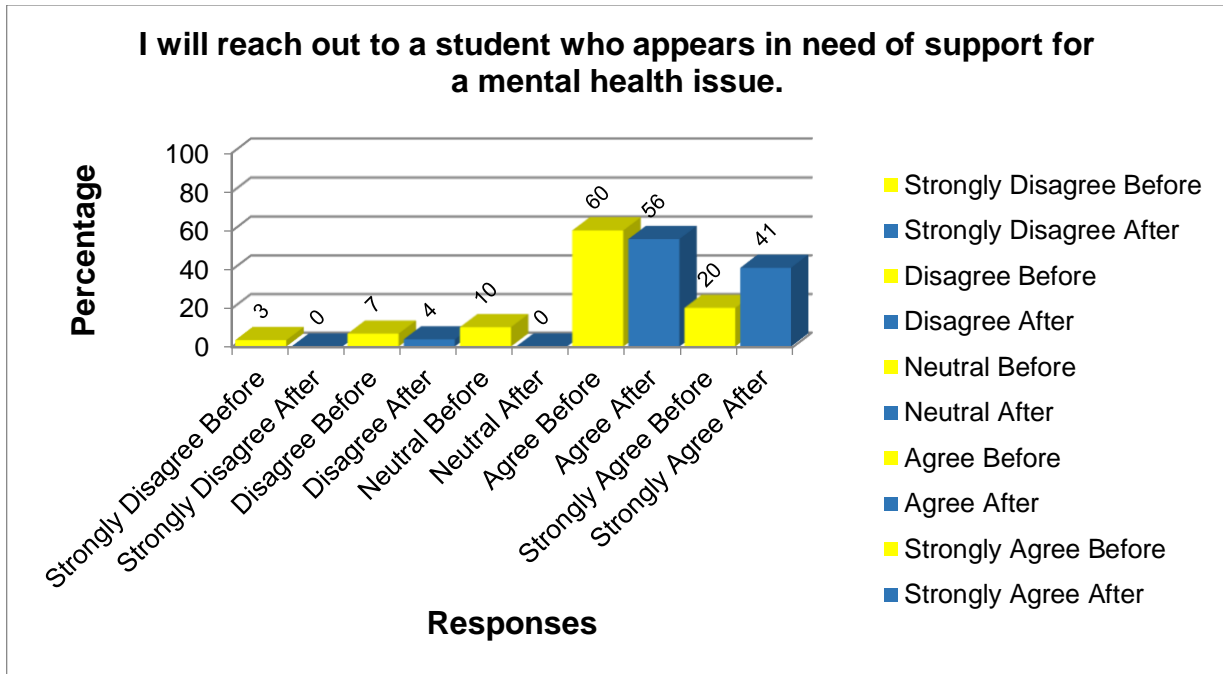


Figure 13. Statement for I will reach out to a student who appears in need of support for a mental health issue statement. Participants were asked how they felt regarding the statement. Light colored columns represent the pre-evaluation responses. Darker colored columns represent the post-evaluation responses.

14. I feel the education provided has given me a better understanding of mental illness in the postsecondary environment.

This final statement was given on the post-evaluation only. 89% of the participants agreed or strongly agreed the information presented helped in their understanding of mental health at their institution. There was 11% that felt neutral or disagreed to this statement.

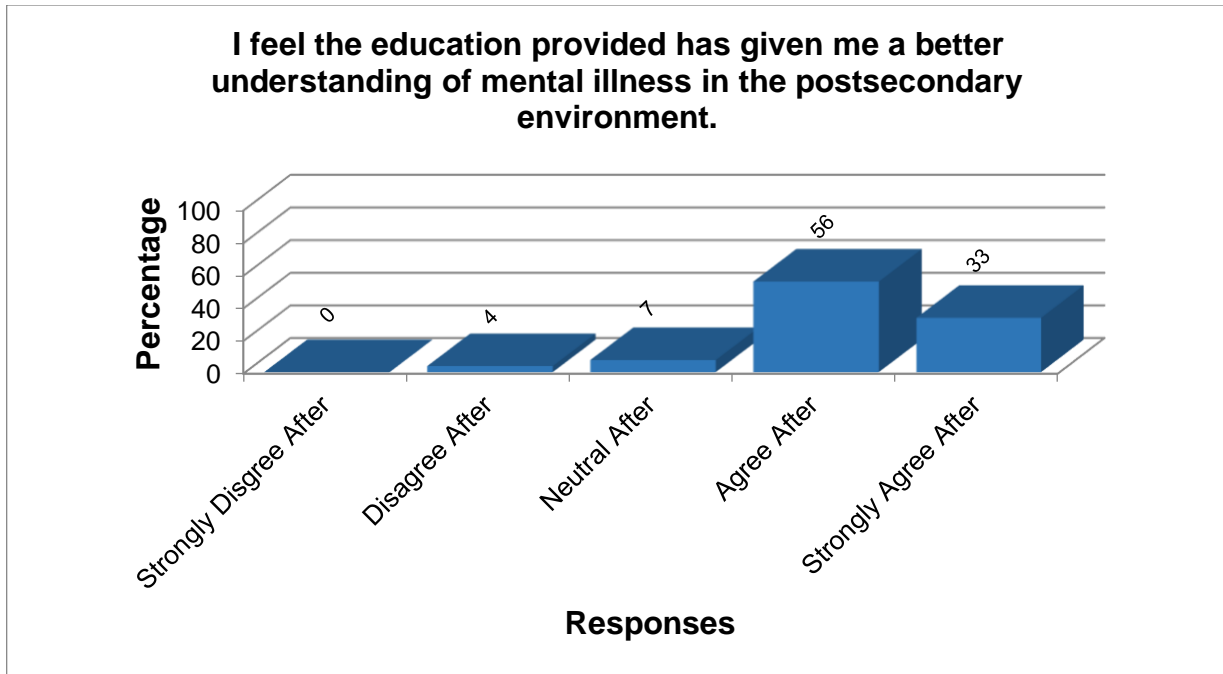


Figure 14. Results for I feel the education provided has given me a better understanding of mental illness in the postsecondary environment statement. Participants were asked how they felt regarding the statement. Results show the responses from the post-evaluation.

Chapter V: Discussion

Objectives

The objectives of this DNP scholarly project were to accomplish the following for faculty and staff in attendance to the educational offering:

- Improve their knowledge of mental illness by 80% after participating in education as evidenced by the post-evaluation survey and video activity worksheet.
- Recognize 80% of the risk incidence of mental illness and students ages 18 to 24-years of age by the end of the educational intervention as evidenced by the post-evaluation.
- Recognize at least 80% of behaviors that may indicate a student is experiencing a mental health issue by the completion of the educational intervention as evidenced by the video activity worksheet.

- Demonstrate the most appropriate approach to address a student in need 80% of the time after completion of the event verified by their video activity worksheet responses and post-evaluation.
- Solicit the appropriate campus resource for a student in need 90% of the time after participating in the educational intervention and proven through their video activity worksheet and post-evaluation.

Limitations

The sample size consisted of 30 participants. Looking at the number of faculty and staff, a larger sample size would have been desired. It was unclear how many were in attendance at the orientation day event to determine what portion of the population participated in the project session. As mentioned, the session had to be relocated and individuals that were going to come late may not have been able to find the room as well.

An error on the pre-evaluation (See Appendix D) form caused individuals not to answer one of the statements. The second statement should not have included the "more now than prior to the education". This may have skewed the results on that particular statement since a third of the participants did not respond at all on the pre-evaluation. Therefore, the comparison graph also may be skewed for that particular statement.

Implications for Practice Change, Future Research, Impact on Nursing, and Health Policy Change

Practice. The project has confirmed to be effective and is of little cost to conduct. The institution should be able to sustain the program implemented. The institution can offer the program at more convenient times and locations for all faculty and staff to attend. The project mentor and leader may continue to offer the program or may add additional team members to aid

in dissemination of the material. Additional team members could be added to support the purpose of the project. An advisor, additional faculty members, and even a member of administration could also be part of the team. The power point and lecture should be updated annually to ensure the latest statistics and resources are included. And the institution already owns the physical equipment for the presentation, including a computer, projector, and screen. Copies of the forms can be made and are very inexpensive. And flyers can be designed and posted in high traffic areas inside the institutions. If postsecondary schools were looking to enhance the mental health education of their faculty and staff, this education would be a cost effective way to do it.

Mental health awareness is a topic that stretches beyond postsecondary institutions. Additional schools including elementary schools, middle schools, and high schools may also benefit by having an educational session such as this. The objectives can be easily modified to any institution. And with little modification, the presentation can be revised for any institution.

Future research. Participation of an interdisciplinary team was an important aspect of the project. The faculty and staff that attended also knew the presenters being the project leader, mentor and team member. This may have helped participants to be more comfortable during the session and open to discussion.

Continued research could be conducted looking at if the faculty or staff utilize the education during an academic year's time. There could also be continued research to identify if the mental health resources are being utilized more because of faculty or staff referrals. Additional sessions that are held could also cause the data to show greater significance in the support of or rejection of the project.

Nursing encompasses mental health. This project focuses on assisting faculty and staff at a post-secondary institution to assist in identifying individuals in need. By providing this education, these individuals will hopefully help students to receive the care they need to address their issues. This may lead to increased numbers of patients for nurses to care for with mental illness. But may also lead to a reduction in the 18-24-year-old suicide rate in the county.

Policies at the institution may initiate the project's education session as part of new faculty and staff orientation. This project could also be implemented at biannual professional development days held at the institution. There is very little cost. The speakers work for the institution and received no additional compensation for the presentation. Mental health awareness education could be used at any college level institution as well.

Nursing. Mental health has a negative stigma surrounding it and we can help to correct this. Many individuals suffer from mental health issues. By providing this education, we are equipping the faculty and staff at institutions to identify individuals with mental issues and help them to a safe place. Nurses could take the project and offer it to other postsecondary educational institutions with the ultimate goal to address mental health concerns in this at risk populations. College students are unlikely to seek help on their own (Albright & Schwartz, 2018; Wyatt, Oswalt, & Ochoa, 2017). Hopefully this will help faculty and staff to recognize students in need and help them find resources that will be most effective in managing their mental health issue. The overall health and wellbeing of a patient is a nurse's goal. So helping those that work more closely with these students may help in the overall wellbeing of the students.

Health Policy.

There are no health policies relating to mental health education in the postsecondary setting in my state that I could locate. Currently, there is are no routinely offered educational

opportunities for mental health awareness education either. There are other programs to help provide education to college professors and staff, but there is little consistency in development or delivery.

This scholarly project could be implemented at the institution with approval of the college's administration. After collecting more data, the project could be presented to other colleges in the area to offer to their faculty and staff. Additional emphasis on mandating mental health awareness education for college faculty and staff should be pursued. This could begin at the state level and expand nationally.

Chapter VI: Conclusion

Value

Empowering the faculty and staff to help students through means other than education is important. This project will be helpful for faculty and staff to recognize and assist students they work with. Faculty and staff have a better understanding of the resources available to them at the institution. This DNP scholarly project may impact the community the institution serves. If students having mental health issues are identified and are able to receive the assistance they need, this may lead to a decrease in the number of suicides in the community. The project could also lead to increased resources at the institution for those in need of mental health assistance. This ripple effect would have an impact on those in need, potentially lower suicide rates, and keep individuals in the community with their families.

DNP Essentials

DNP Essential I: Scientific Underpinning for Practice. Mental health is included in the wellbeing of any patient. The research supports education on mental health has a positive impact on a person's awareness of overall wellbeing. This project focused on educating non-health care

providers on mental health behaviors, approach, and resources. Adapting this project for other groups could be effective as well.

DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking. Faculty and staff at post-secondary institutions work closely with a population with a higher risk for mental illness. By focusing on this group for the project supports the concept of DNP Essential II. Creation of the project required leadership skills and budgeting abilities. Trying to minimize cost while producing a worthwhile project was important for the sustainability of the project. Future sessions of this educational offering can make adjustments based off of the problems encountered in this project. Each time the education is offered changes to make the material can be made as needed to keep the statistics current and produce expected outcomes. The cost of the project is minimal. This makes the educational session easily reproducible and cost effective.

DNP Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice. After researching mental health and identifying the evidence-based practices that are currently being done, the project was designed by the Doctoral student. This research included mental health issues in the college-aged population, common programs that are available around the world to address mental illness, and how to create a program to enhance the knowledge of the faculty and staff of the institution. Creation of the project objectives were also created to support the concept of the project. The implementation of the project was completed on a date that was considered to achieve the most participation. Analysis of the data shows the objectives were met and supports the continuation of the project in the future.

DNP Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care. Technology was used in many

aspects of the project. The Doctoral student and mentor researched material using multiple databases on computers in order to find the most appropriate and up to date information. Once the information was gathered and the program was created, power point was used to create visual aids for the event. Videography was used to record, edit, and present the video activity. The video activity was embedded into the power point for ease of use. Microsoft excel was used to analyze all of the data collected in the pre and post evaluations.

DNP Essential V: Health Care Policy for Advocacy in Health Care. The institution allowing for the project did not have a formal education plan to assist faculty and staff in identifying or handling students having mental health issues (Black Hawk College, 2018c; Black Hawk College, 2017). The project leader saw this as an opportunity to engage faculty and staff at the institution in addressing the mental health needs of students. By conducting the project, faculty and staff are receiving information to reduce stigma and assist students in need. Helping others to see the deficit in mental health preparedness and arm them with knowledge to make a difference in health care was a goal of the project.

DNP Essentials VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes. The Doctoral student utilized many professionals in developing the project. The project mentor was the institution's counselor. The other team member was the student services director. There were also many mental health professionals that were contacted and offered information in how to create the educational presentation. Students of the institution were utilized to create the video activity. These students also offered personal testimony of true student behavior and mental health concerns. The campus' vice president assisted in the scheduling of the project's presentation. There was also additional interest in assisting with the

project after the presentation in case it is to be presented again. All of these professionals assisted in the communication and leadership advancement of the project leader.

DNP Essentials VII: Clinical Prevention and Population Health for Improving the Nation's Health. The project focused on enhancing mental health education for faculty and staff of college students. Specifically looking at the 18-24-year-old population, mental health is a major concern. The suicide rate for this population in the area targeted for the project is higher than the national and state averages (NIMHm, 2017; Professional Research Consultants, Inc., 2018; Substance Abuse and Mental Health Services Administration, 2015). These statistics continue to get worse. Faculty and staff at the postsecondary level have direct interactions with these students and can assist on the front lines to identify and assist students in need. Overall better management of these students may also lead to a reduction in the suicide rate locally.

DNP Essentials VIII: Advanced Nursing Practice. Relationships between many professionals and health care providers including nurses have been developed. These relationships will assist in enhancement of mental health identification in students at the postsecondary institution. The advanced practice nurse will be able to continue to guide the faculty and staff and update them when necessary on additional needs. This project identified the need within the population as well as the need within the college's faculty and staff. The project leader through research and planning was able to create this sustainable program to assist current and possibly future faculty and staff at this institution.

Dissemination

The project will be presented as a DNP scholarly project in a presentation format. The project design and all data will be included to support the effectiveness of the education. The

project paper will be submitted to the DNP repository. Publication in a peer reviewed journal will also be sought with this project.

Presentation of the data to the college administration at the institution will be held in December. This will be a meeting including the Vice President for Instruction, Vice President for Student Services, the team mentor, and Doctoral student. During the meeting, data collected and the objectives met will be provided. The thought is to show the effectiveness of the education and encourage perpetuation of the project.

Personal and Professional Goals

Professionally, I have grown throughout the process of this project. This project is helping to complete my journey to become a family nurse practitioner. I have learned about research and how to conduct a successful project. I can read and understand research on a more meaningful level. Time management and leadership skills have improved a great deal. Leading an interdisciplinary team has also enhanced my communication skills. Problem solving skills were helpful when issues with the project were encountered.

The DNP Essentials have become very familiar to me. Using it throughout this project has made me understand more of the DNP role. I am looking forward to practicing in my community and share all of the knowledge I have gained with my peers, employer, and patients. I would also like to continue the project at the institution and expand upon it to other educational institutions in my community.

Personally, I feel a strong connection to mental health. Working in emergency medicine, I have seen many patients in need of mental health assistance and unable to receive it due to lack of resources. Of course by the time these individuals are coming into the emergency department the situation is severe. By helping identify and assisting students before an emergency

department visit was something I felt I could make an impact on. Engaging educators in one of the highest risk groups in our population was an area I thought I could take on.

I have discovered and refined weaknesses in myself. As well as, identified strengths I hold. This project has provided me with a great challenge to work on something I am passionate about while pursuing my professional goals. As I look back on the completion of the project, I couldn't be more proud of the work I was able to complete. I am hopeful the faculty and staff of the institution that participated in the project truly feel like they can make a difference in the lives of their students, because I sincerely feel they can.

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Appendices

Appendix A

Human Resources Information on Faculty and Staff

Black Hawk College									
Faculty and Staff At a Glance									
FY2012 through FY2019									
	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	
Full Time Faculty									
Associate Degree	1	2	2	1	1	1	1	1	
Bachelor Degree	12	16	17	21	22	21	18	10	
Master's Degree	72	70	72	92	92	79	66	65	
Doctoral Degree	23	22	23	17	21	19	18	17	
Other Education	23	20	19	10	4	3	5	3	
Average Age	49.77	48.71	48.98	49.21	49.44	49.48	49.90	49.18	
Average Length of Service	14.32	12.78	13.29	13.78	14.13	14.56	15.09	13.50	
Part Time Faculty									
Associate Degree	5	9	5	3	8	3	2	7	
Bachelor Degree	42	37	39	44	41	33	37	18	
Master's Degree	87	94	92	81	82	74	51	47	
Doctoral Degree	22	18	13	14	12	9	11	11	
Other Education	44	38	40	28	9	7	13	28	
Average Age	52.17	52.72	52.17	53.94	54.38	52.20	52.80	51.52	
Average Length of Service	7.96	9.58	8.65	7.97	8.51	7.98	8.51	8.2	
Full Time Staff									
Associate Degree	42	19	20	19	21	18	17	29	
Bachelor Degree	53	56	56	50	58	55	52	66	
Master's Degree	31	32	33	33	34	30	35	43	
Doctoral Degree	9	7	7	4	4	5	6	4	
Other Education	88	114	113	92	87	71	65	51	
Average Age	49.65	49.31	50.27	49.79	49.79	49.94	50.04	50.27	
Average Length of Service	14.11	13.22	13.86	13.23	13.20	13.43	13.39	11.50	
Part Time Staff									
Associate Degree	12	13	12	1	1	2	2	9	
Bachelor Degree	19	18	18	4	1	2	5	13	
Master's Degree	8	10	9	4	6	4	4	6	
Doctoral Degree	2	1	1	1	1	1	1	1	
Other Education	53	44	55	79	53	75	72	90	
Average Age	49.82	47.16	47.77	48.28	49.71	48.18	48.79	44.71	
Average Length of Service	7.57	8.20	6.58	6.50	6.38	5.87	5.69	4.87	

Provided by Black Hawk College Human Resources Department February 19th, 2019.

Appendix B

Flyer



We are on the frontlines of mental health illness.

Join us for

Mental Health Awareness Education for College Faculty and Staff

on assembly day.

August 13th, 2019

Breakout session #1

The Hawk's Nest

This event is open to all faculty and staff.

We will discuss mental illness and the incidence of it in our student population.

We will also identify behaviors that may indicate that students are in need of assistance.

Appropriate approach and referral are important for these students and will also be reviewed during the event.

*This is an evidence-based practice initiative for the requirement of Degree of Doctor of

Nursing Practice for Marci Miner. If you have questions regarding the event feel free to contact

Marci Miner (ext. 5361) or Wendy Bock (ext. 5199)

Appendix C

Email Invitation

To All Faculty and Staff,

We are on the frontlines of mental health illness.

Join us for
Mental Health Awareness Education for College Faculty and Staff
on assembly day.

August 13th, 2019
Breakout session #1
The Hawk's Nest

This event is open to all faculty and staff.
We will discuss mental illness and the incidence of it in our student population.
We will also identify behaviors that may indicate students are in need of assistance.

Appropriate approach and referral are important for these students and will also be reviewed during the event.

*This is an evidence-based practice initiative for the requirement of Degree of Doctor of Nursing Practice for Marci Miner. If you have questions regarding the event feel free to contact Marci Miner (ext. 5361) or Wendy Bock (ext. 5199)

Appendix D

Pre-Evaluation

Mental Health Literacy in Postsecondary Education Faculty and Staff Pre-Evaluation

Please indicate the response that best describes your feelings to the given statement.

This survey is completely anonymous.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I feel I have a responsibility in assisting students to be successful in my classroom.					
2	I recognize the mental health issues in the postsecondary environment more than prior to the education.					
3	I believe mental health is handled well in the postsecondary environment.					
4	I have knowledge and understanding of mental health issues.					
5	I understand where I can obtain additional information on mental health topics.					
6	I recognize mental wellness is an important part of overall wellness.					
7	I feel a student with a mental health issue will look for help from appropriate resources.					
8	I can identify a student who is having mental health issue in the classroom.					
9	I know how to talk to students when they seem to be struggling with behaviors or emotions.					
10	I know about the resources available in my institution to support students' mental health.					
11	I know the steps to take to make a referral for a student who seems to be struggling with behaviors or emotions					
12	I can effectively address a situation when a student confides in me that they are thinking of harming themselves or others.					
13	I will reach out to a student who appears in need of support for a mental health issue.					

Appendix E

Post-Evaluation

Mental Health Literacy in Postsecondary Education Faculty and Staff Post-evaluation

Please indicate the response that best describes your feelings to the given statement.

This survey is completely anonymous.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I feel I have a responsibility in assisting students to be successful in my classroom.					
2	I recognize the mental health issues in the postsecondary environment more now than prior to the education.					
3	I believe mental health is handled well in the postsecondary environment.					
4	I have knowledge and understanding of mental health issues.					
5	I understand where I can obtain additional information on mental health topics.					
6	I recognize mental wellness is an important part of overall wellness.					
7	I feel a student with a mental health issue will look for help from appropriate resources.					
8	I can identify a student who is having mental health issues in the classroom.					
9	I know how to talk to students when they seem to be struggling with behaviors or emotions.					
10	I know about the resources available in my institution to support students' mental health.					
11	I know the steps to take to make a referral for a student who seems to be struggling with behaviors or emotions					
12	I can effectively address a situation when a student confides in me that they are thinking of harming themselves or others.					
13	I will reach out to a student who appears in need of support for a mental health issue.					
14	I feel the education provided has given me a better understanding of mental illness in the postsecondary environment.					

Appendix F

Script for Role Play Videos

Video #1

Setting: Classroom with an instructor in front of the class of students. Instructor passes out graded test.

Student #1: Looks pleased with her grade looking over her paper.

Student #2: Frustrated appearing with her paper crumpling it up and shoving it in her bag. She shakes her head in displeasure.

Video #2

Setting: Hallway with one student sitting in a chair

Student #1: Sitting in chair visibly upset and wiping face with tissue.

Student #2 and #3: Walking by having a conversation. They notice the upset student but continue on their way without interacting with Student #1.

Video #3

Setting: Student sitting in hallway appearing very anxious.

Student #1: Sitting appearing very anxious with constant moving and deep breathing.

Student #2: Approaches and appears to offer help.

Student #1: Shaking her head no and continuing to fidget and deep breath.

Video #4

Setting: Table and chair in open student area with a student studying with multiple books and notebooks.

Student #1: Working on something with multiple resources open and searching for information.

Student appearing very frustrated and continues to look for an answer without appearing to find it.

Appendix G

Video Participant Consent

Mental Health Awareness Education for College Faculty and Staff

Principal Investigator: Marcella Miner

Project Team Members: Wendy Bock and Jana Koch

I am a graduate student at Bradley University, working on my Degree of Doctor of Nursing Practice. The project team is planning to conduct an evidence-based practice initiative, which we invite you to take part in. This form has important information about the reason for doing this study, what we will ask you to do if you decide to be in this study, and the way we would like to use information about you provide if you choose to be in the study.

Why are you doing this study?

You are being asked to participate as an actor in a video recording to be used in an evidence-based practice initiative about mental health awareness. The purpose of the study is to provide education to college faculty and staff preparing them to recognize student behaviors that may indicate a mental health issue. Tactics that may assist in addressing these students and making an appropriate referral will also be discussed.

What will I do if I choose to be in this study?

You will be recorded performing a script prepared by the project team.

What are the possible risks or discomforts?

There are no anticipated risks to your participation. If you feel uncomfortable during the recording of the roleplay, you may opt out at any time.

What are the possible benefits for me or others?

There are no identified benefits of your participation in this project.

How will the information about me be protected, and how will that information be shared?

Your personal information will not be shared in any way with participants of the evidence-based practice initiative. Contact information will be confidentially maintained by the project team.

Whom can I contact if I have questions or concerns about this research study?

If you have questions, you are free to ask them now. If you have questions later, you may contact the researchers.

Marcella Miner	309-796-5361	minerm@bhc.edu
Wendy Bock	309-796-5199	bockw@bhc.edu
Jana Koch	309-796-5177	kochj@bhc.edu

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will be provided a copy of this consent form upon request.

Participant's Name (printed)

Participant's Signature

Date

Appendix H

Video Activity Worksheet

Mental Health Awareness Education for College Faculty and Staff Video Activity

After watching each video, identify if the student is displaying any concerning behaviors. If so, identify how you would approach the student and address your concerns. As you receive the student’s response, identify if the student is in need of intervention with one of the campus resources.

Video 1

Concerning behaviors:
Approach:
Intervention:

Video 2

Concerning behaviors:
Approach:
Intervention:

Video 3

Concerning behaviors:
Approach:
Intervention:

Video 4

Concerning behaviors:
Approach:
Intervention:

Appendix I

Participant Consent

Mental Health Awareness Education for College Faculty and Staff

Principal Investigator: Marcella Miner

Project Team Members: Wendy Bock and Jana Koch

I am a graduate student at Bradley University, working on my Degree of Doctor of Nursing Practice. The project team is planning to conduct an evidence-based practice initiative, which we invite you to take part in. This form has important information about the reason for doing this study, what we will ask you to do if you decide to be in this study, and the way we would like to use information about you provide if you choose to be in the study.

Why are you doing this study?

You are being asked to participate in evidence-based practice initiative about mental health awareness. The purpose of the study is to provide education to college faculty and staff preparing them to recognize student behaviors that may indicate a mental health issue. Tactics that may assist in addressing these students and making an appropriate referral will also be discussed.

What will I do if I choose to be in this study?

You will be asked to complete an anonymous pre-evaluation of your mental health awareness comfort level. A presentation will then be given followed by an anonymous post-evaluation of your mental health awareness comfort level.

What are the possible risks or discomforts?

There are no anticipated risks to your participation. If you feel some discomfort, feel free to step out of the room or skip the activity.

What are the possible benefits for me or others?

The possible benefits to you from this study include improved knowledge and comfort in approaching a person with a mental health issue. You may also gain knowledge of the available resources on campus for students experiencing a mental health issue.

How will the information about me be protected, and how will that information be shared?

Results of this study may be used in publications and presentations. Your study data will be handled as confidentially as possible. All collected material, including the pre-evaluation and post-evaluation, will have no personal identifying factors and only will only be viewed by the project team.

Whom can I contact if I have questions or concerns about this research study?

If you have questions, you are free to ask them now. If you have questions later, you may contact the researchers.

Marcella Miner	309-796-5361	minerm@bhc.edu
Wendy Bock	309-796-5199	bockw@bhc.edu
Jana Koch	309-796-5177	kochj@bhc.edu

Consent

I have read this form and the project has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the evidence-based practice initiative described above and will be provided a copy of this consent form upon request.

Participant’s Name (printed)

Participant’s Signature

Date

Appendix J

Educational Outline

Educational Outline for Mental Health Awareness Education for College Faculty and Staff

I. Statistical Data

II. Mental Health Issues

- A. Depression
- B. Anxiety
- C. Suicide
- D. Risk factors for college students

III. Acknowledge and Act

- A. Behavior warning signs
- B. Approach
- C. Referral
 - 1. Counselor
 - 2. Behavioral Intervention Team
 - 3. Police

IV. Video Work Sheet Activity

Pre-evaluation survey to be completed prior to beginning the project. Participants may come with the pre-evaluation completed or may need a few minutes at the beginning of the session to do it.

Post-evaluation survey should be completed prior to the participants leaving the session.

Appendix K

IRB Forms

Black Hawk College Summary of Research Involving Human Subjects FORM B

*A member of Black Hawk College faculty must be principal investigator, co-investigator or faculty sponsor for projects utilizing human subjects in research. The faculty member is considered the responsible party both for content of the application and for subsequent supervision of the project. In order to facilitate project approval, it is necessary that the application is complete and that all required information is included in the application. Delays in approval are frequently a result of insufficient information. Insert N/ A if not applicable.

Principal Investigator(s)* Marcella Miner

Check one: Faculty Undergraduate _____ Staff _____

Department Allied Health Phone number ext. 5361

Mailing Address 202 Lakeside Dr Erie, IL 61250

Email minerm@bhc.edu

Faculty Sponsor* (if applicable) or Co-investigator Wendy Bock

Check one: Faculty Undergraduate _____ Staff _____

Department Counseling Phone number ext. 5199

Mailing Address _____

Email bockw@bhc.edu

Co-investigator Check one: Faculty _____ Undergraduate _____ Staff _____

Department _____ Phone number _____

Mailing Address _____

Project Title Mental Health Awareness Education for College Faculty and Staff

Course Number and Name (if research is a class project)

Bradley University NUR 725 DNP Practice Seminar II and NUR 826 DNP Practice Seminar III

Proposed Starting Date 04/01/19 Proposed Completion Date 04/01/20

Filing Status (Please check one)** Exempt Nonexempt Note one year limitation for Research Review

**The IRB should receive four (4) COPIES OF ANY Exempt proposal and ten (10) copies of any Nonexempt proposal.

OFFICE USE ONLY - PLEASE DO NOT FILL IN

Date Received _____ Copies to _____

Review Date _____ Action Taken _____

PLEASE ATTACH THE INFORMATION BELOW TO FORM B

If you are eligible for exempt status, include items 1-5 and skip questions 6-11. If you are applying for nonexempt status, please answer all questions, 1-11. All individuals must sign the investigator's assurance.

1. Briefly describe the methods and procedures to be used during this research project.
Include: a short paragraph describing the purpose and objectives of this research and a description of the subject population.
2. Include a copy of any questionnaire, survey, testing instrument, participant instructions, etc. to be used in this project.
3. Describe the methods by which informed consent will be obtained from the subjects (include a copy of the informed consent document, survey, cover letter of instructions, etc.)
4. Provide information regarding any other approvals which have been or will be obtained (e.g., school districts, cooperating institutions).
5. Sign investigator's assurance.
6. Describe the overall purpose and primary objectives of the project.
7. Briefly describe the subject population (Le. sample) to be used. Also describe the procedures for identifying or obtaining the subjects, subject compensation (if any), and the research procedures to be used in treating or obtaining information from the subjects.
8. Briefly describe the procedures to be used to assure the confidentiality of subject data specifically addressing whether subjects will be identifiable from raw and/or refined data, how such data will be protected from non-project personnel, whether the identifiable data will be destroyed when no longer needed, and whether project publications will allow

identification of individual subjects. Describe how subject's welfare will be safeguarded (e.g. through screening of risk-prone individuals or ensuring availability of psychological or medical aid). Where appropriate, describe also the methods to be used to ensure the confidentiality of subjects' data and/or responses.

9. Describe the potential risks to subjects that may result from the project. Provide a frank description of potential risks (physical, psychological, social, legal or other) to subjects, together with assessment of their likelihood and seriousness. If methods are to be used which create risks, explain why these methods are suggested in preference to others which might not entail such risks. If no risk is seen, indicate why unless it is obvious to a non-specialist.
10. Describe the potential benefits to subjects or society that may result from the project. Provide an assessment of the potential benefits of the investigation for both the research participants and society in general.
11. Provide an explanation of how the benefits of the project justify the risk to research participants.

Appendix L

Budget

Item	Number	Cost
Flyers (Color printed)	30	\$25.00
Emails	519 (All faculty and staff)	No cost
Presenters	3 (Project Creator, Project Mentor, Additional Project Team Member)	No cost
Students for Video Creation	9 Students	No cost
Videography	2 Videography Students with use of institutions equipment	No cost