



Strategic Implementation of Mental Health Training on College Campuses

A Quick Guide to Implementing Accessible, Empowering, and Effective Mental Health Training Programs for College Faculty, Staff, and Students

A founding principle of [The Jed Foundation \(JED\)](#), a national non-profit that exists to protect emotional health and prevent suicide for our nation’s teens and young adults, is that support for emotional well-being and prevention of suicide and substance misuse must be a campus-wide responsibility. No longer can these issues fall solely to health and counseling centers. While those offices have an important role to play, it is the responsibility of everyone on campus to promote and protect the mental health of the campus community. This is not just a philosophy - we are seeing [increasing trends](#) in students seeking mental health support from faculty, staff, and other students. Faculty are on the frontlines and have the most interaction with students. Instructors are often willing to help, and even feel a responsibility to help, but need and often ask for the training, guidance, and support to do so. Mental health training for faculty can help distinguish and clarify what their role is in supporting student mental health: they aren’t mental health professionals, but they have an important role to play.

A Shift from the Term “Gatekeeper” to “Mental Health Training”

For many years, staff on college campuses, often from counseling centers, have offered “Gatekeeper Training” for students, faculty, and staff focused on how to listen, support and refer students to services if/when they express mental health concerns or display concerning behavior. Most gatekeeper trainings focus on suicide prevention, but many trainings also address common mental health issues, such as depression, anxiety, and substance use. Recently, higher education professionals within the [JED Campus](#) community have begun to question the “gatekeeper” terminology, as oftentimes the “gatekeepers” within our society are defined as holding power and accessibility to support resources, thereby posing social justice implications. The term “gatekeeper” is not exactly consistent in definition to suicide prevention training, and the term can imply a level of responsibility that staff and faculty may not feel equipped to handle (i.e., “I don’t feel like a Gatekeeper”). In an effort to equip more higher education professionals to engage in mental health advocacy and understand the roles that they play in supporting student mental health, JED suggests a shift from the term “Gatekeeper Training” to “Mental Health Training.”

If you are considering implementing or revamping mental health training programs at your college or university, the following are some questions to consider.

What types of mental health training programs are available?

Here is a comprehensive list of training programs, including QPR (Question, Persuade, Refer), provided from the [Suicide Prevention Resource Center](#). Another popular training program is [Mental Health First Aid](#). In addition, JED offers ready-to-go [You Can Help A Student/Friend](#) workshops that include a facilitator’s guide and pre and post assessment tools that can be used to measure learning outcomes. Schools may choose to design their own, customized training program, such as [Ohio State’s REACH suicide prevention training program](#) and the [University at Albany’s Save-A-Life Program](#).

What should be included in the training?

JED recommends the following in a mental health training: how to identify students at risk (warning signs, risk factors, etc), how to reach out ([how to start the conversation](#)), and how to refer students at risk to campus and community resources. To tailor your training, consult across departments (e.g., Dean of Students office, health promotion office, residential life) to help gather [needs assessment data](#) on what the campus community is struggling with and their specific concerns regarding student mental health. Gather information about and compile a listing of campus and community support resources that can be provided as part of the mental health training on campus.

Because a mental health training program can contain copious amounts of information, consider adding supplemental information to be given to participants. For example, statistics and psychoeducation about suicide, local and national crisis resources, and follow-up resources like [Red Folder Initiatives](#). Lastly, to ensure the content and resources are provided with an [equitable implementation](#) lens, the content should be culturally responsive and trauma-informed (i.e. include information on how diverse populations on campus are impacted by mental health concerns, statistics related to specific populations, etc).

Students feel responsible for, and want to help their peers.

According to the [Healthy Minds Study](#), in the 2019-2020 academic year, 96% of students agreed that they are responsible to help if a friend is struggling, and around 98% agreed that if they saw someone experiencing significant distress or thoughts of suicide, they would intervene by trying to help.

Students turn to academic advisors and professors for help.

The 2019-2020 HMS data also shows that of the students with a mental health problem they believed was affecting their academic performance, 25% would talk to an academic advisor, 24% would talk to a professor from one of their classes, and 10% would talk to student services staff. The data noted in [“Faculty’s Response to Student Mental Health.”](#) shows that nearly 80% of higher education faculty report having dealt with student mental health issues over the past 12 months, and nearly 90% believe student mental health has worsened since COVID-19.



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What are the various modes of delivery for mental health training programs?

During the Covid-19 pandemic, universities experienced a need to deliver programs via multiple modalities (i.e., in-person, online, synchronous, asynchronous, passive/independent formats). To improve engagement and access to a mental health training program, consider offering the training across multiple modalities, in both real-time and asynchronous. Regardless of the mode of delivery you choose, it is always helpful to offer opportunities for role-play practice and discussion.

Who should facilitate the training?

To avoid the burden and responsibility of mental health training falling exclusively on the counseling center, it is beneficial to look into the feasibility of a train-the-trainer model. Consider training facilitators or co-leaders in the following groups: students, faculty, student affairs staff, etc. By implementing a train-the-trainer model, you not only increase the amount of training programs that can be offered across campus, but it will also communicate the campus-wide commitment to protecting the emotional and mental health of your students, assist with buy-in, and help tailor the training to that specific group.

Who should be trained?

Ideally, all members of the campus community should be trained in how to identify, reach out and refer students in distress. However, consider creating a mental health training taskforce to develop a plan outlining who you wish to train and how you plan to train your campus community. In addition to ensuring faculty and staff are trained due to their degree and nature of contact with students within the classroom, JED also recommends including staff from dining, housekeeping, maintenance, campus police, and librarians, etc. As you prepare to implement training for students, it may be helpful to consider targeting and tailoring training to specific student groups, such as fraternity and sorority life, athletics, student government, and/or graduate and professional students, to name just a few. It is vital to continuously track utilization and engagement to examine which students are not attending and explore additional marketing strategies to reach these student groups.

How can my campus increase engagement in mental health training programs?

One way to achieve higher levels of engagement is to advocate for top-down support from upper administration to promote participation in training programs and elicit buy-in from the campus community. Data cited in "[The Role of Faculty in Student Mental Health](#)," shows that "nearly 70% of faculty are motivated to strengthen their role in supporting student mental health and over 60% believe it should be mandatory that all faculty receive basic training in how to respond to students experiencing mental or emotional distress." Consider partnering with your human resources department to make mental health training mandatory for faculty/staff, including a required training during orientation for new faculty and students, and offering ongoing refreshers beyond orientation. Since we know many students will approach faculty for advice or support, these training programs can help to decrease the stress and anxiety faculty face in responding to mental health issues, provide them with language and skills for supporting students, and send an institutional message that prioritizes mental health as a campus-wide responsibility.

To increase student engagement in mental health training programs, consider partnering with student leaders and organizations (like [Active Minds](#)) to offer training programs to various student groups, and integrating training programs into the classroom (i.e., First Year Experience courses).

How do we track utilization of and engagement in mental health training programs?

Along with having a strategic approach to implement a campus-wide mental health training, it is imperative to track utilization and assessment of factors such as increases in knowledge and comfort in addressing mental health concerns from pre-test to post-test. Assessments addressing such areas can help us better understand what audience members have learned and whether or not the training strategies that were used have made audience members more comfortable raising the subject of mental health with their students when indicated. Assessments can also help us understand outcomes we observe (i.e., how effective was the training? What could be modified? What did the student learn?), evaluate implementation (i.e.: was the training implemented as planned and with quality? Was the timing of when the training was offered effective?), and to track utilization (i.e., what is the demographic make-up and identity breakdown of the students who are receiving training, and who is not being reached?). Some schools use Campus Labs, QR codes, Qualtrics, or Survey Monkey for evaluation. It is also important to ask what other information or resources people need, and to follow up with regularly offered refresher training programs or materials.

A strategically implemented mental health training program is an integral component of a comprehensive, campus-wide, approach to protecting student mental health. Training the campus community aids in suicide prevention, equips people to be able to identify students in distress, and builds a stronger safety net of support for everyone's mental health on campus.

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