

# The Case for Gatekeeper Training

A White Paper

## INTRODUCTION

Early detection of mental illness in college students is vital not only in improving those students' ultimate treatment outcomes, but also in decreasing incidents of campus violence, including suicide, and increasing college retention rates (Kessler et. al., 2007; Wilson et. al. 1997; Brown et. al. 2005; Cole and Glass, 2005). With the benefits of early detection becoming ever more obvious to college administrators, the question is no longer "Should we promote early detection and treatment?" but "How do we do it?"

The top strategy now being employed by universities is gatekeeper training: the training of faculty, staff, and RAs to identify, approach, and refer students who are at-risk for psychological distress.

This paper looks at the prevalence of mental health issues on campus, the benefits of early detection, and the argument for advancing the quantity and quality of gatekeeper training programs in higher education.

### Benefits of Early Detection:

1. Improved treatment outcomes
2. Decreased incidents of campus violence, including suicide
3. Increased retention rates

## HOW PREVALENT ARE MENTAL-HEALTH ISSUES ON CAMPUS?

College-age students have long been recognized as a group with above average vulnerability to mental illness. According to Kessler et. al. (2007), roughly half of lifetime mental disorders begin by the mid-teens, while 75% begin by the mid-20s—though diagnosis and treatment often come later. This includes illnesses such as alcohol/substance dependency, eating disorders, anxiety/panic disorders, and psychotic illnesses such as schizophrenia.

Furthermore, the American College Health Association's Fall 2008 National College Health Assessment found the following, based on 26,685 student surveys at 40 different institutions:

- Stress was the #1 impediment to academic performance; depression/anxiety disorders were #5.
- Nearly half (49.1%) of college students said they experienced "overwhelming anxiety" in the last year.
- 31% had felt so depressed during the last year that it was difficult for them to function.
- Over 10% said they had been diagnosed or treated by a professional for depression. An almost identical number reported treatment for anxiety.
- 1.3% said they had attempted suicide within the past year.

These mental-health issues can have devastating consequences not only on students' personal lives but also on their academic success and ability/desire to remain in school, creating a major impediment to universities' academic standings and retention rates.

**Findings, ACHA's National College Health Assessment (Fall '08):**

- Stress is the #1 impediment to academic performance.
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- 31% say they've been so depressed in the last year that it was difficult to function.

## ■ WHAT ARE THE BENEFITS OF EARLY DETECTION?

### Improved treatment outcomes

Kessler et. al. (2007) found that people usually wait over 10 years after first onset of a mental disorder before seeking treatment. By the time they do seek treatment, they have multiple advanced symptoms and are more difficult to treat. It is believed that earlier interventions can reduce the severity and persistence of the illness itself while preventing or minimizing secondary disorders that often arise.

### Decreased incidents of campus violence, including suicide

Suicide remains the second leading cause of death for college students, with an estimated 1,100 suicides and 24,000 suicide attempts each year among U.S. college students aged 18-24 (Lamberg, 2006).

Furthermore, a large-scale 2009 survey by The Center for the Study of Collegiate Mental Health (CSCMH) found that 7% of students seeking mental health services said they had a “strong fear” of losing control and acting violently.

At the same time, studies have shown that cognitive therapy is an effective tool in decreasing rates of suicide and violence (Brown et. al., 2005; Cole and Glass, 2005). The challenge for universities is detecting these students and connecting them with available mental health services. Lamberg (2006) found that fewer than 20% of students who died by suicide were current or former counseling center clients.

### Increased retention rates

There have been many studies showing the correlation between students’ participation in counseling and their academic success, despite whatever academic disadvantage those in counseling may be presumed to have.

Wilson et. al. (1997) examined the retention rates of 562 students seeking counseling in the course of a year at Iowa State University. Those who received counseling had a 14% higher retention rate (i.e., likelihood to have graduated or to still be enrolled two years later) than students who did not follow through with counseling once given an appointment.

Wilson et. al. (1997) found students receiving counseling to have a 14% higher retention rate than those who sought counseling but did not receive it.

Turner and Berry (2000) found similar results in a six-year longitudinal study conducted with 2,365 students at Western State University. This study found that an average of 70% of students seeking help at the counseling center said that “personal problems” were affecting their academic progress, with nearly 50% saying their personal problems were

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causing them to consider withdrawing from the university. After receiving services at the counseling center, 61% said counseling had been helpful in maintaining or improving their academics, and 44% said it had helped them decide to maintain their enrollment. Beyond these self-reported statistics, Turner and Berry (2000) looked at annual retention rates over five years and found that, on average, counseled students had an 11.4% higher retention rate each year than the general university population.

To better detect at-risk students, many universities are turning to their faculty for help. Because of their unique relationship with students, faculty are in an ideal position to identify those displaying signs of mental distress and refer those students to university counseling services. Many faculty already do this, while others need additional training—known as “gatekeeper training”—to feel more comfortable and better prepared to identify, approach, and refer at-risk students.

## ■ WHAT IS GATEKEEPER TRAINING?

In a university setting, a “gatekeeper” is anyone who has significant contact or interaction with students and who is, therefore, able to refer students to campus services from which they may benefit. Potential gatekeepers can include professors, coaches, RAs, student-services staff, and even other students. Adequately trained gatekeepers have both the opportunity and the skill to identify behaviors consistent with mental distress, approach these students to discuss their observations, and make appropriate referrals to campus counseling services.

It is important to note that gatekeeper training is not meant to qualify faculty to act as counselors. Instead, it is only intended to give them the awareness, confidence, and skills they need to identify and approach distressed students and make appropriate referrals. Combined with effective counseling services, gatekeeper training can have a positive impact on academic performance and retention, and it can reduce the threat of suicides and acts of violence resulting from mental illness.

Gatekeeper: someone who has significant contact with students and, therefore, is ideally situated to refer them to campus services

Gatekeeper Training: training for gatekeepers in identifying and approaching distressed students and making appropriate referrals to campus services, such as the counseling center

## ■ IS GATEKEEPER TRAINING EFFECTIVE?

Gatekeeper training is widely recognized as an essential tool for effective detection of at-risk students. In The Association for University and College Counseling Center Directors 2008 survey of nearly 400 counseling center directors, 96% said the number of students with significant psychological problems was a growing concern. Those directors listed “training faculty and others on campus to make appropriate and timely referrals” as the most common action taken to handle this problem, with nearly two-thirds of their counseling centers enacting some sort of gatekeeper training.

Some of the first signs of student mental distress—and arguably the easiest to detect—are disruptive behavior, poor academic performance, unexplained absences, and incomplete assignments (Sharkin & Trepper, 2006). Thus faculty are ideally positioned to identify students who may be at-risk. Furthermore, faculty members spend more time interacting with students than practically anyone else in the university besides the students' peers. In fact, faculty are often very willing to take on these responsibilities. When asked what was the most significant change they experienced after the Virginia Tech shootings, 66% of counseling centers said it was a large increase in calls from faculty who wanted guidance in approaching potentially at-risk students. (ACHA 2007)

Nearly 2/3 of all U.S. counseling centers employ some form of gatekeeper training.

Cross et. al. (2007) is one of the first studies of gatekeeper-training efficacy in university settings. Their study of 76 non-clinical employees from a university hospital setting (30 of whom took a six-week follow-up survey) showed the following:

- 90% said the training was valuable and that they would recommend it to others.
- 93% of those taking the follow-up survey said they discussed the training with others. Thirty-seven percent discussed the training with coworkers who did not attend, and 17% shared training materials with coworkers who did not attend.
- 97% of those taking the follow-up survey said the role-playing exercises in the training were valuable experiences that enhanced and consolidated their learning.

## ■ SUMMARY

In conclusion, universities should consider gatekeeper training as a method to mobilize faculty members in the ongoing effort to detect students with mental illness and connect them with university counseling services. When effectively implemented, this training should improve faculty members' confidence and skills in identifying, approaching, and referring at-risk students, which in turn should lead to greater treatment outcomes (through early detection), decrease incidents of campus violence, including suicide, and increase university retention rates.

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