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Improving Mental Health Support for Nursing Students Through Mental Health First Aid (MHFA) Training of Clinical Faculty

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Introduction

Clinical training experiences in healthcare settings place increased behavioral demands on students beyond that of a classroom. If a student demonstrates signs during the clinical experience that indicate the presence of a mental health crisis, clinical faculty must be prepared to recognize and respond appropriately to support the student. Galen College of Nursing provides clinical faculty with training for their academic teaching responsibilities; however, specific training for supporting students during a mental health crisis is not included. Colleges and universities are being called to take a whole-institutional approach to student mental health problems and address student well-being effectively. Therefore, faculty need to receive appropriate and meaningful training in recognizing and appropriately responding to support students experiencing mental health challenges.

Although large college campuses provide counseling services, many students do not access these services due to the associated stigma (Reavley et al., 2012; Picco et al., 2018; Hughes & Byrom, 2018). Only 30% of students in the US who have mental health challenges reported receiving treatment (Lipson et al., 2021). Students are more likely to seek counsel from their classmates or faculty before accessing campus counseling services (Reavley et al., 2012; Picco et al., 2018; Hughes & Byrom, 2018). Clinical nursing faculty are therefore well positioned to provide first-line mental health support to students in crisis and to connect students with mental health services

Background and Significance

The prevalence of self-reported mental health challenges among college students in the United States (US) has been increasing (Peake & Mullings, 2016). In a study of 274 college and university campuses, 88% of campus counseling center directors reported an

increase in severe psychological challenges spanning the years from 2010 to 2015, including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assault (Pedrelli et al., 2015). A study from 2017 reported that 30% of American college students had depression affecting their daily functioning, 50% had overwhelming anxiety, and 8% had considered suicide (Lipson et al., 2021). During a five-year period from 2013 to 2018, a 34% increase in student demand for campus counseling services was reported (Rudick & Dannels, 2018). Moreover, a 10% increase was noted in the number of students who presented to the campus counseling center with thoughts of suicide during these same years (Rudick & Dannels, 2018). The Healthy Minds study of over 14,000 American college students reported that 17% met the criteria for depression, 7% for generalized anxiety disorders, 4% for panic disorders, 6% for suicidal ideation, and 15% for self-harm (Moskow et al., 2022).

Mental health challenges negatively impact both the attrition rates and graduation rates of college students, with an estimate in 2012 that 86% of college students with mental health disorders withdrew from college before graduation (Reavley et al., 2012). On average, college students who experience very high levels of distress were found unable to work or study for eight days within a 4-week timeframe (Reavley et al., 2012).

Nursing students experience many program-specific stressors that increase their risks of developing mental health problems. A key stressor specific to nursing students is the "hands-on" patient care experiences in the high-stress environments of healthcare settings, which include complex interactions with patients, families, and other healthcare providers (Burns et al., 2017; Hughes & Byrom, 2018; Johnson et al., 2019). These clinical patient care experiences, in combination with the academic demands, time pressures, and heavy course

workloads of nursing programs, have been identified as significant stressors that place nursing students at increased risk for mental health challenges (Burns et al., 2017; Fernandes et al., 2018; Hughes & Byrom, 2018).

Students may find themselves on a path that starts with stress, progresses to distress, and ends in crisis (Canto et al., 2017). A crisis can be defined as any situation that interferes with a person's ability to meet 8eeds and problem-solve and causes a state of disorganized thinking (Canto et al., 2017). The Merriam-Webster dictionary defines crisis as a difficult or dangerous situation that requires serious attention as it has reached a critical phase (Canto et al., 2017; Merriam-Webster, 2023).

Colleges and universities are being called on to implement better policies for intervention and training to identify students in mental distress (Gulliver et al., 2018) Faculty in college and university settings report that they feel ill-equipped to support students experiencing mental health challenges and lack confidence in identifying students in crisis and intervening (Hughes & Byrom, 2018; Picco et al., 2018; Reavley et al., 2012). Faculty need higher mental health awareness and literacy (Gulliver et al., 2018).

The MHFA program was established in Australia in 2000 by an educator and a mental health researcher. It was brought to the United States in 2008 by the National Council for Mental Wellbeing and the Maryland and Missouri Departments of Health to make it as common a training as CPR certification (Goldstein et al., 2020). MHFA was created to train people to provide first aid to those experiencing a mental health or substance use challenge (Goldstein et al., 2020). This training teaches participants to recognize the signs and symptoms suggesting a potential for mental health or substance use challenges (Goldstein et al., 2020). The training includes enacting the ALGEE actions of listening nonjudgmentally, reassuring a person going

through a mental health or substance use challenge, and referring them to appropriate support or services (Goldstein et al., 2020). Many studies, including randomized controlled trials, have demonstrated that MHFA training improves knowledge, reduces stigmatizing beliefs, and develops first-aid actions toward persons with mental health challenges (Goldstein et al., 2020). An essential aspect of this training is the continued attention to the research and evaluation of the program (Goldstein et al., 2020). This training prepares campus faculty to engage with students experiencing mental health or substance use challenges commonly experienced at higher education campuses (Goldstein et al., 2020).

Clinical faculty are present with students in the high-stress environment of patient care areas where students are expected to conform to behavioral expectations beyond a classroom. If students experience mental health challenges or crises in the patient care environment, this must be readily recognized and appropriately responded to by their clinical faculty. Therefore, implementing mental health training for clinical faculty should improve mental health support for nursing students.

Purpose Statement and Project Objectives

This project aimed to implement a process improvement program at the Louisville campus of Galen College of Nursing to improve the mental health support for nursing students through the training of Clinical Instructors (CIs) in using adult Mental Health First Aid. (MHFA) and the ALGEE actions described within that program. The specific objectives for this project were:

- Before beginning a clinical teaching assignment, CIs will complete the adult MHFA higher education training and then demonstrate improved knowledge of recognizing and appropriately responding to signs and symptoms of early or worsening mental

health challenges or crises a student is experiencing. (Measured by pretest/posttest scores and qualitative data from post-training remediation support if posttest scores do not demonstrate knowledge increase.)

- At 1-month and 3-months post-training, CIs will report the implementation of the MHFA instructions for recognizing mental health signs and symptoms and implementing one or more of the five-step MHFA ALGEE actions in response to observed mental health challenge signs and symptoms or crises. (Measured by CI responses on post-training surveys.)
- At 1-month and 3-months post-training, CIs will report improved confidence in connecting students with appropriate professional support, self-help, and other support strategies. (Measured by CI responses on post-training surveys.)
- At 1-month and 3-months post-training, CIs will report whether the desired outcome of reduced mental health signs and symptoms was observed in students for whom ALGEE actions were implemented. If the desired outcomes of reduced signs and symptoms are not demonstrated, CIs will report the continuing use of appropriate ALGEE actions to connect those students with appropriate support. (Measured by CI responses on post- training surveys.)

Literature Review

This Mental Health First Aid program is an internationally recognized training course that provides participants with skills to identify and support those developing a mental health challenge or in a mental health crisis. MHFA training includes education on signs and symptoms of common mental health disorders, including depression, anxiety, self-injury, trauma-related disorders, bipolar disorder, substance abuse, psychosis, and eating disorders.

MHFA facilitators are accredited professionals; the fidelity of this course is enhanced by their level of expertise (Burns et al., 2017; Gulliver et al., 2018).

MHFA teaches strategies to be used by participants when assisting someone experiencing early signs and symptoms or worsening signs of a mental health challenge or crisis (Burns et al., 2017; Gulliver et al., 2018). The MHFA curriculum interchangeably uses the terms mental health challenge, mental disorder, and mental illness (Goldstein et al., 2020). The symptoms of mental disorders included in the training include evidence of confused thinking and extreme highs and lows in mood; however, symptoms are not severe enough to diagnose a mental illness, so it is instead termed a mental health challenge (Goldstein et al., 2020). Other terms to describe mental health challenges are emotional or behavioral disorders, extreme emotional distress, psychiatric illness, mental illness, or mental health conditions (Goldstein et al., 2020). This training is a face-to-face or virtual course delivered in one 8-hour session (Burns et al., 2017; Gulliver et al., 2018). The MHFA course teaches the five-step ALGEE action plan:

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies)

(Morgan, Ross & Reavley, 2018; Reavley et al., 2018).

MHFA training for higher education teaches faculty how to identify, understand, and respond to signs of mental illness and substance use disorders in their students (Morgan et al. et al., 2018; Reavley et al., 2018). This course focuses on the unique needs of college

students. It provides faculty with the skills needed to reach out and provide initial support to students who may be developing a mental health or substance use challenge and help them connect with appropriate care (Morgan et al. et al., 2018; Reavley et al., 2018).

A unique aspect of the MHFA training approach is using questionnaires with vignettes of mental health challenges that participants assess immediately after the training. The vignettes assess recognition of mental health challenges and confidence in assisting students with mental health challenges (Burns et al., 2017; Gulliver et al., 2018). Research by Burns et al. (2017) demonstrated that faculty had improved mental health knowledge and confidence in helping students with mental health challenges. The MHFA intervention group identified the mental health conditions in the vignettes more accurately than the control group at all designated follow- up periods. By offering MHFA in the college setting, faculty receive training to support their students in managing the stressors of social and academic pressures, which untreated can lead to anxiety, panic attacks, and, in extreme cases, suicide (Morgan et al., 2018; Reavley et al., 2018).

Regardless of the extent of prior mental health training, attendees showed significant positive changes from pre -to post-MHFA training on surveyed questions (Banh et al. , 2018). The MHFA training program is firmly committed to delivering research-based training. The course content undergoes regular revisions to incorporate the latest research (Morgan et al., 2018). MHFA instructors undergo rigorous selection procedures, training, and annual accreditation (Morgan et al., 2018). This training is specific to higher education and the college setting. It may be tailored to meet the distinct needs of the academic setting, including those of the faculty and students.

Theoretical Framework

The theoretical framework chosen to guide this project was Kotter's change model. This model may be used as a guide for translating evidence into practice. This theory is valid when implementing a change in practice in healthcare systems. This framework provides clear steps on how to both prepare for change and implement change successfully.

Methods and Procedures

Using Kotter's eight steps for change as a guide, the first step for this project was to create a sense of urgency (Kotter, 2012). Key organizational leaders (including the frontline clinical faculty, clinical team, compliance, regulatory affairs department, college counselors, social workers, and academic leadership) were provided with the literature review and evidence of the need and legitimacy of the project proposal.

The second step was forming and developing a team and conducting stakeholder analysis (Kotter, 2012). This project is the DNP capstone project of Amy Sands (graduate nursing student at Bellarmine University); Amy Sands served as the project director. This process improvement initiative was implemented at the Louisville campus of Galen College of Nursing. Therefore, for this project, the stakeholders included key personnel with both Bellarmine University and the Louisville campus of Galen College. The DNP project team leader is Dr. Linda Mefford (Associate Professor of Nursing at Bellarmine University). The DNP project team members include Dr. Cody Ryan (psychiatric mental-health nursing faculty at Bellarmine University in the early project development), Dr. Emily Selch (Dean of the Kentucky campuses of the Galen College of Nursing), and Dr. Linda Rice (educational psychologist and student counselor with Galen College of Nursing, Kentucky campuses in

the early development of the project) and Dr. Chris Webb (certified Family Nurse Practitioner and faculty Chair of the Graduate Nursing Programs at Bellarmine University).

The third step was to create a vision for change, and the intervention of Adult MHFA training with higher education module was introduced to the college and DNP team members. Moreover, compelling evidence exists to support the change utilizing this training. Education was provided to the team members about this training, providing a shared understanding of the strength and quality of the evidence substantiating its usefulness in this and other settings.

The fourth step was to communicate the vision. Teams have the potential to derail a change in the process if they have yet to receive adequate information and communication, disagree with the change, or need help understanding it. The clinical and academic teams of the college were provided with an opportunity to learn about the proposed change and voice any concerns. This communication occurred in meetings in advance of the implementation. The communication to the clinical instructors as key team members and stakeholders included creating excitement and anticipation surrounding the training by offering multiple in-person meeting opportunities to fit their schedule needs to introduce the training, including a brief background, benefits, purpose, and significance to their roles in helping them with reaching out to students in need and getting those students connected to support and services to accomplish the shared goal of student academic success at the college.

The fifth step was to empower the action, which was accomplished by implementing the process improvement project in the clinical site and providing continual updates on the implementation through ongoing verbal and email exchanges with the DNP project team. The project timeline is in Appendix A, the budget is in Appendix B, the action plan and

procedures for project implementation are in Appendix C, and the 1-month and 3-month post-training survey tool is in Appendix D.

The sixth step was to plan and create short-term wins and proof of progress, which are meant to be motivators. Trained clinical instructors were requested to complete post-training surveys 1-month and 3-months from the training to capture the application of MHFA ALGEE actions and instances of helping students use the new skills acquired.

The seventh and eighth steps were consolidating improvements, producing more change, and institutionalizing new approaches (Kotter, 2012). These steps relate to continuous change until the desired state is reached and changes to the organizational culture become permanent. This project is the initial step of a projected long-term process improvement strategy, with plans for ongoing MHFA training of new clinical faculty. The goal is to make this a system-wide change, with initial implementation on this college-wide level, then reaching beyond the piloted campus throughout the system.

Setting and Sample

The setting was the Louisville, Kentucky, Galen College of Nursing campus. The Galen College of Nursing is a national health organization established over thirty-five years ago and focuses exclusively on nursing education. The Galen Louisville campus has a three-year "on-ground" Bachelor of Science in Nursing (BSN) program. The participants in the MHFA training for this quality improvement project were full-time and part-time clinical faculty employed by the Galen Louisville campus to provide instruction in the (BSN) program. The MHFA training took place in a classroom on the Galen Louisville campus and was a part of their employee hours.

Project Implementation

The project was implemented as described in the action plan included as Appendix C.

Evaluation Plan

Descriptive statistics were utilized to analyze the data and answer the questions posed in the project objectives.

Data Management Plan

Data were collected on the day of the MHFA training (pretest/posttest scores provided to the project director by the MHFA trainer) and by follow-up electronic survey at 1-month and 3-months post-training. The 1-month and 3-month post-training electronic survey data were collected using the designated electronic survey program managed by Galen College of Nursing (with data in that survey system stored securely in Galen servers for at least three years, then will be destroyed). If any clinical instructors had a posttest score that did not demonstrate an increased score in the immediate post-training survey, the project director would have had a remedial session; however, this was not required as all participants scored 100% on the post-MHFA training survey.

All project data (including pretest/posttest scores, qualitative data from any remediation sessions, and the 1- and 3- 3-month electronic survey data) were stored and managed by the project director on a password-protected computer in a password-protected Excel spreadsheet created by the project director. Personal identifiers were collected for remediation follow-up and to assess individual changes over time at the 1-month and 3-month intervals; however, personal identifiers were not entered into the Excel spreadsheet. Instead, a code sheet was created to assign a deidentified code to the data, with the password-protected code sheet stored separately from the Excel spreadsheet and accessible only to the

project director. The code sheet will be destroyed after data collection so that no personal identifiers that link specific individuals to the data collected will be retained.

The project director created the electronic survey to assess both the recognition by the clinical instructor of students needing the ALGEE actions and the clinical instructors' implementation of the ALGEE actions. The same survey was used for interval assessments **(**1-month and 3-months post-training). A copy of the survey is included in Appendix D.

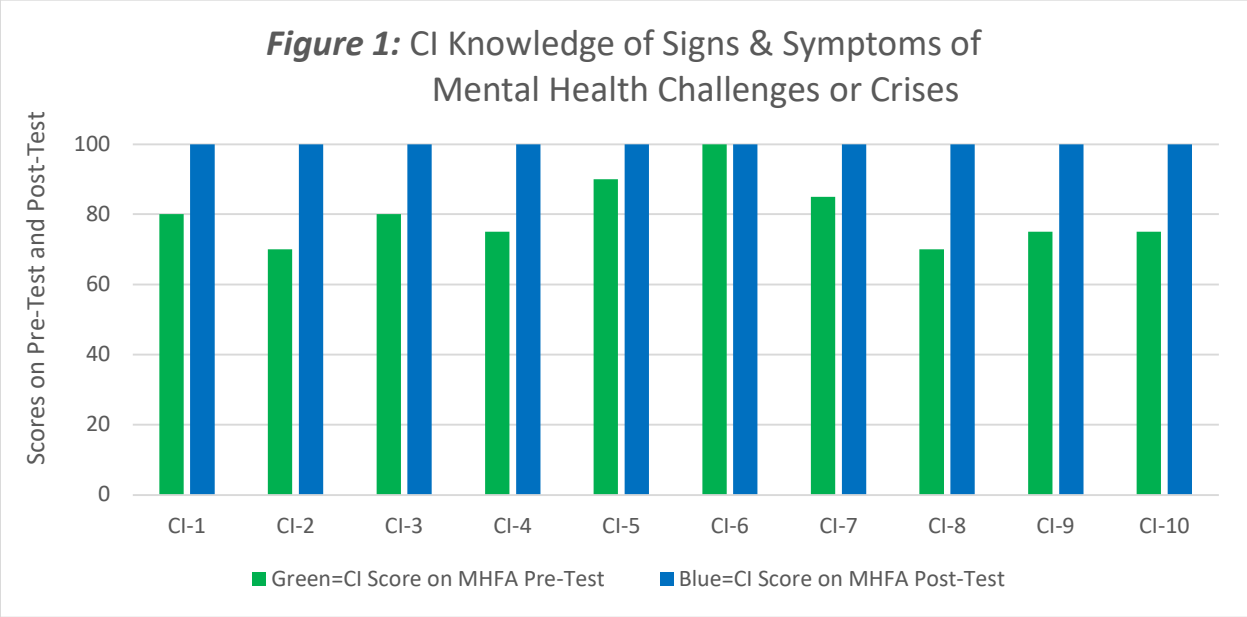
Results

The purpose of this project was to implement a process improvement program at the Louisville campus of Galen College of Nursing to improve the mental health support for nursing students through the training of Clinical Instructors (CIs) in using adult Mental Health First Aid (MHFA) and the ALGEE actions described within that program. The findings for each of the specific project objectives for this project are discussed below.

Objective 1: *Before beginning a clinical teaching assignment, CIs will complete the adult MHFA higher education training and then demonstrate improved knowledge of recognizing and appropriately responding to signs and symptoms of early or worsening mental health challenges or crises a student is experiencing.*

This objective was measured by CI participation in the MHFA training session and completion of the pretest and posttest for that program (assessing knowledge level of the MHFA program competencies, including recognition of evidence of early or worsening mental health challenges or crises). Ten CIs completed the training; a graph of the pretest/posttest scores is included in Figure 1. All CIs demonstrated posttest knowledge at the 100% level, demonstrating

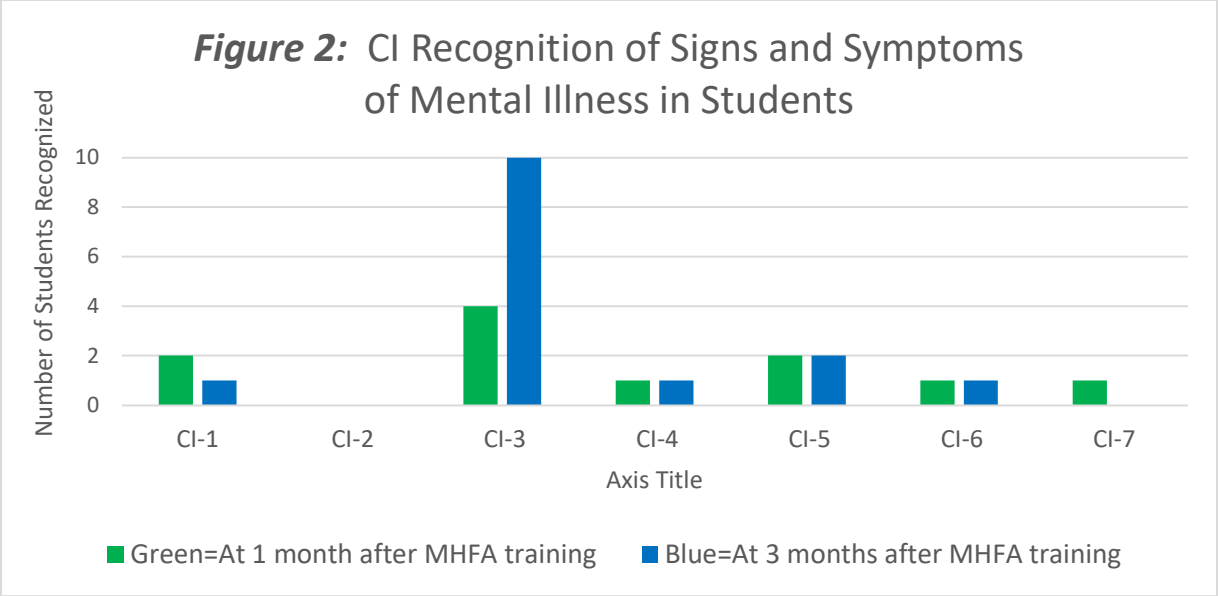
improved knowledge for all CIs who had not previously attended MHFA training. One CI who had completed prior training scored 100% on the pretest and posttest scores.



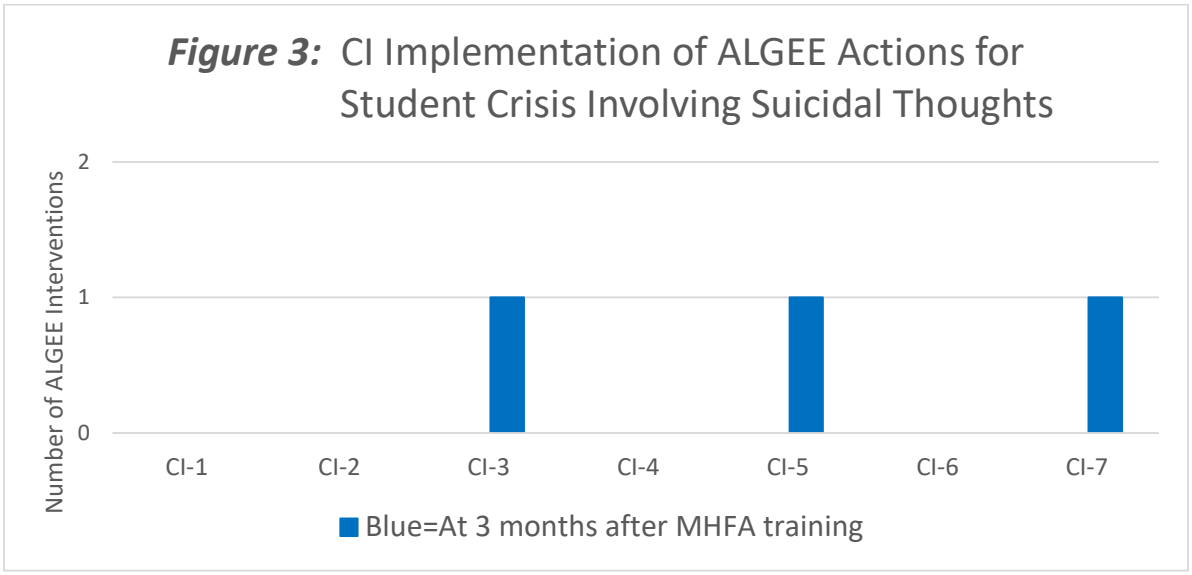
Objective 2: *At one month and three months post-training, CIs will report the implementation of the MHFA instructions for recognizing mental health signs and symptoms and implementing one or more of the five-step MHFA ALGEE actions in response to observed mental health challenge signs and symptoms or crises.*

This objective was measured by CI responses on post-training surveys administered one month and three months after the MHFA training. Although ten CIs participated in the training sessions, seven of the CIs completed both surveys. The findings are shown in Figures 2 - 6.

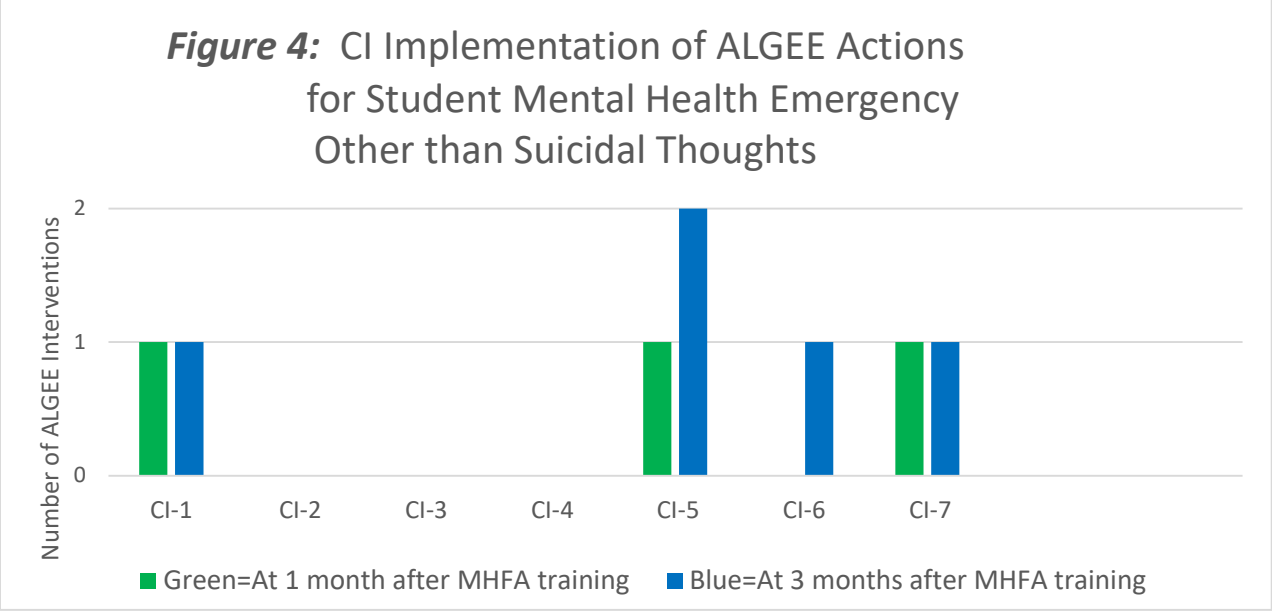
As shown in Figure 2, at one month and three months post-training, six out of the seven CIs recognized signs and symptoms of mental illness in one or more students, with one CI recognizing ten students with signs and symptoms at three months post-training.



As shown in Figure 3, no CI recognized a student with suicidal thoughts one month after training (therefore, no response was indicated). However, three of the CIs recognized students in a crisis involving suicidal thoughts three months post-training, with each one responding to one student implementing ALGEE actions.



As shown in Figure 4, three CIs recognized students with another mental health emergency other than suicidal thoughts one-month post-training implementing ALGEE actions, each one recognizing one student. Three months post-training, three CIs recognized one student, and a fourth CI recognized two students, with all CIs implementing ALGEE actions.



As shown in Figure 5 (on the following page), six of the seven CIs reported implementing one or more of the five ALGEE actions one month post-training. These CIs utilized four of the five ALGEE actions with two or more students. The least used action was to *"assess the risk of suicide or harm."* As shown in Figure 6 (on the following page), three months post-training, all seven CIs reported implementing one or more of the five ALGEE actions with one or more students. All seven CIs reported utilizing the ALGEE Action of "*listening non-judgmentally."*

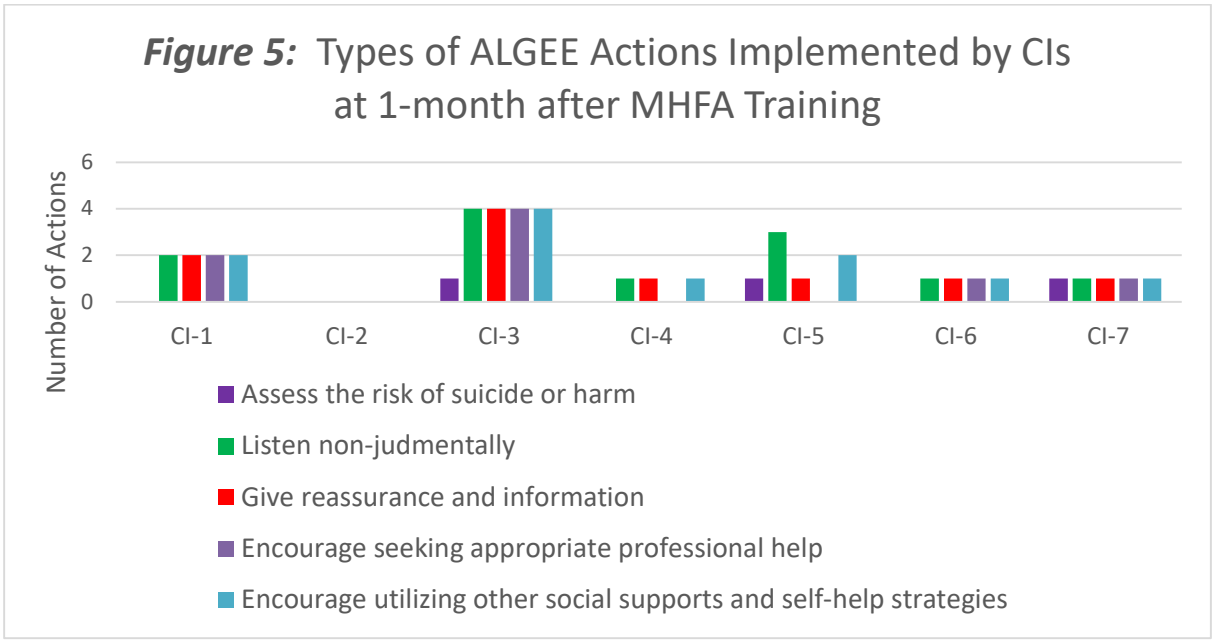


Figure 5: Types of ALGEE Actions Implemented by CIs at 1-month after MHFA Training

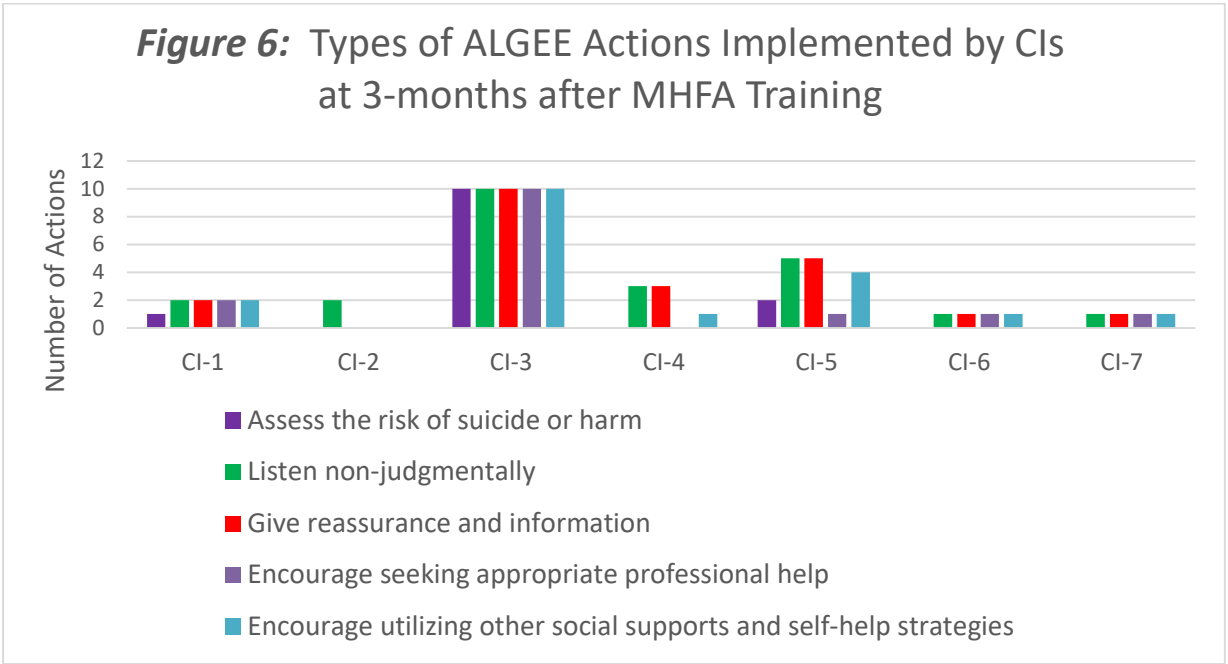


Figure 6: Types of ALGEE Actions Implemented by CIs at 3-months after MHFA Training

Objective 3: *At one 1-month and 3-months post-training, CIs will report improved confidence in connecting students with appropriate professional support, self-help, and other support strategies measured by CI responses on the post-training surveys.*

This objective was measured by CI responses on post-training surveys administered one month and three months after the MHFA training, as shown in Figure 7. One-month post-training CIs rated their confidence in connecting students with mental health resources as good to excellent, with two rating themselves as good, four as very good, and one as excellent. The three-month self-ratings remained consistent, except for one CI that downgraded their rating from Very Good to Good on the three-month survey.

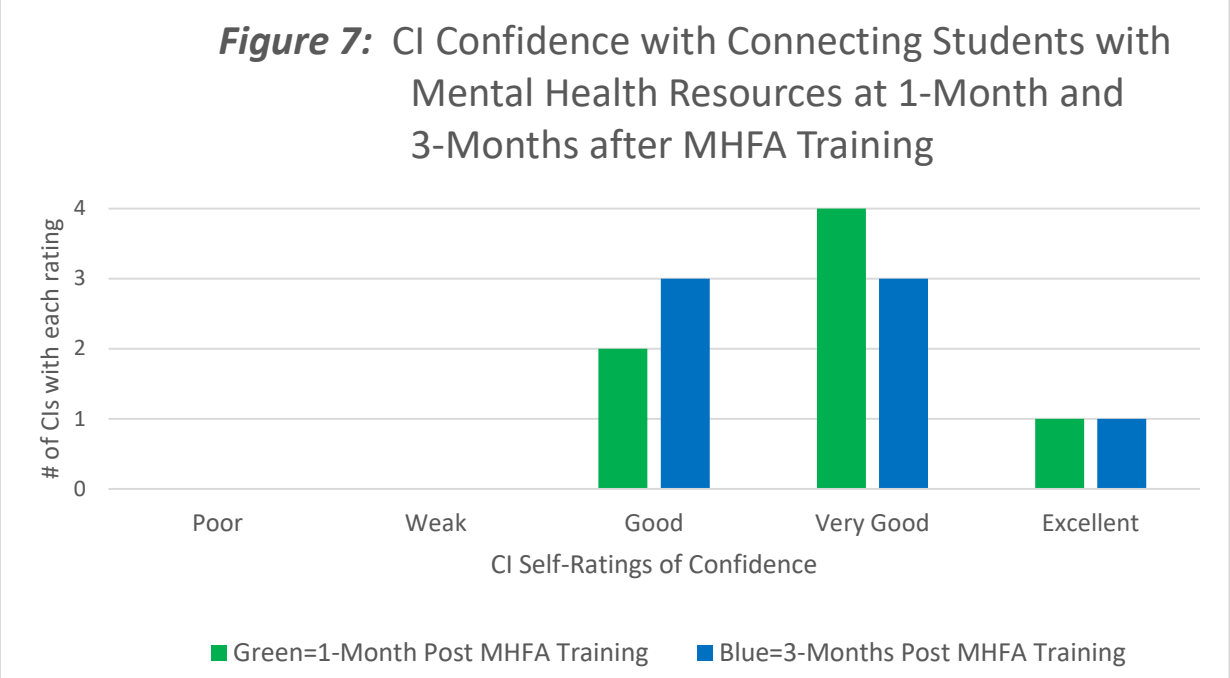
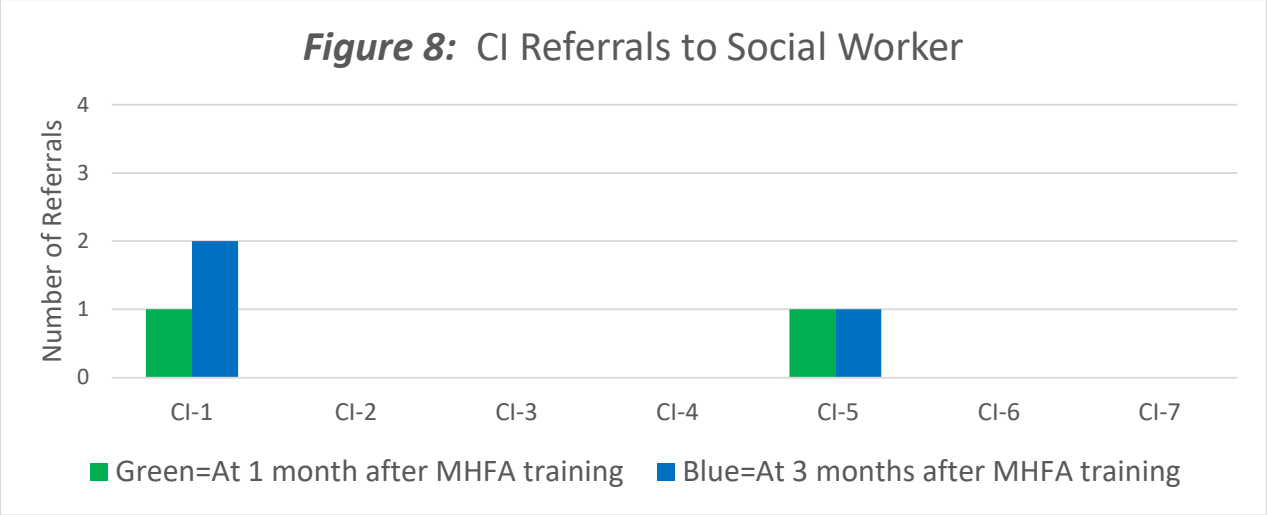
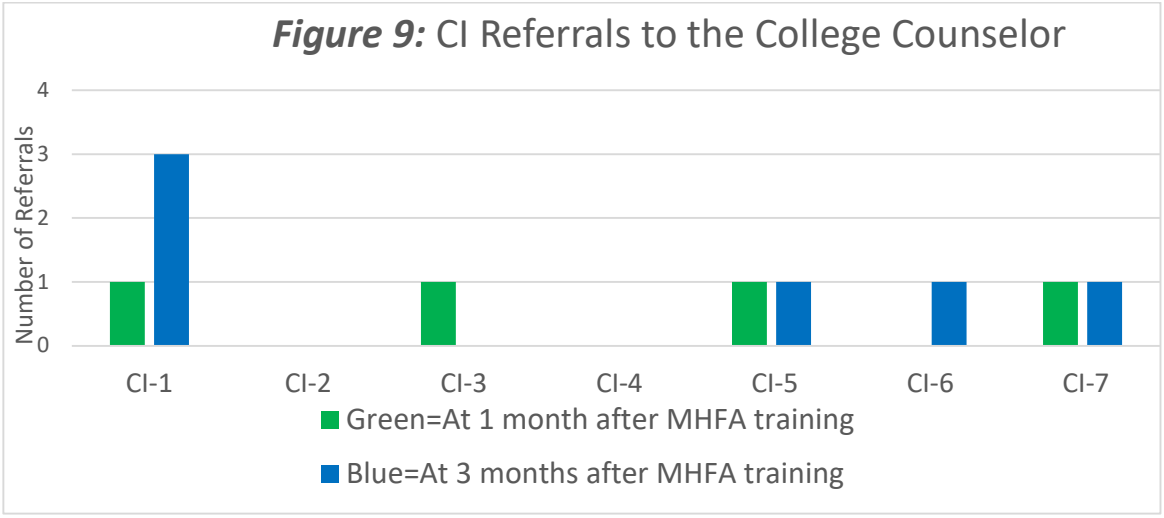


Figure 7: CI Confidence with Connecting Students with Mental Health Resources at 1-Month and 3-Months after MHFA Training

As shown in Figure 8, two of the seven CIs referred students to the social worker over three months. Five students were referred to the social worker over three months by two CIs.



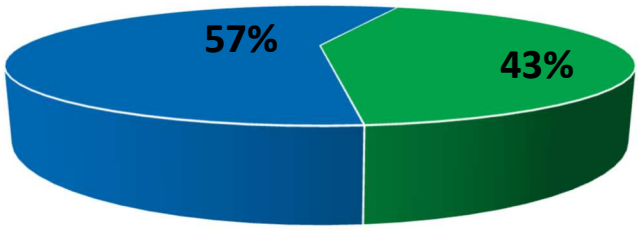
As shown in Figure 9, five out of the seven CIs made student referrals to the college counselor; ten students were referred to the college counselor over three months. Four CIs made referrals to the college counselor for one student one-month post-training, and four CIs made referrals to the college counselor three months post-training, with one CI referring three students to the college counselor.



Objective 4: *At 1 month and 3 months post-training, CIs will report whether the desired outcome of reduced mental health signs and symptoms was observed in students for whom ALGEE actions were implemented. If the desired outcomes of reduced signs and symptoms are not demonstrated, CIs will report the continuing use of appropriate ALGEE actions to connect those students with proper support.*

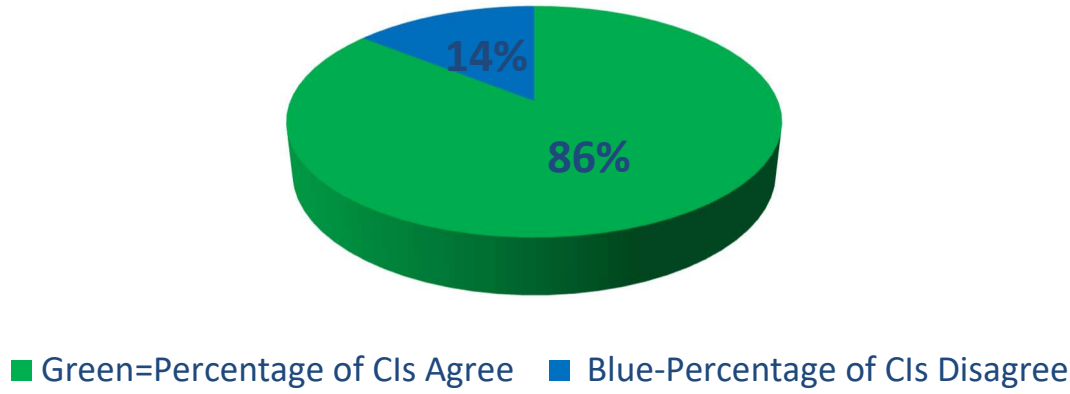
This objective was measured by CI responses on post-training surveys administered one month and three months after the MHFA training. These results are shown on the next page in Figures 10 and 11. Figure 10 displays the one-month post-implementation of the ALGEE Actions; 43% of CIs agreed that they noted fewer signs and symptoms of early or worsening mental health challenges in students, while 57% disagreed. Figure 11 shows that at three months post-training, this same question resulted in 86% of CIs agreeing that there were fewer signs and symptoms of early or worsening mental health challenges for students for whom ALGEE actions were implemented, and 14% disagreed.

Figure 10: CI Observed Fewer Signs and Symptoms of Early or Worsening Mental Health Challenges 1-Month Post Implementation of One or More ALGEE Actions



Green=Percentage of CIs Agree Blue=Percentage of CIs Disagree

Figure 11: CI Observed Fewer Signs and Symptoms of Early or Worsening Mental Health Challenges 3-Months Post Implementation of One or More ALGEE Actions



Discussion

The process improvement pilot project demonstrated process improvements for several outcomes. The MHFA training improved CI knowledge regarding recognizing signs and symptoms of mental illness in the students, established by the improved post-MHFA training test scores. After training, CIs also showed improved recognition of evidence of early or worsening mental health challenges or crises and implementation of ALGEE actions to respond to college students who demonstrated varying signs and symptoms of mental illnesses during their clinical experiences. This training has demonstrated proven effectiveness in positioning the CIs to provide first-line mental health support to students in crisis and connecting them with mental health services.

CI confidence improved in providing immediate support for students as the CIs connected students with student support services (social worker, college counselor, etc.) when

demonstrating signs and symptoms of mental illness. It is noteworthy that CIs utilized the ALGEE action of *"assessing the risk of suicide or harm"* the least. This is a significant finding as it is congruent with the CI's responses to the post-MHFA training surveys, which indicated that they most often recognized signs and symptoms of mental illness, followed by recognition of mental health emergencies other than suicidal thoughts, and least often recognized students experiencing crises involving suicidal thoughts. This demonstrates that the CIs utilized the appropriate ALGEE actions when recognizing students requiring intervention.

All CIs used the ALGEE action of *"listening non-judgmentally"* two or more times over the three-month surveyed timeframe, making it the most often implemented ALGEE action by the CIs. This indicates that the CIs felt confident contacting and talking with the students post-training. Four of the seven CIs used four ALGEE actions during the one-month or three-month survey timeframe. All six CIs who reported implementing one or more of the ALGEE actions with students at one month post-training also indicated a continuation of the implementation of the ALGEE actions three months post-training. This is likely why, at one month, more CIs disagreed than agreed that they observed fewer signs and symptoms of early or worsening mental health challenges post-implementation of the ALGEE actions as opposed to the three-month survey, where eighty-six percent agreed. Another indication of confidence in connecting students to professional help and utilizing the ALGEE action of "encouraging seeking appropriate professional help" is that five out of the seven CIs referred one or more students to the college mental health counselor, and two CIs referred students to the social worker.

Limitations

This project was conducted on one college campus with a limited number of clinical faculty of ten, with seven completing both surveys administered post-training. The CIs

participating in this training and pilot project teach clinicals for the Bachelor of Science in Nursing program or one of the three nursing programs offered on the campus. The signs and symptoms of mental illness that the CIs recognized were not collected as part of the post-training survey questions. A baseline confidence rating on connecting students to mental health resources was not obtained from the CIs. Demographic data was not collected on the CIs for this project. All the CIs are nurses with varying degrees of mental health literacy; all but one CI was female.

Significance and Future Implications

To continue the positive results from the initial implementation of this process improvement pilot project, it would be advantageous and cost-effective to have designated college personnel, such as the clinical onboarding coordinator, to obtain certification as an MHFA trainer. To have the most significant impact, this change in process should be implemented at the college level versus campus level, and the MHFA training should be extended to all clinical faculty who instruct in any of the nursing programs offered at the college. Include this training in the orientation process for all new and current clinical faculty.

To maintain this positive trend in the initial results of increased knowledge in recognition of students who are experiencing early or worsening signs and symptoms of mental illness or a crisis and implementing appropriate ALGEE actions from this pilot project, periodic checks by surveying the clinical faculty should be conducted at least annually as well as refresher courses for those faculty who have a decline in survey scores. A team of college faculty trained in MHFA could be designated super-users. MHFA ambassadors may be created to offer continued support to clinical faculty members who indicate a need for support.

Conclusion

Clinical training experiences in healthcare settings place increased behavioral demands on students beyond that of a classroom. Suppose a student demonstrates cues during the clinical experience that indicate the presence of a mental health crisis. In that case, clinical faculty must be prepared to recognize and respond appropriately to support the student. Students are more likely to seek counsel from their classmates or faculty before accessing campus counseling services (Reavley et al., 2012; Picco et al., 2018; Hughes & Byrom, 2018). Clinical nursing faculty are therefore well positioned to provide first-line mental health support to students in crisis and to connect students with mental health services.

References

Banh, M. K., Chaikind, J., Robertson, H. A., Troxel, M., Achille, J., Egan, C., & Anthony, B. J. (2018). Evaluation of Mental Health First Aid USA using the mental health beliefs and literacy scale. *American Journal of Health Promotion*, *33*(2), 237–247. https://doi.org/10.1177/0890117118784234

Bums, S., Crawford, G., Hallett., J., Hunt, K., Chih, H. J. & Tilley, P. J. (2017). What is wrong With John? A randomized controlled Mental Health First Aid (MHFA) training with nursing students. *BMC Psychiatry,* 17(111), 1-12. doi: 10.ll 86/s12888-017-1278-2

Canto, A. I., Cox, B. E., Osborn, D., Becker, M. S., & Hayden, S. (2017). College students in crisis: prevention, identification, and response options for campus housing professionals. *The Journal of College and University Student Housing,* 43(2), 45-57.

Fernandes, M. A., Vieira, F. E., Silva, J. S., Avelino, F. V., & Santos, J. D. (2018). Prevalence of anxious and depressive symptoms in college students of a public institution. *Revista Brasileira de Enfermagem*, *71*(suppl 5), 2169–2175. https://doi.org/10.1590/0034-7167-2017-0752

Goldstein, A., Schaub, B. G., Petras, J. S., Salemo, A., Sharp, C. S., & Matrix, C. (2020). Mental Health First Aid USA. Washington, DC.

Gulliver, A., Farrer, L., Bennett, K., Ali, K., Hellsing, A., Katruss, N., & Griffiths, K. M. (2018). University staff experiences of students with mental health problems and their perceptions of staff training needs. *Journal of Mental Health,* 27(3), 247-256. Retrieved from https://www.tandfonline.com/loi/ijrnh20

Hughes, G. J., & Byrom, N. C. (2018). Managing student mental health: The challenges faced by academics on professional healthcare courses. *Journal of Advanced Nursing,* 75, 1539- 1 547. doi: 10.1111/Jan.13989

Johnson, N. R., Pelletier, A., Chen, X., & Manning-Geist, B. L. (2019). Learning in a high-stress clinical environment: stressors associated with medical students' clerkship training on labor and delivery. *Teaching and Learning in Medicine,* 31(4), 385-392. doi: 10.1080/10401334.2019.1575742

Kotter, J.P. (2012). *Leading Change.* Boston: Harvard Business Press. **ISBN:** 9781422186442

Lipson, S. K., Phillips, M. V., Winquist, N., Eisenberg, D., & Lattie, E. G. (2021). Mental health conditions among community college students: A national study of prevalence and use of treatment services. *Psychiatric Services*, *72*(10), 1126–1133. https://doi.org/10.1176/appi.ps.202000437

Merriam-Webster. (2023). *Dictionary by Merriam-Webster: America's most-trusted online dictionary.* Merriam-Webster. Retrieved March 24, 2023, from https://www.merriam-webster.com/

Morgan, A. J., Ross, A., & Reavley, N. J. (2018). Systematic Review and meta-analysis of Mental Health First Aid Training: Effects on knowledge, stigma, and helping behaviour. *PLOS ONE*, *13*(5). https://doi.org/10.1371/journal.pone.0197102

Moskow, D. M., Lipson, S. K., & Tompson, M. C. (2022). Anxiety and suicidality in the college student population. *Journal of American College Health*, 1–8. https://doi.org/10.1080/07448481.2022.2060042

Peake, L., & Mullings, B. (2016). Critical reflections on mental and emotional distress in the academy. *An International Journal for Critical Geographies,* 15(2), 253-284.

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, A., & Wilens, T. (2015). College students: mental health problems and treatment considerations. *Academic Psychiatry,* 39(5), 503-511. doi:10.1007/s40596-014-0205-9

Picco, L., Seow, E., Chua, B. Y., Mahendran, R., Vem1a, S., Xie, H., Wang, J., Chong, S. A., & Subramaniarn, M. (2018). Help-seeking beliefs for mental disorders among medical and nursing students. *Early Intervention in PsychiatJy,* 13, 832-831. doi: 10.1111/eip.12673

Reavley, N. J., McCann, T. V., & Jorrn, A. F. (2012). Mental health literacy in higher education students. *Early Intervention in Psychiatry,* 6, 45-52. https://doi.org/10.1111/j.1751-7893.2012.00314.x

Reavley, N. J., Morgan, A. J., Fischer, J.-A., Kitchener, B., Bovopoulos, N., & Jorm, A. F. (2018). Effectiveness of elearning and blended modes of delivery of mental health first aid training in the workplace: Randomised Controlled Trial. *BMC Psychiatry*, *18*(1). https://doi.org/10.1186/s12888-018-1888-3

Rudick, C. K., & Dannels, D. P. (2018). Yes, and continuing the scholarly conversation about mental health stigma in higher education. *Communication Education Forum/National Communication Association,* 404-408. Retrieved from https://doi.org/10.1080/03634523.2018.1467563

Appendix A

DNP Project Timeline

	Fall 2021	Spring 2022	Summer 2022	Fall 2022	Spring 2023	Summer 2023	Fall 2023	Spring 2024
Collect Information on the Scope of Mental Health Concerns in Nursing Students								
Literature Search on Best Practices for Mental Health Training of Clinical Faculty								
Stakeholder Meeting and Information Sharing								
Determine DNP Project Team								
Project Proposal to Team and Acceptance								
Institutional Review Board (IRB) Approval								
Process Improvement Implementation								
Post Implementation Data Interpretation and Analysis								
Consult with the DNP Team on Defense Date								
DNP Defense								
Written Project (Two Publishable Papers Submitted)/Project Completion								

Appendix B

Budget: Adult MHFA Training with added Higher Education Module

Type of Cost	
Personnel	
Certified MHFA Trainer (Training 15 Participants for One 8-Hour Day and each Participant Receiving a Physical MHFA Manual)	$1700.00
Supplies	
Cost of Hosting Venue (Classroom on College Campus)	$0.00
Cost of Electronics for Presentation (Provided by College IT Department)	$0.00
Complimentary Food for Participants (Breakfast, Lunch, and Snacks)	$180.00
Hotel Room for MHFA Trainer	$90.00
Total Cost	$1970.00

Appendix C

Action Plan: Procedures for Implementation of the Process Improvement Project

Completed Steps:

- Received support, permission, and a letter of approval to implement this new process improvement project from the administrative team of the Galen College of Nursing, Kentucky campuses.
- Sought out and secured a certified MHFA instructor with experience in instructing the selected training curriculum of the Adult MHFA with Higher Education Module.
- Secured and planned the date to implement the selected training, which is one 8-hour training day. The Louisville campus of Galen College will provide physical classroom space for this training and support from the campus IT or Instructional Technology team on the training day.
- The project director paid an additional fee to have every participant receive a physical copy of the MHFA manual for the training.

Before Project Implementation:

- Obtain DNP Project Team approval to proceed with project implementation.
- Obtain IRB approvals for project implementation (from IRBs at both Bellarmine University and Galen College of Nursing, Kentucky campuses.)
- Introduce and educate the clinical instructor participants of the project on the importance, purpose, applicability, and usefulness of this training for their current academic role to help students. A brief introduction to MHFA training (projected to be approximately 15 - 20 minutes, including question and answer time) will be conducted through in-person meetings held in a conference room on campus with a Zoom or virtual attendance option.

Day of Implementation of Training

- Administer MHFA Training Pre-Test online by an MHFA-ce1iified trainer via the MHFA organization's secured online platform.
- Implement MHFA Training/Project Intervention (by MHFA-certified trainer)
- Administer the MHFA Post-Test immediately after training by an MHFA-certified trainer via the MHFA organization's secured online platform.
- Any BSN clinical faculty absent from the scheduled training by the certified MHFA trainer will be excluded from this project. However, since this is one of the paid workdays planned during the academic quarter for which the faculty will be providing clinical instruction, absence from the training session is unlikely.

Post-Training Phase:

- Follow-up with all participants by the project director via email will occur twice during weeks two and ten. The project director will send individualized private emails for a generalized post-training supportive check-in to offer additional support and answer training questions. A follow-up phone call will occur if additional help or clarification about training is needed or requested.
- Administer an electronic survey 1-month and 3-months post-training (using the designated survey software operated by Galen College of Nursing).
- Data management and data analysis (as described in the "Evaluation Plan" section of this proposal.

Appendix D

Survey Tool: ***For*** I-Month and 3-Months Post-Training Surveys

1. How often did you respond to a student in a crisis involving suicidal thoughts in the past month or three months:

2. How often did you respond to a student due to another mental health challenge emergency other than suicidal thoughts in the past month or three months:__

3. How often did you recognize the signs and symptoms of a mental illness such as depression, anxiety, trauma, trauma-related, bipolar disorder, psychosis, eating disorder, or substance use disorder in a student in the past month or three months:__

4. How often did you provide the following MHFA ALGEE actions in the past month or three months to a student related to suicidal thoughts, another mental health emergency, or a common mental health illness:
    - Assess the risk of suicide or harm:
    - Listen non-judgmentally:___
    - Give reassurance and information:
    - Encourage seeking appropriate professional help:___
    - Encourage utilizing other social supports and self-help strategies:____

5. If you made referrals to Galen College of Nursing personnel, college counselor, or social worker during the past month or three months as part of the ALGEE actions you implemented with a student you identified as having suicidal thoughts, another mental health emergency, or a common mental health illness, please answer the following:
    - How many referrals did you make to the college counselor in the past one month or three months:
    - How many referrals did you make to the college social worker in the past one month or three months:

6. Of those students for whom you implemented one or more of the five ALGEE actions, did you observe fewer signs and symptoms of early or worsening mental health challenges, yes or no:__

7. One month and three months after the MHFA training, rate your confidence in recognizing a student in a mental health emergency or experiencing a common mental health illness on a Likert Scale of 5/Excellent, 4/Very Good, 3/Good, 2/Weak, and 1/Poor.

8. One month and three months after the MHFA training, rate your confidence in connecting a student with mental health resources on a Likert Scale of 5/Excellent, 4/Very Good, 3/Good, 2/Weak, and 1/Poor