

*I) Name and email of proposer(s)*

(redacted)

*II) Short, Descriptive Title*

GC Be Well: Prioritizing Mental Health and Wellbeing

*III) Vision/Rationale/Statement of the Problem: Summary of Your QEP Idea*

Mental health issues are the leading impediment to academic success. Mental illness can affect students' motivation, concentration, and social interactions—crucial factors for students to succeed in higher education (Unger K. Handbook on Supported Education: Providing Services for Students With Psychiatric Disabilities. Charleston, SC: BookSurge Publishing; 2007. [Google Scholar]). The 2019 Annual Report of the Center for Collegiate Mental Health reported that anxiety continues to be the most common problem (62.7% of 82,685 respondents) among students who completed the Counseling Center Assessment of Psychological Symptoms, with clinicians also reporting that anxiety continues to be the most common diagnosis of the students that seek services at university counseling centers. The pandemic has brought into focus mental health concerns regarding fear and worry for oneself and/or loved ones, constraints on physical movement and social activities due to quarantine, and sudden and radical lifestyle changes. Students arriving at Georgia College come with the mindset that they will engage with peers, faculty, and staff in a kind of "camp-like" setting where everything they need is on campus or close to campus. This provides a sense of security for them and their families. When this does not occur (as with the most recent and not the last pandemic we will see) anxiety levels that were already high only increased. The stress on mental health is exacerbated and students struggle not only academically but socially. And when learning is switched to remote, the social aspects of higher education become null and void.

Georgia College administered the Healthy Minds Study in Spring 2021. Of the respondents (n=772), results include the following indicators and incidence reported:

Major depression	17%
Depression overall (including major and moderate)	34%
Anxiety disorder	32%
Eating disorder	11%
Suicidal ideation (past year)	14%
Non-suicidal self-injury (past year)	24%
Seeking mental health therapy/counseling	33%
Report feeling a lack of companionship (sometimes or often)	65%
Report feeling left out (sometimes or often)	79%
Report feeling isolated from others (sometimes or often)	65%
Agree with "Most people would think less of someone who has received mental health treatment."	42%

Consequently, a QEP focused in this area may assist us with retaining students who have legitimate anxieties about attending college in a world where sickness and death are more prevalent than ever before. In addition, this focus would help us to "catch" students who might be on the cusp of a downhill spiral in their classes and/or personal lives to regroup, maintain, and even thrive in their academic journeys.

#### *IV) Expected Outcomes*

##### Student Learning Outcomes

1. Students trained in the Mental Health First Aid program (See *Activities/Strategies, section VI*) will demonstrate success with the program's outcomes including learning and demonstrating the following skills:
  - Recognize at-risk/in need behavior, actions, and dialog
  - Demonstrate reflective listening
  - Identify and describe critical resources (local and beyond) and how to convey that information
  - Describe and explain self-help and other support strategies
2. Students will be able to identify (x) dimensions of wellness and identify potential strategies to enhance their own wellness. (There are several models to choose from. This should be a university decision.)
3. Students will be able to identify key characteristics of emotional intelligence and demonstrate skills associated with each characteristic

##### Program Success Measure

Scores on the Healthy Minds Assessment and the National Collegiate Health Assessment will change in a positive direction over time.

#### *V) Student Population*

All students could potentially be involved in this QEP. (See *Activities and Strategies, section VI*)

#### *VI) Strategies/Actions/Activities*

From the National Council for Mental Wellbeing, Mental Health First Aid (MHFA) is a training program (created in 2001) that teaches members of the public how to help a person developing a mental health or substance abuse problem, experiencing a worsening of an existing mental health or substance abuse problem or who is in a mental health crisis. Like traditional first aid, mental health first aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves. There are several programs available including MHFA in Higher Education, MHFA in the

Workplace, and MHFA for Rural Communities. Trainings are comprehensive and teach participants the Mental Health First Aid Action Plan and how to implement it. The 5-step plan includes:

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

The initiative is based on a train-the-trainer model in which members of a community (in our case, campus community) complete an intensive instructor training experience in which they learn to “connect, advocate, educate, and lead”. Instructors are required to maintain their certification by teaching the MHFA course at least three times per year.

By becoming a MHFA participating campus, Georgia College could proactively work to help address mental health and substance abuse issues among students and can promote a supporting, interconnected, and well-informed campus community.

The most recent case study of a university-wide implementation of Mental Health First Aid in Higher Education is from University of California, Santa Cruz (UCSC) where they have set a goal to train all residential counselors in all 10 residential “colleges” on campus (n≈230). Furthermore, UCSC graduate students in initial teaching certification programs are all required to complete MHFA training as part of the curriculum needed to earn a teaching certificate.

Another case study is from University of North Carolina, Chapel Hill, where, in the past two years, approximately 900 faculty and staff have become MHFA trained. Administrators of the campus initiative at UNC have a larger goal of spreading the program to the greater University of North Carolina system, which includes 17 campuses across North Carolina.

Activities could include:

- Instructor training for 6 GC employees (GC already has 2)
- Three annual training sessions for faculty/staff
- Three annual training sessions for students including students in positions of working in high touchpoint positions with other students:
  - Community advisors
  - Residence life student assistants
  - RSO officers
  - SI leaders
  - Student athletes

- Outreach (including training) to local school systems and organizations
- Peer mentors trained in MHFA

Additional suggested activities related to mental health programming:

- Early screening of new first time freshmen during Week of Welcome or early in FYAS
- Adopt relevant books for GC's summer reading program and discussion circles for freshmen.

Examples:

- Emotional Intelligence 2.0 (Griffith, 2021)
- The Power Within (McLoughlin, editor, 2021)
- You're Not Alone (Westerbeck, 2020)
- Make Your Bed: Little Things That Can Change Your Life and Maybe the World (McRaven, 2017)
- Proactive programming (panels, workshops, discussion groups, reading circles, RSO sponsored activities, etc...) that teach students mental health coping and management skills including the areas of:
  - Anxiety
  - Stress
  - Depression
  - Eating and body image/self-image
  - Resilience and coping
  - Loneliness
  - Persistence
  - Precrastination (as opposed to procrastination)
  - Life/work/school balance
  - Financial stress
- Senior capstone culminating activity (planned by department).

#### *VII) Possible Means of Assessing Outcomes/Activities*

- Mental Health First Aid Training Certificate (successful completion of program)
- Incoming students pre-screening
- Healthy Minds Survey
- National Collegiate Health Assessment
- Programming evaluations/summative assessments (program-specific)
- Successful completion of culminating senior capstone activity

### *VIII) Anticipated Resources Needed*

1. Resources for Mental Health First Aid program:
  - Instructor training fees
  - Training materials
  - Supplies/materials for in-person sessions
  - Part time program coordinator (?)
  
2. Additional resources needed could include speaking/travel fees for guest speakers, materials (including curricular materials) for programming sessions/workshops, book costs for freshmen summer read
  
3. This QEP will “take a village” so personnel will be needed from each division to participate in many ways (steering committees, task force, teaching sessions/workshops, facilitating book circles, volunteering at events, etc...). There will be many opportunities for service to the institution and community through this QEP.