At-Risk for University & College Students

A Longitudinal Study with 41,510 Students at 149 Institutions

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PRODUCT DESCRIPTION

At-Risk for University & College Students is an online, interactive simulation where students learn about psychological distress, how it impacts students, and what they can do when they're concerned about a fellow student. Users first engage in a mini-game activity where they practice identifying the virtual friend who is at risk and needs help. Then the user engages in a role-play conversation with a virtual, fully-animated student who is showing signs of distress. Users practice bringing up their concerns and what they've noticed, and make a referral to support services.

The simulation was developed by Kognito with input from mental health experts and over 100 faculty and students in the U.S. The simulation is listed in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) and in SPRC/AFSP Best Practices Registry. Introduced in 2012, the simulation has been utilized by over 350 schools in the U.S., Canada, UK, and Australia. A demo can be viewed at www.kognito.com.

Snapshot of Kognito's *At-Risk for Students*

SUMMARY OF STUDY RESULTS

The study included 41,510 students at 149 institutions of higher education across 46 states.

Key findings include:

1. **Mental Health Skills**
   The study found a statistically significant increase ($p<0.05$) in Total Mental Health Skills from pre-simulation to 3-month follow-up. Total Mental Health Skills included ability to: (1) identify when a fellow student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a fellow student, (3) motivate a fellow student to seek help, and (4) make a referral to mental health support services.

2. **Behavior Change**
   Three months after completing the simulation, participants reported an increase of 70% in the number of students they approached to discuss concerns with and 53% in the number of students they discussed a referral to support services with ($p<0.05$).

3. **Self-Referral**
   Three months after completing the simulation, participants reported a statistically significant increase ($p<0.05$) in terms of the likelihood that they would seek help when experiencing psychological distress.

4. **Satisfaction with Learning Experience**
   Ninety-eight percent rated the simulation as good, very good, or excellent. Ninety-two percent said they would recommend it to their fellow students.

"Recommend/require this for all incoming freshmen. It is a good way to reduce stigma and raise awareness of where they can go for help."
- Student

SUBJECTS AND METHODS

The study was conducted between June 2014 and July 2018 with 41,510 students at 149 institutions of higher education across 46 states. Sixty-four percent of participants were female and 72% were mandated to take the simulation as part of their freshmen orientation, class assignment, or training as an RA/student leader. Additional demographic information is shown in Fig. 1.

Participants first completed a pre-survey (baseline) and then the online simulation, followed immediately by a post-simulation survey. Participants then completed a 3-month follow-up survey. Participants were students in institutions that purchased the simulation from Kognito and chose to have Kognito embed the survey tools into the training to assess its effectiveness. All surveys were conducted online at a computer of the participant's choosing. Participants were not compensated. Study results were analyzed using a repeated measures analysis of variance to determine the change in dependent variables across all three measurement points or a repeated measures t-test for those with only two time points.

Fig. 1: DEMOGRAPHICS

Age

■ 14-19 ■ 20-22 ■ Over 22

| 55% | 30% | 15% |

Race/Ethnicity

■ White ■ Black ■ Hispanic ■ Asian ■ Native American/Alaska Native ■ Multiple Ethnicities

| 58% | 14% | 15% | 9% | 0.5% | 3.5% |

RA Status

■ RA ■ Not RA

| 17% | 83% |

Class Year

■ Freshman ■ Sophomore ■ Junior ■ Senior ■ Graduate Student

| 47% | 18% | 16% | 13% | 6% |

RESULTS

1. Total Mental Health Skills

The study found a statistically significant increase ($p<0.05$) in Total Mental Health skills from pre- to post-simulation that remained significant at 3-month follow-up (Fig. 2). Total Mental Health Skills included four self-perceived preparedness measures, including ability to: (1) identify when a fellow student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a fellow student, (3) motivate a fellow student to seek help, and (4) make a referral to mental health support services. Participants reported their preparedness for each measure using a 4 point Likert scale from low (1) to very high (4).

2. Behavior Change and Referral Rates

The study found significant and sustainable behavior changes on two levels:

A. APPROACH AND REFERRAL RATES: Participants reported a significant increase ($p<0.05$) at the 3-month follow-up point in terms of the number of students they were concerned about, approached to discuss their concern, and discussed a referral to support services (Fig. 3). Specifically, there was an increase of 70% in the number of students approached by participants and 53% in the number of students they discussed a referral to support services with (Table 1).

B. SELF-REFERRAL: The study found that participants reported a significant increase ($p<0.05$) at the 3-month follow-up point in terms of the likelihood that they will seek help from their school's counseling/mental health center when experiencing psychological distress.

Fig. 2: TOTAL MENTAL HEALTH SKILLS
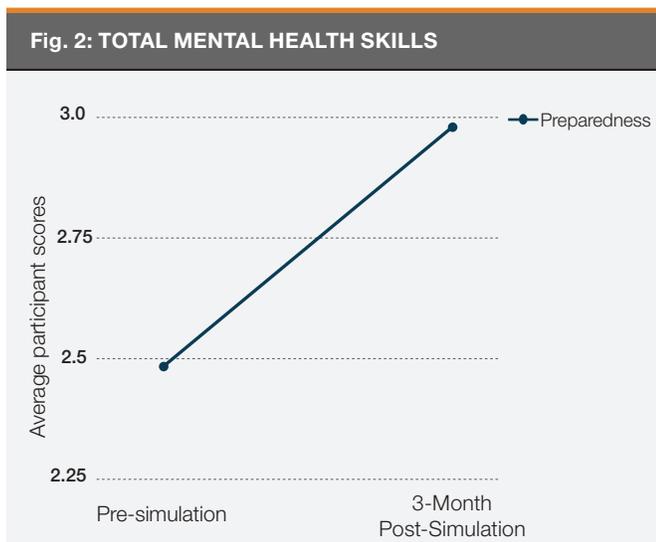
Changes in Total Mental Health Skills from pre-simulation to 3-month follow-up point

Fig. 3: CHANGES IN APPROACH AND REFERRAL RATES
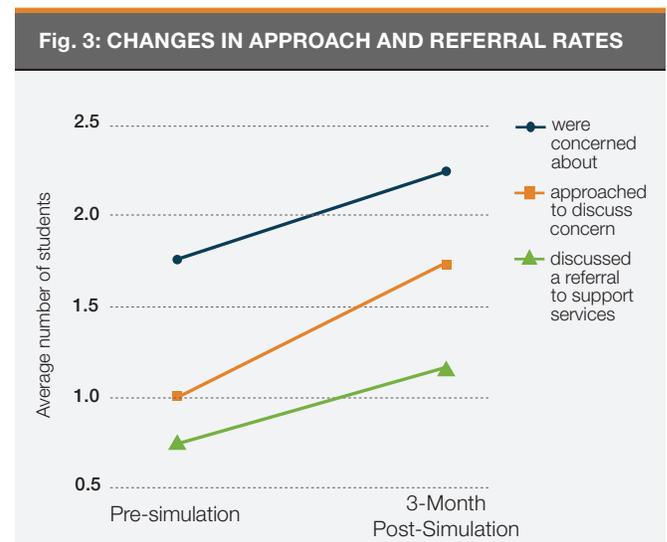
Changes in the number of students that participants were concerned about, approached, and discussed a referral with

Table 1: CHANGES IN APPROACH AND REFERRAL RATES*

Average number of students that participants...	Pre-Simulation	3-Month Post-Simulation	Percent change
Were concerned about	1.75	2.23	27%
Approached to discuss concerns	1.01	1.72	70%
Discussed a referral to support services	0.76	1.16	53%

*Only answers by participants who completed the pre- and follow-up surveys at least two months into the academic year were included.
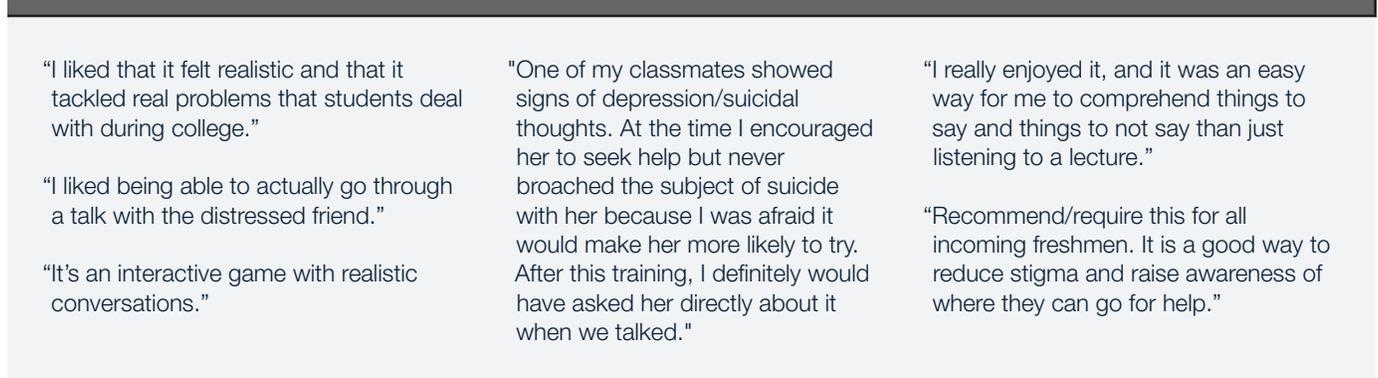
4. Satisfaction and Learning Experience

Participants highly ranked the simulation's learning experience and design. For example, 92% said they would recommend the simulation to their fellow students and 96% said it was based on scenarios relevant to them and their fellow students (Fig. 4).

Fig. 4: PARTICIPANT RATINGS

98% rated the simulation as good, very good, or excellent

92% said they would recommend the simulation to their friends and peers

96% said the simulation was based on scenarios relevant to them and their fellow students

95% said the simulation will aid them in getting timely help to their fellow students

98% said the simulation was easy to use

Fig. 5: PARTICIPANT FEEDBACK

"I liked that it felt realistic and that it tackled real problems that students deal with during college."

"I liked being able to actually go through a talk with the distressed friend."

"It's an interactive game with realistic conversations."

"One of my classmates showed signs of depression/suicidal thoughts. At the time I encouraged her to seek help but never broached the subject of suicide with her because I was afraid it would make her more likely to try. After this training, I definitely would have asked her directly about it when we talked."

"I really enjoyed it, and it was an easy way for me to comprehend things to say and things to not say than just listening to a lecture."

"Recommend/require this for all incoming freshmen. It is a good way to reduce stigma and raise awareness of where they can go for help."

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