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### The Bandana Project: Program Evaluation Plan

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**The Bandana Project: Program Evaluation Plan**

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Social and Behavioral Sciences

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## **ABSTRACT**

Mental health concerns are highly prevalent within the college student population. While there are various campus mental health resources available for students to seek help, many choose not to due to their lack of knowledge around navigating resources and the pervasive stigma around mental illnesses. A solution to this problem is The Bandana Project (BP), an innovative mental health awareness and suicide prevention program aimed at changing social norms on college campuses. The initiative's goals are to combat the stigma around mental illness and seeking care all while boosting the social support between students and their campus peers.

After five years since its inception, The Bandana Project executive team and stakeholders are interested in investigating whether the BP programming is positively impacting campus climates through its goals and objectives. Through this interest, a program evaluation plan was created. This evaluation plan focuses on whether the BP programming had an effect on self-stigma around mental illness and seeking help, peer-to-peer support, and engagement with campus mental health resources. The evaluation plan provides individual campus evaluators with the tools to implement an evaluation at their school with the use of recommended survey scales and administrative record collection. The plan also offers a recommended timeline and suggestions for dissemination of the evaluation results. The evaluation plan was created through the review of evaluation literature as well as the examination of the BP program's work flow and logic model.

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## **BACKGROUND & SIGNIFICANCE**

The college years for students tend to fall during a unique time point in human development. Students are typically transitioning from adolescence into young adulthood during this period, which comes with exploring their identities, finding their role within society, and obtaining new responsibilities and autonomy (Mackenzie et al., 2011; Moeller & Seehuus, 2019). These years also intersect with the median age of onset for mental illnesses, ranging from late teens to early twenties (Kessler et al., 2007). More so, students entering college are adjusting to the campus lifestyle, which entails new housing arrangements, engaging with new peers, and increased academic pressures (Byrd & McKinney, 2012). Due to these many variables, it is no surprise that mental health concerns, including depression, anxiety, and contemplation of suicide, are highly prevalent within the college student population (Blanco et al., 2008; Eisenberg et al., 2013; Liu et al., 2019).

Death by suicide is the second leading cause of death for ages 10 – 34 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control & National Center for Injury Prevention and Control, 2017). This startling statistic does not take into account any attempts or contemplations of suicide within this age group. The Fall 2020 National College Health Assessment, a national research survey that evaluates college students' health behaviors, attitudes, and perceptions, found that 10.7% of student respondents indicated some form of self-harm within the last 12 months, and 2.7% reported a suicide attempt (American College Health Association, 2021). More broadly, the WHO World Mental Health Survey found that of the 13,984 college students surveyed, 35% reported having at least one of the common mental disorders assessed, including depression, anxiety, and substance use (Auerbach et al., 2018).

The high prevalence of mental health concerns in the college student population can have significant ripple effects on students' lives. More specifically, poor mental health is associated with an increase in risky behaviors, poor academic performance, and an increased likelihood of dropping out of school (Bruffaerts et al., 2018; Ebert et al., 2019). College students with mental illnesses are also less likely to engage in campus social activities and are more likely to self-report a lower quality of life than those without mental illnesses (Beiter et al., 2015; Liu et al., 2019). These negative outcomes are of utmost concern for higher education administrators and highlight a need for effective mental health awareness programs that can increase student engagement with campus mental health resources and in the long term, minimize the adverse effects associated with mental health disorders.

It is essential to note the many barriers college students face in seeking care for their mental health needs. One of the most significant barriers is the pervasive stigma around mental illnesses and treating these disorders. One study assessed this barrier across 13 universities and found that personal stigma, an individual's perception and prejudices around mental health disorders, was associated with a delay or lack of treatment for mental health needs such as psychotropic medication, therapy, and other means of support around mental illnesses (Eisenberg et al., 2009). Another study evaluating the primary barriers for college student-athletes found that stigma played a significant role in engaging with mental health resources due to the fear of being seen as weak by fellow teammates and coaching staff (Gulliver et al., 2012). Given these analyses, a college mental health intervention that targets the stigma around mental health disorders and seeking care while educating students about campus resources is in dire need to ameliorate students' overall mental well-being.

## **PROGRAM OVERVIEW**

A simple yet innovative solution in confronting the stigma around mental health concerns is The Bandana Project (BP). This movement was created in 2016 at The University of Wisconsin - Madison by the student Conlin Bass who saw the impacts of the lack of support and education around mental health that led to student mental health crises. Within five years since the creation of this program, it has expanded to over 40 college campuses across the nation and has been adapted by up to 15 high schools. The following are the mission and vision statements for the BP program:

**Mission:** Band together to show solidarity in mental health awareness and suicide prevention

**Vision:** For people to feel empowered, encouraged, and supported in seeking help for mental health concerns

## GOALS & OBJECTIVES

The BP movement's primary objectives are to normalize conversations around mental health concerns, and combat the stigma around mental health disorders and seeking care through the bandana symbolization of unspoken solidarity.

These objectives are demonstrated through the program's goals visualized on the program logic model (Table 2):

Short-term:

1. Increase in self-efficacy to seek help for mental health concerns
2. Increase in conversations around mental health needs
3. Increase in ability to navigate campus mental health resources

Intermediate:

1. Increase in engagement with campus mental health resources
2. Increase in peer-to-peer support in navigating campus mental health resources
3. Increase in college mental health literacy

Long-term:

1. Minimize mental health crises on college campuses
2. Increase in peer-to-peer support for student mental health needs
3. Eradicate the stigma around seeking care for mental health concerns

### PROGRAM THEORY

The Bandana Project programming was informed by a key theoretical framework in suicide prevention, Joiner's interpersonal theory of suicide. The interpersonal theory of suicide focuses on three constructs that can lead to suicidal behavior. These are thwarted belongingness, perceived burdensomeness, and the capability to complete suicide (Joiner, 2007; Van Orden et al., 2010). Thwarted belongingness is the mental state where an individual's need to belong is seen as unmet (Van Orden et al., 2012). This could be due to social isolation, either living alone or, during the COVID-19 pandemic, quarantining in isolation. Thwarted belongingness can also be the lack of connection with others, including feelings of loneliness, alienation from social groups, or the perception of low social support. The second construct, perceived burdensomeness, focuses on the incorrect mental calculation where an individual perceives their death to be more valuable to others than their life (Chu et al., 2017). For example, individuals who experience perceived burdensomeness may agree with the phrases "I feel like a burden" or "I make things worse for the people in my life" (Van Orden et al., 2010, 2012). The final

construct in this theory is centered around an individual's capability of completing suicide. The capability to complete suicide is often considered as an acquired capability meaning that an individual was likely exposed to a series of painful experiences, such as physical abuse or previous suicidal behavior, leading to a decrease in the overall fear of death and an increase in one's physical pain tolerance (Chu et al., 2017; Van Orden et al., 2010).

The BP programming actively targets the first two constructs in the interpersonal theory of suicide, thwarted belongingness and perceived burdensomeness, through the mass visualization of green bandanas across campus, making a salient display of social support and solidarity of what is often a silent struggle. The Bandana Project further counteracts these beliefs by providing members with campus specific resources as well as scripts and prompts to have conversations around mental health concerns. These tools equip members to be of support to peers whenever needed, which increases the overall social support on a given campus while decreasing the stigma around mental illness and seeking help. Figure 1 provides a visual explanation of the interpersonal theory of suicide and is used within the BP video module series.

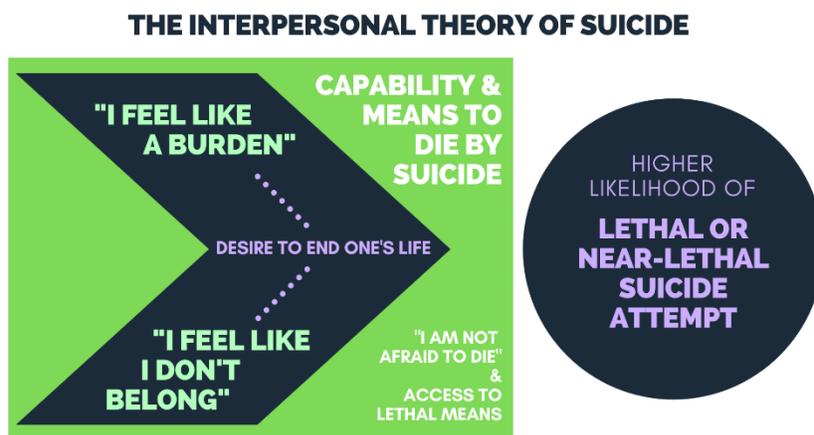


Figure 1: Visual of the interpersonal theory of suicide used within the BP video module series

## THE PROGRAM DESIGN

The core component of the BP program is the use of a lime green bandana. Members of The Bandana Project tie the bandana to their backpack, purse, or bag, signifying that they carry small resource cards that include campus-specific mental health resources, national resources and hotlines, and conversation starters and prompts to help facilitate conversations around mental health. The bandana symbolizes solidarity for the mental health awareness movement and offers a visualization of social support to students struggling with mental health concerns. The lime green color was selected as it is the primary color for mental health awareness, and it can be very eye-catching when seen across campuses.

The primary entry points in becoming a member of the BP movement are through virtual or in-person bandana distributions by BP campus leaders, conversations with BP members about their bandana and ways to get involved, and through the main BP website and social media channels, including Instagram, Twitter, Facebook, and LinkedIn. If a student chooses to enroll as a member of The Bandana Project, they are required to watch a video that outlines members' expectations when wearing the bandana and an overview of mental health disorders and the stigma surrounding these illnesses. If a student or faculty member chooses not to join the BP program, they can still benefit from the suite of campus resources provided by members on resource cards as well as access to the online resources on the BP central website.

As a member of The Bandana Project, students and faculty have the opportunity to engage with BP events and activities. An example of this is the "Making Spaces" activity that walks members through various student scenarios around mental health concerns and allows members to discuss how they would navigate the conversation and what campus resources are most fitting for the situation. Members also can continue their education around mental health,

suicide prevention, and upstream factors that impact or prevent individuals from seeking care for their mental health needs through a series of video modules available on the BP website.

There are few avenues a member can take for those looking to get further involved with The Bandana Project initiative. Students have the opportunity to become a BP leader or ambassador on campus as well as becoming a BP activity facilitator. The BP leader role is one of the most integral parts of the program as they are the ones spearheading the movement on campus. Their responsibilities include establishing key partnerships with campus leaders, curating campus and social media marketing, distributing bandanas either in-person or virtually, keeping track of member enrollment, and troubleshooting any issues that pop up within campus programming. BP ambassadors take on a similar role but also coordinate with the BP executive team to provide feedback on program content and generate ideas around program materials, marketing campaigns, and the implementation of BP on campuses. As a BP activity facilitator, members are trained in conducting specific events and activities in collaboration with BP leaders and ambassadors. Figure 2 outlines the overall program design through the visualization of the program flow chart.

## PROGRAM FLOW CHART

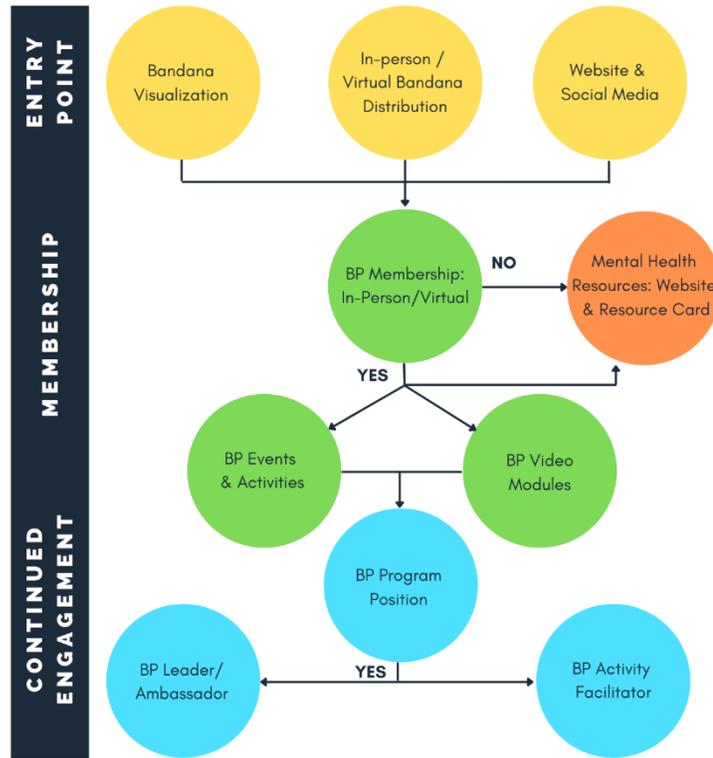


Figure 2: Program flow chart of The Bandana Project

On the faculty side of continued engagement, outside of engaging with BP activities and the video modules, higher ed staff can take on the faculty advisor’s role for the BP leadership group. The expectations of this appointment are to be of additional support to the leadership team and assist with the sustainability of the BP movement by identifying underclassmen members who can take on leadership positions once leaders graduate from college and transition into the workforce.

## **EVALUATION OVERVIEW**

### REVIEW OF EVALUATION LITERATURE

To determine which form of evaluation would be most fitting for the BP program, a review of evaluation literature was conducted. This review of the literature included examining several evaluation frameworks as well as evaluations completed on similar mental health awareness and suicide prevention programming.

Program evaluations typically take on three different forms, formative, process, and outcome evaluation. Formative evaluation tends to occur either prior to the implementation or within the beginning stages of a program (Berkowitz et al., 2008). This form of evaluation helps provide feedback for the development of program materials, activities, and the overall branding and feel of a program (Dehar et al., 1993). This feedback is essential in ensuring the program is relevant and applicable to its target population. Process evaluation focuses primarily on the implementation of a program and whether the intended components such as the activities, personnel, and materials are being effectively applied (Centers for Disease Control and Prevention et al., 2011). More specifically, this evaluation helps assess whether a program is meeting its objectives and, if it is not, allows practitioners the opportunity to construct measures that can improve the program's overall performance. The final type of evaluation presented looks at the program's intended outcomes spanning from short-term to longer-term effects (Centers for Disease Control and Prevention et al., 2011). Outcomes can be evaluated by proximal impacts such as changes in program participant's attitudes or beliefs around mental health to more distal results like the prevalence of mental health crises on a given campus (U.S. Department of Health and Human Services & Centers for Disease Control and Prevention, 2011). It is worth noting that

these evaluation forms are not mutually exclusive and can be used within the same evaluation of a program (Centers for Disease Control and Prevention et al., 2011; Dehar et al., 1993).

In addition to looking at the primary forms of evaluation, a review of evaluation theories was also completed. The two evaluation frameworks presented in this review are impact evaluation and participatory evaluation. Impact evaluation is used to investigate the overall changes and ripple effects brought about by a specific intervention (Rogers, 2012). The impact evaluation approach is beneficial when evaluating programs that are innovative in design, meaning there are not similar models out there in comparison and there is not sufficient evidence or data to determine whether a program is effective in targeting its intended outcomes (OECD & DAC Network on Development Evaluation, n.d.). The process of impact evaluation requires that evaluators identify what specific impact values are of importance to investigate, and whether there are existing metrics or descriptors that can be used to evaluate the change in those values (Rogers, 2012). The second evaluation approach, participatory evaluation, focuses more on those involved within the evaluation process rather than the intended outcomes. Participatory evaluation engages stakeholders, or those who are directly involved or impacted by a program or intervention, by allowing them to have say in the evaluation design, implementation, and analyses (Guijt, 2014). This participation is helpful for stakeholders as it provides them with a better understanding of the overall program, the evaluation process, and how to best use the evaluation findings for their related work (Preskill & Russ-Eft, 2005).

There were a few commonalities between all the evaluation forms and theories. The most prominent is the steps in evaluation taken in each framework. The steps include engaging with stakeholders, a description of the programming, creation of the evaluation design, gathering evaluation data, and disseminating results (Milstein et al., 2000; U.S. Department of Health and

Human Services & Centers for Disease Control and Prevention, 2011). While the general steps taken within the evaluation process are similar, the methods and types of evidence gathered for each form of evaluation tends to vary. This variation occurs due to the vast differences in interventions and programs. Evaluation forms and approaches are adapted based on a programs' needs rather than a program having to fit the mold of an evaluation approach.

Outside of assessing the evaluation frameworks and theories, a review of various evaluations around mental health awareness and suicide prevention programs was completed. The main programs that were evaluated are Mental Health First Aid (MHFA), Kognito, and QPR. MHFA is an educational training program that teaches participants the basics of mental health disorders and provides them with the tools to help peers who are going through mental health crises and how to connect them to the proper resources (Mendenhall et al., 2013; Talbot et al., 2017). Kognito is a similar training program that takes place online through an interactive 45 - 60 minute module (Smith-Millman et al., 2020). The most recognized of these programs is QPR (Question, Persuade, and Refer), a gatekeeper training program that teaches participants how to identify mental health warning signs in peers, how to ask questions around suicidal intent, how to actively listen to peers' concerns, and how to refer for help (Tompkins & Witt, 2009).

The common evaluation theme across all mental health and suicide prevention program evaluations is the use of pre/post training surveys as well as key informant interviews with program staff and trainees (Coleman et al., 2019; Lancaster et al., 2014; Mendenhall et al., 2013; Mitchell et al., 2013; Rein et al., 2018; Rose et al., 2019; Smith-Millman et al., 2020; Talbot et al., 2017; Tompkins & Witt, 2009; Wyman et al., 2008). The primary aims for surveying and interviewing staff and trainees were to understand the overall effectiveness of the trainings

provided, the needs of the community where a training occurred, and if the trainings had any long-term impact on communities. Some of the evaluations also included administrative records to measure help-seeking behavior of those who participated in programming within the academic year (Coleman et al., 2019; Talbot et al., 2017). Key differences between these evaluations are target populations evaluated, with some focusing on school administrators trained in the program, others focusing on the student population, and a few on communities, both rural and urban (Mendenhall et al., 2013; Rose et al., 2019; Smith-Millman et al., 2020; Talbot et al., 2017; Wyman et al., 2008). Overall findings of these evaluations showed that all mental health awareness and suicide prevention programs had some form of improvement in individuals' understanding of mental illnesses and resources within their area (Mendenhall et al., 2013; Mitchell et al., 2013; Rein et al., 2018). Evaluations that focused on community needs found a need for expanding resources provided to community members, especially those who are located within rural areas (Talbot et al., 2017).

There are a few conclusions that can be drawn from the analysis of evaluation frameworks and evaluations completed on similar mental health and suicide prevention programs. The first is the need to follow the steps in evaluating a program seen in all evaluation frameworks. This evaluation plan focuses primarily on the first three steps, engaging with stakeholders, a description of the programming, and the creation of the evaluation design. This plan will also be focusing on the impacts brought on by the implementation of The Bandana Project and will include stakeholders throughout the entire evaluation process, including the design of the toolkit. In addition to this, the methods that will be provided for evaluating The Bandana Project on a campus will follow a similar method to those presented in the mental health awareness and suicide prevention evaluations. This will include a series of surveys for

those who enroll as a member of the BP movement as well as those who partake in the BP video module series. The use of administrative records will also be used to understand BP member demographics and use of mental health resources on campus.

### EVALUATION DESIGN

This program evaluation plan will be structured to provide guidance around conducting an outcome evaluation at the individual campus level. This form of evaluation will allow for intended users to determine whether The Bandana Project programming is meeting its objectives and intermediate to long-term goals. The primary focus of this evaluation will be on the change in self-stigma around mental illnesses and seeking help, the change in peer social support, the preparedness of BP members after completion of the BP video module series, and student engagement with campus mental health resources.

The evaluation plan will provide evaluators with a mixed method design including surveys at the time of membership and six months out as well as the use of administrative records from the BP executive team and campus mental health and counseling services. This evaluation design is intended to be an ongoing effort that can be sustained over multiple academic years. This design will follow all members who enrolled within the first 6 months of the academic year which allows for more student and staff feedback compared to only capturing members who enroll during the first month of the academic year. Analysis of data collection will be completed at the start of the seventh month in the academic year, once data collection is completed, with the dissemination of results occurring at the end of the academic year and into the summer off season. A thorough explanation of the timeline is provided within the evaluation workplan section.

The evaluation should be conducted by someone external to the BP executive team to minimize any biases while conducting the evaluation as well as in the final evaluation report and findings. The evaluator should have a strong understanding of the BP program as well as great familiarity of the college campus environment. This could be college faculty, staff, or other campus personnel who is well versed in working with the college student population.

CORE EVALUATION QUESTIONS

The following table presents the core evaluation questions that encompass the main objective of the evaluation, whether The Bandana Project is meeting its intermediate and long-term outcomes on a given campus. Each evaluation question has a breakdown of sub-questions that further explore each item along with indicators, also known as performance metrics used to determine the overall progress or accomplishment of a question, as well as the data source, which is further explained in the data collection methods section.

<b>1. Are Bandana Project members supporting their student peers to seek care for their mental health?</b>		
<b>EVALUATION QUESTION</b>	<b>INDICATORS</b>	<b>DATA SOURCE</b>
1.1. Do college students feel socially supported by BP members on campus?	% of high perceived social support from college students and BP members	Membership survey at initiation and six months after affiliation
1.2. How many conversations have BP members had with college students about their mental health concerns?	# of conversations had around peer mental health concerns	Membership survey at initiation and six months after affiliation
1.3. How many times did a BP member unsuccessfully provide support to a college peer?	# and type of unsuccessful attempts to support a peer	Membership survey at initiation and six months after affiliation

**2. How has The Bandana Project impacted self-stigma in college students around mental illness and seeking help for their mental health needs?**

EVALUATION QUESTION	INDICATORS	DATA SOURCE
2.1. How has the BP program positively changed self-stigma around mental illness?	% change of BP members and college students with high self-stigma around mental illnesses	Membership survey at initiation and six months after affiliation
2.2. How has the BP program positively changed self-stigma around seeking help?	% change of BP members and college students with high self-stigma around seeking help for mental health concerns	Membership survey at initiation and six months after affiliation

**3. How well equipped do BP members feel to have conversations around mental health with college peers and point them to available campus resources after the completion of the BP video module series?**

EVALUATION QUESTION	INDICATORS	DATA SOURCE
3.1. Do BP members feel prepared to recognize mental health struggles in college peers and discuss their concerns with them?	#, % and type of members feeling prepared to recognize students' behavioral signs	pre/post/then video module survey completed at the time of viewing
	#, %, and type of members feeling prepared to discuss mental health concerns	Administrative records from BP executive team retrieved during membership initiation
3.2. How likely are BP members to discuss mental health concerns and refer students to campus mental health resources?	#, % and type of members with a high likelihood of discussing mental health concerns with peers	pre/post/then video module survey completed at the time of viewing
	#, % and type of members with a high likelihood of refer students to mental health resources	Administrative records from BP executive team retrieved during membership initiation

**4. Are college students engaging with campus mental health resources due to their exposure of the Bandana Project programming?**

EVALUATION QUESTION	INDICATORS	DATA SOURCE
4.1. How many students sought care at campus mental health and counseling services due to resources provided from BP programming?	<p># of college students who were referred to campus mental health and counseling services by a BP member</p> <p># of college students who were referred to campus mental health and counseling services by a BP member and sought services</p>	Administrative records from campus mental health resources and BP executive team retrieved during initial appointment

Table 1: Key Evaluation Questions

## THE PROGRAM LOGIC MODEL

An effective way to visualize the overall process of a program as well as its outcomes and impacts on a set population is through the use of a logic model. The following is the logic model presented for The Bandana Project. The model framework was adapted from the CDC workbook *Developing an Effective Evaluation Plan* (Centers for Disease Control and Prevention et al., 2011). It outlines the inputs needed to conduct the program, the activities and participants who are involved with said programming, and the primary goals and objectives of the program. In order for The Bandana Project to run efficiently on a campus, the program requires a group of BP leaders and a faculty advisor, campus provided space, either in-person or virtual, to run the programs events and activities, and BP materials including bandanas, resource cards, templates, and guides. These essential components help facilitate the BP program's activities including bandana distributions, virtual visualizations of support, and the Making Spaces activity, a group event that provides students with relevant scenarios around discussing mental health concerns with others and what campus resources are most appropriate for sharing. The outcomes and impact of the BP programming are broken down by short-term, intermediate, and long-term goals. This evaluation plan will be focusing on the intermediate and long-term effects including the increase of peer-to-peer support for student mental health needs and the eradication of stigma around seeking care for mental health concerns on campus.

INPUTS	OUTPUTS		OUTCOMES - IMPACT		
	ACTIVITIES	PARTICIPANTS	SHORT-TERM	INTERMEDIATE	LONG-TERM
Bandanas	Creating Resource Cards	# of BP Leaders	Increase in self-efficacy to seek help for mental health concerns	Increase in engagement with campus mental health resources	Minimize mental health crises on college campuses
BP Leaders/ Faculty Advisor	In-Person Bandana Distribution	# of BP Faculty Advisor			
Campus Space/ Virtual Space Access	Virtual Bandana Distribution	# of Campus Mental Health Professionals	Increase in conversations around mental health needs	Increase in peer-to-peer support in navigating campus mental health resources	Increase in peer-to-peer support for student mental health needs
Resource Cards	Virtual Visualizations of Support	# of BP Members (Students and Faculty)	Increase in ability to navigate campus mental health resources	Increase in college mental health literacy	Eradicate the stigma around seeking care for mental health concerns
Video Modules	BP Video Modules	# of College Students (Non-member)	Increase in knowledge of mental health illnesses	Increase in perceived social support	
BP Module Facilitators	"Making Space" Activity	# of College Faculty & Staff (Non-member)			
BP Central Website	BP Leader Meeting	# of Funders/ Donors	Increase in preparedness to refer students to mental health resources		
BP Social Medias		# of Mental Health Community Organizations			
BP Program Resources (Templates, Guides, Activity Materials)					
Funding/ Donations					
Time					



**ASSUMPTIONS**



**EXTERNAL FACTORS**



- Students are concerned about their mental health needs
- Students have the time available to participate in programming
- BP program is being implemented with fidelity across all campuses
- If students engage with BP programming, then they will increase their understanding of mental illnesses and the stigma surrounding it, and will be of support to their peers dealing with mental health struggles

- The stigma around mental health illnesses and crises
- Variation of funding at each college / university
- Variation of campus mental health resources at each college / university
- Acceptance of BP programming within campus environments
- BP leaders graduating or moving on from campus life
- Campus mental health policies

Table 2: The Bandana Project Logic Model

## STAKEHOLDER ANALYSIS

Another valuable tool within evaluation design is the stakeholder analysis. This analysis allows evaluators to determine the primary interests for completing the evaluation, how much power a stakeholder has in the program and evaluation process, and how they can contribute to conducting the evaluation. The following is the stakeholder analysis matrix for The Bandana Project (table 2). The high power stakeholders have the authority to make changes that directly impact the BP programming sustainability on a given campus. Those who are listed with high interest in the BP movement have invested in the program either with time or funding. Those who contribute directly to the program evaluation are essential in the BP program activities and materials. This stakeholder analysis list should not be considered an exhaustive list of everyone impacted.

Key stakeholders were involved in the creation of the BP program evaluation plan. The stakeholder group consisted of BP leaders and ambassadors, higher ed faculty and staff, and campus and community mental health practitioners. A detailed list of stakeholders who participated in the formation of this guide is presented within Appendix B.

<b>STAKEHOLDER ANALYSIS</b>					
<b>STAKEHOLDER</b>	<b>INVOLVEMENT IN EVALUATION</b>	<b>INTEREST IN EVALUATION</b>	<b>POWER</b>	<b>CONTRIBUTION</b>	<b>IMPACT OF EVALUATION</b>
BP Student Leaders	High: Will complete membership and video module surveys, some will provide feedback on the evaluation plan	High: Determine the effectiveness of program and if they are implementing it properly	High: BP leaders spearhead program activities and events on campus	High: Key source of information for evaluation, will be directly surveyed	High: Results of the evaluation will directly impact the services and funding they receive for program
BP Campus Members	Medium: Will complete membership surveys, some may complete video module surveys	Medium: Determine whether they should be participating in the BP programming	Medium: BP programming is based off of membership needs	High: Key source of information for evaluation, will be directly surveyed	Medium: Results of the evaluation will directly impact the services they receive for program
BP Faculty Advisors	Medium: Will complete membership survey, some will provide feedback on the evaluation plan	High: Determine the impact of program on campus environments and whether to continue programming	High: BP Faculty Advisors supervise BP leaders and their implementation of the program	High: Key source of information for evaluation, will be directly surveyed	High: Results of the evaluation will directly impact the services and funding they receive for program
Higher Ed Faculty and Staff	Low: Will provide feedback on the evaluation plan	Medium: Determine whether they should fund and maintain on campus	High: Higher Ed Faculty have the authority to maintain or terminate BP programming on campus	Low: Provide feedback on the evaluation plan and design	Low: Evaluation results will determine whether they would like to keep the program or not on their campus
Campus and Community Mental Health and Counseling Services	Low: Will provide administrative records for evaluation	High: Determine whether they should continue partnership with program	Medium: These services can decide whether or not they would like to partner with BP programming	Medium: Provide feedback on the evaluation plan and design	Low: Evaluation results will determine whether they choose to partner with BP program or not
BP Executive Team	Low: Will provide administrative records for evaluation	High: Determine whether the program is achieving its goals in impact and if there are any needs for improvement	High: Creators of program materials and activities	Medium: Creation of the evaluation plan in conjunction with provided stakeholder group	High: Evaluation results will impact relationships with colleges and campus / community partners

Table 3: Stakeholder Analysis

## **DATA COLLECTION METHODS**

As mentioned previously, this evaluation plan will provide a mix method approach to evaluate the overall impacts The Bandana Project has on college campuses. These approaches include an online membership survey, which will be conducted at the time of enrollment and six months after membership, a pre/post/then survey for those who view the BP video module series, and a retrieval of administrative records from the BP executive team and campus mental health resources. These varying methods will provide evaluators with sufficient information to understand better how the BP movement has positively impacted campus environments.

### ONLINE MEMBERSHIP SURVEY

The online membership survey will be conducted to provide information regarding the change in self-stigma around mental illness and seeking care as well as the change in peer-to-peer support across campus. The first distribution of the membership survey will occur during the enrollment into The Bandana Project. BP leaders are required to take down contact information, including email, during in-person and virtual bandana distributions. The survey will be sent to all members who provided their email within 24 hours of membership. The survey will be self-administered through an online survey platform including Qualtrics, Survey Monkey, or TypeForm. To incentivize participation, all individuals who complete the survey will be entered into a raffle for a \$50 Visa gift card.

A follow up survey will be automatically sent to all members at the six month time point after their member initiation. This questionnaire will include the same questionnaire items relating to self-stigma and social support, but will also include items around the frequency and quality of conversations had with peers regarding their mental health needs. These additional

questionnaire items are vital to the evaluation process as they will determine if BP members are truly supporting their peers when it comes to discussing their mental health concerns and navigating campus mental health resources. To ensure that students complete both membership questionnaires, another raffle for a \$50 Visa gift card will be held for those who complete both. In addition to this, reminder emails will be sent to all members a week after the initial follow up survey is sent to assist with response rates.

There are a few additional steps that must be completed prior to the distribution of the membership survey. The first step is maintaining approval from survey scale sources to use their validated scales. The questionnaire items recommended for tracking student self-stigma around mental illness and seeking care as well as perceived social support have been validated across a wide array of individuals. This ensures that the responses received for these questionnaire items are accurate depictions of the indicator metrics used for evaluating the BP movement. The survey scales provided in this evaluation plan in Appendix A are recommended scales and cannot be used until the proper approval has been given from the scale source.

After receiving approval for the use of the validated scales, a series of pretests should be conducted. The initial pretest should be a cognitive interview, a strategy used to understand the thought process of a participant as they answer the questionnaire items (Newcomer et al., 2015). During a cognitive interview, participants are asked to think out loud to provide the moderator with their feedback on how they understand questionnaire items and why they selected their chosen response. In addition to the cognitive interview, another set of pretests should be completed with those who are considered eligible participants. This pretest should be formatted to look like the final questionnaire product in order to receive feedback on formatting and questionnaire flow including font size and skip logic.

## ONLINE VIDEO MODULE SURVEY

Another series of surveys will be conducted for all members who chose to partake in the BP video module series. This questionnaire will focus on the preparedness and likelihood that a member will recognize with another peer under psychological distress and refer them to the appropriate mental health resources. The survey will be distributed using the pre/post/then format. More specifically, the first survey will be administered prior to the start of the video module series to measure students' base levels, the second will be administered after the completion of the video module series, and the third following the post programming survey. The third survey in the series will be a retrospective pretest, a strategy used in surveying to control for any self-reporting bias that can occur within the pre/post design (Nimon et al., 2011). The retrospective pretest mirrors the questions provided in the pre and post survey but asks for respondents to think back to their base level knowledge. During the analysis of the survey results, the retrospective pretest will be compared to pre-program results to see if there was a significant difference within the responses provided.

The video module surveys will be self-administered online using a similar survey platform as the membership survey. Given that the surveys will be administered during the participation of the video module series, there will be no incentives provided for those who complete all surveys. Before the distribution of the video module surveys, a series of pretests should be conducted with eligible participants to ensure clarity of the questionnaire items as well as formatting and survey flow. The recommended survey scale for the video module series must also be approved by the scale source author prior to its use. The survey scale can be found in Appendix A.

## ADMINISTRATIVE RECORDS

Administrative records will be collected from the BP executive team and campus mental health resources. These records will provide the evaluator with demographic information about BP members as well as information regarding college student engagement with campus mental health resources. The BP executive team will provide the demographic information to determine which type of members are well equipped to have conversations with peers around mental health concerns. This demographic information is provided during the time of membership from students to BP leaders and includes age, academic year, college major or concentration, and extracurricular affiliations such as athletics or Greek life. This information will then be used in conjunction with the video module survey results to further explore what member groups feel more prepared in discussing mental health concerns with their campus peers.

Campus mental health resources will provide information regarding student engagement due to a BP member referral. Engagement is defined as any encounter with a mental resource, either receiving information about treatment options to recurring therapy appointments. This metric will be tracked through the campus mental health resource during an intake or initial appointment. In the establishment of the BP programming, it is recommended that BP leaders partner with campus mental health resources to track referrals from BP members. This could be done by adding The Bandana Project as a response to an established referral questionnaire item or through the creation of an additional item they can include on the intake form. An example questionnaire item that can be provided to campus mental health resources is “How did you initially hear about us?” with a list of potential channels such as resident assistants, promotional materials, or other mental health student groups. This information will then be provided to the evaluator for analysis purposes. There are some limitations in this approach of tracking referrals.

For instance, a campus mental health resource may not choose to add a questionnaire item to their form. In this scenario, evaluators should focus on the BP membership data around the frequency of referrals and distribution of resource cards.

### DATA COLLECTION ANALYSIS

Data collection analysis will be conducted by a designated data analyst external from the BP executive team. This analyst could be a member college campus community such as college staff or personnel or a student with the appropriate experience. This individual will need proficiency in a statistical software package including SAS, R, SPSS, or Stata as well as experience using the online survey platform used for questionnaire distribution. The quantitative data will be derived from the membership surveys, the video module surveys, and the administrative records collected. All survey data will be exported from the survey platform as an Excel file, then cleaned and coded prior to statistical analysis. The analysis will include descriptive statistics such as frequency distributions, percent changes, and proportions, and will encompass all indicators provided with the evaluation questions.

There are some limitations to this analysis. The most predominant is the capabilities of the data analyst. More specifically, data management and analysis will be dependent on the analyst's proficiency level. If a campus is interested in more complex statistical analysis, a thorough interviewing process is recommended in selecting an analyst. In addition to this, the analysis will not result in a causal relationship between the change in stigma and support on campus and the BP programming. Further investigation, such as a randomized control trial, will need to be conducted in order to determine such a relationship.

## EVALUATION WORK PLAN

The following is a recommended timeline to follow when implementing the program evaluation plan on a given campus. The timeline lays out the expected time length of the pretest phase for questionnaire items, the distribution of surveys, the collection of administrative records, the data collection analysis, and the creation and distribution of evaluation results. If an evaluator is choosing to follow this plan over the course of multiple years, the pretest and authorization of scale use can be skipped after the initial year. The remaining components of the timeline can be followed as presented.

The initial steps in implementing the evaluation are receiving approval of survey scales from their original source and pretesting questionnaire items. The use of the recommended survey scale items, presented in Appendix A, cannot be used during the evaluation without the proper authorization from the scale source. These steps should be completed prior to the beginning of the fall semester in order to start data collection by the first day of classes. The following steps are collecting the data in the forms of the membership survey, the video module survey, and administrative records from the BP executive team and campus mental health resources. The membership survey will be provided to all members after their initiation and will be ongoing for six months. Members are expected to complete the membership survey at the time of initiation with a six month follow up to track overall changes. The video module survey will run similarly as it will be distributed to any member during the viewing of the video series and will capture all members within the same six month time frame. The administrative records should be collected in the last two months prior to analyses but can be modified based on campus mental health resource's capacity to provide that information. Data collection analyses are expected to be conducted within a three month time frame prior to the end of the spring semester

with the reporting of evaluation findings and dissemination at the end of the semester and into the summer. A detailed explanation of distributing evaluation findings can be found within the Dissemination of Evaluation Results section.

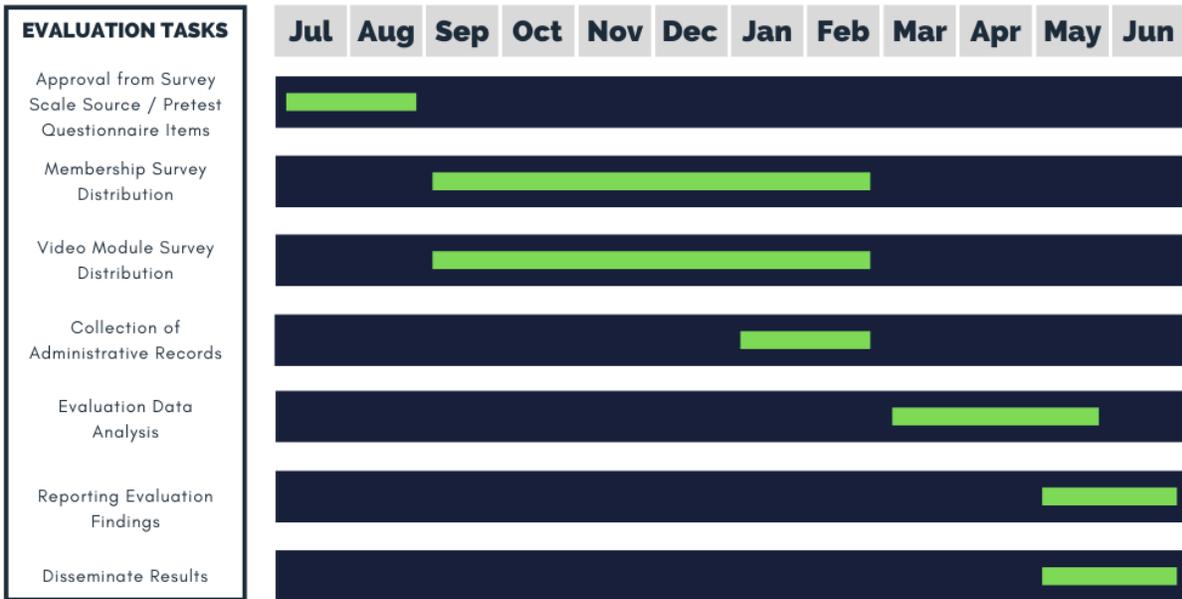


Figure 3: Timeline of Program Evaluation

EVALUATION BUDGET

Presented below is an itemized evaluation budget that provides costs for each component of the evaluation process, staffing, materials and supplies, and meetings. These costs are considered estimates and may vary depending on campus location and chosen materials and supplies. The total cost estimate for conducting this survey is \$10,675. This cost should be taken into consideration prior to conducting the evaluation to ensure that all necessary items will be covered.

Budget Line Item	Expected Costs	Notes
<b>Staffing</b>		
Primary Evaluator	\$7,800	The cost for hiring an evaluator at \$15/hour for 10 hours a week over 1 academic year
Data Analyst	\$1,800	The cost of hiring a data analyst at \$15/hour for 10 hours a week over 3 months
<b>Materials and Supplies</b>		
Online Survey Tools	\$705	Average annual cost of online survey software (i.e. Survey Monkey, SoGoSurvey, and Typeform)
Survey Incentives	\$100	Visa gift card
Graphic Design and Publishing Software	\$120	Cost of annual subscription to Canva
<b>Travel and Meetings</b>		
Virtual Meeting Platform	\$150	Due to the COVID-19 pandemic, dissemination of evaluation results will likely be conducted virtually through a meeting platform such as Zoom or Google Meet
<b>TOTAL COST:</b>	<b>\$10,675</b>	

Table 4: Program Evaluation Budget

DISSEMINATION OF EVALUATION RESULTS

After the completion of the data collection analyses, a formal report of the evaluation findings will be completed and presented to the BP executive team along with all stakeholders directly involved with the program. The reporting of evaluation results will primarily take place in a virtual setting. This channel of distribution is more cost-effective compared to a print version of the results and will allow for a wider distribution of the findings. This is helpful when sharing information to the wide array of stakeholders including BP chapter leaders, faculty advisors, and

college and community mental health resources. In addition to this, the current COVID-19 pandemic has restricted in-person engagements making a virtual approach more ideal.

The evaluation results will be presented in three forms, an evaluation report providing a thorough overview of the data collection analysis, a PowerPoint presentation that highlights all significant findings, and a one page summary that briefly describes the evaluation results. The first form of reporting is best suited for stakeholders who are directly impacted by the evaluation results and may use the findings for their own decision making purposes. A PowerPoint presentation will be created to provide an overview of the report and will be presented during a virtual meeting by the evaluation team to all stakeholders involved in the evaluation process as well as funders or donors of the program. During this meeting, the full evaluation report will be distributed to all who attend. The final form of reporting will be a one page summary of the evaluation findings. This summary is beneficial when sharing evaluation results with the general public and those who may be interested in the impacts of The Bandana Project on a college campus. The summary will be written in layman's terms to ensure that the information provided is easily understood by as many individuals as possible. All three forms of the evaluation findings will be located on the central BP website and can be viewed and downloaded by all who are interested.

### ETHICAL CONSIDERATIONS

The final portion to consider when conducting any program evaluation is the ethical issues that may arise in the implementation of an evaluation. In regards to the BP program evaluation kit, these ethical issues can include confidentiality of the data collected from participants and the dissemination of evaluation results. The Bandana Project is centered around combatting the stigma around mental illness and seeking care, and supporting students' mental

health needs. This sensitive topic should be handled with care not only by BP members, leaders, and faculty advisors, but also the evaluation team. When collecting data around these topics, all information received should remain confidential. Any participant identifiers should be removed prior to the data collection analysis to maintain anonymity of all respondents. Furthermore, the evaluation data collection methods should be submitted to the Institutional Review Board (IRB) for review and approval prior to the implementation of the program evaluation.

Regarding the dissemination of evaluation results, the program evaluation team must ensure that all individuals who are interested in reviewing the findings are able to access this information. This is made possible through the creation of the various forms of evaluation reporting as well as providing virtual access to the findings. The evaluation reports also should be located in an easily accessible location such as the campus landing page on the BP central website. If the evaluation findings determine that the BP programming is not meeting its objectives and goals or is working on the inverse of these goals, there should be an immediate reporting to the BP executive team and campus stakeholders. The evaluation report will then be thoroughly reviewed and a meeting will take place to determine whether there should be any sharp revisions to the BP program. During this time of revision, the BP movement will be paused to ensure there are not additional negative tolls on students and campus staff.

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## APPENDIX

### A. QUESTIONNAIRE ITEMS

The following are the recommended questionnaire scales, Self-Stigma of Seeking Help, Self-Stigma of Mental Illness, MOS Social Support that can be used for the membership survey. These questionnaire items must first be approved for use by the source author prior to the distribution of the membership questionnaire.

#### **Self-Stigma of Seeking Help Scale (Vogel et al., 2006)**

Test Format: Likert-type scale ranging from 1 (strongly disagree) to 3 (agree and disagree equally) to 5 (strongly agree).

Items:

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.

#### **Self-Stigma of Mental Illness Scale (Tucker et al., 2013)**

Test Format: The scale consists of 10 items and utilizes a 5-point rating scale with the following anchor points: 1 (strongly disagree); 5 (strongly agree). Half of the items are reverse-scored such that higher scores represent greater self-stigma associated with mental illness.

Directions: People at times find that they face mental health problems. This can bring up reactions about what mental illness would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react if you were to have a mental illness.

Items:

1. I would feel inadequate if I had a mental illness.
2. My self-confidence would not be threatened if I had a mental illness.

3. Having a mental illness would make me feel less intelligent.
4. My self-esteem would increase if I had a mental illness.
5. My view of myself would not change just because I had a mental illness.
6. It would make me feel inferior to have a mental illness.
7. I would feel okay about myself if I had a mental illness.
8. If I had a mental illness, I would be less satisfied with myself.
9. My self-confidence would remain the same if I had a mental illness.
10. I would feel worse about myself if I had a mental illness.

\* Items 2, 4, 5, 7, & 9 are reverse scored

\*\* Higher scores = greater self-stigma of mental illness

### **MOS Social Support Survey (Sherbourne & Stewart, 1991)**

Test Format: Likert-type scale ranging from 1 (None of the time) to 5 (All of the time).

Directions: People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to YOU if you need it?

Items:

1. Someone to help you if you were confined to bed
2. Someone you can count on to listen to you when you need to talk
3. Someone to give you good advice about a crisis
4. Someone to take you to the doctor if you needed it
5. Someone who shows you love and affection
6. Someone to have a good time with
7. Someone to give you information to help you understand a situation
8. Someone to confide in or talk to about yourself or your problems
9. Someone who hugs you
10. Someone to get together with for relaxation
11. Someone to prepare your meals if you were unable to do it yourself
12. Someone whose advice you really want
13. Someone to do things with to help you get your mind off things
14. Someone to help with daily chores if you were sick
15. Someone to share your most private worries and fears with
16. Someone to turn to for suggestions about how to deal with a personal problem
17. Someone to do something enjoyable with
18. Someone who understands your problems
19. Someone to love and make you feel wanted

The following questionnaire, Gatekeeper Behavior Scale, can be adapted for use in measuring the overall effectiveness of the BP video module series. These questionnaire items must first be approved for use by the source author prior to the distribution of the membership questionnaire.

### **Gatekeeper Behavior Scale (Albright et al., 2016)**

Test Format: The GBS contains 11 items rated on various 4- and 5-point response scales, as follows: Preparedness Subscale (1 = Very low, 2 = Low, 3 = Medium, 4 = High, 5 = Very high); Likelihood Subscale (1 = Very unlikely, 2 = Unlikely, 3 = Likely, 4 = Very likely); and Self-Efficacy Subscale (1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree).

#### Items:

##### *Preparedness*

*How would you rate your preparedness to:*

1. Recognize when a student's behavior is a sign of psychological distress
2. Recognize when a student's physical appearance is a sign of psychological distress
3. Discuss with a student your concern about the signs of psychological distress they are exhibiting
4. Motivate students exhibiting signs of psychological stress to seek help
5. Recommend mental health support services (such as the counseling center) to a student exhibiting signs of psychological distress

Note. 1 = Very low; 2 = Low; 3 = Medium; 4 = High; 5 = Very high

##### *Likelihood*

6. How likely are you to discuss your concerns with a student exhibiting signs of psychological distress?
7. How likely are you to recommend mental health/ support services (such as the counseling center) to a student exhibiting signs of psychological distress?

Note. 1 = Very unlikely; 2 = Unlikely; 3 = Likely; 4 = Very likely

##### *Self-Efficacy*

*Please rate how much you agree/disagree with the following statements:*

8. I feel confident in my ability to discuss my concern with a student exhibiting signs of psychological distress
9. I feel confident in my ability to recommend mental health support services to a student exhibiting signs of psychological distress
10. I feel confident that I know where to refer a student for mental health support
11. I feel confident in my ability to help a suicidal student seek help

Note. 1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree

## B. STAKEHOLDERS INVOLVED IN EVALUATION DESIGN

The following is a list of stakeholders who participated in providing feedback for the evaluation plan. The BP executive team held 3 meetings with the stakeholder group to ensure that evaluation questions and methods were relevant and appropriate for BP members and the larger campus community.

<b>NAME</b>	<b>AFFILIATION</b>
Siena Pizzano	BP Leader - Loyola University Maryland
Quinn Bunnag	BP Leader - University of Oklahoma
Halie Vanvleet	BP Leader - North Dakota State University
Risa Roth	BP Leader - Vanderbilt University
Brendan Koxlien	BP Leader - St. Norbert College
Cameron (Cammi) Galley	BP Leader - Loyola University Maryland
Jennifer MacCormick	Foundation2 Crisis Center
Felicia Gowanlock	BP Faculty Advisor - Northwestern University