

PROJECT TITLE: Investigating the Impact of a Dialogue Intervention on Common Mental Health Disorders, Associated Risk, and Mitigating Factors in Young Adults

LETTER OF INTENT ID: 56237

APPLICANT NAME: [REDACTED]

LEGAL NAME OF APPLICANT ORGANIZATION: XXXX COLLEGE, INC.

RATIONALE

This project will utilize an evidence-based intervention from the international relations field – **sustained dialogue** – in an innovative approach to improving mental health outcomes and establishing a culture of health among undergraduate students at XXXX College. The sustained dialogue process promises to be an effective tool to improve mental and general health outcomes by increasing the students' adaptive skills and resilience in the educational environment; their general mental health and well-being; and their soft skills for employment. Sustained dialogue promises to be a particularly effective tool in increasing health equity. Participating students will enhance their communication skills, understanding of diversity, and cultural competence, which will result in improved mental health for all students, but especially for marginalized, vulnerable students.

Undergraduate college students nationwide face increasing mental health concerns. Non-white students from every minority population experience higher levels of depression and perceived discrimination than white students. The mental health of marginalized students is disproportionately impacted by mistreatment by others, through either overt violence, verbal abuse, or micro-aggressions. These trends are exemplified at XXXX College, where racial and ethnic minority (ALANA) students are significantly more likely to report depressive symptoms compared to white students (XXXX NCHA, 2016).

Interventions to address growing mental health needs have tended to be individual rather than systemic. Sustained Dialogue Institute data confirm that sustained dialogue can impact the mental health of participants, but there is no longitudinal data to support this. Sustained dialogue improves campus climate, but the impact on factors associated with health, mental health, and well-being have not been reported. The sustained dialogue process, originally used in government and international affairs to promote cultural understanding and broker peace agreements, has been applied on college campuses nationwide to help address issues of diversity and inclusion.

The innovative use of the sustained dialogue process to improve mental and physical health in young adults will have immediate impact for students in crisis, college health providers, and higher education policymakers. The proposed study will address key gaps in knowledge among campus health providers in how to engage in collective action to increase understanding of diversity and inclusion and to establish a culture of health. The results will also inform the Action Framework regarding the health impact of building social capital within a community and will likely be transferable to other non-college community settings. Results will be shared with the American College Health Association (ACHA), which establishes guidelines for the practice of college health. We will work with ACHA to develop recommendations to be incorporated into Health Promotion and Comprehensive College Health Framework guidelines.

RESEARCH APPROACH AND ACTIVITIES

We propose to assess the effectiveness of the sustained dialogue approach in improving mental health and related general health outcomes. We hypothesize that undergraduate college students of all identities who participate in a semester-long sustained dialogue process will demonstrate not only positive adaptation and resilience in the educational environment, but also that short-term measures of mental health, well-being, and academic achievement will show improvement compared to non-participants. We further hypothesize that marginalized or underprivileged students will benefit to a greater degree, thus supporting educational and health equity. Through further research beyond the scope of this project, we expect to demonstrate that long-term measures of mental health, physical health, well-being, social capital and connectedness, educational attainment, employment and income, civic engagement, and morbidity and mortality will be improved compared to non-participants.

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To test the hypotheses, 900 student participants will participate in an intervention consisting of a retreat format kick-off followed by a ten-week series of facilitated small-group sessions (six semester-long cohorts of ten small groups over three years). The learning objectives of these sessions will focus on developing skills for community-building and civic engagement, a key component of health culture. Our partner, the Sustained Dialogue Institute, will train staff and student facilitators to build greater understanding and acceptance of each individual's roles and identities.

Two comparison cohorts will be established – students that participate in a sustained dialogue intervention and those that do not. Those not participating would be eligible for the comparison group. Data from the comparison cohorts will be used to analyze the impact of sustained dialogue on mental health and related outcome variables using validated clinical measurement tools (e.g. PHQ-9). We will use annual administration of a widely used campus health survey tool (NCHA) to examine population differences over time and compare to baseline. Registrar-supplied data will reveal the impact of sustained dialogue on student retention and academic achievement. To test our secondary hypothesis, we will track vulnerable subgroups and use statistical techniques, such as weighted sample responses, to assess whether sustained dialogue is more effective for particular subgroups. We anticipate these findings will contribute significant insight into improving health equity among marginalized, vulnerable subgroups.

To achieve our long-term research goals, a registry will be established to facilitate longitudinal assessment of alumni participants beyond the three-year student period. During the study intervention period, baseline data will be collected on measures of mental health, general health, civic engagement, social capital, and soft skills for employment to form a basis for longitudinal study. The registry will contact students and invite them to participate in further study. The study results will have significant impact in addressing the gap in effective tools to address mental health issues in young adults in a campus environment.

RESEARCH TEAM

[REDACTED], N.P., and [REDACTED] M.D., will be co-PIs. CVs attached. Ms. XXXX, the Director of Health Services at XXXX College, is responsible for all clinical and administrative functions of health and well-being services. She holds a B.S.N. in Nursing from the University of [REDACTED], an M.S.N. from the University of [REDACTED], and is nearing completion of her D.N.P. in nursing leadership at XXXX College. In addition to several years of college health clinical practice, Ms. XXXX has experience as a nurse educator and clinical research coordinator.

Dr. XXXX is the Executive Director of [REDACTED] at the University of [REDACTED]. She holds an M.D. from Mayo Medical School, an M.M.M. from [REDACTED], and completed her residency at University of [REDACTED]. She is a past president of the American [REDACTED] and was instrumental in coordinating national benchmarking activities for the Association. Dr. XXXX has significant research experience as Principal or Co-Investigator for numerous studies at [REDACTED] in student and community health including funding from the U.S. Centers for Disease Control and Prevention and is the author of multiple publications.

The co-PIs have the capacity to conduct the proposed research and have experience in recruiting participants. Both have direct access to students. Recruitment strategies will include aggressive marketing and incentives for participation. An advisory panel will create a forum for the project team to collaborate with our partners: the [REDACTED]