

**Project 22 Movie Screening & Panel Discussion:**  
**An Evaluation Report for the Department of Counseling and Psychological Services**  
**(CAPS) at the University of Michigan-Flint**

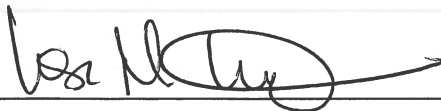
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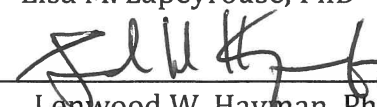
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Presented to the Public Health Faculty  
at the University of Michigan-Flint  
in partial fulfillment of the requirements  
for the Master of Public Health

June 11, 2016

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## Dedication

This project is dedicated to all the men and women of the United States Armed Forces. To all the men and women who lost their battle with mental illness. You have left a mark on this world, and your spirit will live on in Project 22.

## Acknowledgement

This project would not be possible without the hard work and dedication of Dr. Tamara McKay and Helen Budd of the University of Michigan – Flint. Their passion and desire to help improve the mental health of student veterans is an inspiration.

Dr. Lisa Lapeyrouse and Dr. Lenwood Hayman were such a great source of support and motivation throughout this process.

To the faculty and staff in the Public Health and Health Science department at the university of Michigan – Flint, your hard work was beyond appreciated.

Thank you,

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## **I. Statement of the Problem**

According to statistics released by the American Foundation for Suicide Prevention, there are approximately 117 deaths by suicide per day, which translates to approximately 42,773 suicides a year (American Foundation for Suicide Prevention, 2014). While the rate of suicide decreased from 1990-2000, rates have begun to increase over the past decade. For example, while suicide was the 10th leading cause of death in 2013 (Center for Disease Control [CDC], 2015a), it is now the eighth leading cause of death in the United States ("Suicide Stats", 2015). Suicide affects people in the general population, but it disproportionately affects the men and women of the United States Armed Forces. In 2014, over 8,000 men and women in the armed forces died by suicide – a rate of almost 22 suicides a day (Castro & Kintzle, 2014).

Among veterans, men are more likely to commit suicide than women. Men under the age of 30 are also more likely than their older counterparts to take their own life. The rates of men under the age of 30 who commit suicide have continued to increase each year since 2008 (Katz et al., 2012). When comparing veteran populations, those who have served in Iraq and/or Afghanistan are more likely to commit suicide than those who have served in earlier conflicts (Katz et al., 2012). This trend may be due to the longer tours of duty and/or the frequency of tours that soldiers are experiencing. A study by Kang et al. (2015), shows that veterans are at increased risk for suicide during their first three years' post-duty. Adjustment to life post-duty may be hard for some men and women, making the first three years post duty the most important for screen and treatment.

Men and women returning home from war are at risk for multiple health issues,

including poor mental health. A study by Trivedi et al. (2015) states that the majority of veterans have at least one mental health diagnosis. Among the most common mental health diagnoses are depression and Post-Traumatic Stress Disorder (PTSD). According to the National Institute of Health (2015), depression is a mood disorder that effects how you feel, think and handle daily activities. PTSD is a mental health issue that results from the experience of a trauma or traumatic event (Pompili et. al, 2013). Patients with PTSD, and/or depression are at the highest risk for multiple suicide attempts and continual suicidal ideation (Shepard et al., 2013).

As of 2014, there were approximately 500,000 men and women of the armed forces making use of the educational benefits offered through the Department of Veterans Affairs (VA; Blosnich et. al, 2015). A study of over 27,000 students from the National College Health Assessment conducted by Blosnich et. al, (2015), shows that veterans who attend college tend to experience symptoms of depression, PTSD and anxiety at a higher rate than their non-veteran classmates. The study also found that student service members binge drink more often than their non-veteran peers. A possible explanation as to why binge drinking is more prevalent among student veterans is that binge drinking may serve as a coping mechanism for mental health issues they may be experiencing (Blosnich et. al, 2015). The main catalyst for this difference in mental health issues among student veterans and non-veteran students is the experience of combat. Veterans who experience combat are likely to have more mental health issues than those who have no combat experience. Additionally, student veterans were more likely than their non-veteran peers to report their depression and anxiety if they had experienced a trauma while on active duty (Blosnich et. al, 2015).

Data collected by the CDC (2015), shows that suicide costs \$44.6 billion a year or \$1,164,499 per suicide (CDC, 2010). Recent research helps us understand how the cost of suicide is calculated. Specifically, the direct costs of suicide consist of investigation/autopsy costs, years of productivity lost up to age 65, and years of life expectancy lost (Lester & Young, 2007; Shephard et al., 2015). Years of productivity are defined as the years that a person is expected to be in the workforce, contributing to society and paying taxes, whereas life expectancy is the amount of years a person is expected to live.

Project 22 was released following the 2012 Veterans Affairs report which revealed that approximately 22 veterans a day die from suicide. Project 22 is a documentary about two combat veterans, Daniel and Doc, who aim to bring an end to the suicide epidemic among their fellow soldiers. Daniel and Doc traveled across the United States on their motorcycles and interview health care workers, researchers and veterans to bring awareness to the issue. Most of the veterans Daniel and Doc interview confess to thoughts of suicide and attempts of suicide. Together, Daniel and Doc traveled 6,500 miles in 22 days on an awareness campaign from San Francisco to New York City.

## **II. Description of Project**

This project consisted of an informational tabling session, a movie screening, and a panel discussion. The movie, Project 22, was viewed and then members of the UM- Flint campus community and the surrounding Flint area held a discussion panel to further explore the needs of student service members. The goal of the movie screening and discussion panel was to educate both students and community members about the mental health risks veterans face as well as educate the audience about available resources and services to address mental health issues both on and off campus. For example, those in

attendance were given a variety of information on where to turn if they or someone they know is in need of mental health services. The Student Veterans Services Resource Center (SVRC) of UM Flint, the Center for Counseling, Accessibility, and Psychological Services (CAPS) at UM Flint, Michigan Veteran Centers, Give an Hour, and Angels with Paws- Mid Michigan Therapy Dogs were all present to provide information and answer questions about services and treatments available to veterans.

CAPS, an on campus center that offers various services to students enrolled at UM-Flint, sponsored the screening and discussion panel. Veterans may go to CAPS for assistance with any physical or psychological accommodations they needed for classes and/or for therapy/counseling sessions. If CAPS does not feel they can offer them the adequate help, they are referred to the SVRC, which offers veterans assistance with mental health needs, housing, bills, benefit issues and other problems they may encounter. The SVRC can also help veterans navigate off-campus resources.

Prior to the movie screening and discussion panel, an informational tabling event was held where representatives from the Mid-Michigan Therapy Dogs were present. One of the representatives brought his service dog and discussed his experiences and answered questions from event participants. Additionally, two veterans from the Michigan Veteran Centers were available to answer any questions and offer advice about accessing their services. Finally, both the CAPS and the SVRC of UM Flint were available to answer questions and explain the services they provide for students.

Following the screening, there was a discussion panel composed of two student veterans, the directors of an equine therapy clinic, and the head of the SVRC. Each member of the panel explained their relationship to veterans and what they have done or are trying



to do to help improve mental health care accessibility and utilization among the Flint area veteran population.

One of the responsibilities of the evaluator associated with this project was to make students aware of the event by holding a tabling event in the University Center (UCen) the day before the program as well as call and email community members to invite them to attend the event. The tabling event offered information regarding available services to student veterans. Brochures of information from both the CAPS and the SVRC were available. Pens and stress balls were also available for students, faculty and staff members that visited the tabling event. To promote the movie screening, the trailer for Project 22 was played on a continuous loop on a TV.

The objectives of the movie screening and discussion panel were to: (1) increase awareness of veteran's concerns/needs regarding mental health services (2) highlight various treatment approaches, and (3) increase support for veterans on campus.

### III. **Methods**

The event was evaluated using data that was collected at the movie screening in the form of a paper survey that was handed out to event participants. The evaluation survey was created with the assistance of Dr. Lisa M. Lapeyrouse in the Department of Public Health and Health Sciences at UM Flint. Survey questions such as age, sex and university affiliation were used to identify the demographic characteristics of event participants. The evaluation survey was composed of 20 questions, including 16 closed-ended and four open-ended questions.

The survey incorporated questions based on the Health Belief Model. The Health Belief Model was developed by social psychologists Hochbaum, Rosenstech and Kegals to

understand why some people fail to adopt disease prevention behaviors (Glanz et al., 2008). The model is based on two components of health related behavior: 1) the desire to avoid being ill, and 2) the belief that a specific action will prevent or cure illness. The model has four main constructs that were used in the survey. Specifically, questions relating to perceived susceptibility, severity, benefits, and barriers were asked to gauge the assess participants' knowledge and beliefs regarding mental health risks and services for student veterans.

As conceptualized in the HBM, perceived susceptibility is the belief that someone holds regarding their chances of experiencing a health risk. The concept of perceived severity is the belief that one has regarding the seriousness of a health condition or illness. The concept of perceived benefits are the beliefs that one has regarding the efficacy of recommended actions to reduce risk of injury or illness. Finally, the concept of perceived barriers is the belief one holds regarding the cost – tangible and psychological – of the recommended health actions (Glanz et al., 2008).

Each construct of the model was measured by one question in the survey. Participants were asked to rate their opinions using a standard Likert scale where responses ranged from strongly agree to strongly disagree.

Construct of Health Belief	Question
Model	
Susceptibility	After attending this event, I feel more knowledgeable about risks factors for depression, anxiety, and/or PTSD.
Severity	After attending this event, I am more aware of how serious depression, anxiety, and PTSD are to one's

	mental wellbeing.
Benefit	After attending this event, I am more aware of the benefits of seeking help for depression, anxiety, and PTSD.
Barriers	After attending this event, I feel there are fewer barriers to getting help for depression, anxiety, PTSD and/or suicidal thoughts than I previously thought.

Data was analyzed using two methods. First, quantitative data (e.g., the closed-ended questions) were analyzed using statistical software, SPSS version 23. In SPSS, descriptive statistics were used to develop a demographic profile of event participants and report quantitative survey responses. Because all study variables were coded as either dichotomous or categorical, all survey responses are reported as percentages. Second, open-ended questions were analyzed using a theme analysis, which is a method of categorizing qualitative information into groups (Foundations 2008). Four open-ended questions were analyzed, which asked participants to (1) elaborate on their responses related to their connection to veterans, (2) detail what they learned during the event, (3) write down any unanswered questions they may have had, and (4) suggest what they felt could be improved should the event be repeated. Responses to these open-ended questions were analyzed and direct quotes are reported for responses found to best represent sentiments expressed by event participants.

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#### IV. Results

Quantitative data analyses, as seen in Table 1, revealed that all (100%) of those in attendance had a connection to veterans, with the majority (47%) being community members who work with a veteran population. In addition, the majority of the population

was female (60%) and over the age of 50 (53.3%). In regards to how participants learned about the event, a personal invitation was the most popular method (80%), followed by a flyer and an email both, which had 6.7% of responses. The majority of those in attendance had pre-registered (66.7%).

Questions related to the health belief model, as displayed in Table 2, reveal that while the event did not improve participant's knowledge about the disproportionate higher risks that veterans face for mental health issues, it did increase their knowledge of services offered on and off campus. The reason the event did not increase knowledge is because the majority of those in attendance already felt knowledgeable on the topic (87%). The event did however, increase participants' knowledge of both the risk factors (86%) and symptoms to look for (60%) regarding suicidal behaviors. As shown in Tables 2 and 3, response categories for these questions were collapsed in order to make the reporting easier.

Responses to the open-ended question regarding their relationship to veterans, (n = 15) 100% of those in attendance had a connection to veterans in one way or another. Specifically, results show that participants were either veterans themselves or married to a veteran (40%), or currently work with veterans in a counselor, therapist or volunteer capacity (54%). Two participants did not specify their connection but stated they had one. In addition to the above, when asked if the event had increased participants' knowledge, over 50% said it had. The ones that did not feel their knowledge was increased were veterans themselves or married to a veteran, as indicated by their evaluation responses.

Participants had the option to ask questions during the discussion panel, and 73% of participants reported that their questions were answered during the panel. Additionally, all

participants that had asked a question to the panel reported being satisfied with the answer they received.

The last question in the evaluation asked participants to tell us what they felt could be improved if the event were to be held again. The most common request made was for more veterans to be at the event. Responses included:

“Invite legion/VFW groups, more participation needed”

“Have more veterans talk on panel”

“Only thing would be maybe more publicity for more vets to attend”

The second most common request to improve the event was to have light refreshments available, as some respondents wrote:

“Serve light refreshments (coffee, tea, snacks)”

Data from event participants suggest that if the event were to be held again, it would need to be more widely advertised. For example, some participants recommended that the event be broadcasted on the radio or on local cable channels as a way to reach people in the community. As one participant wrote, the event could be improved by using different media outlets:

“Better advertising, not sure if it was aired on local radio, Channel 17 (Comcast) or other media resources”

## **V. Discussion**

The objectives of this veteran’s mental health awareness event were to: (1) increase awareness of veteran’s concerns/needs regarding mental health services on and off campus; (2) highlight various treatment approaches for mental health issues; and (3) increase support for veterans on campus. According to the responses that were received

from the evaluation, each of these objectives were met. As previously reported, the event increased awareness of symptoms that veterans may face and resources that could help them overcome those symptoms. In particular, those in attendance reported becoming more knowledgeable about PTSD, suicide, depression and the impact they have on veterans.

There were two limitations to this evaluation. First, the evaluation could have included questions about therapy dogs to determine whether the audience knew about this resource or its therapeutic value. The reason for this oversight in the evaluation survey is that the presence of the therapy dogs was not known prior to the event occurring, so the topic could not be incorporated into the evaluation survey. Second, the evaluation should have been passed out at the beginning of the event to allow sufficient time for participants to complete them.

Based upon the findings revealed in this evaluation, participants consistently recommended that invitations be sent to more veterans on and off campus. Although phone calls were made to local vet stations and support groups, attendance was low. Veteran participation on the panel was also lacking. Including more vets and/or their spouses would provide insight into how these issues are handled first hand and what other vets can expect to experience. Finally, expanding advertising methods could also increase the number of participants, as reaching out to local radio and or television contacts may yield greater participation. Holding the event at a different time may also help improve attendance, as showing the film at a time when fewer classes are held may improve student participation.

In closing, the implications of these evaluation findings suggest that the majority of attendees (86.7%) had knowledge of the mental health issues that veterans face prior to the event and therefore the majority (86.7%) of participants reported that their knowledge did not increase. In the future, identifying and targeting the event towards those less informed about these issues, such as persons not directly employed in veteran resource and support services, may help CAPS further achieve their objectives of raising awareness and connecting at risk student veterans to mental health services on and off campus.

## **Appendix One: Evaluation Survey**



Project 22 Screening and Discussion Panel

February 23, 2016

Harding Mott University Center

Kiva Auditorium

1. I am a:
  - a. Student (non-Veteran)
  - b. Student Veteran
  - c. Faculty Member
  - d. Staff Member
  - e. Community member (non-Veteran)
  - f. Community member Veteran
  
2. What is your age?
  - a. (18-25)
  - b. (25-32)
  - c. (32-40)
  - d. (40-50)
  - e. (50+)
  
3. I am:
  - a. Male
  - b. Female
  - c. Transgender
  
4. How did you hear about this event?

- a. Flyer
- b. Email/listserv
- c. Personal invite/word of mouth/tabling

5. Did you pre-register for this event?

- a. Yes
- b. No

6. Do you have any connections to veterans? Either on or off campus.

- a. No.
- b. Yes. Please explain your connection:

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7. Do you feel you were knowledgeable about mental health issues effecting U.S. Veterans prior to this event?

- a. Yes
- b. No

8. Do you feel this event increased your knowledge about mental health issues effecting U.S. Veterans?

- a. Yes, what new information did you learn?

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- b. No, why not? \_\_\_\_\_

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9. After attending this event, I feel confident that I know where to get help *on campus* for depression, anxiety, and/or PTSD, should I need it.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

10. After attending this event, I feel confident that I know where to get help *off campus* for depression, anxiety, and/or PTSD, should I need it.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

11. After attending this event, I feel more knowledgeable about risks factors for depression, anxiety, and/or PTSD.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

12. After attending this event, I feel more knowledgeable about the symptoms of depression, anxiety, and/or PTSD.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

13. After attending this event, I am more aware of how serious depression, anxiety, and PTSD are to one's mental wellbeing.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

14. After attending this event, I am more aware of the benefits of seeking help for depression, anxiety, and PTSD.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

15. After attending this event, I feel there are fewer barriers to getting help for depression, anxiety, PTSD and/or suicidal thoughts than I previously thought.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

16. After attending this event, I feel more motivated to seek help for depression, anxiety, and/or PTSD, should I need it.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

17. After attending this event, I feel confident in my abilities to ask for help regarding depression, anxiety, and/or PTSD, should I need it.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree  
18. After attending this event, I feel more capable of speaking about depression, anxiety, and/or PTSD with others.

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree  
19. Were your questions addressed during the panel discussion?

a. Yes

b. No. Please explain:

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20. What could be done to improve this event if it is repeated? Please explain:

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## **Appendix Two: Evaluation Results**

**Table 1. Demographics Questions 1-6**

	<b>Total sample N=15</b>	<b>Percent</b>
<b>Type of participant</b>		
Student Veteran	3	20%
Staff	1	6.7%
Community member	7	46.7%
Community Vet	4	26.7%
<b>Age</b>		
26-32	2	13.3%
33-40	3	20%
41-50	2	13.3%
50+	8	53.3%
<b>Gender</b>		
Male	6	40%
Female	9	60%
<b>Form of Invitation</b>		
Flyer	1	6.7%
Email/listserv	1	6.7%
Personal invite/word of mouth/tabling	12	80%
<b>Pre-Register</b>		
Yes	10	66.7%
No	5	33.3%
<b>Connection to Veterans</b>		
Yes	15	100%
No	0	0%

**Table 2. Knowledge Questions 7-12**

	Total Sample N=15	Percent
<b>Knowledge prior to event</b>		
Yes	13	86.7%
No	2	13.3%
<b>Increased Knowledge</b>		
Yes	2	13.3%
No	13	86.7%
<b>Confident in ability to find help <i>on campus</i></b>		
Agree	11	73.3%
Disagree	4	26.7%
<b>Confident in ability to get help <i>off campus</i></b>		
Agree	14	93%
Agree		46.7%
Disagree	0	0%
<b>Knowledgeable about risk factors</b>		
Agree	13	86%
Disagree	2	13.3%
<b>Knowledge of Symptoms</b>		
Agree	9	60%
Disagree	5	33.3%

**Table 3. Perceived Benefits, and post event 13-18**

	Total Sample N=15	Percent
<b>Perceived Seriousness</b>		
Agree	12	80%
Disagree	2	13.3%
<b>Knowledge of Benefits</b>		
Agree	13	86%
Disagree	1	6.7%
<b>Knowledge of Barriers</b>		
Agree	13	86%
Disagree	2	13.3%
<b>Feeling of Motivation</b>		
Agree	10	66.6%
Disagree	5	33.3%
<b>Abilities</b>		
Agree	12	80%
Disagree	3	20%
<b>Confidence in Speaking Capability</b>		
Strongly Agree	13	86%
Disagree	2	13.3%

**Seriousness, Barriers Questions**



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