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Hope for Utah:? Exploring the Long-Term Impacts of Peer-Based Suicide Prevention Among Adolescents

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ABSTRACT

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Current research studies on the success of peer-based outreach programs for adolescent suicide prevention are inconclusive (Mann et al. 2005; Gould et al. 2003). Fewer still have measured the feelings and experiences of the peers who are responsible for reaching out to suicidal friends within such a program. This exploratory research study examines the experiences and perspectives of past participants of an adolescent peer-based outreach program, Hope4Utah. Findings from this mixed-method study of Hope4Utah support that peer-outreach suicide prevention programs have far-reaching benefits, on both the participants and their surrounding communities, which extend into adulthood. Themes that emerged from analysis of interviews are consistent with literature on school communities, adolescent alienation, stigma reduction, compassion fatigue, and formation of social roles and mental health beliefs through the social interactionist framework. Finally, this paper explores promising avenues for future research.

Keywords: adolescent suicide, mental health, long-term impact, peer-based outreach program, school communities, adolescent alienation, compassion fatigue, stigma reduction, social interactionism

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INTRODUCTION

Utah is ranked fifth in the nation for suicides (CDC 2016). As of 2013, 8% of Utah adolescents (grades 9-12) attempted suicide in the past year and 13.6% reported they had made a plan to commit suicide (IBIS 2016). Suicide among adolescents is an increasing concern for Utah's middle and high schools, as it is the leading cause of death for children aged 10-17 according to the Utah Department of Health (IBIS 2016). Utah suicide rates have risen and fallen over the past decades, but data from more recent years show that suicide rates are beginning to rise again, making this a particularly pressing issue (CDC 2016).

Since 2005, schools within Utah have begun implementing a suicide prevention program called Hope4Utah. Hope4Utah reduces suicide completions by teaching well-connected, peer-recommended adolescents suicide warning signs and intervention tactics in groups known as "Hope Squads." Since Hope4Utah's implementation, suicide completion rates have decreased in Utah middle and high schools. On average, Provo School District reported one to two suicide completions per year but not have a single completion for at least eight years following the start of the program (Hope4Utah 2018; Hudnall 2016). Other schools have reported similar patterns (Hudnall 2016).

Research on peer-based outreach programs, such as Hope4Utah, has been inconclusive (Mann et al. 2005; Gould et al. 2003). Few studies have measured long-term outcomes (Gould et al. 2003; Hudnall 2016) or the experiences of the participants who prevent the suicides of their peers, and those studies have reported mixed results (Gould et al. 2003; Kalafat & Elias 1994; Shaffer et al. 1991). Understanding the long-term impact of teaching adolescents in particular is important in understanding how to reduce suicide completions among adults, who share a much higher suicide rate (IBIS 2016). Furthermore, studying the success of Hope4Utah can shed light

on why peer-based outreach suicide prevention programs succeed or fail, and give voice to a relatively unstudied, but key, population of informed peers.

This exploratory research project seeks to discover some of the long term impacts of Hope4Utah on participants, specifically answering the following questions:

- *What are the characteristics of Hope Squad participants?*
- *What skills or training did Hope Squad members learn, retain, and use? How often were these skills used by participants both during and after high school, and were they sufficient to prevent suicide?*
- *How does it feel being a member of Hope Squads and using these skills?*
- *What are the meanings Hope Squad members associate with their roles and interactions as Hope Squad members? How does participation affect their beliefs surrounding mental health?*
- *How does participation in this program affect identity formation and the roles they choose to take upon themselves in adulthood?*

To answer the above questions, I conducted a mixed methods study of Hope Squad members who graduated from Utah high schools between the years 2005 and 2017. I administered electronic surveys to past participants identified through using a combination of Hope4Utah records and snowball sampling and then interviewed a subsample of those surveyed. The survey data address the first two research questions, while the interviews answer the remaining three.

This goal of exploratory study is to improve understanding of how these suicide prevention skills are used, the experiences of participants within this program, and how participants understand their role in suicide prevention. Preliminary survey findings suggest that

the suicide prevention skills are not only learned, they are retained and used post high school. Additional interview data indicate that participants gain emotional resiliency and personal mental health support through the program's resources, build a sense of school community and reduce alienation, reduce stigma surrounding mental health and attribute their current identity and social roles to Hope Squad experiences. While this study is exploratory in nature and seeks to provide insight and feedback to Hope4Utah, the information gathered from these interviews provides insights that can benefit mental health outreach in other contexts as well, through efforts related to stigma reduction, community building, and addressing compassion fatigue and self-care.

LITERATURE REVIEW

Suicide is "an unnecessary death" (Wasserman 2001), especially in the case of adolescents. Adolescents are psychologically different than adults, having not yet fully developed neurologically (Aamodt & Wang 2011). Impaired decision-making ability has been linked to suicide in both adolescents and adults (Bridge et al. 2012), but adolescents often exhibit poorer decision-making skills overall (Casey, Jones & Hare 2008), putting them at higher risk for impulsive suicidal behaviors. While both adults and adolescents use whatever methods are available to them, adolescents often choose less severe methods than adults do (Parellada et al. 2008; Zitzow & Desjarlait 1994). Adolescents are also more likely to tell someone about a failed attempt than adults and appear to "rebound" to a positive place more quickly after an attempt. One study found that suicidal adolescents are more likely to express identity crisis and use suicide as a way ("albeit a confusing one") to reestablish their relationship to life again (Zitzow & Desjarlait 1994). Risk factors for adolescents include alcohol and drug abuse, bullying, struggling with acceptance over sexual orientation or a lack of other social support, a history of comorbid mental illness (such as depression) and strong stigma surrounding asking for help

(Waldrop et al. 2007; Brent 1995). Mental illness can start early in life; in fact, it is estimated that half of all mental health problems begin by age 14 (U.S. Dept of HHS-Substance Abuse 2017). One in five adolescents will experience mental illness at some point in their life, and the number of adolescents who experienced a major depressive episode increased by a third from 2005 to 2014 (U.S. Dept of HHS-Mental Health 2017; Mojtabai, Olfson & Han 2016). However, early intervention among adolescents can set the stage for adulthood, lessening the impact on their lives (US Dept of HHS-Adolescent Health 2018). Adolescents in particular are often a difficult to reach population (The National Child Traumatic Stress Network 2008). They may not think that they need help, may be unaware of the services available, or may want to avoid the stigma of asking for help. Often, adolescents don't enter substance abuse or traumatic stress treatment of their own free will. Additionally, those who struggle with these sorts of problems often have other barriers to accessing school counseling resources and support as a result, such as family troubles or lack of participation in school (The National Child Traumatic Stress Network 2008).

One common form of suicide prevention program used in high schools in the United States is a "skills-based" program. Skills-based programs teach students what the warning signs of suicide are and how to get help. They can reach students in a variety of ways, including assemblies, posters, school awareness campaigns, or class-based workshops that teach those skills (Gould et al. 2003).

Program evaluation literature on skills-based programs provides some evidence for reductions in suicides (Zenere & Lazarus 1997); however, it is still unclear what parts of the programs lead to these reductions (Thompson et al. 2005; Zenere & Lazarus 1997). Some forms of skills training programs specifically train peers in knowledge about suicide prevention,

intervention, and/or "postvention" (such as grief counseling). According to Lewis and Lewis (1996), empirical evaluations of these programs are limited and negative effects are rarely measured. Some skills-based curricula have shown positive attitude changes in participants or an increase in suicide prevention (Gould et al. 2003; Ciffone 1993; LaFromboise and Howard-Pitney 1995). However, some have resulted in negative outcomes for participants as well. Such experiences include participants being less likely to help a suicidal friend (Kalafat & Elias 1994) or worrying that talking about suicide could increase suicide rates (Shaffer et al. 1991).

One specific form that skills-based programs can take is a peer-based outreach program, teaching select students rather than the entire school. Because of the stigma surrounding mental health counseling, these programs operate under the assumption that adolescents are more likely to confide in a peer rather than an adult. While adolescents may not specifically seek out help, their peers are in a better position to recognize suicide warning signs and can then convince their friend to talk to a school counselor or other adult. These programs target adolescents to teach them the skills necessary to help their friends, sometimes recruiting students based on their connections to the student body. The roles that these students play can vary from simply listening and reporting to some counseling training (Gould et al. 2003).

However, an important question is: what are the effects of investing time and resources into teaching adolescents skills and knowledge about mental health? Current research on the success of peer-based outreach programs for adolescent suicide prevention is limited and inconclusive (Gould et al. 2003; Lewis & Lewis 1996). One study showed that participants were only slightly satisfied with the peer counseling they received, but the satisfaction levels varied by many factors, including gender. These peer counselors were found to be most successful as empathetic listeners (Morey et al. 1993). Other programs have been found to be successful in

reducing suicide completions, but there is not enough evidence to conclude how successful these programs are (Lewis & Lewis 1996). Studying Hope4Utah may provide greater understanding of the success or failure of these peer-based outreach programs as well as the long-term impact on the community and these peers.

Long Term Outcomes of Suicide Prevention

Studies of school-based suicide prevention programs often only measure success for a short time period, and rarely study longer term impacts (Gould et al. 2003; Hudnall 2016). Some follow up studies have been performed anywhere from 12 months (Hooven, Herting & Snedker 2010) to four or five years (Gould et al. 2003) after students received assistance, but rarely longer. Longitudinal studies on treatment programs related to depression and suicide in adults are more common, but the long-term effects of peer-based suicide prevention among adolescents has yet to be studied (Hudnall 2016; Gould et al. 2003).

Observations of Hope4Utah staff have indicated the possibility that adolescents trained in suicide prevention carry those skills into adulthood, using them beyond high school to help prevent suicides as adults (Hudnall 2016). If this is the case, then the full results and success of these peer-based suicide prevention programs can only be known by studying participants long after they have left the program.

Adolescent Participation in Suicide Prevention

In measuring success, most studies of suicide prevention programs limit their focus to those who are suicidal, and not the participants who intervene. However, results of the few studies done (Gould et al. 2003; Kalafat & Elias 1994; Shaffer et al. 1991) are mixed. Some participants responded positively to the program (Gould et al. 2003) and adopted positive attitude

changes towards suicide and mental health, while other participants were less likely to help their peers (Kalafat & Elias 1994; Shaffer et al. 1991; Gould et al. 2003).

Possible long-term effects of suicide intervention on peer-based program participants may be found in those who deal with suicide intervention more often. Professionals who deal with suicidal or depressed adolescents and adults on a more regular basis are prone to experience what the social work field refers to as "burnout, or "compassion fatigue." Compassion fatigue is often manifested as emotional exhaustion or depersonalization as a result of spending long hours in emotionally demanding situations, such as suicide intervention (Lloyd, King & Chenoweth 2002). One common form of compassion fatigue is Secondary Trauma Stress which occurs when the professional feels symptoms of stress as she/he sympathizes with the stressful events in the lives of clients (Bride 2007). Symptoms of Secondary Trauma Stress include hopelessness, lack of self-care, sleeplessness or exhaustion, cynicism, and social withdrawal (Bride 2007). Compassion fatigue can also result from either lack of control over client outcomes or feelings of responsibility for other people (Lloyd, King & Chenoweth 2002). As a result, high attention is paid in the fields of social work, psychology, and other mental health professions to finding ways to combat compassion fatigue through self-care and setting healthy boundaries (Smullens 2012; Bride 2007). Team support from other mental health professionals or social workers can also protect against compassion fatigue (Lloyd, King & Chenoweth 2002). Despite these potential emotional difficulties related to working with those who are suicidal or depressed, mental health professionals often find satisfaction and fulfillment in working with people and sharing insights that help them overcome their obstacles (Ellet 2009).

While these peer-based program participants are not professionals and may not have the same level of exposure to suicidality that mental health professionals have, it is possible that they

may deal with similar symptoms or stresses because of the nature of the situation that they are trained to confront. Furthermore, as adolescents themselves, they may not be aware of how to manage healthy boundaries, accept their limited responsibility for other people's actions, or practice the self-care that professionals are trained to maintain for their own mental health. Participants may also feel the greater satisfaction expressed by professionals because they are helping others. These possibilities may affect the participants' experiences in program activities and their emotions surrounding an event where they assisted someone close to them in dealing with suicidality.

The timing of participation is also important to consider when looking at the long-term outcomes of peer-based outreach programs. Adolescence is marked by identity formation, as children grow independent of their families and begin to make important decisions about their own future goals (Meeus 2011; Brint 2017). Many other kinds of training programs in junior high and high schools have paid close attention to this phase and have noted the effect of participation on the success and careers of program alumni. For example, programs that offer STEM training and experience to students can lead to higher percentages of these students pursuing STEM careers (Price & Kares 2016). Other studies on STEM programs demonstrate the important role that peer-learning plays in education and goal formation for students (Stokols et al. 2008). While suicide prevention is different from STEM in many ways, it is likely that peer-based outreach programs could have similar effects on their participants, depending on the time and resources allocated, the relationships between peers, and the roles and responsibilities placed on these students.

Symbolic Interactionism Framework

The symbolic interactionist framework focuses on the meanings that arise from person-to-person interactions and the social processes that result from those interactions and meanings (Reynolds & Herman-Kinney 2003). According to theorist Herbert Blumer (1986), human beings learn meanings through social interaction, which provide the basis for distinctive human action and interaction. These meanings are both derived from interaction and modified through individual interpretation. People work through interactions towards those things which hold particular meanings for them. In this framework, interactions are governed by navigating and adapting to the social roles that inform individuals how to act (Mead 1934).

Using this framework, we would expect peer-outreach program participants to derive particular meanings from their interactions with the students that they help and navigate those interactions according to the roles required of them. We also expect these social roles and the meanings surrounding their experiences to be incorporated into their identity formation and reflected in the roles they take up in adulthood. We expect that a successful program would dispel stigma surrounding mental health as it provides participants with meanings that help them approach mental health in a way that achieves better outcomes. These meanings and roles are expected to be derived from interactions with program staff, other program participants, and the individuals that they help. Interviews can help to bring those meanings and roles to light.

Hope4Utah

To explore the long-term consequences of peer-based outreach programs on the participants themselves and the communities they serve, I conducted a case study of Hope4Utah, a peer-based outreach program based in schools within the state of Utah. Hope4Utah has been

recognized by the U.S. Department of Health as a "promising program" for fighting adolescent suicide (Hudnall 2016).

Following several years of Utah's Provo School District averaging one to two suicides per year, Dr. Greg Hudnall founded Hope4Utah in 2005 in Provo and Timpview High Schools. After researching peer-based outreach suicide prevention, Hudnall decided to create a group of well-connected students called Hope Squad to reach out to the student population. This group of students were trained to recognize signs of suicide and to help those struggling turn to the resources available at the school and elsewhere. Students who were suicidal were then more likely to receive help because they were contacted by their peers, not by adult counselors (Hope4Utah; Hudnall 2016). Since its' inception in 2005, Hope Squads have spread to over 280 schools across Utah, including not only high schools but junior high schools, elementary schools, and colleges. New programs have also been implemented in other states, such as Alaska, North Carolina, Texas, Wyoming, and Indiana (Hope4Utah).

When Hope4Utah enters a school, the school's administration surveys members of the student body to find out who they trust or feel comfortable sharing information with. From those survey results, they often find a group of students that stand out as well-connected, trustworthy friends. These students are then invited to become members of a Hope Squad for the school, and the survey process is repeated for each incoming class to maintain the Hope Squad.

Hope Squad advisors (most often delegated school counselors, community members with prior experience with mental health, or teachers to support the efforts of school counselors), train these students in classes on suicide prevention and intervention. In prevention, the students learn how to identify the signs of suicide and how to refer struggling students to an adult who can help them. In intervention, they are trained in how to help a student who has confided in them about

suicidal thoughts, talk them through the situation, and get them professional help to deal with their suicidal tendencies. In addition to attending trainings, Hope Squad participants host suicide awareness weeks, fundraisers, and service activities within the school.

This curriculum has been developed over time as Hope4Utah gained more resources, knowledge and data on their students. In its earliest years at Provo and Timpview high schools, Hope Squads met once a month and focused on the signs and statistics of mental health, and trained students in QPR (Question, Persuade, Refer). These were mostly lectures and discussions held by advisors, without formal PowerPoint presentations. As time went on, trainings included more topics, such as self-care and coping mechanisms. Currently, Hope4Utah provides a written curriculum to the schools who set up Hope Squads. This curriculum covers ten phases, or topics: QPR training, an explanation of Hope Squad's role, suicide warning signs, how to help friends, talking about suicide, setting boundaries, staying grounded, knowing that everyone has a story, bullying, and the stages of grief. These phases come with PowerPoint presentations, activities to practice skills (often discussions), and specific training and instruction for Hope Squad advisors. Advisors are also given their own manual to accompany the curriculum.

In the early stages, Hope4Utah's program showed promising results. An evaluation of the program reveals that suicides in Provo School District have decreased, and faculty believe that several serious referrals from Hope Squad members have saved lives (Ward & Ward 2011). However, these patterns have not been examined as the program has expanded to other schools, and students are not studied after their participation in Hope Squad ends (usually when they graduate high school).

As Hope Squad grows, further research is needed to establish the effects of the program on suicide rates. This program also represents a promising measure for how education outreach

programs can affect suicide rates within adolescents, shape the roles and beliefs of participants, and improve the mental health of their communities in adulthood.

Background on Suicide and Prevention Efforts

Racial and ethnic groups display different levels of suicidality both inside and outside of Utah (Suicide Prevention Resource Center 2018) The Utah Department of Health reports that adjusting for population size and age, Native Americans have a rate of 22.9, Caucasians 20.3, African Americans 11.3, Asians 11.0, and Hispanics 10.6 per 100,000 in the population (IBIS 2016). Females and males also have different patterns of suicidal behavior. Females are far more likely to attempt suicide while males are more likely to actually follow through to completion (Zitzow & Desjarlait 1994). Females and males also point to different causes or reasons for their suicidality (Galligan et al. 2010; Wasserman 2001; Zitzow & Desjarlait 1994). Because of differences in how gender and ethnic groups express suicidality, I expected there to be differences in the meanings and experiences of Hope4Utah members by gender and ethnic background.

There are few studies that address the long-term retention of suicide prevention skills among adolescents based on their participation in peer-based outreach programs. However, studies of gatekeeper programs which teach adults how to recognize suicide warning signs in adolescents have shown that skills increased as a result of the training and were maintained over a short time period (three months to a year) (Cross et al. 2011; Wyman et al. 2008). A study of a program that taught adolescents life support skills (such as CPR and resuscitation) similarly showed a good retention rate after four months (Meissner, Kloppe & Hanefeld 2012). Participants in a program that taught skills related to substance abuse prevention among minority

adolescents were successful in maintaining a majority of knowledge gained two years after the program ended (Botvin et al. 1995).

Expected Findings

Based on related peer program results, I expected that the students who graduated most recently would remember more information and skills, and that this would result from both proximity in time and curriculum improvement. I expected that retention of knowledge would decrease over time, and those in earlier cohorts would have retained less information than those in later cohorts.

Because suicide is still a relatively rare occurrence, I expected that some participants would not have had the opportunity during high school or after high school to use their skills. Following the rationale of peer-based prevention programs, I expected that opportunities might be manifested in family members or friends. Those living in close proximity, such as roommates or mission companions, might also be a higher proportion of the population that the participants helped. However, as participants move into adulthood it is less likely that they have opportunities to use those skills, as research on adults shows they tend to withdraw from relationships when experiencing suicidality (Zitzow & Desjarlait 1994).

My specific hypotheses based on the survey data are as follows:

- *Study participants will have retained most of the information and skills learned.*
    - *This will be influenced by time elapsed since the program, whether or not the program was stable yet, and if they used the skills or not*
- *Most participants will have used basic listening and support skills during and after high school*
- *A small percentage of students will have used suicide intervention skills in high school*

- *A small percentage of students will have used suicide intervention skills since high school*

Although there are no formal hypotheses for the qualitative part of the study, some expected results included that study participants will express how the skills they learned were used, how they felt, and other impacts they noticed as a result of the program. Given the variation in experiences of the study participants, I expected that Hope Squad member experiences will range from no impacts or experiences using the skills, to negative experiences such as compassion fatigue symptoms, to positive experiences and empowerment in efforts to prevent suicide and assist persons with suicidal ideation. I also hypothesize that the skills taught by Hope Squad will have been sufficient to prepare students and to prevent suicide.

DATA AND METHODS

Target Population

In this study, I focused on Hope Squads implemented prior to 2017 within the state of Utah. Considering that most Hope Squads include 30-40 students on average, and most students remain in the program for the duration of their high school experience, I calculated the target population as about 30 initially then increasing by ten students on average per year. I multiplied this by seven schools since 2005, as most schools have only incorporated Hope4Utah's program within the past two years. Considering that some schools are larger than others and some schools implemented Hope Squads a few years later than others, I expected a target population of about 1,000 students. My goal was to survey as much of the entire population as possible.

Based on observations of Hope4Utah staff, I expected that the majority of participants would be female (about 70%). The majority of Utah county identify as Caucasian (US Census Bureau website) and observations of Hope4Utah staff indicated that this is reflected in the makeup of Hope Squads. However, schools are encouraged to select at least some racial

minorities for their individual Hope Squads depending on peer-recommendations (Hudnall 2016). Since the program started in 2005 and I focused only on high school graduates, I expected that the ages of participants would fall between the ages of 18 and 35.

Grounded Theory

As the interviews are giving voice to a previously undocumented population, it was uncertain what their experiences would be or what themes would surface. Therefore, I drew upon grounded theory in analyzing qualitative data within this study. This research process does not merely give voice to the population of study, but it also seeks to interpret the data through development of relevant concepts. Grounded theory emphasizes the need to develop interpretations from the data and must include the perspectives and voices of the participants. The theories that result from this analysis are often conceptually dense, with thick description and consideration of a variety of factors (Corbin & Strauss 1994). Generally, the process of grounded theory involves coding the data, writing memos in relation to the codes and the patterns of concepts found in the data, and integrating the findings into theory.

Methodology

At the beginning of my study, I conducted four pilot interviews and field tested my survey with three people (contacts provided by Greg Hudnall) in order to improve my interview and survey format and questions. Initial pilot interviews demonstrated that the interview questions aligned with expected experiences and understandings of Hope Squad members, and also demonstrated some support for my initial assumptions. After testing these instruments, I proceeded to reach out to the remainder of the Hope Squad alumni population.

First, I used contact information provided by Hope4Utah to reach out to past participants with an online survey. I also asked Hope4Utah to send information about the online survey to the

advisors at each school program along with a request to send it to the Hope Squad members they knew who had graduated. I set up various social media pages with the online survey link and messaged other schools' Hope Squad pages asking for referrals of past participants and for them to share the survey. I attempted snowball sampling, asking those who took the survey to share the link with their friends or asking for contact information. I also was able to gain some social media contacts through searching names found in yearbook photos. Once I had contacted someone for a survey, I sent several follow-up emails and messages to increase the response rate. I estimate that I was able to reach at least 600 people (by counting emails, social media group sizes, and advisor contacts); 63 people filled out the survey.

The survey collected data about the school the former Hope Squad members attended, the years they participated, and their demographic characteristics. I also included a few questions to assess their knowledge of suicide prevention and how often they used the skills from Hope Squad both during and after high school. Finally, the survey asked for the respondents' permission to be contacted for a follow up interview and for their preferred contact information if they were interested (see Appendix A).

Because the response rate was small and this study is exploratory, I focused on conducting as many interviews as possible from those who were surveyed to gain detailed qualitative data. All who agreed to a follow-up interview were contacted, and those who responded were provided a consent form and interviewed either in person or over the phone resulting in ten interviews. Prior pilot interview participants were also given the opportunity to take the survey and to consent to their interview being used. In total there were 13 completed interviews which involved two males and eleven females. A wide variety of years (2007-2017)

and nine different schools are represented within this interview subsample. Reflecting the demographic of the state of Utah, all interviewed were white.

I also reached out to the newly formed Hope Squad on the Brigham Young University campus, a university that many Utah schools feed into, hoping to find past participants who had continued their participation into college. This led to an opportunity to interview a current participant who did not attend during high school. I adapted the interview to fit the participant's status and this interview provided variation that allowed me to contrast the experience of an adolescent with that of an adult, strengthening claims surrounding the long-term impact of adolescent peer-based outreach programs.

The interview was semi-structured, covering topics such as former Hope Squad member use of the skills they learned, their recollection of the curriculum, their feedback on the program, and their experiences as an adolescent assisting peers with depression or suicide (see Appendix B). When asking participants about experiences related to compassion fatigue, a definition was provided, but otherwise questions surrounding emotions or experiences were left open for the participant to interpret and answer.

Following the pilot interviews, revisions were made to the interview guide to refine the topics prior to conducting additional interviews. Interviews were conducted face-to-face with local participants and over the phone/video chat with those not residing in Utah county. Each interview took about an hour and was electronically recorded for later transcription.

During the course of the interviews, topics were often covered out of order, as participants shared stories that had relevance to different research questions. Participants were encouraged to expound upon their experiences or thoughts as they emerged throughout the interview and to explain the "why" behind many of their observations. For example, if a

participant observed that there was a likelihood of one kind of experience among some students rather than others, they were encouraged to explain why they thought this was. This allowed the participants to give voice to their own experiences, which helped me as the researcher to better understand their perceptions, emotions, and relationships.

Analysis

Survey data were analyzed using STATA statistical software to provide descriptive statistics. I also explored the frequency of suicide and mental health interventions in order to determine the effects of the program and skill usage by participants. Demographic data and self-descriptive data was then correlated with skill usage to identify patterns.

Missing data for the study population is based primarily on not being able to contact former Hope Squad members who are serving LDS missions, who have moved out of state to attend other schooling or programs, former participants who lack contact with their past advisors and co-members, and general non-response. Contact was attempted multiple times over the year to reach those who may have returned for LDS missions after the initial survey. Despite missing data, research participants reflect a wide variety of schools, years, and experiences.

Due to small sample size, it is not possible to generalize results to the entire Hope Squad population. However, the survey results and corresponding interviews do shed light on the experiences of Hope Squad participants and effects related to this program and identify areas for future research in the field of mental health and suicide prevention.

Open ended survey questions were coded for themes and analyzed using Dedoose, a qualitative coding software. Alongside interview responses, these survey questions were also examined using grounded theory to better understand the meanings associated with the program and usage of the skills learned.

All 13 interviews were transcribed and analyzed using Dedoose. Using grounded theory, I cyclically examined the data. First, I read through all of the interviews. After this review, I re-read the first interview and created a rough coding scheme of major themes. I then coded the rest of the interviews, marking the passages where I found those themes. As I found additional themes and patterns I added them to the coding scheme and returned to previously coded interviews to update them with the new coding scheme. As I added major themes, I looked for sub-themes, such as patterns or thoughts within the categories, building my coding scheme and re-coding the interviews again.

After coding these interviews, I wrote memos on the codes and the relationships that I saw emerging between the codes, revisiting the interviews to continue to find patterns and examples of themes. Using this information and thinking conceptually about the data, I mapped the codes and the concepts in a way that demonstrates how the concepts/codes are related. Using this and my memos, I then created a theoretically grounded explanation of the experiences of Hope Squad members which addressed my research questions.

RESULTS

Survey Data

Sixty-three Hope Squad alumni began the survey, with 47 completing the first section and 36 completing the entire survey. Twenty-nine volunteered for interviews and 13 completed interviews, including pilot interview participants who consented to allow their responses to be analyzed and included in the study.

Descriptive statistics. The following descriptive statistics provide information about Hope Squad survey respondents. As such, they do not necessarily reflect demographics or characteristics of the schools included.

(Table 1 about here)

The graduation years of survey participants spanned the years 2005 to 2017, with a higher concentration of students graduating in the past four years, and 48% graduating in 2017. Participants attended a variety of high schools across the state of Utah, with the highest concentration in school districts located in southern and central Utah. Seventy-five percent (75%) of the participants were female; the majority were Caucasian (92%); and 81% pursued higher education after high school graduation. [1]

Hope4Utah also has two programs located at colleges in Utah. To elaborate further on the effects of program participation following high school, it was useful to gain insights from current adult participants. Two BYU students completed surveys, and one completed an interview.

(Table 2 about here)

High school experience. On average, Hope Squad participants felt that they fit well within their school student body and were satisfied with their high school experience. However, on average they did not feel they had so much in common with their high school as much as they felt they fit within it. Nevertheless, they marked high averages for the friendliness of their school. On average, Hope Squad participants felt they fit even better within their Hope Squad, and they also felt comfortable relying on other members for help and support (although their responses were more varied).

Skill use and retention. Hope Squad alumni reported that they retained most of the skills they learned, with the least skill retention being recognizing mental health symptoms. On this

[1] Approximately 43% of respondents did not complete the background information section at the end of the survey. Missing data is excluded in this table.

item respondents had an average of 5.4 on a 7-point scale. Overall, students surveyed retained the knowledge well, with only a few students marking less than a 4 on an item asking how much they remembered (on this scale 1 was nothing and 7 was everything).

(Table 3 about here)

On average, participants reported they used these skills from about once a year (for suicide interventions) to multiple times a month (for listening/being there for someone). This translates to participants helping a number of their peers both during and after high school graduation (at least eight to nine suicide referrals per research participant on average). Seven of these survey participants marked "10 or higher" on this item, which was the upper limit. A total of 41 survey participants estimated that since they graduated from high school they had helped a minimum of 148 people who were seeking help for suicidality. On average, a student helped 3.6 people per year since graduation.

(Figure 1 about here)

Students pursued a variety of majors and employment opportunities, but a large proportion pursued social science/psychology (26%) and health (15%) related fields when compared to the national averages of 15% (social sciences/psychology bachelor degrees, 2015) and 11% (health bachelor degrees, 2015) (National Center for Education Statistics, 2018).

Preliminary correlation and multivariate analyses. The survey sample size (63) was not sufficient to meet the assumptions for a regression model. However, preliminary analyses provide some additional information about the survey participants. There was a moderate positive correlation between skill retention and skill usage, especially for suicide prevention and mental health symptoms recognition skills. Participants who reported they used these skills were

more likely to retain knowledge of them, and vice versa. A table showing Pearson's correlation coefficients is provided in Appendix C.

I used multivariate regression to examine the relationship between the demographic variables and the number of instances where students recognized signs of or referred those with mental health symptoms other than suicide or suicidality (see Appendix C). Preliminary analyses show that Hope Squad participants were more likely to recognize mental health symptoms and suicidality if they were studying or pursuing work in the field of social sciences or healthcare (examples: working at addiction treatment or mental health centers, working in urgent care). They also reported more referrals. For mental health symptoms recognition and suicide referrals, this pattern had a p-value lower than .05, although due to sample size these results cannot be generalized to the rest of the Hope Squad participant population.

Participants that marked a higher school fit were less likely to recognize mental health symptoms and/or suicide than their counterparts who marked a lower school fit. They also reported fewer referrals for both suicide and mental health symptoms. It is possible that students who perceive themselves to be on the social fringes of their school are also more likely to recognize and help others who are on the fringes and struggling, but more research needs to be done to investigate this relationship. For mental health symptom referrals and suicide recognition, this relationship was statistically significant, although again, the sample size does not meet assumptions for a regression model and therefore these results cannot be generalized.

While the following results were not statistically significant, it is important to note that the preliminary analyses did not show a very strong relationship between age or household income and recognition of signs of suicidality or mental health symptoms. There was an interesting pattern of higher mental health symptom recognition but lower suicide recognition

among Caucasian participants than non-Caucasian participants, and higher overall recognition and referral by female participants than male participants (see Appendix C). Although the sample size did not meeting the assumptions for multivariate regression, the preliminary analyses suggest promising questions for future research as more data are collected.

Interview Findings

The following table shows a summary of pertinent information about each interview participant. Pseudonyms are used in the place of the participants' names, and letters are used to represent different schools.

(Table 4 about here)

Through grounded theory analysis of the interviews, several themes emerged. Hope Squads become a powerful social group within which adolescents learn social beliefs and behaviors surrounding mental health. These experiences play a large role in shaping their adult identities and the social roles they choose to take within their communities. In the discussion of these themes, I use direct quotes from participants, who are referred to by pseudonyms. These key quotes illustrate the themes found throughout the interviews.

Formal training. Hope Squad taught participants valuable skills, beliefs and behaviors not only in regard to suicide, but also mental health in general. Much of this was through formal training in which students learned facts, practiced role-playing, and discussed solutions. Some participants would meet once a week during school time, either during class periods or school release time. Others met outside of school for trainings, varying from a few times a year to every other week. Advisors were described as school counselors, teachers, or even community members who had a background in mental health. Often, Hope Squads met outside of school less

frequently during the first year, and then as the school administration and advisors gained confidence in the program Hope Squads had in-school, regularly scheduled meetings.

As Hope4Utah developed the curriculum and the individual programs within schools became more established, this formalized training became more robust:

> PowerPoint was not really a big thing at that time [so] we did a lot of hands-on stuff… As far as presenting the facts of depression and signs of suicide, they did as good a job as any, especially for how new the program was… I don't know about [how it is] now. -Clare (2005-2007)

> When we started it was a lot of power points and reading, and then we started to listen to [a distress hotline] that was recorded and that [the advisor] would play for us, and we would pause it and say, "Okay, what would you say in this scenario?" -Carissa (2012-2016)

Hope4Utah now provides schools with a curriculum that includes PowerPoint presentations and discussions, and most Hope Squads have a school-wide suicide awareness week called "Hope Week." Besides these core similarities, variations by school resulted from advisors who emphasize different themes or carry out the program in different ways. Some students described meeting weekly in class periods, while others met only a few times within a semester in order to go over all the trainings. Some described additional "in-class" activities (such as the distress hotline) while others focused on school involvement or service projects.

> My sophomore and junior year it was still newer so we weren't really doing much with the school, but my senior year we did a lot. We did a giving tree, so we cut a tree out of paper and then we hung it on the counselors' office window. People would write on a leaf what they're thankful for. Then for Christmas we did snowmen and they got to write on a snowball what they wanted for Christmas or what they wished. -Kristen

> That's what Hope Squad was about was trying to get the students involved. We did safety pins on the back of people's backpacks, like we would put it on the backpack or something and it would be a super nice quote, or like saying something like "you are beautiful, you are loved" and then on the back it said Hope4Utah. -Andrea

Hope Squad members described learning skills such as signs of mental distress and/or suicide, intervention tactics, coping mechanisms, and self-care. Through discussions, Hope

Squad members practiced scenarios which enabled them to learn communication skills necessary for difficult situations.

> Just being able to talk to people about what they're going through and not feel like I don't know what to say. Because it's taught me so many communication skills, because I'm the worst communicator I can never say what I think in my head very well, and so Hope Squad was really good for me because when it comes to that it's something that I'm confident in. -McKayla

Among those interviewed, participants from Hope Squads that met regularly and had advisors who could allocate time and thought towards the program often showed stronger use of skills and more positive approaches towards the difficult situations they were faced with. While comparisons with the experiences of participants in other programs are not possible in this study, data from Hope Squad members indicate that having frequent meetings solidified their knowledge and made them feel more confident in using those skills. This was a necessary element in the long-term success of Hope Squads.

> I mean obviously [my first suggestion] would be adding more consistency, meeting more often. I think especially for teenagers you have to have that repetition and that consistency, otherwise it just kind of leaves your mind [because] you've got so many other things you're thinking about. -Ashley

However, regardless of the level of training they received, Hope Squad members agreed that the program adequately prepared them for the situations they faced. Some participants further elaborated that while their preparation couldn't possibly be perfect, they valued the information they did have within those difficult moments:

> I don't think anything can ever fully prepare you to know exactly what to say, what to do. Even professional police officers and counselors don't always know what to do. But it definitely gave me several legs up, [and] made it so much easier than it would have been otherwise. -Bethany

Interviews indicate that these students learned skills from the formal trainings that they wouldn't have otherwise. They were given specific knowledge that was verified by research and consistent

across schools. This formal training was supplemented by the individual support from advisors, who incorporated more ideas into the trainings that fit the needs of their students.

Informal mechanisms of socialization . Participants not only gained knowledge through their formal training, but also through informal mechanisms of socialization. These adolescents, who previously had limited experience and understanding of mental health, were given many different role models to follow in understanding mental health and working towards solutions. Both peer members and program advisors provided models of good beliefs and behaviors for participants to follow. One Hope Squad member, whom we'll refer to as Clare, expressed her respect for her Hope Squad co-participants:

> [They were] the kind of people ... that were in a lot of the AP classes and invisible positions that people looked up to. It's just the kind of people they are. -Clare

This sentiment was echoed by others:

> I remember really looking up to people who had had experiences, cuz I think as part of the discussion they were asked if they'd ever had someone confide in them and tell them they were going to commit suicide and, they had, and so I was like, "Oh this is serious." I really looked up to them. -Maddie

One particular mechanism for this informal socialization was through seeking help from their more experienced peers who could give advice and demonstrate good behaviors (such as talking to a trusted adult, using healthy coping mechanisms, having proper etiquette surrounding mental health-related discussions, etc.). Clare mentioned the wisdom of her friend in seeking out the advisor when she was feeling overwhelmed.

> You know looking back it was a lot of pressure to put on one person. I'm glad that [my friend] was wise enough to go to [the advisor] and to share that burden with others because it's way too much pressure for one person to take on, and I think that's one of the neat things about Hope Squads is that you're not on your own as a helper; you've got other people. -Clare

Many Hope Squad members described relying on each other and collaborating with each other to solve problems they couldn't handle alone. One participant described herself within that position as she helped her less experienced friend, a ninth grade Hope Squad member who was receiving alarming social media messages about committing suicide.

> She started getting these [direct messages] from this anonymous account about how they just wanted to take their life and how nothing was worth it and all this stuff… she didn't know who to go to, like she was on the Hope Squad but she didn't know still what to do, and so I helped her get in contact with [our advisor] and then they were able to take a hold of the account and contact [the anonymous messenger]. -Mckayla

While Hope Squad members learn to talk to a trusted adult through formal trainings, Mckayla was able to model that actual behavior for her friend, who was unsure how to apply her formal training in an unfamiliar situation. These informal learning experiences, such as relying heavily on other Hope Squad members and advisors in times of difficulty, not only led to more positive outcomes for struggling peers but also to a greater understanding of mental health and appropriate boundaries and actions when helping others.

While most of these interactions happened solely between two close friends within Hope Squad (because of the concerns students had over confidentiality), one participant recalled how valuable it was to collaborate about problems as a group within Hope Squad meetings.

> We were all able to collaborate in a safe place, and we told each other experiences that we had. And for the most part I felt like that was really beneficial because we were able to see people who were experiencing those things who we may have not interacted with before and reach out to them. -Andrea

Although other Hope Squad members were valuable resources and role models in problem solving and informal learning, advisors also played a particular role in supporting and guiding students. While advisors are not always the same as mentors (Dua 2008), often within Hope Squad advisors took up a mentor role as they got to know the participants and became

personal resources for them. One study participant mentioned how necessary advisors were when her school experienced two suicide completions within a short timeframe.

> I remember the advisors just trying their hardest to be like, “It's not your fault, it's nobody's fault,” and just doing their best to explain [it] to us… I think the Hope Squad advisors did the best they could to help us cope with it. -Lauren

This not only supported the students through the grieving process, but it also conveyed important attitudes towards mental health for Hope Squad members to adopt in order to prevent compassion fatigue and be more effective at helping others. Another participant described how being able to observe her advisor working with students really taught her a lot:

> I've recommended people talk to the counselors with me, or offered it at least, and there been people who have turned me down [but] then there are other people who totally went with me and they opened up and it was amazing for me to be able to be there with [my advisor] and see how she was able to handle the situation. That was incredibly inspirational to me.
>
> > [Interviewer: do you feel like being able to watch her work had any kind of impact on your desire to help people with mental health issues as a career option?]
>
> Oh yeah absolutely. Absolutely… seeing it all, learning about mental illness, and even now being able to apply it into my life… [I feel that Hope Squad] has changed me for the better. -Andrea

Another mechanism for informal socialization I observed in interviews was the advisors redirecting or correcting students as they were discussing information. When students expressed an incorrect belief about mental health or an ineffective solution, advisors were able to intervene and correct students kindly. One participant shared that having her advisor there to guide discussions made it easier to discuss problems without feeling afraid of making mistakes. This also strengthened relationships between Hope Squad members as they deferred to advisors rather than worrying about disagreements:

> We all admired each other… we had things where we were like, “Why would you do that?” when [others] were telling us stories about ways that they had tried to help someone. But since the counselors were there and they were able to address the situation

> and we trusted the counselors, however the counselors [realigned] the person and help them see a way that would have been better, we felt comfortable with that and we were comfortable with the other person. -Andrea

These informal mechanisms of learning and patterning behavior, both from peers and from advisors, enriched the program for participants overall.

Burnout and resiliency. One concern that emerged in the pilot interviews and from prior research on mental health professionals was the potential for compassion fatigue among participants. Throughout the interviews, I did find that compassion fatigue was a prevalent theme, but I also found many ways in which students gained emotional resilience.

In describing their experiences, many participants would mention symptoms of compassion fatigue. One described how another Hope Squad member felt overwhelmed when working one-on-one with a suicidal peer:

> She didn't know what to do… she was super stressed and nervous because if she said something wrong she was nervous that he would do something. Or like if she didn't respond [to his messages] right away she was nervous that it was going to be the end. -McKayla

This stress, often accompanied by an assumption of personal responsibility for "saving" the other person, was common as Hope Squad members learned more about their role within Hope Squad and helping other people.

> Suicide wasn't something I had ever talked about… So, at first, it was a little bit awkward, I was like, "What am I doing? I just got trained on this. What if I say the wrong thing?" And over time, I learned that unless you're calling them names or whatever, you're not doing the wrong thing. It's from the heart, you're doing what you can. -Eliza

Compassion fatigue is difficult to overcome for mental health professionals, much less adolescents who are still new to these concepts of self-care and forming healthy boundaries and relationships. One participant, who is now in the mental health profession, explains the dynamic

between Hope Squad members' desire to help and their inexperience with setting boundaries and fighting burnout:

> [Being a teenager] is hard enough without someone dropping that on your doorstep, "You know, I'm suicidal." What the heck am I gonna do with that? I think it's very easy for [teens] to be burned out because they don't have the skills, they don't necessarily know the signs of being burned out. Sometimes, at least when we were there, we weren't totally aware of what it meant to be burned out. We were just gung-ho; "I wanna help people, I'll do whatever it takes to help somebody, including risking my own health, my own mental stability." [So] at the time it was very easy to get burned out… [But later on] I let people know when I was getting to my own limit, you know, "We got to do something about this, this isn't something you can throw on one person." -Clare

She continues to explain this attitude towards mental health that teenagers (particularly LDS teenagers in Utah) can have, which leads to burnout if left unchecked:

> I think a lot of [it is due to] our cultural influences, [such as] service and helping others at all costs. And I think for teenagers it's easy to take that to an extreme, "I will help others at the expense of myself" and you can't do it. You can't do it. Not for very long anyway. -Clare

Despite this compassion fatigue, Hope Squad members felt that the training provided them with skills and knowledge to deal with situations they wouldn't have known how to deal with otherwise. This included setting healthy boundaries and utilizing the resources (i.e., advisors) that Hope Squad connects them with, rather than taking on that responsibility alone. Clare continues:

> I mean it's going to happen anyway whether or not there's Hope Squad there or not, peers sharing with other peers their thoughts and feelings, but educating Hope Squad members and all the students about what to do when they have that kind of heavy, heavy burden on their shoulders, and not waiting, and not sitting on it, [is important]. -Clare

As mentioned in the quote above, Hope Squads can teach kids emotional resilience and self-care to combat compassion fatigue. In fact, the later versions of the Hope Squad curriculum emphasized self-care and setting healthy boundaries. Within the interviews, I found that certain aspects of the Hope Squad program proved to protect against these symptoms, in particular close

social ties with other Hope Squad members. Turning to these members meant sharing the burden and feeling more confident in knowing how to solve the problems they faced. This benefitted both students who were prone to compassion fatigue, and students who already had a sense of self-care:

> There were some [participants] who were much more well-adjusted and capable of learning how to do it on their own, but they weren't able to put words to it, and Hope Squad helped them do that, to identify what was going on and then increase their coping abilities as well. So, I feel like everyone who was there benefitted in one way or another because Hope Squad acted as a safe place for us to express how we were feeling. So that was the way that we were able to cope with the burnout, [by] feeling connected to people in general. -Andrea

Another participant, whose Hope Squad met more infrequently during her years of participation, reflected on how adolescents can often feel overwhelmed as they face new and difficult challenges throughout high school. She felt that Hope Squad's resources could give adolescents emotional support they wouldn't otherwise have access to:

> Especially as teenagers, I think all students need emotional health resources. I mean, I struggled with my own emotional health issues anyway. Maybe someone else's experience would have been different, but high school is just a difficult time. You're being a teenager, you are going through so much already, and especially when you see someone else having a hard time it's much easier to just say, "Oh well I should be fine, my problems aren't as bad; this person's problems are much worse, and I need to focus more on them than focus on myself." Which is great, but just doesn't work when you are in the middle of critical emotional development yourself. And I think a lot of teenagers think that way. They just think like, "Oh mine's not as important because this person is worse" and so I think it is important for all students to feel like they have an emotional resource. I think that's what Hope Squad should be, is available to everyone who feels that way. Ashley

She continued to say that regular meetings with Hope Squad, rather than just the initial formal trainings, would probably have reduced that potential for compassion fatigue:

> That's why I wish we would have done more, so maybe when I started to feel like I was feeling burned out… someone else in Hope Squad could reach out to me and be like that resource for a little while, and then maybe when they were having a hard time I could be that resource. Or being more involved with our mentor so she could be that resource for us. -Ashley

As role models for how to approach mental health issues, advisors played an important role in recognizing and fighting compassion fatigue. Students pointed to specific instances when advisors took the time to convey how important self-care is, how to let go of issues, etc. as reasons for getting over these symptoms of compassion fatigue.

> I think our advisors were very clear on that risk and what to do to avoid it, and the importance of going home and not taking it home with you, going home and realizing "Okay, I just can't do anything from here," and "Okay, I'm doing my part there" and not taking it with you. So, I think [compassion fatigue] is most definitely possible, but I think at [my school the advisors] have done a very good job at helping us avoid it. -Lauren

Because of these resources, Hope Squad alumni appeared to have higher emotional resiliency after those experiences. Students who had dealt with compassion fatigue referenced leaning on resources themselves during their experiences as well as learning how to set healthy boundaries to avoid those issues in the future. Others expressed how Hope Squad resources really helped them build up emotional resilience for future success. One student described how learning self-care was important to her in dealing with college stress:

> I feel like, like being in Hope Squad… I know it's supposed to be about other people more, but I really learned a lot about myself, like I learned stress management for myself. -Carissa

Another pattern was that when compassion fatigue did happen, Hope Squad members didn't see their involvement in Hope Squad as the root cause. Instead, they attributed it to the emotional gravity of the situation they were in or to their own personalities:

> I already had a predisposition [for compassion fatigue], and then being part of Hope Squad [I] read self-help books and I would read about depression and anxiety and what medications do. I think [I've] always been prone to push myself way further than I probably should… and so I get exhausted and tired. -Carissa

> I think it's just personality. Some people can't emotionally handle stuff like that, and some people can. Like personally I was going to go into social work when I came to school, but just my personality, like I know that would be too much on me emotionally. I think it's just the nature of people's personalities more than anything.

-Mckayla

Another student expressed what she observed of her friend's compassion fatigue experience, emphasizing the circumstantial nature of it and explaining that she was able to overcome it anyway:

> I feel like she was burnt out because she was so emotionally involved in it when she didn't really need to be in that specific situation, but like I don't think it's going to have like this long-term like effect... She did Hope Squad the next year. So, it's not like it's ruined it for her or anything. -Mckayla

Hope Squad peers were not the only resource participants had for building emotional resiliency. Over and over in interviews, participants reinforced that having advisors who could allocate time and effort to build the program really mattered to its success in developing skills within students.

> I remember the advisors a lot because that first year the advisors... weren't into it, like they wanted to be but they just it wasn't their thing, then the second and third years they got advisors that were better suited and had the time to do it, and it got much better. -Bethany

Advisors not only were crucial in helping the peers referred to them, but they were a resource to Hope Squad members themselves. Many participants described experiences with seeking out the advisors' help with their own mental health struggles:

> When I had stopped doing so many negative things to myself [I] needed a lot of support, and my advisor just was able to provide me with the support that I needed. And so I relied heavily on her my junior year especially just because I was going through such a hard time recently. She knew how to handle it and she knew how to help me in all sorts of ways. -Lauren

Considering the high rate of mental illness within the state of Utah, this former Hope Squad participant was not alone in needing resources. Approximately 7 of the 13 interviewed described their own experiences with mental health symptoms or diagnosed mental illness, including but not limited to depression, anxiety, bipolar disorder, and suicidality.

> [Those who are best suited for this kind of work are] people that are good listeners, trustworthy, not judgmental, and accepting. Someone who you know has experienced it themselves, [I think] people go up to people like that, someone else they trust that they know also struggles with depression. -Maddie

These students are often high achievers and social extroverts (evidenced by the various extracurricular activities and clubs that they participated in in addition to Hope Squad), which does not fit the depression stereotype. However, high achieving students are also likely to become overwhelmed with stress. Importantly as well, they are the ones not targeted by outreach programs that focus on more typical at-risk students. Therefore, when considering the long-term impact of Hope Squads overall, it is important to also consider the long-term impact on the mental health outcomes of the participants themselves.

In learning signs and symptoms of mental distress, students reported that they often identified those signs within their own lives. And by learning coping mechanisms and solutions, they were able to apply them to their own needs and situations. This helped these students to be more successful and healthier as they transitioned to adulthood as well. One student ("Andrea") who has faced clinical depression starting before her Hope Squad participation, felt that what she learned helped her be more successful as an adult.

> I would not have been [as] successful at college… if I hadn't been a part of Hope Squad because I knew how to take care of myself from the coping mechanisms that I had received, like learning how to love myself and learning that I have to be strong enough to get out of this funk. It's not something that just happens, there has to be an effort. And so that applied into other aspects of my life, you know my homework is not going to get done, I have to put forth the effort and I'm going to do it. Or I have to put on a happy face today. I mean I had those days when I was in Hope Squad, so I transferred that over to having to get up and go to class, and that I could choose to have a positive attitude or a negative attitude. And I really felt like I was able to brighten other people's days too. -Andrea

Participants also expressed that through their own experiences with mental health symptoms, they were better able to empathize with others and be more effective in helping them

overcome challenges. Andrea continues to explain how Hope Squad taught her to take care of herself and accept herself, and in doing so she was able to be more effective at helping others:

> [My second-year advisor] taught a lot of self-help as well; she taught us how to… come up with our own coping mechanisms and [taught us] that we had to take care of ourselves first before we could take care of other people. …The first year where I was in Hope Squad I had a hard time understanding that. …And I won't lie, there were some times when…I just was so tired I wasn't able to give [others] the best that I could during that first year. But then in the next couple years I was able to tell [others] exactly how I was feeling and empathize with them. …That's how I connected with people, because when they were feeling down and when they needed to talk I could tell them of my experiences and could tell them why I got up every day you know, and really empathize with them. That's why I was so grateful to be in the group that I was, because the people who are on the Hope Squad, it turned out, are people who had experienced mental illness and could empathize with other people. -Andrea

Overall, while compassion fatigue is common, Hope Squad members often gained more emotional resiliency because of the resources their Hope Squad offered them. Literature on compassion fatigue among mental health professionals emphasizes the need for supportive social groups to rely on, like having other mental health professionals they can turn to for advice or de-stressing (Lloyd, King & Chenoweth 2002). Hope Squad members similarly reported that advisors and emotionally supportive Hope Squads were two of the most necessary resources in combatting compassion fatigue. In particular, Hope Squads' ability to become a community helped participants immensely.

Community. A common theme was the idea of community, not only in discussing compassion fatigue but in all aspects of their experiences. Many Hope Squad members expressed a similar story of meeting their Hope Squads for the first time:

> I was a little bit surprised looking around the room and seeing the kinds of people that were there, because we were all so different. There were some people that you just never would have guessed would end up on Hope Squad. -Ashley

One Hope Squad member, Andrea, described being intimidated by the other members in her Hope Squad. However, as they went around and introduced themselves, describing their own

personal struggles and the ways they felt they could empathize with their peers, she realized that she wasn't alone in her experience with mental health symptoms and felt closer to them.

> When we all got together in that room … everyone started discussing their own experiences with why they are who they are. And I found that a ton of the people who were in Hope Squad were people [who actually] were currently or who had suffered with mental illness or been associated with it in some way or had difficulties in their life financially or family issues, things like that. It was just an amazing group of kids that I was able to be with, because I realized that they were going through trials that I was experiencing as well but they were still able to be strong have a happy attitude and that it was recognized by other people. -Andrea

She further emphasized that in her experiences in two different Hope Squads at two different schools, it was a place where people could connect and problem-solve, despite not being from the same social groups:

> There was a large amount, in both schools, of different people from different backgrounds interested in different things. But because of our commonality in caring for other people, we were able to come together and make it work, which was so cool to me. -Andrea

Other participants also shared how their Hope Squads became places where students set aside these differences in order to help the people they cared about:

> When it was Hope Squad time, it was okay to let [go] all of your boundaries... Everything could come down and you would just have this one-on-one conversation because it was about people that you cared about and that you were around all day everyday… Any kind of boundary or wall that was put up, like jocks don't talk to the nerds, I hate that, I hate that. But it was true, everyone was friends with everyone in that [Hope Squad] room and they could talk about anything. It wasn't embarrassing, or "you're going to judge me for saying this." It was a "No, this is true, this is real life; it's happening in our high school and we need to do something about it," and we all work together to do something about it. -Carissa

Some even went so far as to describe their Hope Squads as being like family:

> What it felt like being on it, it was almost like you had a second family. Everyone there was really accepting; they really didn't judge you. I felt like it was my brothers and sisters, so it was kind of a safe place for me. -Kristen

Not all Hope Squad members felt as emotionally close to their Hope Squad. Hope Squads that met less frequently did not have as many opportunities to form close ties. Also, many Hope Squad students were uncertain of how to handle confidentiality and wouldn't communicate about things other than the pre-set discussions during Hope Squad time. However, the students who felt close to their peers and/or advisors showed fewer signs of compassion fatigue or taking on of too much responsibility. Some Hope Squad advisors saw the importance of community in preventing compassion fatigue and worked to instill it through yearly activities.

> We did a lot of team building exercises within the Hope Squad because our advisors thought that the closer we were and the better friends we were then the more support we had from each other [and] the better we could do our job. -Bethany

> We would do this like huge retreat before the school year started where we would like learn signs [and] all those things. And then we would like we would be there like all day and then we'd like swim after. -Mckayla

> They have a camp during the summer where the Hope Squad members for the next year will meet together and go and do a bunch of activities and really bond. I feel like that was really beneficial to the members that were able to go. -Andrea

Another factor that built a sense of community for participants was the annual Hope Squad conferences, where students from Hope Squads all over the state meet other Hope Squads and listen to keynote speakers. One participant described how the conference was valuable to her because of how it emphasized she was a part of something bigger, something important:

> [What was coolest was] seeing how spread out it is. When you're in school with your own friends and your own people I guess it doesn't feel as big, and then you go to these conferences and you see that it's all over the state, that there's all sorts of people with the same goal. And it really helps you see the network that you have and that there's just - I don't even know how to describe it. It's just that there's so many people that all just want to be helpful to people and get people better and get people the help they need, which is really cool. -Bethany

Aside from a sense of community within Hope Squads, participants often referred to the importance of community and trust within schools and communities for mental well-being. One

participant, “Lauren,” explained how her school’s environment of support and being authentic to one’s self created that sense of community and how that community helped students even when faced with challenges:

> [Our school] was a very accepting environment and everybody was more than willing to just be who they were, and I think that's something that lacks in high school and also a lot of colleges. Like this ability to be yourself really makes 1) for the good community and 2) it allows for the students to excel in what they want to excel in and really explore whatever they want. And I know people have hard times at home, but our community was so supportive, the teachers were so supportive, the students were so supportive, like I don't know the actual numbers, but I doubt we had a very high bullying percentage as compared to a lot of other high schools. -Lauren

Community was perceived as something often missing, something that would improve the well-being of others, a sort of protective factor. Because of this perception, Hope Squad participants often described their role in preventing suicide as building community within the school, and being the kind of person who can be counted on:

> You don't gossip, you don't put people down, because thinking back on when I was having a hard time I'd go to the person that builds people up, [who] I know is trustworthy and reliable and is not going to make fun of what I'm going through. [So] how can I be that kind of person? - Clare

> During lunch [my friends and I], after we went to the line and got our food, we would actually scope and scan across the cafeteria and we would look for anyone that was sitting by themselves and we would go and sit with them. We weren't up in their face or anything, but we would come up to them, like “Hey, mind if we sit there?” and just kind of small talk with them and figure out a little bit about them. Then from there we’d always consider them friends, and so we'd say hi to them and stuff whenever we saw them in the hall. -Jacob

> It was our job to let everybody know that they could come to us for anything, not just for the big things… because [their needs] were important and we know that life is hard, we’re dealing with it too. So that was something I was really grateful for, was when people that you didn’t even know, if I was wearing a Hope Squad shirt, they came up to me… that was so important to me, that we had built our reputation enough that people could come find us for their friends or whatever. -Eliza

By being the kind of people that others could empathize with and felt cared about, Hope Squad members not only built community in their schools but built self-identity and confidence in each other.

> Once I was around them and I was able to empathize with them and realize what they've gone through and see how much they cared, it really it boosted my self-confidence to be able to say that I was like these people and I could call them friends. -Andrea

Other students recognized this community. In one particular Hope Squad that was opened up to non-peer-recommended students, one participant noted how students sought out Hope Squad participation as a way of securing that social group connection and acceptance:

> We had some kids that joined that were more like kids that needed Hope Squad; they wanted to be involved, they wanted to be active, and maybe they weren't the kids that that people sought after. But looking back, maybe kids that needed Hope Squad and wanted to be a part of something like that. They were looking for acceptance in a group and Hope Squad was a pretty easy group to get involved in and be a part of. -Maddie

Long term benefits of participation. One main purpose of the interviews was to ask participants about the long-term impacts they recognized from the program, such as whether they use the skills after graduation, what they are currently studying, and what benefits and negative outcomes they see from the program.

Many Hope Squad members expressed that Hope Squad benefitted their school by reducing suicide and giving students help they wouldn't otherwise have had:

> There were a couple of times where I took [the student] by the arms, and took them to the office, because I wasn't going to let them go through with anything they had planned. -Eliza

> We cornered him in a cul-de-sac and stopped the car in the middle of the road so he couldn't get out of the cul-de-sac and he, I mean, he was a mess. I got out of the car and my friend was in the car with me called his family like, "We found him, he's here." and I went and sat down near the car and he just was crying and crying and crying, and he was so upset. He really was trying to hurt himself like he was trying to get in a car crash… so I just sat down and I just talked to him. The things that I learned [in] Hope Squad really helped me to know what to say and what not to say, and how to not make him feel

> alienated or like I was judging him or anything, but just like really I cared because I did. And so I was able to just sit and talk with him until his parents came. -Bethany

> She was just saying some things… then Sunday I was sitting at church and I was like, "Oh wow, that's totally like all those things that we learned about in Hope Squad." And so I called her that afternoon and I was like, "Hey I just want to talk to you" … like I was getting ready to ask her [if she was struggling] and she was like, "[McKayla], I was planning on committing suicide today… I don't know if I can do it anymore," and like all this stuff. So that was good that I had that training… It was because I called her and talked to her about it that she was able to get the help that she needed and recover from that and she's good now. -Mckayla

While not all students had as many opportunities after graduation to reach out to unfamiliar peers as they did in a high school setting, they still found use for these skills in their closer social bonds, such as family members, roommates, and close friends. These experiences were described as deeply personal, and the knowledge to navigate those situations was then also very valuable to them.

> Even though I haven't had a ton of experience with it, or [use] it in so many extreme ways, the few ways that I did use it have been super personal to me. -Mckayla

Not only did they express long term benefits for their schools and communities, many interview participants used stories and self-description that demonstrated long-term impact on their identity and the roles they took up within the community resulting from their Hope Squad participation. One particular long-term impact involved career paths. Many chose majors and pursued employment that they felt passionate about as a result of their Hope Squad experience:

> I was intending to do music, [but my] experience with Hope Squad steered me into the path that I'm in now … I do critical incident Stress Management and resiliency which is basically suicide prevention... kind of teaching people how to cope and how to be there for each other. So, it's a very similar program that I'm doing now on a volunteer basis, but that's kind of where my life is gone since then. And it started with Hope Squad. -Clare

Even more, Hope Squad participants expressed in many ways that the experiences they had in Hope Squad shaped their self-perception and identity. They not only were inspired to go into related fields, but they saw themselves as necessary actors within their communities and

social networks for improving mental health. This led to the broader impacts their skills had on helping others with mental health symptoms and suicidal thoughts following high school graduation.

Identity. Along with these long-term benefits and career paths, Hope Squad participants noted that they gained characteristics and a sense of direction from their experiences. One such characteristic was leadership:

> I think there's an element of leadership that goes in there. I mean you learn how to present yourself as someone who can be trusted and relied upon, a pillar of strength in a way. … [being someone that others] know is trustworthy and reliable and is not going to make fun of what [they're] going through, and how I can be that kind of person. And there's always work to do, but I hope I've become more like that. ... I think there's an element of growth just by being in that kind of program, and then I also think that going through that myself and, you know, knowing someone who can take the information I give them and value it. -Clare

"Being that kind of person" who can be successful as a Hope Squad member, i.e., being trustworthy, service-oriented, empathetic, etc., is something that Hope Squad members seek to embody. The practice of pursuing those characteristics shapes them into adulthood. One participant, "Lauren," described how Hope Squad gave her tools and support to change her direction and become the person that she is today:

> I feel like Hope Squad, in addition to choir, really helped pull me out of this really bad place I was in, and not only did it give me a whole set of tools that I could use to help others, but I could apply some things I was learning to myself and feel like, "Okay well, if I do this then maybe this will change, or maybe not change but it'll elevate to a new perspective." And I think beyond just for me personally, it did also feel really good to be able to go and like help the school in whatever way we could and help the student body as individuals and as like the entire body. -Lauren

Not only did she gain personal mental health support, but she emphasized that the process of helping others felt good and gave her a sense of direction and self-confidence.

> All the skills that I learned there have heavily influenced my life in the most positive way possible. I mean I come into college and I felt very (and I still feel very) good about who I am and what I've stood for and the messages that I can bring. -Lauren

Now she has started a mental health program at her college and feels like Hope Squad will continue to have a lasting impact on her future goals.

> Hope Squad was my main influence to start something like that at my college now. And so, like I feel like a lot of the things I've learned there are forever going to carry me on to what I do in the future. -Lauren

This identity formation is crucial to understand considering that these are adolescents going through these experiences during years when they are developing their own sense of self as they become adults. A current Hope Squad member at a college campus expressed a similar identity, but emphasized that she sought out Hope Squad as a result of her own interests and prior experience:

> Growing up my sister had some mental health problems [so] I was always interested in that. Well, not so much interested, but I kind of had to become aware of it… near the end of my freshman year I was like, "Hmm, I kind of want to do more than just help people with their physical health, because there's such a connection with mental health…" [so] I decided to do psychology and I think one of my psychology classes had announced Hope Squad meetings and I thought I should go to that and so I started going. -Ashley

Thus, when she was asked about the long-term impact she expected from Hope Squad participation, she emphasized the additional skills she has gained that she wasn't taught in classes, rather than the future career or roles she saw herself taking, as she had already decided that future prior to Hope Squad participation. This stands in contrast to the perspectives of another Hope Squad member who participated in high school:

> I mean out of nowhere I got called down to the counseling center, and I thought I was in trouble with my schedule or something. Then they were like "Hey look, we just want to let you know that you've been nominated for this Hope Squad thing and we'd like you to say yes and be a part of it." And so I thought "Oh that's really nice that all these kids in my high school thought of me."…I was kind of honored and I didn't really know exactly what I was getting into, but I felt good. Then once I actually figured out more about it, it was like, yeah, this is like a really neat club. -Jacob

Often adolescents, like “Bethany,” grew into their understanding of mental health and their role in their community because of their Hope Squad trainings. At first feeling inadequate and unsuited for being in Hope Squad, she later learned that she could still play an important role in others’ lives:

> At the beginning I really felt inadequate. I really didn't know what I was doing; I didn't have a lot of experience with mental health problems [myself] so I felt like a fraud… but then really quick they started doing QPR trainings and all sorts of things, and I realized everybody has problems, everybody has their own issues, and it's just finding ways to relate to people. -Bethany

While many of these Hope Squad members were chosen by peers because of their characteristics, the experience of Hope Squad contributed to solidifying that identity and that role within their social groups. In this way, individuals who wouldn’t otherwise play that role in their community later took up that role because of their experience.

The role of Hope Squad members. Throughout interviews I noted variation in the ways that past participants described the role of a Hope Squad member. Often these roles were tied to the ways in which they interpreted their experiences, relationships, and emotions. I have categorized these differences into four main narratives/roles: that of a friend, a counselor, a middle-man, and an exemplar.

Many framed the role of Hope Squad members as simply that of a friend. They were responsible for being inclusive of others and bringing positivity to the school and community. Although sometimes this role was expressed as related to personalities, it was emphasized over and over in the Hope Squad curriculum. They continued to do this in their communities following high school.

> I learned a lot about... Just about the effects of a positive attitude and a smile which I loved because I was always smiling. Just yeah, I don't know. You know I think about it all the time. You see someone on the side of the road or that you pass by and you're just smiling to yourself and they see you smiling and then they smile and you're just like

> "Heck yeah, I made that person smile, like smiles are contagious. [laughter] I wonder if they that helps their day at all." So I think about it all the time, all the time. -Carissa

Those who took up this role described Hope Squad as having a longer impact on them after high school because there are always opportunities to be a friend to other people, whereas other participants might focus on their experiences with suicide intervention post-high school which happens less frequently. By focusing on this role of being a friend, they also described less compassion fatigue.

> Our role is simply just to be a friend and all of its simplicity and everything. We just need to be a friend because that's really what these kids need…being a friend shouldn't burn you out. If it is, then, I mean, you can always just take a break and also maybe take a step back and self-analyze, "Why am I getting emotional burnout just trying to be friends with people?" -Jacob

Another way participants framed the role of Hope Squad members was more similar to that of a counselor. While Hope Squad members weren't certified or trained as counselors, they often found themselves blurring the line. This role was evident in cases where participants assumed more responsibility than was necessary, for example being less likely to refer their peer to a trusted adult or counselor or believing themselves to have total responsibility for improving their peers' health.

Those who more often took on this role emphasized the serious skills they learned, such as intervention tactics, when describing their experiences during and after high school. These participants more often expressed feelings of compassion fatigue. When Hope Squad advisors didn't emphasize boundaries enough, or when students took on too much responsibility despite formal training, students were more likely to take on more responsibility and therefore feel more overwhelmed. This counselor role was often reflected on by past participants as a faulty one, one they had to readjust in order to protect their own mental well-being.

> I tend to be vulnerable too which makes it very difficult to be close to people with problems because I will take them on myself. I remember it being very emotionally trying for me. I was having these friends going through these types of things… and I wish that I would have known how to get adults more involved at an earlier point. … [there] is definitely a point when you get to when you are like, "Okay, I really, really need to tap into these other resources now, and maybe take a step back and take myself out of the picture and let these other resources do their work, so that way I can get my emotional health back in check." -Ashley

When participants took on this counselor role, they were very empathetic and emotionally close to their peers, becoming very involved in the personal struggles of the people that they helped. However, they were most successful and healthiest when they were able to set appropriate boundaries and really rely on resources and support themselves.

A third kind of role that Hope Squad members described was being a middle-man, or a bridge between being a friend and being a counselor. They often described Hope Squad as the "eyes and ears" of the counselors and sought to make their peers more comfortable with seeking help rather than solving their peers' problems themselves.

> The students in it were more or less like [the counselors'] eyes around the school because it's hard to keep your eye on a thousand kids all at once… Especially social media, a lot of people post stuff on Facebook, Snapchat, Instagram, Twitter I guess nowadays too, and so it's not like our school counselors could watch social media of all the students. Hope Squad members would notice things on social media and then show it to [the advisor] and be like, "Maybe we should reach out to this person," and that actually happened a lot. -Lauren

This was often coupled with a more aggressive level of pulling others into counseling services:

> And so we're walking around the hall, actually this happened a few times, you'll see somebody who was sitting there crying and nobody was stopping to talk to them, so I just stopped and talked and would usually bring them to our counselor's office…. If I were to guess [how often I brought someone to the counseling office], I want to say a student a week. I really don't think it was a student a week, but there were definitely more than four students a month. -Lauren

> [There were times] when people were like, "Yeah, whatever." "Well, let's go see a counselor then." "No, I don't want to." And I would drag them to the office (laugh). And by the end, they were okay, they were like, "Oh, yeah, that was really good." And after

> that first time, they would go back to her like once a week because they finally trusted her It was just the first time that was hard, I guess. -Eliza

However, many expressed less opportunity to play that role after high school because they lacked connections to or awareness of available counseling resources.

> When I was in college it was harder, just because first of all you're not all stuck together in one high school learning how to deal with each other whether you like it or not, like in college everyone is their own little island unless you reach out. And I didn't really know what resources I could use when I was there, because I knew the suicide hotline, I knew that there were counselors but I didn't really know where they were or didn't know the counselors [so] it was difficult. -Andrea

A final role, often coupled with other Hope Squad member roles, was that of an example to peers. This role was characterized by being the sort of person that others looked up to and went to for help. Participants who took up this role said they felt they could not express any bad behaviors or weaknesses, because of their Hope Squad status. Being a role model also meant being the kind of person that others learned from and teaching others the knowledge gained from Hope Squad, thereby reducing stigma.

> A lot of the training that you get from there you can really bring with you and help other people. Not only help other people, *but also help other people understand.* -Lauren

When describing this role, many participants expressed feeling a lot of social pressure or responsibility.

> The first year where I was in Hope Squad, I had a hard time understanding that [I needed to take care of myself first] especially because it was just barely starting in the school. We wanted to portray the best possible. I, at least, felt I needed to portray the best possible scenario so that people would feel comfortable with hope squad members in the future. -Andrea

However, they often also expressed a greater sense of identity shaped by their experiences and emotional pride in this work. Andrea expressed: “I feel really confident now, like I was a part of this, I was able to make a difference.” Another mentioned an “element of growth” that naturally happens from those kinds of experiences.

These roles all coexist and weave together, as Hope Squad members often take them at different times in different situations or switch between these narratives to deal with their situations in the best way they can. One example is "Jacob," who throughout most of the interview expressed how he really saw being a friend to others as his primary role in Hope Squad. He described most activities and skill usage within that frame, focusing on "being nice to literally everyone" and being inclusive and "sharing happiness." However, when pressed about referring students to counselors, he shifted towards more of a middle-man role:

> I feel it would be really hard to get enough courage talk to like a counselor… just because you don't know them, I mean you're kind of like putting yourself out there and being vulnerable. I feel like, you know, being a middle-man which I thought we were, we can be that friendly face and [help them] feel bit more comfortable… so it's not just them 100% trying to make a decision of going forward and talking. -Jacob

He used this middleman narrative to explain how being "a friendly face" translated into counselor referrals, which is emphasized in the Hope Squad program. While he rejected the counselor role, which he saw other Hope Squad members taking, he did emphasize a value common among those who took up that role of active listening:

> You've got to be an incredible listener. Because these people aren't here to, I mean pep talks are good and everything, [but] it's kind of hard nowadays to find someone who is just willing to sit down and just actively listen to you… You realize the gravity of what the person is saying if you're actively listening, actively following, putting yourself in their shoes and really just trying to have that empathy and sympathy for them… That's something that the other person can feel for sure, and that increases confidence and trust in you because they are being super vulnerable sharing these feelings with you. -Jacob

Rather than just seeing himself as a passive bystander, his defined role was not just bringing about positivity or making short-lived connections as a friend-type, but instead included deep empathy and emotional connectedness to the ones that he listened to in moments of vulnerability, typical of the counselor-type. However, he would shift back towards the friend narrative in maintaining healthy boundaries and limiting his involvement in solving another's mental health

issues. By emphasizing values and utilizing behaviors from different roles, Hope Squad members learn to adapt to different situations and improve outcomes for their struggling peers and for their own well-being.

Whether Hope Squad members emphasize one or more of these roles, through these narratives participants' identities, long term impacts, emotions, and beliefs form, as is consistent with the Social Interactionist framework.

Social role overlap. These Hope Squad roles overlap with and are interpreted through the other social roles that Hope Squad members play. These other observed social roles include gender, age, and family/friend/roommate roles.

While there were not enough men in the study to fully examine the way in which gender roles play into Hope Squad roles, the two men interviewed both took up the role of a friend-type rather than that of a counselor-type. Many participants did not observe differences between male and female participation in the program, but the men who were interviewed did express a different perspective on how to approach other people with mental health symptoms. For example, "Jacob" was more sensitive to his peers' privacy and felt that by getting too invasive his peer would be less trusting or open:

> As far as actual suicide goes, I mean, I don't know. Of course, I don't want to prod, you know, "Tell me everything. I don't know you [and] you don't know me but tell me everything" (laugh) because usually that doesn't go over too well. -Jacob

In contrast, female interview participants tended to emphasize the need to be direct when helping a peer. Otherwise, the peer might not be honest:

> You should actually like address the situations and not be afraid to come right out and say "Okay, are you thinking about ending your life at all, or?" Cuz it makes them think about things. -Carissa

On the other hand, these participants attended different schools with different advisors, and it is possible that the curriculum of the programs were different. However, another student shared that she felt that it was more difficult for male students to be in Hope Squad.

> My impression was [that] they had to go against the grain a little bit more than the girls did. They had to fight more to make letting your feelings out acceptable, like to be accepted for letting your feelings out, more than the girls did. -Andrea

She explains further, however, that the kind of male students on Hope Squads are generally more emotionally mature and less likely to conform to male gender roles surrounding emotional sharing:

> But I also feel like the boys who were in Hope Squad were at a level that other boys weren't at and okay with expressing their feelings… It was really, really cool to be able to work along-side them because I saw that difference, from immature high school boy to mature high school boy. -Andrea

This difference in emotional maturity may explain why other participants interviewed expressed they didn't notice any obvious differences between male and female Hope Squad members. However, since previous research on gender and mental health suggests differences in emotional sharing between men and women (Rosenfeld & Mouzon 2013), more research should be done to investigate the differences in how men and women interact with their peers in this kind of setting.

Another interesting note is that while peer-selected Hope Squads were predominantly female, the open-to-all Hope Squad in a college setting was predominantly male. One person speculated about why this could be:

> Maybe there are more guys because they feel like maybe they have less of the skills, and don't feel like [they can] talk to somebody about more personal things in that way. Maybe they're like, "I should probably learn." -Sarah

As interview respondents were predominantly Caucasian, not enough evidence was gathered on whether or not race/ethnicity played into Hope Squad roles. Different backgrounds did seem to be important to students' experience, however.

> In a way [international students react differently] because they're so far away from their family and I think that makes it hard. But like the overall processes, like the grieving process and your basic chemistry in your brain and how things naturally react to certain things, that was the same across the board. But I think they had to take on a whole other thing just concerning the fact that they live in Salt Lake City, Utah and their parents live in Beijing, China. -Lauren

> I know [in Hope Squad] there were at least a couple of Spanish speakers and [my friend] was someone who was very well liked and accepted in every part of the school, you know, the Hispanic kids would go to her for help… But it was interesting, especially because in Hispanic cultures a lot of times… you don't talk about [depression and suicide] even more than white culture [so] we didn't interact a ton with Hispanic or ESL populations. Which is interesting because [the girl that I helped before] was Hispanic. English was her second language. But [the school] probably didn't have enough of the resources, and I think we might have had one of our advisors that spoke Spanish, but that's something that we probably could have done a lot better at, finding someone who could reach out. -Clare

Another way in which other social roles mattered was in the dynamic between students and school administration. US schools, as a social institution, are not democratic, and adolescents have to respect and follow the direction of adult faculty. Participants sometimes wanted to extend the program's activities, for example presenting in classes or assemblies, but ultimately are limited by the decisions of adult advisors and administration.

> It really was a problem with the administration at my school particularly, because we would ask to put on assemblies or to take some time in an already planned assembly, and they just didn't care and they weren't very supportive of us. In all of our projects and all the things we wanted to do, they would never give us that time, they would never give us assembly time or let us interrupt classes to present those skills to other students, and that was one of the biggest things that was an obstacle. -Bethany

Finally, I observed some evidence of social roles within friendships and relationships. Understanding what role they played in this regard could either support or limit their interaction with a peer. In some cases, the expectations of their friends and their role as a Hope Squad

member were at odds, and participants had to evaluate their options and decide what role was more important.

> There was one time this girl sent me a text, she's like, "I just, I don't want to live anymore" and all this stuff. So I told the counselor, and she was like "Why did you do that? They're going to call my parents, and all this stuff is gonna happen, and that can't happen," you know. And we were really good friends, and then after that, nope. We were not friends anymore, and that broke my heart, I was so sad that *that* had to be the reason why. That wasn't easy, at all, because you want to keep your friends and you want them to trust you, but you can't keep [those] secrets… so I had to tell [the counselor]. I told [my friend] that I was going to. She kept saying no, but that's what I have to do. I'm not going to let her life depend on something like this. So I lost a friend that day. ...But even if it's losing a friend, I think it's worth it. -Eliza

Stigma. Stigma surrounding mental health can lead to those with mental disorders questioning or disparaging themselves. Fear of stigma from others has negative consequences, as well, as those with mental health disorders are less likely to seek out treatment (Pescosolido & Martin 2007). Adolescents, in particular, are susceptible to stigma from peers and often avoid treatment out of fear of alienation (Moses 2010).

Hope Squad not only plays a role in changing participants' perspectives on mental health, but those participants then share that knowledge with others in the community. Thus, the stigma of mental health starts to be broken down. One Hope Squad member mentioned how she used her training most often by simply explaining what she knew to others. She describes a conversation with a friend whose significant other had a diagnosed mental illness:

> [My friend] did not have good understanding of mental illness, she had a lot of those stigmas and grew up being afraid of it and not understanding why you can't just *stop*. And so she was really concerned about [her partner] and was going to break up with him about it. And I was like, "Okay, let's talk about this. It's okay to be concerned. What are your worries about mental illness?" and kind of explain to her that it's not something that you can just stop doing per se. But she had told me that he had stopped taking his medication, and she's like, "I'm just worried that he's always going to be like this." And I was like, "Look, if he starts taking his medication again he can be on a normal, good level, and occasionally he'll have some dips and some problems but he can live a normal life," and I myself have depression and anxiety so I can assure that with her and be like, "Look at me (laugh). I think I'm a normal person." -Sarah

Stigma is not only reduced through sharing knowledge with others; Hope Squad members who have mental health symptoms can change their self-perceptions as well. They feel more comfortable being vulnerable about their own struggles, and this experience makes them, in turn, more respectful and understanding of their peers' needs.

> I was so ashamed that I was president of a Hope Squad, and I had so many issues myself. I felt like a hypocrite and [my counselor] pointed out if [the former HS president] had shared with a group that, "I've experienced thoughts of suicide and suicide attempts and that kind of stuff myself," what would you think about her as a leader? I realized I'd probably listen to her more, I'd probably draw strength from that, that she's been there and that she is someone that can be trusted, that knows what it's like and if I give her this kind of information I can trust that she's going to do what's right and not always what's easy. And you learn to set that kind of example and always be the kind of person that someone could come to you, and can trust you, and know that you'll do the best you can to help and care about them. -Clare

A common phrase brought up in interviews was "eye-opening," describing how the curriculum affected them and their understanding of other people:

> It also opens people's eyes to different things, in a good way. Sometimes it can be hard, but I think [it is] very important to know [that] stuff in life is going to be hard, you know, you can't just make it through life and not learn something. -Lauren

> It kind of opens your eyes a little bit to how others are feeling around you, and [helps] you be more considerate of that. -Jacob

Because of how much they learned and how they felt their eyes had opened, a few participants said that they wished more people had this knowledge of mental health and of helping others with mental distress:

> It taught me a lot of life skills and things that I wish more people knew how to do. Because we all go through times in life that are really hard, and the skills that I was taught and the skills that I learned help me help myself, and help my family, and help my friends. I think if more people were aware of the process and were aware of things to look out for, that everybody's lives could be a lot better. -Bethany

This expression of wanting others to know this knowledge is most likely the reason why they feel compelled to share it when the opportunity arises.

Suggestions. When asked about negative impacts, most offered suggestions for improving the program, rather than expressing any long term negative impact they've felt. Compassion fatigue was seen as temporary and was overcome as their knowledge and experience grew. Most Hope Squad members chose instead to talk about resources they felt would improve their Hope Squad experience or extend the reach of the benefits.

As discussed in previous sections, students wished for greater access to this knowledge. Several different paths were offered as a way to achieve this goal, each with their own challenges. One student mentioned assemblies, which at the time weren't supported by school administration:

> It was a small group, like yes it was 60 kids, but 60 kids out of 1600 is a real small set of people… I think if there were regular assemblies talking about mental health and talking about resources or what to do if somebody comes to you with a problem [it would be better]. -Bethany

Other participants wished Hope Squad opened up meetings to non-participant students:

> I would recommend opening up some of the meetings to people who aren't the members… Maybe even having [Hope Squad] members give some kind of presentation during [release time] or something like that, with the counselor there obviously, but making people aware of mental illness… I don't know, even just asking friends to come to meetings and trying to get the word out there. -Andrea

> I think it would have been cool if anybody could come and learn about the warning signs of this and how to talk about that. The only thing with that is that when it's more of a volunteer thing, I feel like not as many people would come at all, because I don't even know that I would have done it [because] it's kind of a scary thing. [But maybe] the Hope Squad doing rotations around classrooms or something like that, giving everybody the opportunity to learn, that is such a useful skill. -Mckayla

While another participant expressed that if Hope Squad was going to be opened up, students should be joining for the right reasons.

> I felt like it was like, "I wanna get a sweatshirt, I wanna be a part of this group, and I wanna be known in that way and be accepted, and I'm friends with these people and they're in it," and so either way I think it'd be good to identify those kids, or maybe don't

> give them sweatshirts (laugh)… It's good to have that training… but maybe not to give them the outside markers of that because it would set us apart sometimes. -Maddie

A major contributing factor to the success and well-being of Hope Squad participants is the close community they form with each other and with their advisors. Hope Squad members who don't join for the right reasons – either to get a sweatshirt or to add something to their college application – can potentially cripple the formation of these community bonds. However, Hope Squad participants agree that the more people who have access to this knowledge, the better.

As school administration had limited time and resources, it follows that they would focus those limited resources on students who are the most integrated into the school and can have the most impact. Furthermore, a particular strength of Hope Squad participation is that they meet often and discuss topics in more depth than a single school assembly could accomplish. Therefore, a school assembly might not have the same impact on the student body that Hope Squad members receive through their intensive training. However, expanding Hope Squad participation where possible, opening up certain training meetings to the student body, or taking a few minutes at the beginning of a class period to regularly present Hope Squad training information may increase the impact of such training. Future research needs to be done comparing Hope Squads who utilize these different methods (assemblies, open Hope Squads, class trainings) to determine the best use of time and resources.

Other suggestions included more exposure to other Hope Squads. Following the theme of community, one participant expressed how much they enjoyed attending the annual conference in Provo, and wished that more could attend:

> I just wish that more people could have gone to it and experienced it. It was fun to connect with other Hope Squads. I think that maybe that could be a [suggestion] that other Hope Squads should meet more often from different schools and talk about circumstances that happened in different areas maybe and do like a regional Hope Squad [meeting]. That would be really cool… to collaborate on regional kinds of things.

-Carissa

Many suggestions participants gave were already being incorporated by other Hope Squads in later years, like more emphasis on self-care, more role-playing or practice scenarios, or more frequent meetings with advisors.

DISCUSSION

The biggest limitation of this study is sample size. While all attempts were made to contact as many Hope Squad members as possible, not all Hope Squad members could be contacted. As a result, the response rate was lower than hoped. As a result, not enough data on gender and race were collected. Preliminary findings from this study and literature on mental health, gender and race suggest that variation exists.

The hypotheses related to the retention of information and skills by Hope Squad participants were supported by the survey data, which indicate that study participants retained most of the information and skills learned. Most participants did in fact use basic listening and support skills during and after high school, and a larger than anticipated percentage of students (nearly all) used suicide and mental distress intervention skills both during and after high school. A number of demographic factors affected the extent of this skill usage, such as career field and school fit.

The themes that emerged organically in the interview data are consistent with existing literature on schools as communities (Brint 2017; Osterman 2000). Schools are an important social institution where socialization occurs, and students experience both explicit and implicit behavioral and moral instruction. This socialization seeks to prepare adolescents for success within adult society, and while there are many varied subgroups within adolescent society at schools, most students tend to embody the values and goals of their parents once they've entered

adulthood. For adolescents, peers become a powerful source of interaction and socialization, in some cases more significant than their teachers and/or parents. Some students, however, can become alienated for a variety of factors (income disparities, race and ethnicity, mental and physical health disparities, and other different background factors), and are at greater risk for not conforming to this socialization, doing poorly in school, and being less successful as an adult. One such risk factor is that alienated adolescents are more likely to seek out peer acceptance outside of school, in social groups that are often deviant. Others are more likely to develop related stress and mental health issues, further isolating them. For these and many other reasons alienated adolescents are of particular concern to teachers and parents, and different solutions have included restriction of counter-school adolescent societies and strict enforcement of school rules (Brint 2017). However, Hope Squads demonstrate an interesting source of community that reduces adolescent alienation both inside and outside of that social group. By having participants reach out to struggling students, and also by giving participants opportunities to develop close relationships with co-participants and advisors, fewer students are alienated on the basis of mental health, and potentially many other factors such as income (see Table 1).

Hope Squads provide their own set of explicit and implicit behavioral and moral instruction, more deeply incorporating values such as empathy, self-care, and trust. Hope Squads, as communities within schools, are especially important considering research that shows strong social ties improve mental well-being and protect against stress and mental illness (Kawachi & Berkman 2001). Continuing efforts by Hope Squad advisors to create diverse Hope Squads, inviting otherwise-alienated students to participate (as supported by relationship between school fit and skill usage, see Tables 5 & 6), and incorporating greater awareness of

LGBTQ+ and otherwise alienated students to the curriculum is especially necessary within the context of this literature and the findings of this paper.

Themes in the interview data are also consistent with literature on the effects of mentoring on adolescent achievement and school experience. Hope Squad advisors are not only teachers or counselors, but mentors to these students. They help students work through difficult and often personal problems, and model healthy behaviors and beliefs. Other studies on mentoring programs have shown positive effects for confidence, behavior, academic achievement and mental well-being of high school students (Zimmerman, Bingenheimer & Notaro 2002; Centre for Addiction and Mental Health 2013). Another interesting element is that of peer-mentoring, as students help each other within their Hope Squads. These findings are consistent with the effects of peer-mentoring on students as well (Petosa & Smith 2014). Having regular meetings and dedicated students and advisors created these mentoring relationships and sense of community within Hope Squad, and the students benefitted most within these settings.

Those interested in the success and long-term impact of peer-based suicide prevention among adolescents have expressed understandable concern regarding the risk for compassion fatigue among participants (Hudnall, 2016). Findings from this study shed light on the experiences of participants, demonstrating that while compassion fatigue exists, these programs can provide resources and support to students who otherwise would not have the same skills or resources to process their own feelings and more effectively help their peers. In fact, the experiences of interview participants show that the benefits of the emotional and mental health support they received through formal trainings or advisor relationships outweighed the negative aspects of their own experiences with compassion fatigue. However, it is also important to note that while Hope4Utah expresses to the peer-recommended students that it is their choice whether

or not they join Hope Squad, participants feel flattered that they were selected by their peers and, as mentioned in interviews, can feel a cultural desire to help others at the expense of their own health. Further, as inexperienced adolescents, they may not know the necessity of personal boundaries and self-care. Therefore, Hope4Utah's trainings and efforts to assist participants in self-care is particularly crucial.

An interesting theme that emerged was the reduction of stigma and gaining lasting social knowledge. Despite compassion fatigue, participants had greater access to knowledge and resources that contributed to emotional resiliency, which supports literature on adolescent resiliency (Zimmerman & Fergus 2005). Their knowledge and experiences also became key in reducing mental health stigma within their social groups and within themselves. Furthermore, this program provided participants access to mental health resources without the participants needing to confront stigmas that might have deterred them from help-seeking in the first place.

Findings from this study of Hope4Utah provide support for the longer-term benefits of peer-outreach suicide prevention programs, for both the participants and their surrounding communities. These findings also suggest promising avenues for future research such as examining the ways in which adolescents take up beliefs and roles related to mental health, as suggested by the social interactionist framework, and how these contribute to solutions of societal problems related to mental health (stigma, help-seeking, etc.).

Future research efforts in determining the long-term effects of peer-based suicide prevention programs should focus on the analysis of both adolescent and adult suicide rates before, during, and after Hope Squad implementation within a community. Findings from the survey suggest that since Hope Squad participants are using their skills post-high school

graduation, effects should be seen in the adult suicides in later years within the high school's surrounding communities.

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APPENDIX A: SURVEY QUESTIONS

What high school(s) did you attend? *(Please write your answer below)*

_____

What year did you graduate from high school? *(Please write your answer below)*

_____

For what grades did you attend each high school mentioned above? *(Please write your answer below)*

_____

Were you a member of Hope Squad the entire time you were a high school student? *(Please circle one)*

Yes No Wasn't a member of Hope Squad during high school

What grades did you start participation in Hope Squad? *(Please mark one)*

_____ Senior
_____ Junior
_____ Sophomore
_____ Freshman (9th Grade)
_____ 8th Grade
_____ 7th Grade
_____ 6th Grade

For which schools were you a member of Hope Squad?
(Please mark all that apply)

_____ Timpview High School
_____ Provo High School
_____ Spanish Fork High School
_____ Springville High School
_____ Pleasant Grove High School
_____ Dixon Middle School
_____ Centennial Middle School
_____ Other: _____

PART B

The following questions ask about your experiences during high school. If you attended Hope Squad during high school, please answer based on the school where you attended Hope Squad the longest period of time. If you were not a member of Hope Squad, then answer based on the high school that you attended the longest period of time.

How well do you feel that you fit into your high school? *(Please mark your answer on the scale shown below where 1 means "poorly" and 7 means "well")*

Poorly	1	2	3	4	5	6	7	Well

How much did you feel you had in common with most people in your high school? *(Please mark your answer on the scale shown below where 1 means "nothing" and 7 means "everything")*

Nothing	1	2	3	4	5	6	7	Everything

How satisfied are you with your overall high school experience? *(Please mark your answer on the scale shown below where 1 means "dissatisfied" and 7 means "satisfied")*

Dissatisfied	1	2	3	4	5	6	7	Satisfied

How friendly really were the students in your high school? *(Please mark your answer on the scale shown below where 1 means "not at all friendly" and 7 means "very friendly")*

Not at all friendly	1	2	3	4	5	6	7	Very friendly

PART C

The following questions ask about your experiences with Hope Squad.

How well did you feel that you fit into your Hope Squad? *(Please mark your answer on the scale shown below where 1 means "well" and 7 means "well")*

Poorly	1	2	3	4	5	6	7	Well

How comfortable did you feel relying on other Hope Squad members for emotional support? *(Please mark your answer on the scale shown below where 1 means "Not at all comfortable" and 7 means "Very comfortable")*

Not at all	1	2	3	4	5	6	7	Very comfortable

Reflecting back on the material you were taught while you were a member of Hope Squad, on a scale of 1 to 7 where 1 is nothing and 7 is all; about how much of the information in the following topics would you say you remember today?

Listening/ Being there	1 Nothing	2	3 Some	4 About half	5	6 Most	7 All
Recognizing	1	2	3	4	5	6	7

Mental Illness	Nothing		Some		About half	Most	All
Seeking help/ Referrals	1 Nothing	2	Some	3	4 About half	5 Most	6 7 All
Suicide Prevention	1 Nothing	2	Some	3	4 About half	5 Most	6 7 All
Suicide Intervention	1 Nothing	2	Some	3	4 About half	5 Most	6 7 All
Other topic *(Please specify)*	1 Nothing	2	Some	3	4 About half	5 Most	6 7 All

Other topic: _____

Regarding the topics listed below, how often would you say that you've used this information? *(Please mark your answer on the scale)*

Listening/being there

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

Recognizing Mental Illness

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

Seeking help/referrals

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

Suicide prevention

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

Suicide intervention

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

Other topic *(Please specify):*_____

Never Once or twice Once a year Multiple times a year Multiple times a month Daily

PART D:
*The following questions ask about your experiences **during** high school and/or middle school:*

During high school and/or middle school, how many times did you use Hope Squad training to…
(Please write the number in the space provided)

Recognize the signs of mental health issues (other than suicide) in someone? _____

Assist someone with mental health issues (other than suicide) in seeking help? _____

Recognize suicide warning signs? _____

Assist someone with suicidal tendencies in seeking help? _____

If you answered other than "0" or "never" for any of the above questions, please briefly describe your experiences below:

PART E:
*The following questions ask about your experiences **since** high school:*

During high school and/or middle school, how many times did you use Hope Squad training to…
(Please write the number in the space provided)

Recognize the signs of mental health issues (other than suicide) in someone? _____

Assist someone with mental health issues (other than suicide) in seeking help? _____

Recognize suicide warning signs? _____

Assist someone with suicidal tendencies in seeking help? _____

If you answered other than "0" or "never" for any of the above questions, please briefly describe your experiences below:

_____

What do you think was most helpful about the Hope Squad program? *(Please write your answer below)*

_____

What other skills do you find yourself using most as a result of the Hope Squad program? *(Please write your answer below)*

_____

What would you change about the Hope Squad program? *(Please write your answer below)*

_____

PART F:

The following questions ask for a little more information about you. This will help us understand more about former Hope Squad members. Remember, all answers are confidential and no identifying information will be used in any final reports.

In what year were you born? _____

What is your gender? *(Please circle one)*

- Male
- Female
- Prefer not to answer

What is your race/ethnicity? *(Please circle all that apply)*

- Caucasian
- Hispanic/Latino
- Asian
- African American
- Pacific Islander
- Native American
- Other *(please specify)* _____

During high school, including yourself, how many people lived in your household?

_____

Information about income is very important for understanding differences in high school experience. Would you please give your best guess on your average household income during high school? *(Please mark one category shown below)*

___ Less than $10,000
___ $10,000 - $19,999
___ $20,000 - $29,999
___ $30,000 - $39,999
___ $40,000 - $49,999
___ $50,000 - $59,999
___ $60,000 - $69,000
___ $70,000 - $79,999
___ $80,000 - $89,999
___ $90,000 - $99,999
___ $100,000 - $149,999
___ $150,000 - $199,999
___ $200,000 or more

Did you attend higher education beyond high school?

No Yes → What is/was your major/field of study? *(Please write below)*

_____

What is your current employment status?

_____ Employed full-time (including self-employment) →
_____ Employed part-time (including self-employment) →
_____ Student
_____ Not currently employed

Briefly describe your current job title below:

_____

_____

_____

If you have any other additional thoughts, comments, or concerns about any of the topics mentioned in the survey, please share them here:

_____

Thank you for your participation. As a reminder, your responses will be kept confidential.

Would you be willing to be contacted for a confidential, follow up interview to discuss your experiences with Hope Squad and feedback about Hope Squad? *(Please circle one)*

Yes No

If yes, please provide your information below and check your preferred method of contact:

What is your full name? _____

Email: _____ [ ]

Phone number: (___)___-____ [ ]

Thank you for your participation. If you are selected to be interviewed, expect to hear back about setting up an appointment by the beginning of December. If you have further questions about this project or if you have a research-related problem you may contact me, Meagan Rainock at meagan.rainock@gmail.com or my adviser, Carol Ward at carol_ward@byu.edu.

APPENDIX B: INTERVIEW GUIDE

- Tell me a little about yourself.
    - Where did you grow up?
    - Tell me a little about your high school experience.

- You mentioned that you are a current Hope Squad participant during [years]
    - Walk me through how you got involved with Hope Squad.
    - What do you remember about your experiences with Hope Squad?
        - How does it feel to be a part of the program?
        - What is it like talking through what might be tough issues to talk about?

- Do you ever think about Hope Squad now? Do you think it had any long-term impact on you? Like what?

- Tell me about the positive effects or benefits that you see now, if there are any.
    - Do you feel that it adequately prepared you? (if no: Why not? What would have been useful to know?)

- Tell me about some of the negative effects that you see now, if there are any.
    - What do you wish you would have known or had access to?
    - You mention that you would change [survey response]. Would you mind providing further information?

- What do you remember most about the curriculum? Do you feel that you could use those skills now if the opportunity came up?

- What do you remember specifically in terms of suicide prevention and intervention? Do you feel that you could use those skills now if the opportunity came up?

- It says on your survey that you had an experience with helping someone [during/after high school]. Would you mind providing further information regarding that experience?
    - Start from the beginning, and tell me what it was like.
    - How did you feel?
    - What was the outcome with that person?
    - What would you have changed?

- Those who assist others with mental health issues or suicidality can experience what is referred to as “burnout.” Burnout is often manifested as emotional exhaustion a result of spending long hours in emotionally demanding situations Symptoms of burnout can be similar to anxiety or depression, and include exhaustion, stress, feeling cynical and lack of self-care and social withdrawal.

    - Do you think it is possible for Hope Squad participants to feel that way themselves? Why or why not?
    - Do you feel that you experienced anything like this in relation to your Hope Squad experiences? Explain.
        - If so, why do you think you felt this way? What do you wish you would have known? What would you have changed?
        - If not, why not?

- Tell me about your relationships with other Hope Squad members.
    - Did you ever talk about the peers you were helping with them? Did you ever talk about your own personal obstacles or possible feelings of burnout?

- Tell me about your relationship with your Hope Squad advisor.
    - Did you ever talk about the peers you were helping with him/her? Did you ever talk about your own personal obstacles or possible feelings of burnout?

- What was the gender ratio and racial diversity of your Hope Squad? Do you feel that your gender affected your experiences with Hope Squad and how you interacted with your peers? If so, in what way?

  Do you feel that your race/ethnicity affected your experiences with Hope Squad and how you interacted with your peers? If so, in what way?

- What other thoughts do you have on Hope Squads?
    - In relation to how they are spreading
    - In relation to how they could be improved
    - In relation to what it was like
    - Anything else?

APPENDIX C: PRELIMINARY CORRELATION AND MULTIVARIATE ANALYSES

Pearson's Correlation of Skill Usage on Skill Retention

Variables	Coefficient
Skill Retention and Usage	
Listening/being there	.54
Recognizing mental illness	.53
Seeking help/referrals	.47
Suicide prevention	.55
Suicide intervention*	.41
Other skills	.93
[N]	[39]

*suicide prevention skill retention correlated with suicide intervention usage

Multivariate Regression of Mental Health Symtpoms Recognition and Referral

Variables	Coefficient	R squared
Recognition of Signs		.29
Female	1.3	
Age	-0.07	
White	0.49	
Social Job	6.12*	
Household income	-0.21	
Household size	1.03	
School fit	-1.88	
Hope Squad fit	0.22	
Referrals		.32
Female	0.43	
Age	0.09	
White	0.80	
Social Job	4.46	
Household income	-0.15	
Household size	0.55	
School fit	-1.81*	
Hope Squad fit	-0.39	
[N]		[30]

*p<=.05 **p<=.01 ***p<=.001

Multivariate Regression of Suicidality Recognition and Referral

Variables	Coefficient	R squared
Recognition of Signs		.40
Female	1.91	
Age	-0.06	
White	-2.28	
Social Job	5.17	
Household income	-0.15	
Household size	-0.24	
School fit	-2.30*	
Hope Squad fit	-1.40	
Referrals		.40
Female	1.55	
Age	-0.08	
White	-4.70	
Social Job	6.04*	
Household income	-0.05	
Household size	-0.70	
School fit	-1.48	
Hope Squad fit	-1.25	
[N]		[28]

*p<=.05 **p<=.01 ***p<=.001

TABLES

Table 1: Descriptive Statistics

Variables	Mean/%	SD	Range
High School Graduation Year	2015.2	2.5	2007-2017
Grade Started Hope Squad	10.4	1.1	7 (7^{th} grade) – 12 (12^{th} grade)
High School Location			
North-Central Utah	12.5%		
Western Utah	20.0%		
Eastern Utah	10.0%		
Mid-Central Utah	25.0%		
Southern Utah	32.5%		
Age	21.1	2.8	18 – 29 years
Gender			
Male	25.0%		
Female	75.0%		
Race/Ethnicity*			
Caucasian	91.7%		
Hispanic/Latino	8.3%		
Asian	5.6%		
Native American	2.8%		
Other	2.8%		
Household Size	5.3	1.8	1 – 9
Household Income	7.0	4.5	1 (Less than $10K/year) – 20 ($200K/year or more)
Higher Educational Achievement	80.6%		1=yes, 0=no
[N]			[63 started, 35 completed]

*respondents could select multiple categories; therefore, does not add up to 100%

Table 2: School Fit

Variables	Mean/%	SD	Range
School Fit			
Fit with school	5.45	1.5	1-7 (1=poorly, 7=well)
Commonality with students	4.45	1.3	1-7 (1=nothing, 7=everything)
Satisfaction with experience	5.27	1.6	1-7 (1=dissatisfied, 7=satisfied)
Friendliness of students	4.73	1.4	1-7 (1=not at all, 7=very friendly)
Hope Squad Fit			
Fit with Hope Squad	5.58	1.4	1-7 (1=poorly, 7=well)
Emotional reliance on HS	5.10	1.6	1-7 (1=not at all, 7=very)
[N]			[42]

Table 3: Skill Retention and Usage

Variables	Mean/%	SD	Range
Skill Retention			
Listening/being there	5.98	1.1	1-7 (1=nothing, 4=about half,
Recognizing mental illness	5.40	1.5	7=all)
Seeking help/referrals	5.71	1.6	
Suicide prevention	5.65	1.4	
Other*	5.63	2.1	
Skill Usage			
Listening/being there	4.95	1.4	1-6 (1=never, 2=once or twice,
Recognizing mental illness	4.41	1.3	3=once a year, 4=multiple times
Seeking help/referrals	3.67	1.2	a year, 5=multiple times a
Suicide prevention	3.72	1.4	month, 6=daily)
Suicide intervention	3.16	1.3	
Other*	4.56	1.6	
Referrals			
During high school			
Mental health recognition**	5.68	3.6	1 – 10 (1=1, 10=10 or more
Mental health referrals	5.38	3.4	experiences)
Suicide recognition	5.16	3.4	
Suicide referral	4.43	3.2	
Since high school			
Mental health recognition	6.10	3.4	
Mental health referrals	5.21	2.9	
Suicide recognition	4.73	3.0	
Suicide referral	4.05	3.3	
[N]			[41]

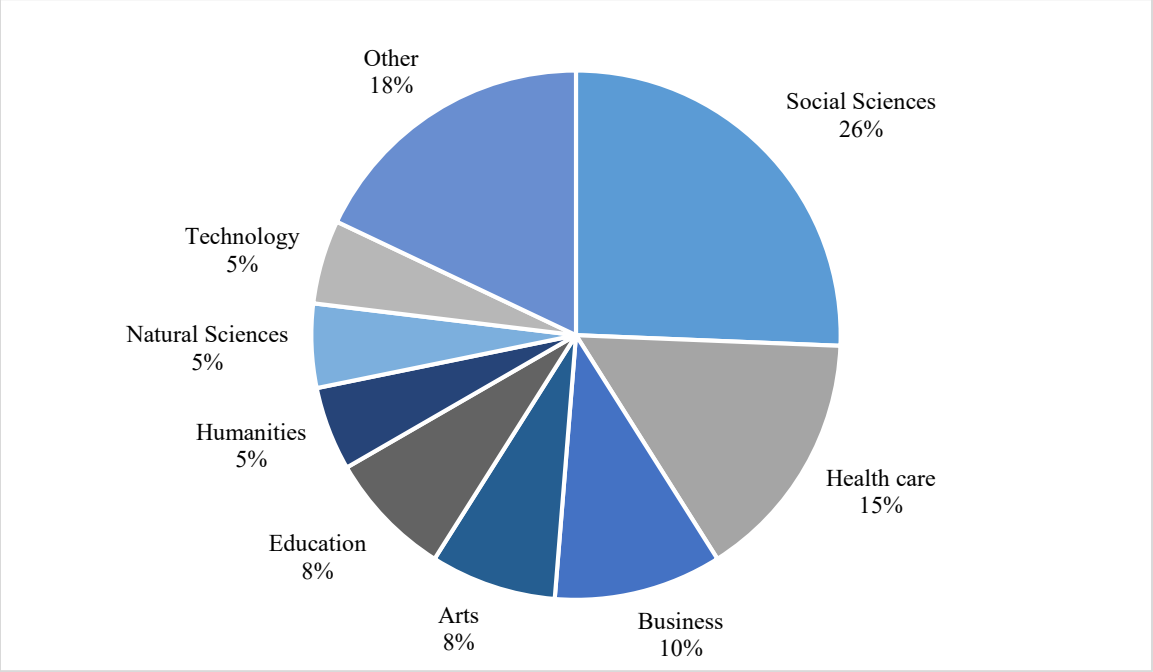
*other skills reported by participants include: dating violence, self-care, QPR, stages of grief, bullying intervention, communication, and being present
**signs of mental illness other than suicide

Table 4: Interview Participants

Pseudonym	School	Years participated	Health/Social Studies Field
Aiden	A	2012 - 2014	Yes
Andrea	G	2014 - 2017	Yes
Ashley	D	2011 - 2012	No
Bethany	B	2014 - 2017	Yes
Carissa	E	2012 - 2016	Yes
Clare	A	2004 - 2007	Yes
Eliza	I	2012 - 2015	Yes
Jacob	F	2010 - 2013	No
Kristen	B	2014 - 2017	No
Lauren	C	2014 - 2017	No
Maddie	A	2005 - 2008	Yes
McKayla	D	2013 - 2016	No
Sarah	H	2017 - 2018	Yes

FIGURES

Figure 1: Majors/Career Fields



*All major fields/careers listed by participants, not a percentage of participants