Creating Hope: Youth Suicide Prevention through the Co-Design of a Peer Support Program

A community-university partnership between Town of Stony Plain Community and Social Development and University of Alberta Faculty of Nursing

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Background

Suicide is the second leading cause of death among youth aged 15 and 24 years old (Gagne et al., 2018) and those living with mental illness are at greater risk of suicide (Bradvic, 2018). Many do not seek mental health care or often must wait for a lengthy period to see a mental health provider. In rural communities, youth mental health services are further limited; beyond lengthy wait times, youth face difficulties related to geographic distance, access to transportation, stigma, and service hours (Walker et al., 2009; Pisani et al., 2009). The COVID-19 pandemic has compounded these concerns through heightened anxiety and public health measures such as quarantine, social distancing, and self-isolation (Harris, 2020). During the pandemic, suicidal thoughts were reported by one in every five persons with a pre-existing mental illness, and suicidal thoughts or self-harm were four times as high in individuals with a mental illness compared to those without mental health concerns (Harris, 2020).

Youth suicide prevention is a public health priority. Youth suicide prevention strategies informed by evidence—and the input of those most at risk—are urgently needed across Canada. Currently, the scientific evidence for strategies to prevent youth suicide, particularly community-based prevention, remains emergent. Further investigation of universal and targeted prevention interventions including peer support models is needed (Watson, 2017). In addition, while youth are among the primary target groups of suicide prevention strategies, they have largely been excluded from the design of and research to inform these strategies.

Peer Support in Mental Health Care

There is increasing interest in peer support programs to address gaps in mental health care. Peer support is a context and subjective-specific relationship which is based on lived experience, sharing common experiences, situations, values, and circumstances (Bennet et al., 2015). It is normally viewed as a system of giving and receiving help, founded on key principles

of respect, shared mutual agreement and responsibility of what is helpful (Barnet, 2018). Peer workers or peer support workers are people who draw on their lived experience of mental illness and experiential knowledge as well as formal training to deliver support and services in service settings or models such as mutual support groups, peer-run services, and clinical settings that employ peer workers as service providers (Gagne et al., 2018). A review of the literature found that the underpinning mechanisms of peer support include the use of their lived experience (drawing on their experiences of what works); emotional labour to ensure emotional safety within a peer support relationship; a liminal position within mental health services; strengths-focused social and practical support; and adopting a helper role (Watson, 2017).

The scientific literature on the effectiveness of peer support among people with serious mental illness (SMI) is nascent. Several reviews suggest limited evidence for peer support. A review by Chinman and colleagues (2014) found a moderate level of evidence for peer support among people with SMI with some improvements on outcome measures including reduction of inpatient service use; one study in the review found a negative impact. Another study reviewed randomized trials of peer support interventions and found that there was little or no evidence that peer support was associated with positive effects on symptoms or hospitalization among people with SMI; the review did, however, find a link between peer support and positive impacts on hope, recovery, and empowerment (Lloyd-Evans et al., 2014). Cabassa et al. (2017) found that the strength of the evidence from studies on peer-based health interventions for people with SMI remains limited with mixed or limited effects reported for most health outcomes.

The literature also indicates positive effects on measures of hope, empowerment, social inclusion, and engagement with care have been identified in studies on peer support (Davidson et al., 2006; Resnick & Rosenheck, 2008). In their review of the literature, Repper and Carter (2011) found several studies that reported improvements in empowerment, a sense of hope, and

reduction in stigma. One systematic review of randomized controlled trials found that peer-delivered interventions for individuals with severe mental illness (SMI) had a small impact on patient's outcomes compared to standard psychiatric care in high-income settings (Fuhr et al., 2014). O'Connell et al. (2018) found that peer support was associated with significant reductions in psychiatric symptoms and improved functioning among individuals with SMI compared to standard care. A qualitative study with peer workers found that, while geographic distance and shortages in mental health services and staff may affect their practice, peer workers contribute to addressing gaps in mental health care (Byrne et al., 2017). While there is evidence to demonstrate the positive impacts of peer support workers, there is a need for further research to examine the effectiveness of peer support on outcomes and service use (Gillard & Holley, 2014).

Peer Support and Youth Suicide Prevention

Despite increasing interest, the evidence base for peer support interventions remains limited. Few studies have examined the impact of peer support specifically for youth populations (Walker et al., 2018). One study found that youth with mental health conditions who had access to peer support demonstrated more favorable views about accessing and participating in services (Radigan et al., 2014). In their scoping review of peer support services for youth with mental health challenges, Gopalan et al. (2017) found significant diversity among youth peer support services with most programs reporting on outcomes focused on psychosocial functioning; none of the studies reviewed focused on suicide prevention or addressed suicide as an outcome despite including it in the review search criteria. One study examined the effectiveness of a school-based suicide prevention program that trained peer leaders and found that the program improved norms regarding suicide and enhanced protective factors including connectedness to adults and school engagement; in addition, trained peer leaders were more likely to refer a friend considering suicide to an adult compared to untrained peer leaders (Wyman et al., 2010).

Knowledge Gaps

Few studies provide insight into how peer support can prevent and positively impact recovery from suicidality (Chi et al., 2014; Sun et al., 2014; Bergmans et al., 2009; Sun & Long, 2013). Even less is known about peer support interventions in youth suicide prevention programming, especially amongst youth living in rural areas. To address these knowledge gaps, we undertook a two-phase study. Phase One was a scoping review aimed at systematically mapping the literature on peer support for suicide prevention in youth and synthesizing current knowledge. Phase Two was a qualitative study using co-design methods to engage youth in identifying key characteristics of a peer support model or program that could be used in their community to help prevent youth suicide.

Objectives and Research Questions

The objectives of this research were to **review and synthesize current knowledge about peer support in youth suicide prevention** and **to engage youth in co-designing a peer support model** aimed at reducing barriers and challenges for youth who need support. The study addressed the following research questions: (1) What empirical evidence exists about peer support interventions/models as a community-based youth suicide prevention practice?
(2) How can youth be engaged to inform the development and implementation of a peer support model aimed at reducing barriers and challenges for youth who need support?

Methods

Phase One: Scoping Review

A scoping review is an approach to reviewing and synthesizing empirical evidence where the primary aim is to identify gaps in research and knowledge (Arksey & O'Malley, 2005; Kastner et al., 2012). The scoping review aimed to address this study's first research question by

mapping what is known around peer support interventions for youth suicide prevention. It was designed following the scoping review framework outlined by Arksey and O'Malley in 2005 and further revised by Levac et al. in 2010 [27-29]. We included key stakeholder consultations at various stages in the review. This scoping review was conducted in an iterative manner and the steps were repeated and revised by the research team as necessary. The review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al.,2018).

A search was conducted of the following databases: Medline, databases such as EMBASE, PsycINFO, Cumulative Index for Nursing and Allied Health Literature (CINAHL), and Scopus. Records were included if they described the use of peer support in suicide prevention programming and focused on youth and adolescent populations. If the peer support was delivered in a structured approach as part of a suicide prevention program or initiative, then it was included. Records that focused on suicide prevention but did not sufficiently report evidence on peer support or report findings about informal peer or social support were excluded. Any type of study design (e.g., descriptive, case–control study, quasi-experimental, etc.) was included. The database search yielded 1559 records once duplicates had been removed. A search of the grey literature was also conducted by searching Google for the first 100 results using basic terms such as "peer support," "youth," and "suicide prevention." We further searched Grey Matters and Open Grey using these terms, while also searching more broadly with "youth suicide prevention. Following title and abstract screening, 89 records advanced to full-text screening. Of these, 17 records satisfied the inclusion criteria for this study. Two more records were retrieved from the reference list search and an additional two came from the grey literature search for a total of 21 included records.

Records identified for final inclusion were extracted into a data extraction table. The data extracted included, but was not limited to publication year, location, study design, research purpose, participant characteristics, research methods, characteristics of peer support model, and key findings related to the use of the peer support in suicide prevention programming for youth. Following extraction, the data was synthesized and summarized into study findings. Community stakeholders were involved at various stages, including developing the protocol for this scoping review and reviewing the findings. The protocol for the scoping review has been published in *BMJ Open* (Hilario et al., 2021).

Phase Two: Co-design Workshops and Focus Groups

This phase consisted of a qualitative study using co-design and focus group methods. In collaboration with our partner organization, 11 participants aged 15-24 were recruited to engage in the workshops and focus group. The study drew on the social ecological theoretical framework of adolescent development to situate youth at the nexus of various systems of influences including the microsystem, mesosystem, exosystem and macrosystem (Brofenbenner, 1977). Guided by this framework, we aimed to identify systems, contextual factors and experiences that play a role in youth's experiences.

Data Collection and Analysis

In June and July 2021, participants took part in three sequential, participatory, co-design workshops, each lasting 1.5 hours, using the Zoom teleconference platform. The workshops, intended to engage participants in conceiving a prospective, peer support program for suicide prevention in their community, were based on three stages of design thinking: Inspiration, Ideation and Implementation (Brown & Wyatt, 2010). Session one, Inspiration, focused on opportunities and challenges related to mental health promotion and suicide prevention as identified by the youth participants. Session Two, Ideation, focused on possible responses or

solutions to the challenges identified. Session Three, Implementation, focused on the transformation of ideas into actionable, peer support initiatives. Participants' output, such as written points and illustrations, together with our detailed field notes from each session, comprised the dataset from the peer support workshops.

Following the co-design workshop series, three participants joined a facilitated focus group remotely over Zoom to invite their perspectives on the co-design process and on the prototypes (Jayasekara & Dip, 2012). The focus group was 2 hours in length and was co-facilitated by the principal investigator and two research assistants. A facilitation guide and the co-design workshop field notes were used to guide the focus group discussion, where participants reflected on their experiences and perspectives around peer support programming.

Study data included the transcribed focus group session, field notes and participant-generated outputs that came out of the co-design workshops. Co-design data were analyzed both inductively and deductively using thematic analysis methods to identify, analyze and report on data by describing and interpreting a data set in rich detail and organizing it into themes (Braun & Clarke, 2006). Using NVivo© 12 qualitative software, data were organized using inductively created codes. Bronfenbrenner's (1977) socio-ecological framework was applied to inform overarching themes. All participants were assigned pseudonyms which were used for reporting.

Findings

Phase One: Scoping Review

The review identified various characteristics of peer support programs including the assessment, planning, implementation, and evaluation of the program. Included articles commonly discussed the selection process, screening of qualifications, and training process for peer support workers. Further, it discusses the benefits, challenges, and limitations of peer support programs.

Most of the programs were school based, apart from three that were online (Andalibi & Flood, 2021; Bailey et al., 2021; Schilling et al., 2021). Many of the studies outlined sequential development stages of their peer support program including recruitment, training, and implementation of programs (de Rosenroll & Dey, 1990; Funkhouser, 2017; Guttmann, 1986; Herring, 1990; Kumaria, 2001; Lewis & Lewis. 1996, Martin et al., 1987; Muehlenkamp & Quin-Lee, 2021; Thibault, 1992; Tighe & McKay, 2012; Topping; 1996; Walker et al., 2009; Wright-Berryman et al., 2018). Many of the peer support programs were informed by or part of a broader program (de Rosenroll & Dey, 1990; Funkhouser, 2017; Guttmann, 1986; Kumaria, 2001; Lewis & Lewis. 1996, Manitoba's Youth Suicide Prevention Strategy – Education Initiatives Task Team [YSPSEITT], 2014; Martin et al., 1987; Muehlenkamp & Quin-Lee, 2021; Samoulis et al., 2020; Thibault, 1992; Tighe & McKay, 2012; Topping; 1996; Walker et al., 2009; Williford et al., 2021; Wright-Berryman et al., 2018).

Many studies explained how the peer support programs will be implemented and continued. Some programs specified having peers meet during school hours or school breaks (Herring 1990; Tighe & McKay, 2012; Topping 1996) and after school (Tighe & McKay, 2012). All programs were centralized around educating and raising awareness about suicide (Andalibi & Flood, 2021; Bailey et al., 2021; de Rosenroll & Dey, 1990; Funkhouser, 2017; Guttmann, 1986; Herring, 1990; Kumaria, 2001; Lewis & Lewis, 1996; Martin et al., 1987; Muehlenkamp & Quin-Lee, 2021;gle, 2008; Rivera & Nangle, 2008; Robertson, 2010; Samoulis et al., 2020; Schilling et al., 2021; Thibault, 1992; Tighe & McKay, 2012; Topping; 1996; Walker et al., 2009; Williford et al., 2021; Wright-Berryman et al., 2018; Wright-Berryman et al., 2019), including many gatekeeper programs for peer leaders (Funkhouser, 2017; Muehlenkamp & Quin-Lee, 2020; Samoulis et al., 2020; Tighe & McKay, 2012; Williford et al., 2021). Several

programs also hosted social events including day workshops to increase suicide awareness in their schools or communities (de Rosenroll & Dey, 1990; Tighe & McKay, 2012; Topping, 1996), and Hope Week (Wright-Berryman et al., 2018; Wright-Berryman et al., 2019). These efforts to increase awareness were found to decrease the stigma around help-seeking behavior (Andalibi & Flood, 2021; Funkhouser, 2017; Schilling et al., 2021; Walker et al., 2009).

All studies described factors used to consider peer support counselors. In the pre-training phase, youth peer supporters were subject to various selection processes, alongside pre-assessments to gauge their skills. Many programs selected youth on a basis of peer, staff, and school counselor nomination (de Rosenroll & Dey, 1990; Guttmann, 1986; Kumaria, 2001; Martin et al., 1987; Wright-Berryman et al., 2018; Wright-berryman et al., 2019).

All the peer support programs emphasized active listening skills as being a crucial component of the program. Establishing and maintaining confidentiality of participants was another major component of many programs (Andalibi & Flood, 2021; Herring, 1990; Rivera & Nangle, 2008; Robertson, 2010; Wright-Berryman et al., 2018). It is important to note that all programs made youth participating aware of the seriousness of recognizing when a peer is in distress and knowing when to refer to a mental health professional.

Out of 21 included studies, the majority reported on the benefits and effectiveness suicide prevention peer support program interventions (I.e.,Lewis & Lewis, 1996; Samoulis et al., 2020; Schilling et al., 2021; Topping, 1996; Walker et al., 2009). Youth found it easy to speak with fellow students and found them more accessible. Peers could speak and listen to each other directly, in the vernacular, with the credibility of participants in the same culture, and without an overtone of social control and authoritarianism (Andalibi & Flood, 2021; Lewis & Lewis, 1996; Samoulis et al., 2020; Tighe & McKay, 2012). Many studies reported improvements in the peer

supporters' self-esteem, self-worth, self-confidence, self-awareness, communication skills, and interpersonal skills.

However, studies in the review also identified limitations of peer support programs for youth suicide prevention. Two studies noted that being a peer supporter could be triggering (Bailey et al., 2021; Lewis & Lewis, 1996). Most of the included studies noted that these programs require extensive training which necessitates a significant investment of resources and time as the youth need to be well educated on the risks, warning signs and crisis intervention related to suicide (Andalibi & Flood, 2021; Bailey et al., 2021; de Rosenroll & Dey, 1990; Funkhouser, 2017; Guttmann, 1986; Kumaria, 2001; Lewis & Lewis, 1996; Martin et al., 1987; Muehlenkamp & Quin-Lee, 2021;gle, 2008; Rivera & Nangle, 2008; Robertson, 2010; Schilling et al., 2021; Thibault, 1992; Tighe & McKay, 2012; Topping; 1996; Walker et al., 2009; Williford et al., 2021; Wright-Berryman et al., 2018; Wright-Berryman et al., 2019).

Given that youth are not trained mental health professionals, many studies highlighted the importance of a referral program in conjunction with peer support, as well as building youth's capacity to recognize suicide risk and refer their peers if needed (de Rosenroll & Dey, 1990; Herring, 1990; Lewis & Lewis, 1996; Martin et al., 1987; Muehlenkamp & Quin-Lee, 2021; Rivera & Nangle, 2008; Williford et al., 2021; Wright-Berryman et al., 2018; Wright-Berryman, 2019). In addition, numerous studies stated that it was important to have a school supervisor who is well-informed and supported to oversee school-based programs (Guttmann, 1985; Herring, 1990; Lewis & Lewis, 1986; Robertson, 2010; Samoulis et al., 2020; Thibault, 1992; Tighe & McKay, 2012; Wright-Berryman et al., 2018; Wright-Berryman et al., 2019).

Phase Two: Co-Design Workshops and Focus Group

Three themes were identified in the qualitative study (Phase Two) with regard to the challenges and opportunities for community-based suicide prevention and mental health services as identified by youth: (1) *Immediacy of Lived Experience*; (2) *Belonging in the Community*; and (3) *Preferred Futures for Youth Mental Health Services*.

Immediacy of Lived Experience

The first theme, *Immediacy of Lived Experience*, refers to the contextual factors that were currently shaping the youth's mental health and experiences with accessing services. Several key factors were apparent: where the participants were situated, how their experiences affected them at that particular moment, and what needed to be prioritized in suicide prevention. Rural, structural barriers to care and support, such as long wait times, availability of programs, and lack of resources and funding, were prominent in the data. Participants characterized financial inequities as a major issue; the expenses associated with mental health services left Marie feeling "freaked out," (age 21) and another participant noted being "afraid to reach out for help." Participants were further concerned about the cost and availability of transportation to and from in-person services, and the role of the government in funding and sustaining programs.

A second, broad aspect of participants' immediate lived experience was the COVID-19 pandemic. Participants widely agreed that social withdrawal, difficulty communicating with others, and struggling to cope with quotidian stressors had all become major issues in their lives since the SARS-COV-2 outbreak. At the same time, participants perceived a greater public discourse and de-stigmatization of discussions around mental health, suicide, and self-care as the lockdowns and other public health restrictions wore on.

Belonging in the Community

The second theme, *Belonging in the Community,* refers to the significant role of communities in youth mental health promotion and suicide prevention, and in reducing barriers to support. The participants' discussion in the workshops and output conveyed that communities play a significant role in youth mental health promotion and suicide prevention, and in reducing barriers to support. Through community support and programming, and the selective use of social media, participants experienced rewarding feelings of belonging and connectedness. This sense of community could be regarded as exosystemic and macrosystemic, according to the socioecological framework.

While gaps in mental health community resources and crisis prevention services were foremost among participants' concerns, as well as the stigmatization of mental illness in their rural community, they spoke highly of existing mental health programs such as Community Connectors. Positive mental health outcomes came about through "whole communities working together, mingling together, being friends with each other," said Haven (age 21), "and having spaces where someone who struggles with mental illness or addiction might feel more comfortable." The value of Community Connectors and similar programs lay in their capacity to create an authentic sense of belonging.

Social media came up frequently during the workshop discussions, as another powerful medium for promoting community and mental health. In our participants' view, online platforms such as Facebook, Discord, and Reddit have the potential to improve psychosocial wellness through fostering social connection. "The internet gives a voice to a lot of people that wouldn't otherwise have a platform to speak," remarked Spencer (age 24), "which creates the opportunity to share experiences and create solidarity."

Preferred Futures for Youth Mental Health Services

In the third co-design workshop, participants shared their ideas for responsive youth mental health and suicide prevention programming in their community, which are described within the theme of *Preferred Futures for Youth Mental Health Services*. Two ideas for a peer support program in their community were collectively identified: a mental health app to facilitate virtual peer support during COVID-19 public health restrictions and beyond, and an integrated care model that would place youth services in one location for a "shared space prior to crisis".

Participants conceptualized the design and characteristics of the mental health app including a welcome page, privacy safeguards, and a system for booking virtual or in-person appointments. The app would be collaboratively developed and implemented by local health professionals and organizations, parents, youth, community support workers, teachers, and social workers. Importantly, the app needed to be an "environment where you meet and know someone before you treat them, to establish trust first," as Spencer (age 24) put it. The app would be created by and for the members of a specific community, thereby representing a meaningful, mutual investment in local public health. From this prototype initiative, participants foresaw outcomes such as long-term peer connections, increased awareness of local mental health support, and a sense of community as a therapeutic instrument.

The second prototype initiative was an integrated mental health care model or 'one-stop-shop', placing all youth programs under one roof, ideally that of a community center. Stormy (age 23) likened this model to "an amusement park, with all the rides in one place"—a well-planned, collaborative environment allowing for seamless and comfortable service provision. Among the embedded services would be peer support for youth, in need of "a shared space prior to crisis," as Avery (age 23) put it, thereby ensuring that prevention and early intervention would receive due emphasis.

Focus Group Findings

In the focus group, participants reflected on the co-design process, what went well and what they would prefer in the future. All participants expressed enjoying the comfortable atmosphere, stating that the discussion flowed well for them. They appreciated the ability to change their names or turn off their cameras. The participants also reflected on incorporating an anonymous aspect into peer support as this experience "raised confidence" (Oakley, Focus Group), and allowed you to "express your true opinion" (Stormy, Focus Group). They further discussed enjoying the flexibility and incorporation of youth opinions. When discussing how the workshops could be improved, they stated that the breakout rooms made it more difficult to participate at times.

Youth expressed being empowered by the model of peer support and connecting with other youth, and they found the workshops to be a non-judgmental, welcoming, and encouraging safe space. One participant discussed that they typically do not feel heard when talking to other adults, especially regarding politics around mental health stating that their, "words get slapped down because [they are] a youth" (Avery, Focus Group 1). They further stated that they enjoyed the workshops because they had similar viewpoints as other youth and had others agree with them for the first time on certain issues.

Outputs and Implications

Research Outputs

This project produced a scoping review and synthesis of the literature on peer support for youth suicide prevention, and findings from a qualitative study using co-design methods to engage youth in conceptualizing the design and implementation of a peer support model in their community. To date, our team has presented research findings at the 2021 Frayme Learning

Institute and the 2021 SPOR Northwest Institute Virtual. We will also be presenting at the upcoming 2022 Frayme Learning Institute. We have published the protocol for Phase One of our project, a scoping review of peer support for youth suicide prevention, in a peer-review academic journal, *BMJ Open.* Detailed citations of these outputs are provided below. In addition, we have a manuscript reporting findings from Phase One of the project currently under review, and will shortly be submitting the findings of the scoping review to another academic journal. Furthermore, we are developing a community report and exploring additional opportunities for knowledge sharing and mobilization.

Libon, J., Alganion, J. & Hilario, C. (2021, October). Creating Hope: Youth Suicide Prevention through the Co-Design of a Peer Support Program. Poster Presentation. SPOR Northwest Institute Virtual Conference.

Gilchrist, L., Kamanzi, J., Libon, J., Pandit, A., & Hilario, C. (2021, February). How Can Peer Support be Used in Community-Based Youth Suicide Prevention? Oral Presentation. Frayme Learning Institute Virtual Conference.

Hilario, C. T., Kamanzi, J., Kennedy, M., Gilchrist, L., & Richter, S. (2021). Peer support for youth suicide prevention: a scoping review protocol. *BMJ Open, 11*(12), e048837.

Importantly, this work provided an opportunity to build research partnerships between community and academic researchers while also engaging youth in the research to inform youth suicide prevention practices in Alberta. Beyond these research outputs, since developing this project in 2019, our research team has gone on to receive funding from the Women and Children's Health Research Institute to examine the impacts of COVID-19 on the mental health of adolescents in rural Alberta. This new project, currently underway, will allow us to continue to collaborate and to further contribute to a stronger evidence base to inform youth suicide prevention practices and improve mental health outcomes for youth in Alberta.

Future Research Opportunities

To map the existing literature on peer support for youth suicide prevention, our scoping review did not examine the methodological quality of included studies. Future research could conduct quality appraisals on the effectiveness of peer support specific to youth suicide prevention, particularly for youth in rural communities. Identifying and documenting both effective and ineffective interventions will be critical for developing future solutions. Based on the results of this review, future research may consider conducting a systematic review to examine outcomes more comprehensively in relation to peer support within the context of youth suicide prevention. Findings from phase I of this project suggest that although youth suicide prevention is a public health priority, strategies to lessen this burden on the healthcare system remain emergent. Peer support could be a potential strategy for preventing youth suicide, although more studies would need to be conducted to study its effectiveness.

This research is a component of an ongoing program of research (supervisor/NPI CH) aimed at reducing youth suicide through community-based programming. This project contributes to the evidence base for youth suicide prevention through peer support programming that is informed by and co-designed with youth. This study advances the evidence base for rural/remote youth suicide prevention. Findings could inform policy development around peer support and mental health services for rural youth and for education curricula around mental wellness in rural communities.

Further, we recommend that community-based organizations build on and incorporate aspects of youth's peer support prototypes to enhance youth mental health services in practice. By implementing the prototypes developed by youth in this project, organizations can improve their youth mental health supports and services to be tailored to youth's lived experiences, needs, and strengths, and therefore, to reduce youth suicide more effectively. Future research could also

build on the co-design research conducted in this project to prototype, refine, and evaluate the peer support models proposed by the participants in this project, and identify other peer support models appropriate for youth. We look forward to continuing to work with communities and researchers alike to build on and implement the findings from both phases of this study and improve mental health outcomes for rural youth.

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