

Fall 12-2017

Suicide Prevention: Do San Francisco AFSP Community Walks Reduce Hopelessness?

Tyson Peltz
San Jose State University

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Recommended Citation

Peltz, Tyson, "Suicide Prevention: Do San Francisco AFSP Community Walks Reduce Hopelessness?" (2017). *Master's Projects*. 554.
DOI: <https://doi.org/10.31979/etd.2xrs-t7jw>
https://scholarworks.sjsu.edu/etd_projects/554

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**Suicide Prevention:
Do San Francisco AFSP Community Walks Reduce Hopelessness?**

By
Tyson Peltz

A Thesis Quality Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master's Degree
In

PUBLIC ADMINISTRATION

Frances L. Edwards, Ph.D.
Adviser

The Graduate School
San Jose State University
December, 2017

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DEDICATION

In loving memory of

Miriam Cross

April 29, 1986 – November 10, 2009

“The song is ended but the melody lingers on...”

-Irving Berlin

“If tears could build a stairway, and memories a lane,
I’d walk right up to Heaven and bring you home again.”

-Unknown

INTRODUCTION

In the human life-cycle people are born, they reproduce, and pass away in older years. Clearly a multitude of events can take place during a lifespan to disrupt that pattern, which is often the case. However, choosing to end one's life early has become a serious health problem and causes hardships and trauma to surviving family members, as well as to the community. The World Health Organization has addressed suicide as a major concern and found suicide accounts for more deaths annually than war and homicide combined, with nearly one million lives lost. In the U.S., the Centers for Disease Control and Prevention (CDC), found 34,598 reported suicides, equaling more deaths than murders and more than motor vehicle accidents for victims below the age of 40 (Lewiecki, & Miller, 2013, p. 27). The following research shows the complexity of understanding suicide, and the different preventive and proactive ways in which the U.S. and other countries have tried to combat, as well as reduce the prevalence of, suicide.

Community-based outreach programs have been found to be effective, helping to educate people, and reduce suicide through outreach and peer group support. The American Foundation for Suicide Prevention (AFSP) has been at the forefront of the battle to reduce suicide through education, fund raising, lobbying, and support efforts to those in need of suicide prevention services, as well as those who have lost someone. One of the ways they have done this is through community walks and fundraising throughout the nation for anyone affected by suicide. These events are called Out of the Darkness Walks, which allow the community to learn about suicide prevention, support those who have lost someone, and allow those who struggle with suicidal issues a way to gain support and acceptance. They provide community walks, campus walks, and overnight walks.

The aim of this study is to see how these proactive and preventive community-based walks help the population in need and at risk. The following research question is the basis of the research. Do the AFSP San Francisco chapters' Out of the Darkness community walks work as a preventive program to reduce hopelessness? (Hopelessness has been identified as the biggest factor in suicide rates and attempts.) (Lamis, Saito, Osman, Klibert, Malone, & Langhinrichsen-Rohling, 2014, p. 815)

BACKGROUND

The AFSP was founded in 1987 by a small group of concerned individuals with the purpose of creating research, education, and suicide prevention efforts. These initial families worked with scientists to create the AFSP, and have been troubled by the upward trend in suicide since the creation of the group. ("About AFSP", n.d., 2015) Prior to the creation of the AFSP there was no national non-profit group dedicated to understanding suicide and developing preventive efforts using research, education, and outreach. The organization has created over 75 local chapters in 35 states with more being added for better coverage. ("About AFSP", n.d., 2015) The AFSP has a political influence in Washington, where they have joined with other groups to create a lobbying team to help create public policy at the federal, state, and local levels with the goal of preventing suicide. ("About AFSP", n.d., 2015)

The AFSP revenue stream primarily comes from individual donors and efforts generated in part by the Out of the Darkness Walks. These walks generate funding, educate, gain media attention, support suicide survivors and those struggling with suicide or mental health issues, to name a few of their goals. The latter is of importance for this study. The mission of the AFSP is the "leader in the fight against suicide. We fund research, create educational programs, advocate for public policy, and support survivors of suicide loss." ("About AFSP", n.d., 2015) Led by CEO

Robert Gebbia and headquartered in New York, AFSP has 75 local chapters with programs and events nationwide” (“About AFSP”, n.d., 2015) Although the AFSP does not directly administer direct services in the form of counseling or crisis hotlines, they do have a working relationship with these groups to direct those in need to these resources. For example, during the Out of the Darkness Walks, organizations connected to suicide prevention and mental health services are present and available to help those in need on location. AFSP sees itself as a grassroots movement, and often calls upon local groups and resources to actively help and support their efforts towards their common goals during these local events. In addition to local groups and individual funding, the group also depends on local volunteers to help with events and services, which constitutes the backbone of these walks and events. (“About AFSP”, n.d., 2015)

The purpose of this research is to gauge the effectiveness of the Out of the Darkness Walks as a reducer to suicide. If these community-based walks are found to reduce suicide and create alternatives to those struggling as some research has suggested, it will provide a powerful tool in combating this health epidemic and could act as a model in other parts of the world. Providing independent research that validates the significance of these walks and efforts can help bring about awareness, and an increased spotlight on an organization whose primary mission is to develop awareness and additional grassroots movements that save lives.

LITERATURE REVIEW

The following research helps to identify the complexity of suicide, as well as the different historical approaches to reduce the prevalence through state action, community based acts like the AFSP, and historical trends. Currently, there are no studies which have looked at locally based community walks through self-reported data based on Out of the Darkness community walks. Having more data about the effects of the Out of the Darkness Walks creates an opportunity to

improve service and delivery options, or better tailor and understand the clients involved in these walks.

The World Health Organization (WHO) sees suicide as a serious public health problem, with more deaths attributed to it than homicide and war combined, with nearly 1 million per year. (Lewiecki & Miller 2013, p.27) Research provided by Lewiecki, and Miller (2013) addressed this issue in the U.S. by researching firearm use, which is the most common form of suicide. They found that 91% of suicide attempts involve a firearm, with drowning and hanging trailing behind. Lewiecki & Miller (2013) discovered that the U.S. was unique in having the highest rate of suicide by firearm out of 36 first world nations studied. They found that adults who purchased a firearm are at an increased risk within one week of the purchase, and remain at risk for the next six years. They point to empirical evidence to restrict the speed of access to guns as part of a suicide reduction strategy, principally handguns. Their research established that a delay in obtaining a handgun (waiting period) reduces the ability to react to suicidal impulses, therefore diminishing the likelihood of success. This study is comprehensive and uses other comparable nations to show differences in access to firearms and the direct impact it has on suicide, making compelling arguments. This data is important to note for outreach and education for community-based organizations.

A comparative study between two countries can bring insight into options and solutions that may not have been considered. Hopelessness and suicidal depressive symptoms were compared between the U.S. and Japan. Lamis, Saito, Osman, Klibert, Malone, and Langhinrichsen-Rohling (2014) found that suicide among college students in the U.S. is the second largest cause of death. In Japan, it is the leading cause of death among their student population and double that of the U.S. overall. Both countries were found to have inadequate

mental healthcare treatments leading to these increased rates. Lamis, Saito, Osman, Klibert, Malone, and Langhinrichsen-Rohling did a cross-sectional research design using an anonymous survey among both U.S. and Japanese students for a cross-comparison. They found that Japanese students scored higher for depression and hopelessness, which was found to be the leading factor leading to suicide in both countries. Hopelessness of all measures seems to be the most powerful in suicidal impulses. This study provides an indispensable framework to create proactive solutions that are directed toward preventing the primary variable leading to suicide found in both countries.

Japan's alarmingly high rate of suicide makes research on the topic important since there was a change, with a decrease in suicides after 2009, which was thought to be attributed to the Basic Act for Suicide Prevention and General Principles of Suicide Prevention Policy implementation. Research provided by Takeshima, Yamauchi, Inagaki, Kodaka, Matsumoto, Kawano, Katsumata, Fujimori, Hisanaga, and Takahashi (2015) evaluated these policies and their effect on the reduction of suicide rates in Japan. Japan was the first country to pass comprehensive suicide prevention legislation. The three phases of policy created public attention and significant governmental resources to create and promote grass-root suicide prevention activities involving NGOs. They found that creation of governmental policies and resource allocation is the direct cause for the reduction of suicide in Japan. The program evaluation is comprehensive and shows the difference these policies made. The article suggests that the World Health Organization (WHO) could replicate these results world-wide by implementing a similar approach. The Japanese model is a good place to start when looking to create measureable change in the U.S. through preventive programs and outreach.

Part of suicide prevention comes from the use of social workers and their ability to identify and address those in need. Research by Osteen, Jacobson, and Sharpe (2014) used a cross-sectional randomized intervention study to interview student interns pursuing their master's of social work (MSW) degree at Atlantic Public University. This study found that students had an average to low score when it came to suicide and suicide prevention. Their data showed that additional education was needed and suggested that a small part of the (MSW) students did not believe social work should provide service to clients at risk for suicide. Additional research claimed that as many as 25% of social workers across the country in graduate programs did not see suicide prevention training as important. They conclude with the need for more training, knowledge and skills in the MSW program. These results are consistent with larger studies validating the need for improved skillsets across the field, making this an important area to address and reduce suicide rates. (Bailey, 1994; Duberstein et al., 1995; Herron et al., 2001; Pompili et al., 2005)

The Garrett Lee Smith (GLS) youth suicide prevention program, which has federal support, was evaluated for effectiveness. Walrath, Garraza, Reid, Goldston, and McKeon (2015) researched the question of whether the GLS program reduced youth suicide mortality between the years of 2007 and 2010. They compared youth mortality rates across time between counties that established GLS training sessions and compared them to counties that did not use GLS training. They found that counties that had implemented GLS training had significantly lower suicide rates among the target population of people 10 to 24 years of age compared to those counties that did not have a GLS training program. As a result, they support GLS prevention programs as a way to reduce suicide. This study is important as it supports prior research that shows an array of prevention programs to have a positive effect on reducing suicide rates.

Comparing and contrasting the effectiveness of a standard training model for suicide and an enhanced training model are important areas of study in order to determine whether there is a measurable difference, and which model should be accepted and which should be removed. The standard training model includes a one day workshop, videos, experimental exercises, and group work to name a few, while the enhanced model adds two additional days, extended support, high impact activities, weekly support contacts, and ten-week support at the conclusions of the three-day training. Donald, Dower, and Bush (2013) evaluated these two training models in Queensland, Australia as part of a policy evaluation. They used a cross-sectional design using a pre- and post-test. They found in their research that the enhanced model created sustained improvements over the standard model but noted that due to limitations in their study these results may not have been attributed directly to the different models. They believe the enhanced models did provide better tools for the suicide prevention workers, but additional research needs to be conducted before these results can be confirmed. The evidence put forth suggests that preventive measures do have a substantial impact on the reduction of suicide rates.

Community-based services and programs generally seek to reduce suicide on individual levels. An evaluation of stakeholders by Mohatt, Singer, Evans, Matlin, Golden, Harris, & Tebes, (2013) involved with the *Finding the Light Within* Project suggest that involvement creates awareness, reduces social stigma, fosters healing, and creates a space needed for people to express their struggles to others. They point to data that shows suicide as the second leading cause of death for ages 24-35, and the only one to have a significant increase. These troubling facts demonstrate the need for additional research and community based efforts as part of a solution to help reduce these trends. They conducted interviews with members of the project and found that it did make a difference using a multi-faceted approach. The program focuses on art and other forms

of expression to help bring education and understanding to people struggling, and those who have survived the loss of a loved one due to suicide. The strengths of the research come from interviews, but the program was not subject to a robust evaluation, leaving room for additional research to validate these results on a wider range of the population.

As noted in other studies, the feelings of worthlessness and traumatic experiences contribute to major depressive disorder (MDD), and are risk factors for lifetime suicide attempts. Jeon, Park, Fava, Mischoulon, Sohn, Seong, Park, Yoo, and Je Cho (2014) conducted randomized interviews with 12,532 adults with an 80.2% response rate to determine these risk factors in relation to lifetime suicide attempts (LSA). (Jeon, Park, Fava, Mischoulon, Sohn, Seong, Park, Yoo, & Je Cho 2014) They found that feelings of worthlessness are strongly associated with LSA over other measures found in individuals. There was a statistically significant association with those who had experienced trauma, but not in those where trauma was not present. The sample size and the methodology of one-on-one interviews produces powerful research that should be used to consider the effectiveness of outreach programs, making this an important study with meaningful findings.

As identified in prior studies, worthlessness can be attributed to societal obligations and expectations, and the ability for someone to hold a job may affect that measure. Coope, Gunnell, Hollingworth, Hawton, Kupur, Fearn, Wells, and Metcalfe (2014) researched the question of whether the 2008 economic recession affected suicide rates in England and Wales during 2001-2011. They used data supplied from the Office for National Statistics to conduct their research and found that there was an increase in suicides in 2008 but a decline leading up to 2010. They found suicide rates to be higher in deprived areas than in affluent areas, independent of unemployment rates. The study fails to determine if unemployment is a predictor of increased

suicide rates during their ecological study. As a result, new research should seek to determine whether living conditions are a determining factor in increased rates.

Yong-Hwan Noh (2009) researched the connection between unemployment and increased suicide rates. The research hypothesis went against prior studies which showed a positive increase in suicide rates associated with unemployment. Noh's research found that unemployment did not play a significant role in suicide rates. In fact, he found a link between suicide and higher income levels, and a negative relationship with low-income countries. This study falls short of addressing the micro level issues of age groups and other important indicators which would reveal a better picture and could alter understanding of the data. However, prior research has also suggested that unemployment is a weak factor in predicting suicide, which helps eliminate a common explanation offered in the suicide debate. (Noh, 2009)

Justin Denney (2010) conducted research on families and household configurations as a predictor of suicide in the U.S. Denney sought to expand on Emile Durkheim's work which focused on social variables and environmental aspects to determine suicide rates. He found that those who are married, have children, or other family have increased social support and are less at risk compared to those living alone with less social bonds. The research was developed using a cross-sectional analyses of the National Health Interview Survey (NHIS) data from the years 1986 to 1996, with an additional data set of mortality from 1986 to 2002. The study uses healthy and expansive data to form its findings but lacks the ability to evaluate the impact of changing conditions of individuals. This is a key element that is usually cause for identifying at risk individuals.

One study done by Julie Phillips (2014) entitled "A changing epidemiology of suicide? The influence of birth cohorts on suicide rates in the United States" looks to address whether the

sharp increase in suicides beginning in 1999 is in part due to birth cohorts. She noted that people between ages between 45 and 54 saw their suicide rate increase from 13.9 per 100,000 to 19.6 per 100,000 during the years of 1999 to 2010 (Phillips 2014, p.151). This dramatic increase created speculation as to whether generational issues were a factor. The study focused on the extent to which cohort effects could explain these changes. The method used was a basic APC model of linear regression. The finding suggests that baby boomer males showed an increased suicide rate due to economic changes and weaker social bonds as they moved through their life course. This study does a good job in looking at historical factors as a way to find outside forces that have an influence on suicide rates. As noted, this study suffers from underreporting of suicides done in the U.S., lack of autopsies, and shifts in reporting to drug overdoses and the like rather than being classified as suicides in relevant instances (Phillips, 2014).

Cultural components are significant factors that need additional research according to Lenog and Leach (2007). They point out that of the 30,000 completed suicides in the U.S., 27,000 are of European American decent (Lenog & Leach 2007, p.805). They contend that minorities and people of color are often left out of the discussion, and additional cultural considerations and research are needed to understand how culture affects suicide. They conclude with a Surgeon General's Report on mental health that points to the unmet mental health needs of minorities and people of color as a call to additional research and understanding (Lenog & Leach 2007, p.805). This study shows the lack of data that exists and the need for more information to better understand this issues beyond Anglo view points and considerations.

A recent study found that the highest rates of suicide were among graduate students over the age of 25. Of those, 4% claimed to have given serious consideration to ending their lives in the twelve months prior, with 90% having a specific plan, most involving overdoses (Moffitt,

Garcia-Williams, Berg, & Calderon 2014, p.23). Moffitt, Garcia-Williams, Berg, and Calderon (2014) found through an Interactive Screening Project (ISP) ways to target and support those students in need using anonymous ways to reduce barriers. They found that anonymous internet screening was important to addressing the target population because of social stigmas that persist around suicide and mental health issues. The data collected from the ISP helps identify distressed students and allows professionals to administer help. The ISP is a proven tool that does help but suffers from low response rates, leaving a large segment of the population in need untouched and unidentified.

As suggested by prior research, suicide prevention programs implemented at colleges and universities are a frontend approach that targets the highest population at risk. Sari, Castro, Newman, and Mills (2006) performed a cost-benefit analysis on prevention programs, one for general suicide education and the second a peer support group program at colleges and universities. The cost-benefit analysis is a great tool to help influence policy and resource allocation for continued use for programs that prove to make a difference. Their research found that both programs were cost beneficial intervention programs, saving \$22 million using conservative estimates (Sari, Castro, Newman, & Mills, 2006, p.263). These findings are important in understanding similar programs that could be used to replicate these results. Clearly, preventive education and peer groups can reduce suicide rates, and these findings are important for designing outreach programs.

Integrating technology as part of a support and prevention solution was accomplished by creating mobile applications. Aguirre, McCoy, and Roan (2013) created a report to analyze the current iteration of mobile applications and see which helped and supported the target population in a meaningful way. They point out that these applications are reactive and fail to provide

proactive solutions which are proven to be better in reducing suicide rates. They use a checklist to evaluate the effectiveness of each app based on proven prevention criteria. The overall finding was that many of these apps are poorly constructed and fail to provide the information and additional resources needed to be preventive. This study is important as mobile devices are a staple of the target population in need. However, due to the low sample size of apps made for this purpose (27) it is difficult to see mobile apps in their current form as a viable solution. More apps are needed to determine their deterrent value and data collection based on user interactions, which are key in understanding whether these applications have an effect.

New findings in 2015 created by Dr. Karen Wagner confirm suicide as the second leading cause of death among young people ages 10 to 24 in the U.S. She found that firearms, suffocation and poisoning are the leading mechanisms of suicide, validating prior studies (Wagner 2015, p.1). She did a comparative analysis of rural vs. urban rates, hospitalization rates for suicidality, access to firearms, familial suicide transmission, and family and peer invalidation as key areas of concern. The findings in each area demonstrate the following as key areas needing further study: social bonds; need for better gun control; and biological issues as key factors. The article is informative and supplies statistical data but lacks solutions to the problems discovered. However, the research validates prior studies and narrows the focus of preventive solutions to the study of preventive programs.

Other studies found a decrease in suicide rates as a direct result of increased spending on public health. Liang and Mirelam's research (2014) assesses the link between sociopolitical determinants and public health spending across 120 countries, looking at government stability, corruption and democratic accountability. They used a basic fixed-effects regression model which was applied to each of the 120 countries, and found that government stability has a positive

influence and corruption has a negative influence on public health spending. These are macro issues that affect public health metrics, which makes it an important factor validating prior research which showed governmental policy as a determinant factor in suicide rates. These findings are supported by the prior research done in Japan and help clarify the public health paradigm needed to address suicide.

Important research concerning public spending on suicide in the U.S. was completed by Minoiu and Andres (2008) in an attempt to explain the strong relationship between public spending and suicide rates. They found that there was a statistically significant difference in funds allocated for suicide prevention and suicide rates, in addition to higher suicide rates in states with higher divorce rates. They used a natural log-transformation with a Generalized Method of Moments estimator. Their research shows that in order to reduce suicide rates adequate funding should be used, which was proven to show reductions. Their research continues cross-country findings affirming prior results that public spending in health care wellness has a direct result in well-being outcomes. This study uses complex economic methodologies which account for many variables and is a comprehensive study with statistically significant data that cannot be easily discounted.

As shown, public health spending in prior studies resulted in changes in suicide rates. However, Ross and Carson (2010) created research to examine new data on public health spending on mental health to see if it reduced suicide rates. They found little evidence supporting prior research that showed reduced suicide rates per capita in the U.S. as result of public health spending during the years of 1997 to 2005. Instead they conclude that income growth and financial support for low income people was a more accurate and effective measure in suicide prevention than public health spending. This study helps tease out one popular variable in the

suicide prevention discourse, but also supports other research in which socio-economic status has been found to be a determinate factor.

This review of the literature on suicide prevention strategies helps define what methods appear to work and what measures should be used to gauge the reach and effectiveness of preventive programs like the Out of the Darkness community walks. Understanding prior research and methodology helped to determine the best dependent and independent variables for the cross-sectional survey design and how to best implement it to garner the most pertinent data to better understand the target population for suicide prevention interventions.

METHODOLOGY

This research methodology used was a cross-sectional approach (Sylvia & Sylvia 2012, p.162-165) using a survey to create the data needed to answer the research question. This research hypothesized the results and required the use of SPSS to recode the data and process it into cross tabulations for presentations. The independent variables are listed in the demography section, such as age, sex, location, and income to name a few. The dependent variable is hopelessness, which is the primary measure which the Out of the Darkness Walks will be compared and contrasted to. The control variable will be the survey instrument which will be the standard through which the data will be collected and analyzed with no modification once implemented. The form of the survey was a paper survey delivered in person at the walks, and online surveys to be completed by people who signed up to participate in the AFSD community walks. Surveys were completed online and/or at the community Out of the Darkness Walks between January 2016 and October 2017. The survey is the data gathering tool, and SPSS and Qualtrics are the analytical and evaluation tool used to answer the research question and process the research data to create Findings. All data were scrubbed during SPSS conversion to mitigate

data loss or identification. The researcher will not be part of the AFSP or any of its programs to reduce bias and reduce the likelihood of personal identifiable information (PII) being released.

FINDINGS

The following Findings were collected from the AFSP San Francisco chapter Out of the Darkness Walks during two calendar cycles consisting of six walks in total. These walks included San Francisco, Oakland, and San Jose offered by the AFSP SF chapter. The calendar cycle began in January 2016 and concluded one month after the last walk on October 2017. However, the Bay Area Chapter walks are clustered together between the months of September and October. Data collection was left open two months after the last event in the 2016-2017 cycle to allow any stragglers to complete the survey online. In addition, social media announcements were used across Instagram, Facebook, and Twitter to allow the target population additional opportunities to stay informed, included, and to provide the internet links to the survey with timeline updates. These social media platforms included postings, retweets, and updates to the AFSP websites and social media sources to gain as much exposure for the survey as possible.

Prior to conducting and collecting this data it was hypothesized by the researcher that participation in the AFSP SF chapter Out of the Darkness Walks would change the self-reported sense of hopelessness, based on the literature review.

Survey Delivery

The following steps and procedures were used by the researcher during the walks in order to collect data, reach the target population, and gain higher response rates. The researcher attended six walks over a two-year period, explaining who he was and the nature/scope of the research he was trying to conduct. To assist in this process, as well increase the validity and authenticity of who he was, he dressed up in San Jose State University apparel and created Vista

Print brochures explaining who he was, the research being conducted, the school and program overseeing the research, and the contact information to report any concerns or inquiries. The brochures outlined the research objectives and scope as approved by the IRB and the Political Science department. Included in the brochures were the links needed to complete the survey online, at their convenience in the privacy of their own homes. It was believed, based on prior research, that anonymous internet surveys were significant in addressing the target population because of social stigmas that may persist around suicide and mental health issues. (Moffitt, Garcia-Williams, Berg, & Calderon 2014, p.23) Additional resources were provided within the brochures for participants to reach out to the researcher for questions, concerns, feedback, as well as other platforms to find the survey links.

Appendix 1a and 1b provide an exact copy of the two-sided brochures used during the walks. Appendix 2 is a copy of the consent form found in each brochure as well as online, which had to be accepted to be redirected to the online survey. Appendix 3 is a copy of the complete survey online which was used to collect data, and redirected respondents to the AFSP website upon completion. Each of the researcher's social media platform links was listed, and during the open research period, each platform was used as a direct link to the survey online. This served a two-pronged approach. The first, to allow people various ways to contact the researcher, and the other to provide a more seamless point-to-click option for those that may have had trouble typing in the survey link in their internet browsers. Each brochure included the San Jose State University font and logo in order to help authenticate the research and the researcher.

As individuals and groups were contacted at the walks, a script was developed in order to communicate effectively and attempt to mitigate inconsistency issues that may have affected or altered the outcome or response rate of the research. The script used is as follows.

“Hello! How are you doing? My name is [researcher] and I am conducting research for my master’s at San Jose State University. What I’m doing is handing out surveys that ask how the AFSP Out of the Darkness Walks make you feel and if they help. This information helps the AFSP provide a better service for you, and on a personal level it helps me with my research. We don’t collect any personal identifiable information at all and the survey is completely voluntary. You do not have to take the survey but it greatly helps improve services and is important to the cause. If you would like to take it, here is a brochure that tells you about the research, about me, and provides you multiple places to access the survey online. Your feedback and information are very important to us. If you have any questions please feel free to ask me anytime. Thank you for your time!”

This script was used during every contact and did not need to be read as it was memorized prior to the walks. If any questions or stories were shared they were answered and addressed to the best of the researcher’s ability. During this process, many people wanted to talk and share their grief, which was not used directly in the data collection, but qualitatively impacted the researcher as to the importance of the research. Post walk activities sometimes included emails from participants who took a brochure who wanted to share their stories of loss, grief, and their ability to overcome. This information was handled as confidential correspondences and was not used in the research but added validity that the brochure links and contact information provided the intended desired outcome.

Survey Development

The survey's main purpose was to gauge whether people who participated in the AFSP SF chapter Out of the Darkness Walks reported a self-identified reduction in the sense of hopelessness. As the literature review found, this reduction in this metric was the most impactful in reducing the rates of suicide. (Lamis, Saito, Osman, Klibert, Malone, & Langhinrichsen-Rohling, 2014, p. 815) Furthermore, the literature review indicated that similar grassroots nongovernmental organizations provided the best support in the reduction of these social problems. (Mohatt, Singer, Evans, Matlin, Golden, Harris, & Tebes, 2013, p. 198) It was important to understand the target population that was participating in the walks to better understand those affected for developing sources for further funding, marketing, outreach, and to provide future researchers with a better understanding of those participating.

When asked the methodology used to schedule the walks throughout the calendar year, SF chapter director Ryan Ayers said,

“The walks all take place in the Fall across the country. We determine the schedule locally based on permitting availability and the schedules of our local volunteers and walkers.

Most of the walks have a set weekend that they always happen on and only change if there is an external or compelling reason.” (September 19, 2017)

As a result, people can count on the walk they participated in to reoccur on a yearly basis in their community, and they may transition from walker to volunteer in future events.

Mr. Ayers was asked if there was an online history of past events for historical reference along with the fundraising amount achieved from year to year. He stated,

“There isn't a place online to publicly see historical event information - we have more than 600 events nationwide every year and warehousing all of the past events would be problematic for a number of technical reasons.” (September 19, 2017)

As a result, seeing if fundraising targets are trending higher or lower per event historically is not currently available once the event has passed. This is an area of data collection that would be useful for future research to better understand whether these walks are becoming more popular, or if target population members donate differently within the area based on location or other demography.

Survey Implementation

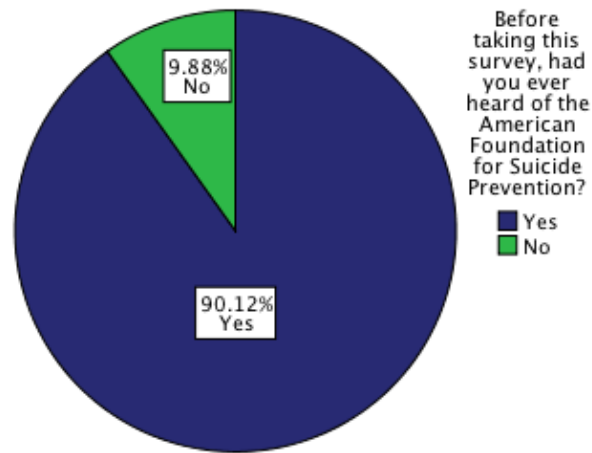


Figure 1.1

When looking at the data collected when asking participants if they had ever heard of the American Foundation for Suicide Prevention, an overwhelming number of respondents indicated they had, with 90.1% responding “Yes” and 9.9% saying “No”. This indicates that AFSP advertising, word of mouth, and various outreach techniques are reaching the overall population effectively, allowing the target population in the community where the walk is occurring to gain access and information needed to consider attending a walk.

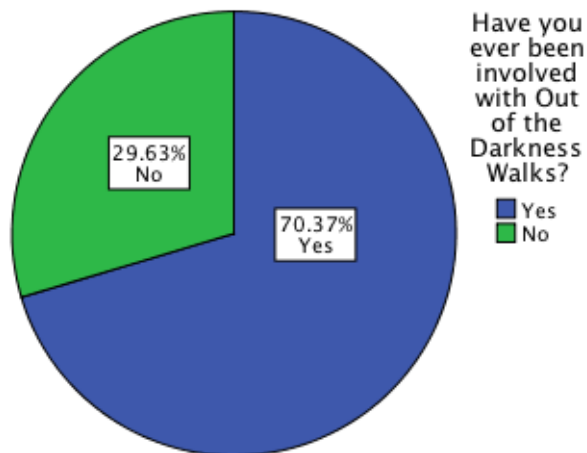


Figure 1.2

When asked if participants were ever involved in an Out of the Darkness Walk, 70.4% said “Yes”, and 29.6% said “No”. The level of involvement was unexpected to the researcher, as it appears that these participants are repeat walkers or have had prior dealings with the walks.

Which of the following walks have you participated in? (Check all that apply.)

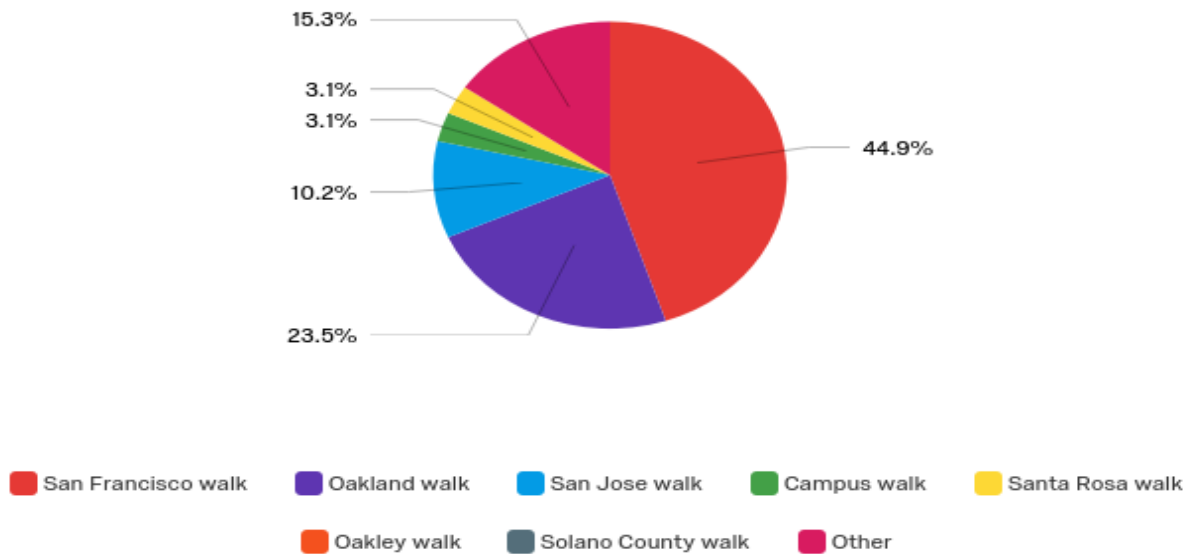


Figure 1.3

When asked which walks participants were involved in, walkers reported highest involvement in the San Francisco walk at 44.9%. The San Francisco walk is called an “Out of the Darkness Overnight Walk” and is the longest in event time and walking distance in the SF chapter. The 2016 walk was a little over 16.7 miles, and may be the most advertised event annually in the SF chapter. (Appendix 4) This may explain the higher levels of respondents, as size and scale of the SF walk are unmatched. The Oakland walk reported 23.5% and is unique as the only AFSP walk in the country that, as SF chapter Director Ryan Ayes stated, “Starts at dusk and ends at dawn. Literally leading people out of the darkness and into the light.” (Ryan Ayes 2016) Walkers who had been to prior walks not listed selected “Other” at 15.3%. The San Jose’s

walk received 10.2%, campus walks, which were outside the scope of this study; received 3.1%, Santa Rosa walks received 3.1% and Oakley and Solano County walks came in at zero. The San Francisco, Oakland and San Jose walks at the top are not surprising, as many of those respondents reported the walk they were in when taking the survey. However, it is fascinating that the third on the list at 15.3% was “Other”. This was not expected by the researcher, and given the list of the local Bay Area walks in the survey, implies that participants come from outside the chapter limits to attend SF chapter walks. It is unknown whether this is a result of a lack of programming in their area, or that larger events like the SF Overnight walk create a larger draw.

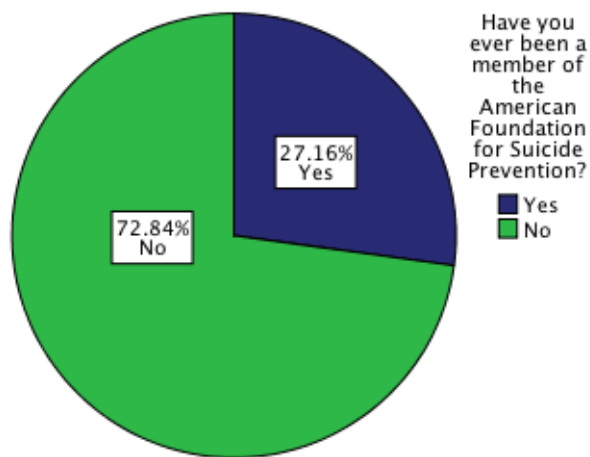


Figure 1.4

Respondents attending often were not member of the AFSP, with 72.8% saying “No” to membership and 27.2% saying “Yes”. Membership was not defined in the survey, but likely self-identified membership status may have indicated signing up to the AFSP website emails list for updates, and/or dedicated donation practices. Future research should define membership status to better understand these findings.

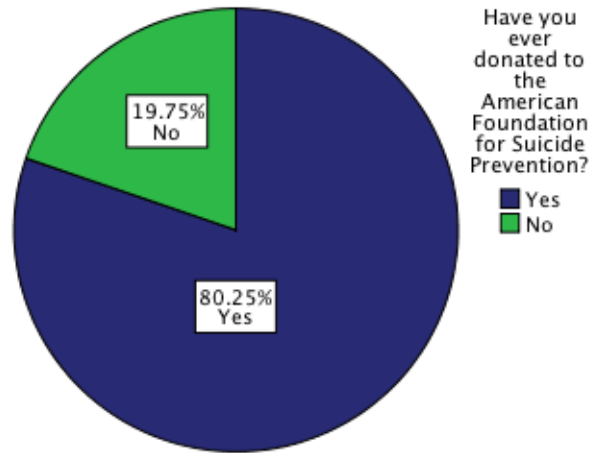


Figure 1.5

Many of the participants involved in the Out of the Darkness Walks indicated that they have donated to the AFSP, with 80.2% saying “Yes” to donating, and 19.8% saying they had yet to donate. These Findings are consistent with what one would expect, as each participant who registers and signs up for the walks is asked to donate, and is shown the overall fundraising goal for the walk they registered for online. In some cases, as is the case in the Overnight Walk in San Francisco, registered walkers are required to reach a fundraising number per person or per team by the day of the walk. In cases where participants may fall short of the amount they have to raise, an extended time-line post walk to raise the remaining funds is opened. If they are unable to meet the goal, they are responsible for the remainder pledged. The SF Overnight Walk is the only walk the in the SF chapter to have this requirement. It is unclear and outside the scope of these findings as to the impact or deterrent effect this many impose on overall participation for the SF walk. It is reasonable to suspect that lower social economic status may act as a barrier to entry in this way. However, no research has been conducted to measure this or provide insight.

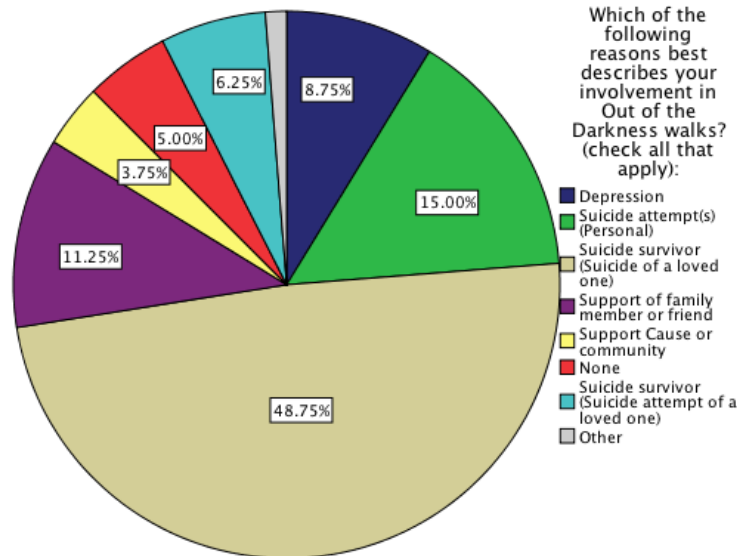


Figure 1.6

One of the key elements in gauging who attends the walk and what state they may be in when attending was measured when asking what reason best describes their involvement with the Out of the Darkness Walks. Of some concern were the 8.8% who indicated a current level of depression. This could indicate that these participants are in grief from the recent loss of a friend or family member, or may indicate that the respondent is struggling with his or her own life issues. In either event, the onsite counseling services could be used to provide support to these participants in this mental health status. Of the participants who responded to the survey, 15% stated that they had made personal suicide attempts, which could be a tipping point for some, for which the support of others and the onsite services may be of great help. Suicide survivors of a loved one made up 48.8% of the participants. This portion of the population may not suffer from suicidal feelings directly, but indicate the struggle and impact on the community of those left behind who need support. Suicide survivors who had a loved one who attempted suicide accounted for 6.3% of the target population. Supporters of family a member or friend made up 11.3%. Those participating to support the cause or the community accounted for 3.8%. Those remaining indicated “None” at 5% and “Other” at 1.3%. As stated, understanding the population

attending these events stresses the need for onsite services to be directed towards grief, education, and support.

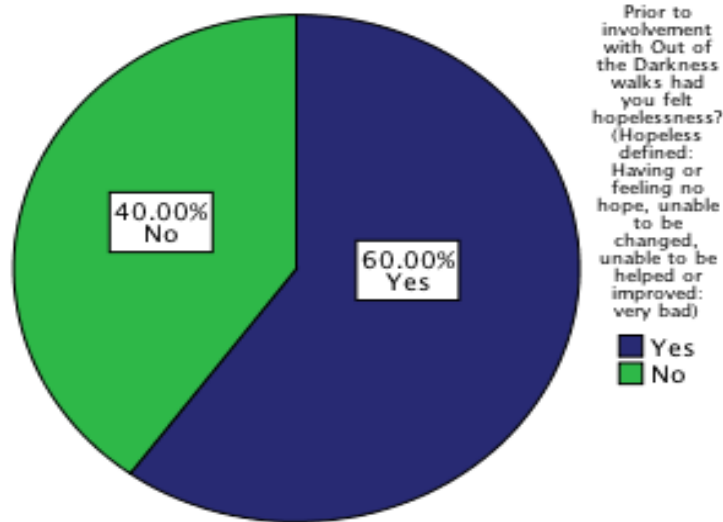


Figure 1.7

One of the questions at the heart of this research, which directly gauges the sense of hopelessness among the participants, was asked. Walkers were asked if prior to their involvement with Out of the Darkness Walks they had felt hopelessness. Hopeless was defined as having or feeling no hope, unable to be changed, unable to be helped or improved: very bad. 60% responded “Yes” and 40% said “No”. This important metric means that participants of the walks are the target population at whom this research is aimed, with the goal of understanding their sense of hopelessness and whether the SF chapter Out of the Darkness Walks reduce it. This is an encouraging finding, for the hope of understanding this population to trying and reduce overall suicide rates in the community. This measure gives a pre-walk indicator which will be revisited post-walk later in the survey.

How does the Out of the Darkness walks make you feel? (check all that apply)

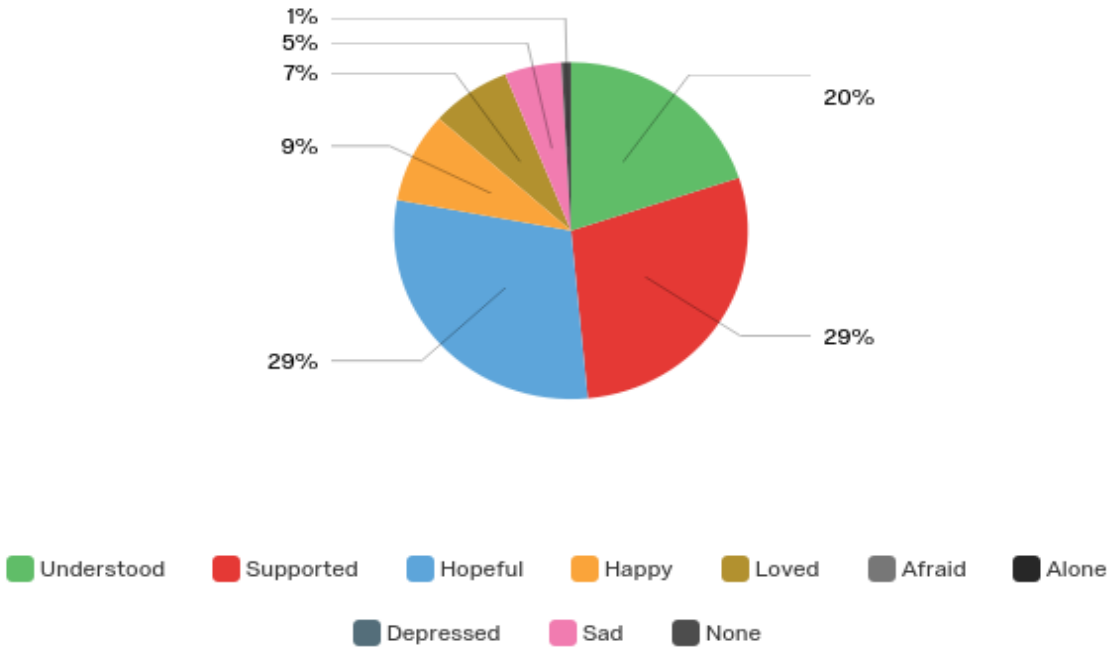


Figure 1.8

Important to the study is how the Out of the Darkness Walks make the walkers feel. This metric provides insight into the ability of the Out of the Darkness Walks and the resources involved, to potentially change the feelings within each member. If the walks can reduce the sense of hopelessness as desired, it could be evaluated as an effective means to reduce suicide rates within the community. Figure 1.8 shows that of the 231 responses, 217 registered within the positive metrics, ranging from supported (29%), understood (20%), **hopeful** (29%), happy (9%), or loved (7%). Only 14 responses were in the negative areas of the question, with 12 recording sad (5%), and 2 choosing “None” (1%). It is important to note that no recorded responses indicated depressed, alone, or afraid, meaning that the AFSP generally speaking has a positive view from the people taking part in the walks.

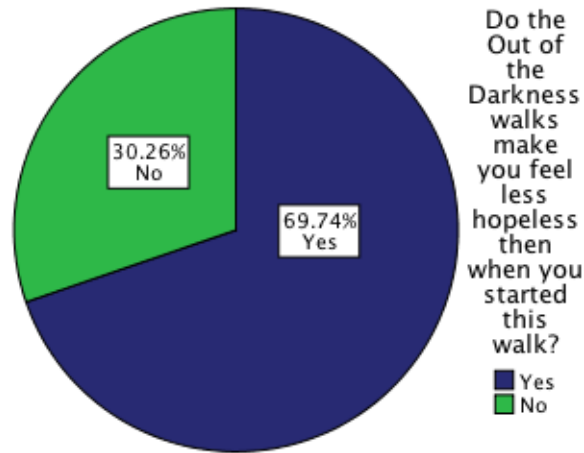


Figure 1.9

A significant inquiry at the core of this research was straightforwardly asked of participants. "Do the Out of the Darkness Walks make you feel less hopeless than when you started the walk?". Overwhelming 69.7% responded "Yes" and only 30.3% said "No". With close to 70% feeling that taking part in the AFSP walks reduced their sense of hopelessness, this appears to demonstrate that the walks achieve an important goal of reducing the principal cause of suicide. If these findings are able to be replicated in other areas of the state or country, then other potential factors or threats to validity which could influence these results, or be specific to the San Francisco chapter, can be ruled out as causative factors.

Which of the following THREE activities would you most be interested in during Out of the Darkness walks? (check 3 that apply)

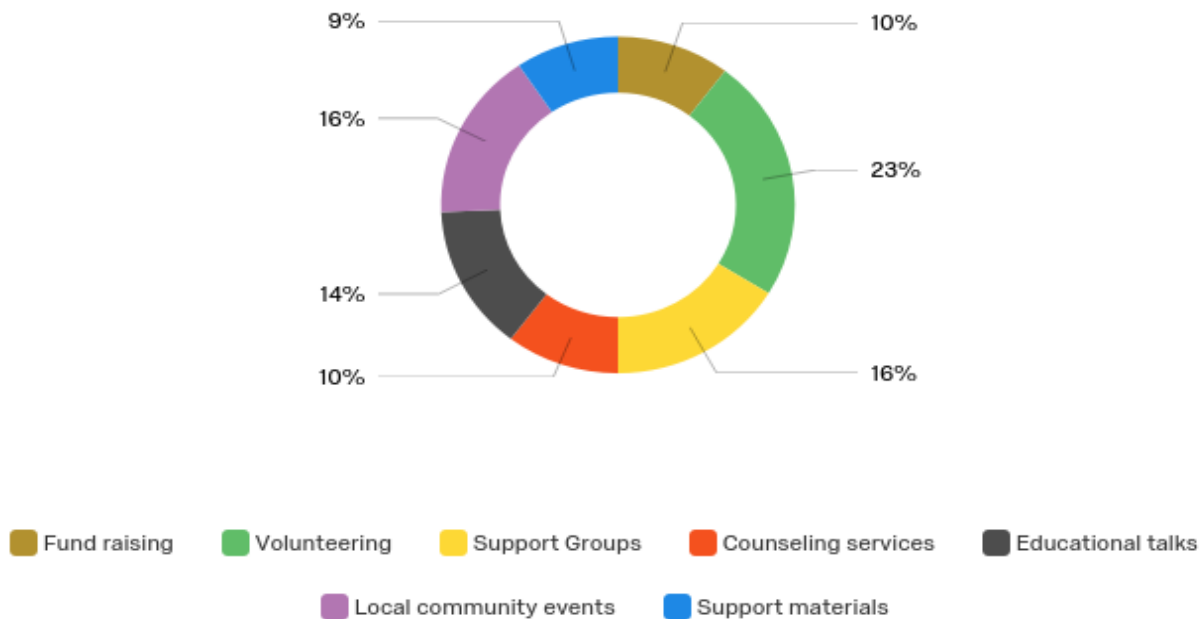


Figure 2.0

Looking at event activities which participants may be interested in, surprisingly the distribution was fairly even across all categories. As suspected, some walkers appear to transition into volunteering or are at least interested in a larger role with the AFSP. It appears that some may stay connected to the community and AFSP events by transitioning out of the participant group into volunteering, with 23% saying they would be interested in this change. The rest of the options' values were fairly close, with support groups and local community events each receiving 16%, educational talks 14%, fund raising and counseling services each receiving 10%, and support materials were listed last at 9%. These Findings can help to direct the AFSP SF chapter to better support these services and materials in order to reach, as well as impact, potential people

coming to the walks. As a non-profit, they are greatly served by volunteerism as a way to subsidize the overall operating costs, as this provides a relief in overhead and budgetary cost potentially.

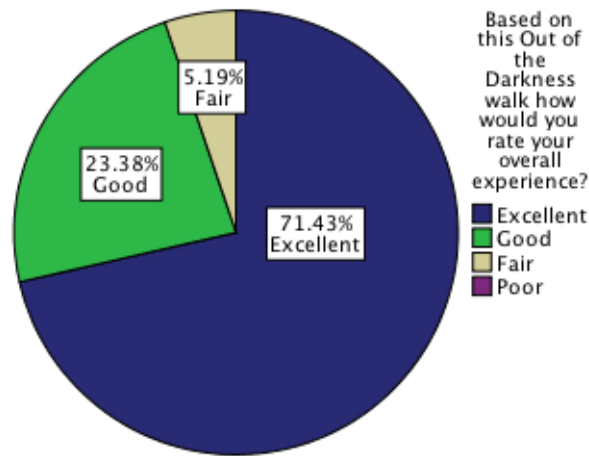


Figure 2.1

Again, the findings revealed that the majority of participants highly rate their overall experience of the Out of the Darkness Walks. Of the participants who responded to the survey, 71% of walkers rated their experience as excellent, 23% rated it as good, 5% rated it as fair, with zero data recorded for “Poor” or “Do not know/doesn’t apply”. This data confirms that people attending the walks are having mostly positive experiences in the areas that help reduce their sense of hopelessness and increase their feelings of support, volunteerism, and the need for additional resources to stay connected or involved.

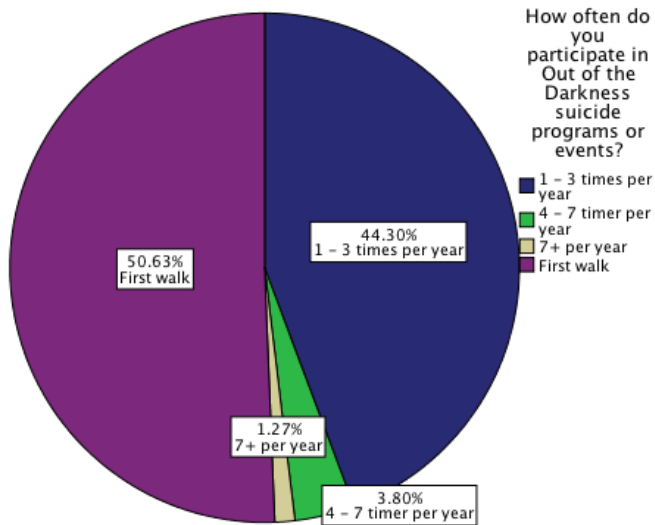


Figure 2.2

Important to the AFSP for outreach and marketing is understanding the population attending the walks. Understating the frequency of attendance by walkers can be insightful to direct services more efficiently. When asked how often walkers participate in Out of the Darkness Walk, 51% said it was their first walk. Of those attending, 44% reported attending 1-3 walks per year, 4% attended 4-7 walks per year, and only 1% attended 7 or more walks per year. Figure 1.9 showed that many respondents to the survey reported a reduction in their level of hopelessness as a benefit from having attended the walk, which may have reduced their need to attend more walks in the future. Previous data for the other survey answers showed that many participants reported positive internal shifts in the metrics that support a reduction in suicide rates. This data also supports the idea that some may transition from active repeat walker into volunteerism. This information gives the AFSP insight on the impact they are having on walkers, and it may also enable them to be able to direct and assist the process of transitioning from participant to volunteer.

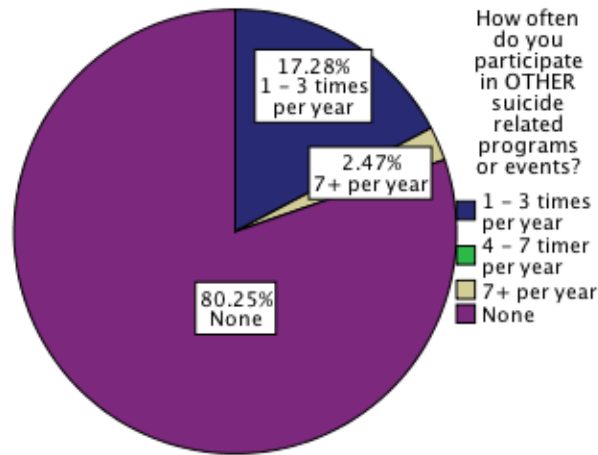


Figure 2.3

Another important Finding was whether the population attending the Out of the Darkness Walks also participated in other suicide prevention-related activities. Only 17% of those who answered the survey said that they had been to 1-3 other events per year. Zero reported 4-7 times per year, surprisingly 3% said they attended 7+ events per year, and the large majority of 80% recorded “None”. These finding may indicate that the community walks are what draws people out to the events. The AFSP’s unique approach to bringing people together and providing services and fellowship to those who have suffered a similar loss many be the catalyst to galvanize this population more effectively than other suicide related programming. This could explain the higher rates of walks participated in, as well as the lack of involvement in other suicide programing. Due to the fact that many do not engage in other programing, it is very important for the AFSP to understand that this may be the only services of this type that the participants will receive. With that knowledge, they can better tailor the programing and highlight the benefits for future participants in future programing.

Which improvements would increase your ability to participate in Out of the Darkness walks? (check all that apply)

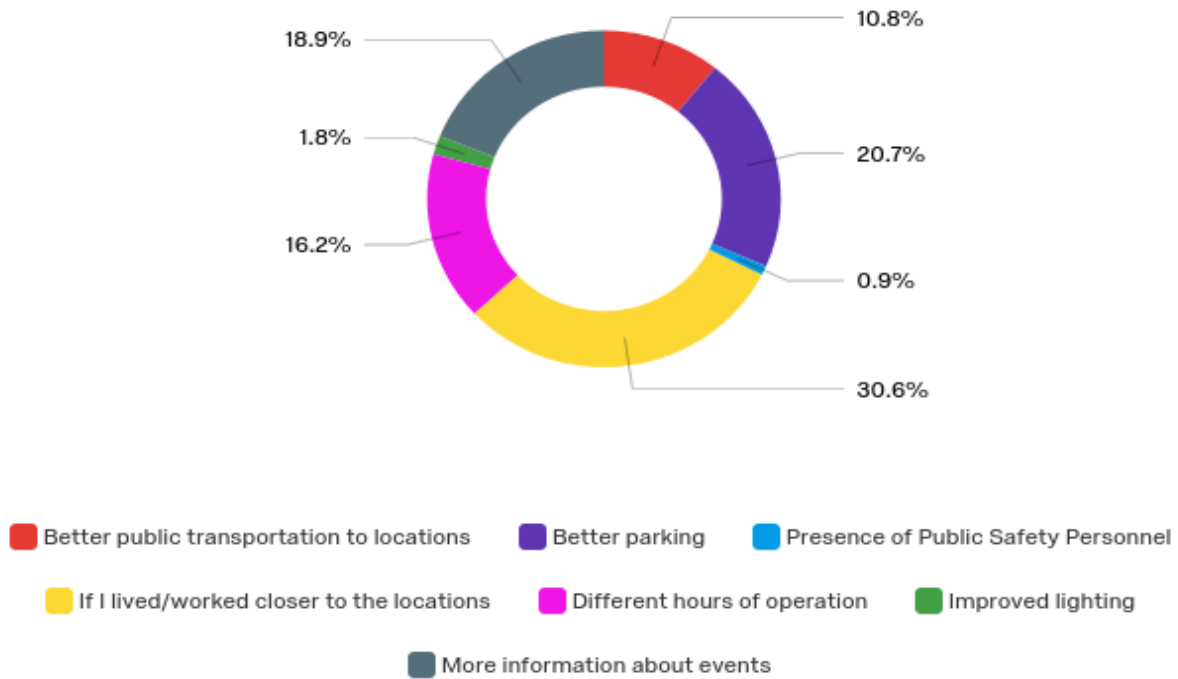


Figure 2.4

Previous data points to the potential significance of the AFSP as being the only service participants receive. As a result, knowing which factors could increase or decrease their ability to attend is an important area illuminated by this research. The location seems to be the most important factor to those attending, with 31% indicating that they might attend more walks if they were closer or more convenient. This reinforces the AFSP’s decision to have walks in various locations around the Bay Area as a way to get the events closer to participants. Accessibility is also a significant consideration, with 21% reporting that better parking could increase their participation. These answers also suggest that many people appear to drive, as opposed to being dependent on the use of public transportation. Marketing and outreach were identified as sources of potential improvement, with 19% indicating that more information about the events would

increase their participation. Changes to operating hours of the walks were listed at 16%, which may indicate that some may not be able to attend due to work or other obligations that would prevent otherwise higher attendance rates, or that overnight events are difficult for them. Public transit access improvements were selected by 11% of the survey respondents. Safety, security, and lighting were less important, with 2% citing improved lighting, and 1% reporting safety personnel as incentives for greater participation.

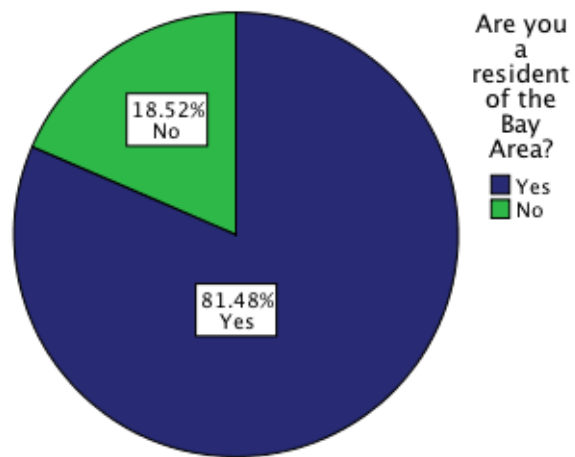


Figure 2.5

The above chart shows that 81% of walkers identify as resident of the Bay Area with 19% coming from outside the area. The 19% may be coming as a result of a lack of AFSP events within their area, showing a potential need to expand services to reach and support the target population. Additional research would be needed to understand the non-resident segment of the population more. They could be friends or relatives supporting bereaved or suicide survivors.

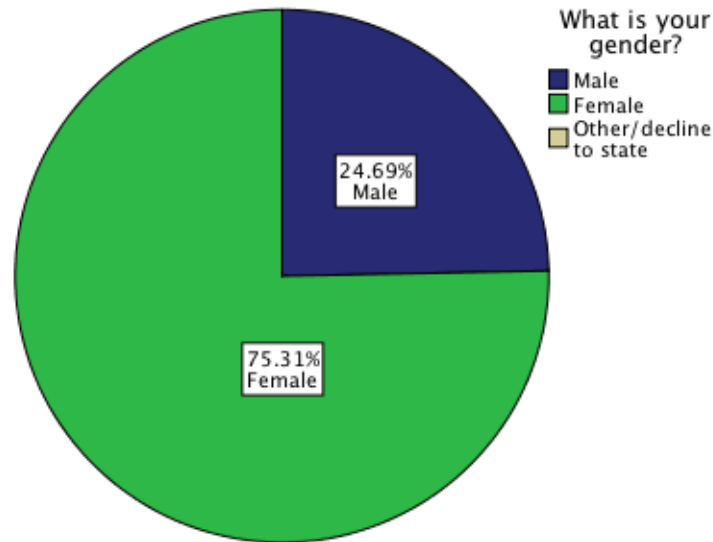


Figure 2.6

The diversity of people attending the events is crucial to understand who is attending and who may or may not be being reached. Of those who took the survey 75% were female and 25% were male. The researcher witnessed this ratio at the events and the data is consistent with what was observed at the six walks. There are many factors that are outside the scope of this research that may contribute to this outcome in attendance. However, the population present at the events does not appear to represent the overall population as a whole. Therefore, alternate outreach methodology should strongly be considered by the AFSP to identify the absence of the male population and see if improvements can be made. In this way those that many have a more difficult time actualizing their internal struggles based on societal norms can be reached and supported.

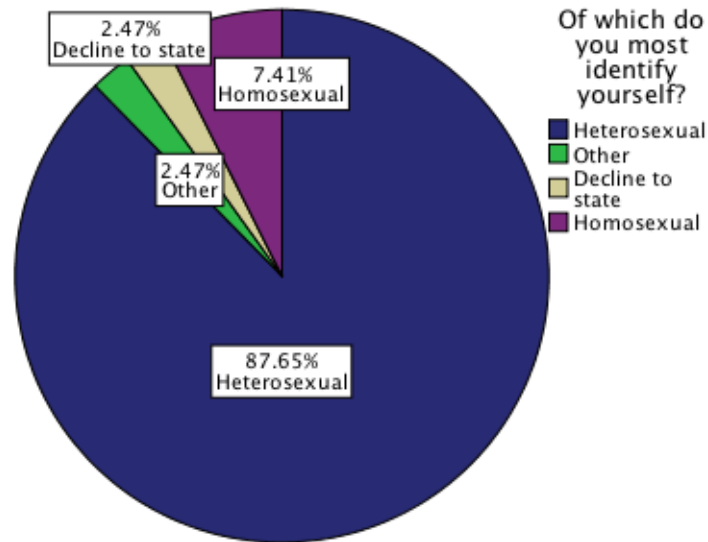


Figure 2.7

Data on sexual identification provided additional demographics for those attending the walks. Of those who answered the survey, 88% stated they were heterosexual, 7% homosexual, 2.5% stated “Other”, and 2.5% declined to state. Again, outreach and the ability to target the population at risk may be areas of improvement for the AFSP. Prior research has found that the LGTB community does suffer higher rates of depression and suicide. (Figueiredo, 2015; Lhomond, & Saurel-Cubizolles, 2009.) However, additional research is needed to understand the entire population of those with suicidal ideation and their extended family and friends network to ensure appropriate outreach for those needing the services of Out of the Dark Walks, but that is beyond the scope of this research. For the purposes of this research it is important for the AFSP counseling services to be educated about the social sectors already participating with them who may need expertise related to suicide to help them select additional outreach methods.

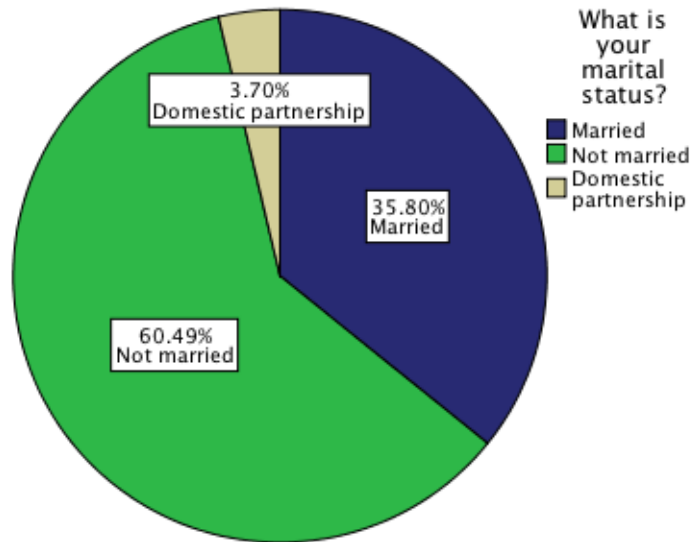


Figure 2.8

Of those attending, 60.5% were not married, 35.8% reported being married, and 3.7% identified as being in a domestic partnership. Due to the large number of people attending who are not married it may be of benefit for the AFSP to provide some after walk events, as it appears many people will potentially go home to an empty house. This could be a potentially challenging time for those attending the walks after confronting feelings and emotions which may need some time to settle before returning to any form of solitude. Community is the hallmark of these events which bring people together over a shared struggle. Ensuring that does not abruptly end at the conclusion of the walk may be an area of opportunity that the AFSP can improve on.

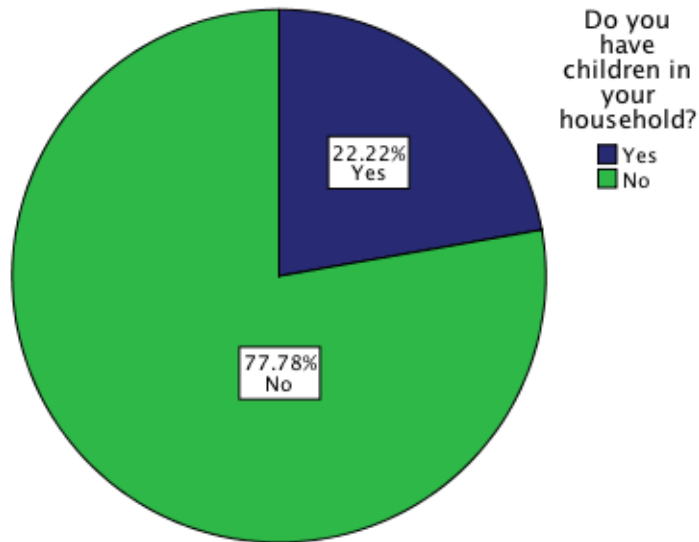


Figure 2.9

When asked if children live in the household, 22.2% responded “Yes” and 77.8% responded “No”. It was not asked, and therefore unable to be determined, whether this response was related to the loss of a child due to suicide, if their child was an adult and had moved out, or whether the respondent was childless. Given the large representation of unmarried people, it is possible that many of the 77.78% are single and childless. Again, this is an area for further research, since the demographics of the Out of the Darkness Walks could provide some guidance for developing new outreach and services.

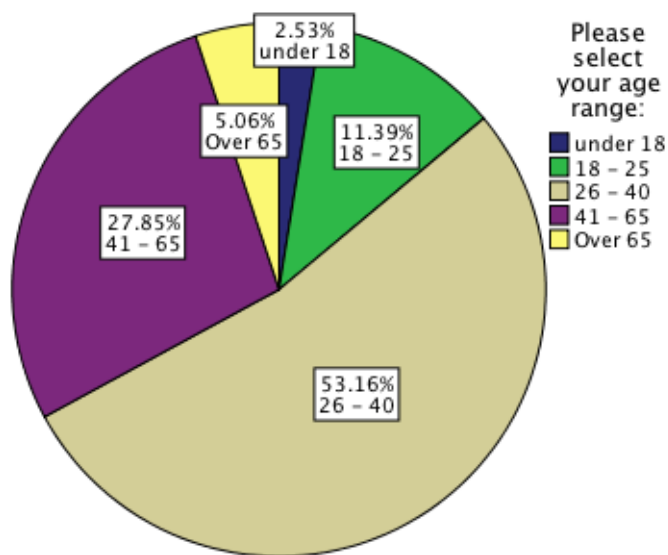


Figure 3.0

The ages of those responding to the survey were divided into five segments, with those under 18 representing 2.5%, 18-25 accounting for 11.4%, and over 65 representing were only 5.1% The largest represented age groups were 26-40 coming in at 53.2% and 41-65 accounting for 27.8% of the total. These findings show that young to middle aged people are attending, which is consistent with the qualitative observations of the researcher.

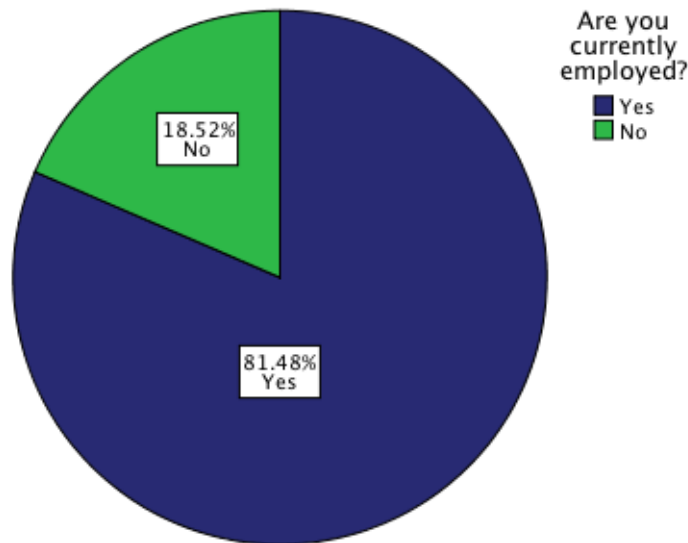


Figure 3.1

As noted in Table 2.0, operating hours of the walks are important, and survey respondents suggested that they might attend more walks if the times were more convenient. Of those participating, 81.5% reported being employed and 18.5% were not employed. It is unclear if those that were employed took time off, or attended walks outside their working hours. Due to the fundraising component of these walks, it stands to reason that higher levels of employment would be observed, as those with more disposable income would be more likely to be able to afford to supplement their own fund raising. It is unknown how the fundraising aspect of the walk affects participation, especially within lower social economic areas. Future research should investigate this, as it could have many implications for expansion of the walks and for service delivery to the target populations.

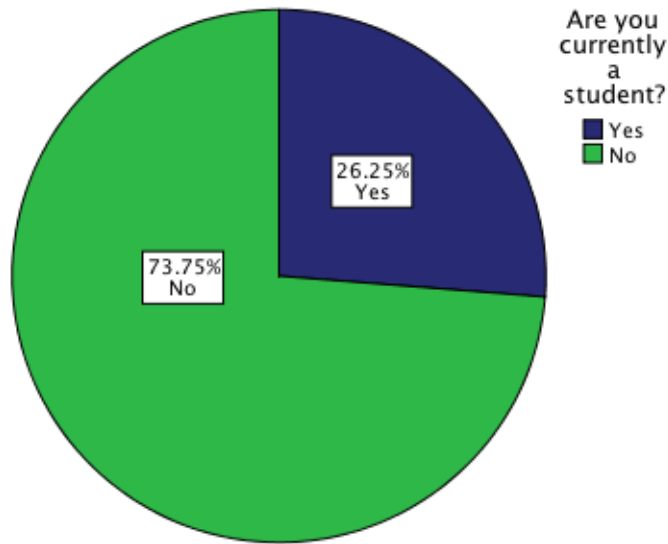


Figure 3.2

It is important to note that AFSP has a subset of walks called Campus walks which were not attended by the researcher and were omitted from this research. These walks take place at universities and schools that have worked with the AFSP to provide their services and support. Of those participating in the Out of the Darkness Walks, 26.3% said they were current students and 73.8% we're not students. Future research directed towards Campus Walk could provide an interesting comparison to the demographic findings of this study.

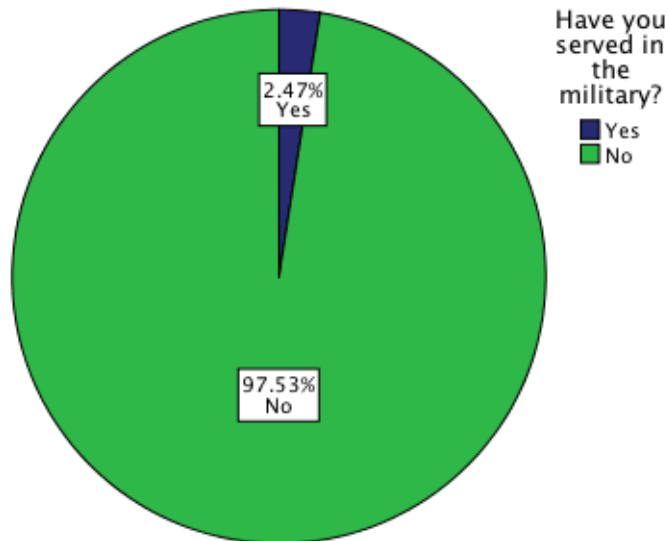


Figure 3.3

Important to understanding the target population was seeing if another subset – veterans - was attending the walks. 97.5% reported not serving in the military and only 2.5% reported having served in the military. Of the 2.5% who served in the military, none reported seeing combat and none reported being diagnosed with PTSD. It is difficult to determine whether this subset of the target population is underrepresented at the walks without further study of the macro population. It may be that veterans get their services from the Veterans Administration rather than civilian community resources. However, AFSP should attempt to target this population or tailor a service that is better suited to attract more service members who may be at even higher risk. This additional research is outside the scope of this project, but should be considered for future study.

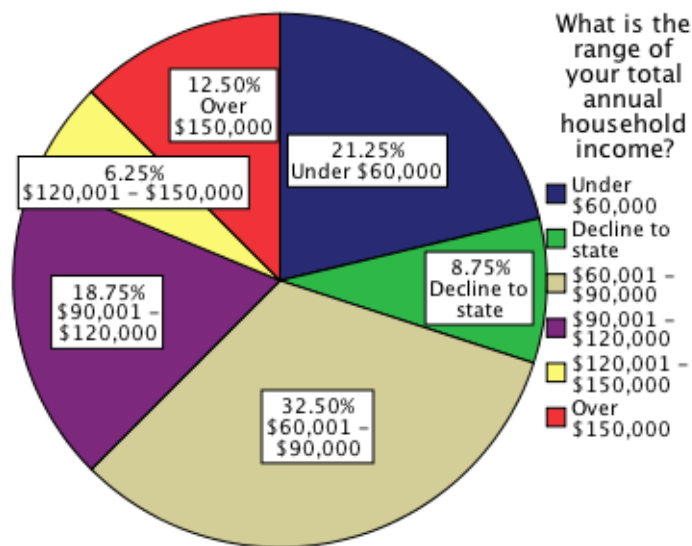


Figure 3.4

The data shows that most people attending are employed and not attending school. (Figure 3.1 & 3.2) The above chart shows the levels of household income. Those that may be underemployed or student may have been included in the under \$60K range representing 21.3%. 32.5% made \$60k-90K, which may be single people or retired people, based on the known cost of living in the Bay Area. 18.8% made \$90k-\$120K, 6.3% reported \$120k-\$150k which may be the start of couples in a household. 12.5% made over \$150k, and 8.8% declined to state. Household

income was used as opposed to individual income, as it was thought to gain higher levels of response and reduce the “Declined to state” option, as income reporting can be a sensitive subject. As mentioned above, the income levels are consistent with those that may have more disposable income to divert into fundraising causes they feel connected to and passionate about. This chart appears to support that notion.

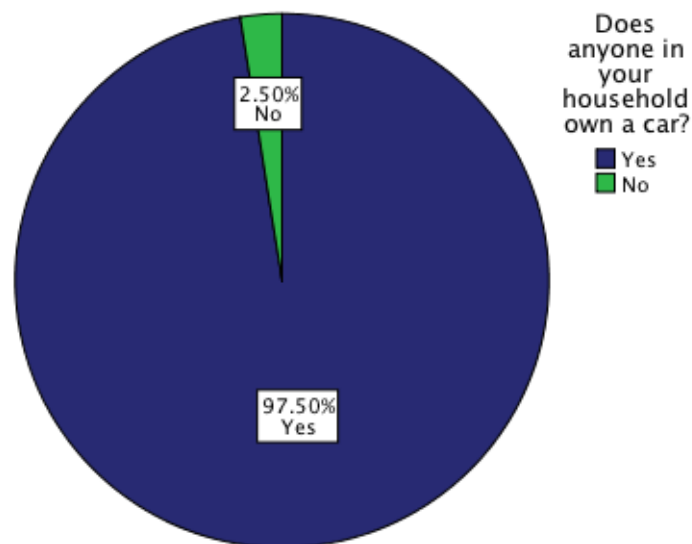


Figure 3.5

As prior findings suggest, the ability to access the Out of the Darkness Walks is an important factor. (Figure 2.4) The data suggest that most people drive to the events and parking is an important factor to attendance. When asked if anyone in the household owned a car, 97.5% said “Yes”, and 2.5% said “No”. This insight means that in order for most people to attend, adequate parking is essential. As a result, the AFSP should pick locations that provide large amounts of access to parking close to the events. Other options which should be considered are large parking lots close to the events with provided shuttles to and from parking lots in order to accommodate more people, should the registration rolls show the need.

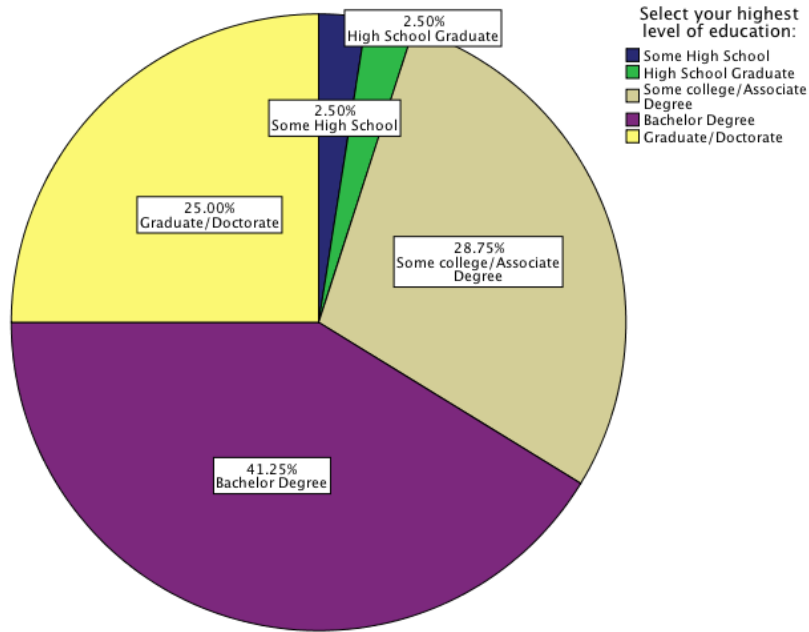


Figure 3.6

Education attainment is important to the study because it provides a common information to assist the AFSP in developing appropriate materials and programs for its attendees, such as research that may help them understand suicide from a different viewpoint. Those that said, “Some high school” was their highest level of education were 2.5%, with those who graduated from high school making up another 2.5%. Those who attended some college/associate degree were 28.8%, a bachelor’s degree represented 41.3%, and graduate degrees were reported by 25%. As you can see, the majority of those in attendance are highly educated. The life choices to seek out more knowledge through education may be part of the same behavior that makes these individuals seek out education and support in their personal lives as well.

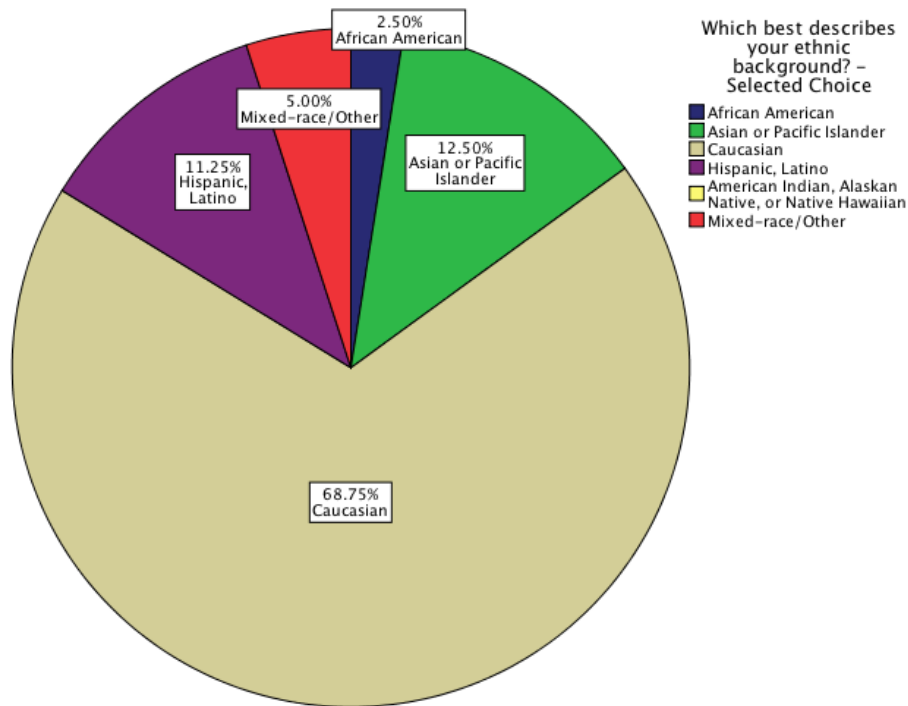


Figure 3.7

It was important to the study to know what ethnicities were attending to better understand the population coming to the AFSP SF chapter Out of the Darkness Walks. Diversity may play an important role to those seeking support and acceptance from people they identify with. Of those who responded to the survey, 2.5% identified as African American, 12.5% Asian or Pacific Islander, 11.3% Hispanic/Latino, 5% reported Mixed-race/Other, and zero data was recorded for American Indian, Alaskan Native, or Native Hawaiian. The overwhelming majority were Caucasians, with 68.8% of those participating in the walks. This representation of the population at the events was witnessed by the researcher and is supported by the Findings. Given the known diversity of the Bay Area, there may be an overrepresentation of Caucasians in these events compared to the population as a whole and/or the target population. Ethnic factors that make suicide less prevalent in some groups should be studied to enhance outreach opportunities to those in need of services. Again, these research questions are outside the scope of this study, but future research should attempt to address this issue. The AFSP has an opportunity to market and

outreach to other underserved people in the community now that these Findings are been discovered. They have the opportunity to try outreach in other areas that perhaps have more diversity to attract more members to represent the overall population at risk more equitably.

Which of these social media platforms do you use to most to plan your outdoor activities?

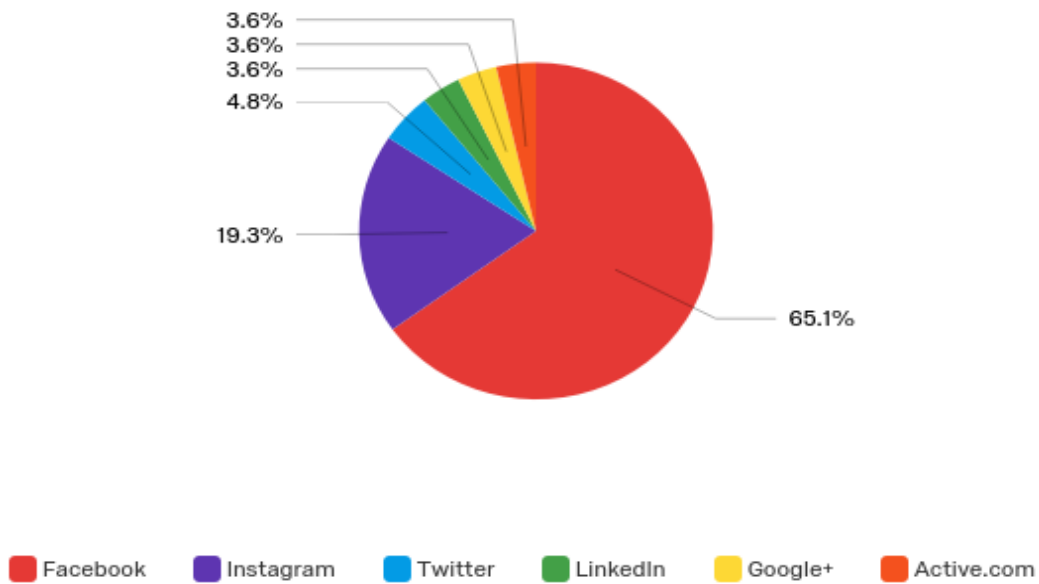


Figure 3.8

In regard to marketing and outreach, which appears to be one of the biggest opportunities for growth and improvement for the AFSP, social media appears to be pervasive. The AFSP tells participants to post live video and pictures from the events and to use various hashtags and tagging methods across multiple social media platforms as a way to promote and share. The social media usage data from the survey suggest that marketing funds should be used on Facebook for the greatest benefit. When asked what social media platform do they use the most to plan outdoor activities, 65.1% reported Facebook, 19.3% used Instagram which employs the use of hashtags, Twitter was used 4.8%, LinkedIn, Google+, and Active.com each reported 3.6%

usage among those attending. Increasing outreach in the areas online that most people invest in may be a way to reach more people of all backgrounds.

Threats to validity:

Limited events:

Due to the limitations and resources of the study, only the SF chapter's Out of the Darkness Walks were within the scope of the study. The AFSP SF chapter provides other types of walks that were omitted due to limited resources. Furthermore, the six closest walks which were a reasonable distance from the researcher were attended. Santa Rosa, Oakley, and Solano were not staffed by the researcher due to logical considerations. It is believed that more staffing, resources, and event attendance may have resulted in higher samples sizes but is not thought to have affected response rates significantly.

Sample size:

As mentioned, the researcher purchased brochures he created through Vista Print. 350 brochures were purchased for a total of \$183.14. Of these, 290 were hand delivered to the participants of the walks along with the vocal script. There were 82 respondents to the survey, with no incomplete datasets. This could mean 82 responses based on 290 hand delivery survey links, which equals a response rate of 28%. However, in some cases large groups took only one brochure for the group, stating they would share it among the group so that more could be distributed. Furthermore, the impact of the social media campaign to create more awareness of the survey and more responses to the survey is unknown. As a result, the real response rate may be lower than 28% of all those who were solicited in some way to participate.

In addition, hundreds of people attended these walks, and the sample size captured is far lower than what was expected going into the research. The researcher observed that there is

without question social stigma about suicide, which may deter people from a willingness to answer personal questions related to suicide. Despite the lack of tracking or recording of any personally identifiable information from the surveys, people may have been reluctant to discuss this subject freely.

Lack of funding/staff:

The lack of funding led to a limited ability of the researcher to capture and distribute surveys to the target population. Larger research teams and additional survey documentation may have increased the sample size. However, given the high clustering of data, it is clear that the results found by the research are promising, and it is reasonable to extrapolate the data to the population as a whole attending the walks. Had there been a more evenly distributed clustering of data points, many of the study's key findings would have been harder to define. The Findings in this research about the central focus of changing hopelessness were overwhelming, and the distribution of respondents matches qualitative observations of the event's population demographics.

ANALYSIS

The research Findings are encouraging to the researcher, as the quantitative data from the surveys appears to directly correspond with the qualitative Findings observed. As such, the survey instrument and the scripted dialog appear to have been able to reach the target population sufficiently for the purposes of this study.

The Findings have illuminated some clear results which are important to highlight. The target population who responded to the survey and were observed at the six AFSP SF chapter walks were employed, middle class, Caucasian woman, highly educated, heterosexual, unmarried, middle aged, and with no children. These Findings were not what the researcher expected. The

researcher expected there to be a more evenly distributed cross-section of the macro population representative of the Bay Area. Given the known diversity of Silicon Valley, it was surprising to see the distribution which was observed. However, this information is useful in creating change to the demographics of attendees in the future. Knowing which groups are underrepresented can help AFSP SF develop ways to attract a broader cross section of the Bay Area population through more robust marketing, outreach, and recruitment methodologies.

The researcher expected to find higher levels of the LGBT respondents, military service members, and a wider range of ethnic diversity. It appears that various subsets of the macro population were underrepresented. Prior study revealed how minorities and people of color are often left out of the discussion, and less is known about this population as it relates to suicide. The Surgeon General's Report also pointed to mental health needs often being unmet for minorities and people of color, with calls for additional research and understanding (Lenog & Leach 2007, p.805). This opportunity to improve appears to remain constant even within the AFSP SF chapter. Without additional study aimed at understanding the macro population, it is difficult to make direct comparisons and inferences. This study focused on the self-reported change in the sense of hopelessness that participants felt before and after the subsequent SF chapter Out of the Darkness Walks, collecting the demographic data as a way to better understand the respondent population. However, the project gleaned a unique insight into other areas of study which are worth pointing out for future research and consideration.

Surprisingly, 90% of those taking the survey reported prior knowledge of the AFSP. (Figure 1.1) Yet as was shown, many were Caucasian females. Future study should devise a way to understand the forms of contact and networking that corresponds with this high level of attendance. Again, the population's quantitative data was supported by the qualitative

observations by the researcher. This mitigates the possibility that there is a self-selected bias on the side of the respondents that would skew the data in a statistically significant way. Future study may want to record minority data related to their knowledge and connection to AFSP events.

The data illuminated an underlying hypothesis that the data appears to support. It was thought based on the high levels of involvement (70%) as shown in Figure 1.2, knowledge (90%) of the AFSP (Figure 1.1), participation in AFSP walks of 1-3 and 4-7 (48% combined, Figure 2.2), and desired information about volunteerism (23% Figure 2.0), that a solid number of walkers may transition to volunteerism. This appears to be the case, with those becoming involved with the AFSP investing more time in later events. To be sure, and understand the motivation for this transition, more study geared towards understanding this change is needed.

The primary aim of the study, which was to determine if those participating in the AFSP SF chapter Out of the Darkness Walks affected a change in their sense of hopelessness, has clear results. Prior to involvement with the AFSP SF chapter Out of the Darkness Walks, 60% (Figure 1.7) reported feeling hopelessness. However, when asked how the walks made them feel (Figure 1.8) 29% said Supported, 9% Happy, 20% Understood, and 29% reported Hopeful. Tied for the top at 29% each, were “Supported” and “Hopeful”, two major metrics which prior research has found to be important measures to reduce suicide rates. (Lamis, Saito, Osman, Klibert, Malone, & Langhinrichsen-Rohling, 2014.) Post walk hopelessness was gauged in question nine (Figure 1.9), when participants were asked if the walks made them feel less hopeless than when they started. 70% said the Out of the Darkness Walks made them feel less hopeless than before. Furthermore, when asked how they would rate the Out of the Darkness Walks (Figure 2.1), 71% said Excellent, and 23% reported Good. This demonstrates that the AFSP is having a positive

effect on the target population and appears to be an effective means to lower suicide rates, as a clear reduction in the sense of hopelessness was achieved overwhelmingly.

CONCLUSION


Based on the findings of this research, it appears that the non-profit AFSP is able to reduce the internal sense of hopelessness effectively among the target population and should continue to do so. However, there are some clear indicators that point to areas of potential improvement to deliver services more evenly, effectively, and inclusively to the target population. The following recommendations should be considered to increase levels of outreach, effectiveness, and representation.

1. Additional research should be funded and implemented to understand the questions created by the Findings of this study. Specifically, what forms of outreach were the subjects exposed to? Do many walkers transition to volunteerism? Does fundraising have a deterrent effect? These are just a few of the areas that need additional study.
2. Specific marketing and outreach methodologies should be tested and implemented to attract LGTB, military service members, and minority populations who appear to be underrepresented and therefore absent from services they may need.
3. After the walks, there is a meeting to recap the event with some speakers. Walks should be organized towards the finish line with tables and booths for those who may need counseling services and support. The end of the walks should corral the walkers into a meeting place where there is minimal waiting to receive food, drinks, hear speakers, participate in a debriefing, develop after plans, and think about next steps with minimal dispersion. This is especially important given the percentage of respondents who go home to an empty house.

4. Provide some programming and services that do not require fundraising schemes to encourage underserved areas and demographics to attend without pressure or obligation into order to participate.
5. Prior research into the use of mobile applications suggested that poor implementation leads to poor results. (Aguirre, McCoy, & Roan, 2013.) However, mobile devices are now commonplace and the AFSP should invest in an app development for iOS and Android handsets that provide an easy way to see all local events based on location, provide suicide hotlines and support, offer easy registration for events, fundraising abilities, and ways to volunteer, to name a few elements. This will provide people an “on the go” resource to feel supported, included, and informed.

Appendices:

Appendix 1a

About Tyson:	Survey Links	Notes:
 <p>Tyson Reed Peltz is a San Jose State University Masters of Public Administration student working on his thesis as part of the requirements to graduate the program. He hopes to graduate and continue his desire to serve the public while creating awareness around social issues. Originally from New Jersey, Tyson has worked hard to create awareness to try and change the social stigma around suicide and mental health issues. As a suicide survivor, he is deeply aware of the difficult process around losing a loved one and the need for support and outreach programs. Please take the time to help participate in this survey and contribute to research which could help make a difference for future generations. Thank you for your time and consideration!</p>	<p>Adult Consent URL should auto redirect you to the Survey once accepted!</p> <p>Adult Consent URL: https://sjsu.qualtrics.com//SE/?SID=SV_eL.Smd6qaMCIYnU9</p> <p>Survey URL: https://sjsu.qualtrics.com//SE/?SID=SV_0unZQMBxnNX8L0p</p> <p>Survey links Online can be found at:</p> <ul style="list-style-type: none"> @tysonpeltz @tyson_4_ever tyson.peltz tyson_peltz@yahoo.com <p>Please feel free to share this information and link with anyone who has ever participated in an Out of the Darkness walk!</p>	
 <p>SAN JOSÉ STATE UNIVERSITY</p>		

Appendix 1b

REQUEST FOR YOUR PARTICIPATION IN RESEARCH

NAME OF THE RESEARCHER: Tyson Reed Peltz is a San Jose State University Masters of Public Administration student and is the principal investigator. Dr. Peter Haas of SJSU is his advisor. The purpose of this research is to help Tyson Peltz complete his Masters Thesis to complete the MPA program and add to the area of study.

PURPOSE: To measure if The American Foundation for Suicide Prevention San Francisco chapter community walks affect the level of hopelessness among participants.

PROCEDURES: Surveys will be completed and the data will be compiled and analyzed. The survey is completely voluntary and is based on self-reporting data. No personal identifiable information is recorded or kept.

POTENTIAL RISKS: Psychological stress cannot be ruled out by participants who may engage inner feelings when responding to the survey. A concerted effort in wording questions was done to reduce internal stress. Participants experiencing stress should seek help from the American Foundation for Suicide Prevention (AFSP) counselors and resources here at the event.

POTENTIAL BENEFITS: There is no direct benefit to participants.

COMPENSATION: There is no compensation to participants.

CONFIDENTIALITY: No Personally Identifiable Information (PII) will be collected in the survey. Due to the sample size of 150 (n) and the lack of Personally Identifiable Information (PII), any data leaks or risk of identification should be eliminated. All online data will be kept safe in secure servers, and all paper surveys will be protected by the research team. No Personally Identifiable Information (PII) is collected in either format.

PARTICIPANT RIGHTS:

Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with San Jose State University. You also have the right to skip any question you do not wish to answer.

This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study.

QUESTIONS OR PROBLEMS: You are encouraged to ask questions at any time during this study. •For further information about the study, please contact Tyson Peltz at Tyson_peltz@yahoo.com •Complaints about the research may be presented to the Political Science Chair: Dr. Frances Edwards at

frances.edwards@sjsu.edu •For questions about participants' rights or if you feel you have been harmed in any way by your participation in this study, please contact Dr. Pamela Staacks, Associate Vice President of the Office of Research, San Jose State University, at 408-924-2479.

SIGNATURES: Click the "Accept" button to agree to voluntarily participate in the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You can print out a copy of this consent form for your records.



Appendix 2



SAN JOSÉ STATE UNIVERSITY

Consent Form for Adults

REQUEST FOR YOUR PARTICIPATION IN RESEARCH

TITLE OF THE STUDY:

Out of the Darkness Walks as a Human Connector and Reducer of Hopelessness

NAME OF THE RESEARCHER: Tyson Reed Peltz is a San Jose State University Masters of Public Administration student and is the principal investigator, Dr. Peter Haas of SJSU is his advisor. The purpose of this research is to help Tyson Peltz complete his Masters Thesis to complete the MPA program and add to the area of study.

PURPOSE: To measure if The American Foundation for Suicide Prevention San Francisco chapter community walks affect the level of hopelessness among participants.

PROCEDURES: Surveys will be completed and the data will be compiled and analyzed. The survey is completely voluntary and is based on self-reporting data. No personal identifiable information is recorded or kept.

POTENTIAL RISKS: Psychological stress cannot be ruled out by participants who may engage inner feelings when responding to the survey. A concerted effort in wording questions was done to reduce internal stress. Participants experiencing stress should seek help from the American Foundation for Suicide Prevention (AFSP) councilors and resources here at the event.

POTENTIAL BENEFITS: There is no direct benefit to participants.

COMPENSATION: There is no compensation to participants.

CONFIDENTIALITY: No Personally Identifiable Information (PII) will be collected in the survey. Due to the sample size of 150+ (n) and the lack of Personally Identifiable Information (PII), any

Appendix 2 cont.

data leaks or risk of identification should be eliminated. All online data will be kept safe in secure servers, and all paper surveys will be protected by the research team. No Personally Identifiable Information (PII) is collected in either format.

PARTICIPANT RIGHTS:

Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with San Jose State University. You also have the right to skip any question you do not wish to answer. This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study.

QUESTIONS OR PROBLEMS: You are encouraged to ask questions at any time during this study. • For further information about the study, please contact Tyson Peltz at Tyson_peltz@yahoo.com • Complaints about the research may be presented to the Political Science Chair: Dr. Frances Edwards at frances.edwards@sjsu.edu • For questions about participants' rights or if you feel you have been harmed in any way by your participation in this study, please contact Dr. Pamela Stacks, Associate Vice President of the Office of Research, San Jose State University, at 408-924-2479.

SIGNATURES: Click the "Accept" button to agree to voluntarily participate in the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You can print out a copy of this consent form for your records.

Click the "Accept" button to agree to voluntarily participate in the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You can print out a copy of this consent form for your records.

Accept

Decline

>>

Thank you for taking the time to complete this survey. Please click the double arrows located on the right to submit your consent and be taken to the survey.

Appendix 3



SAN JOSÉ STATE UNIVERSITY

The American Foundation for Suicide Prevention is the leader in the fight against suicide. We fund research, offer educational programs, advocate for public policy, and support those affected by suicide. Led by CEO Robert Gebbia and headquartered in New York, AFSP has 80 local chapters with programs and events nationwide.

Please support our efforts through completing this anonymous less than five-minute survey.

Before taking this survey, had you ever heard of the American Foundation for Suicide Prevention?

- Yes
- No

Have you ever been involved with Out of the Darkness Walks?

- Yes
- No

Which of the following walks have you participated in? (Check all that apply.)

- San Francisco walk
- Oakland walk

- San Jose walk
- Campus walk
- Santa Rosa walk
- Oakley walk
- Solano County walk
- Other

Have you ever been a member of the American Foundation for Suicide Prevention?

- Yes
- No

Have you ever donated to the American Foundation for Suicide Prevention?

- Yes
- No

Which of the following reasons best describes your involvement in Out of the Darkness walks?

- Depression
- Suicide attempt(s) (Personal)
- Suicide survivor (Suicide of a loved one)
- Suicide survivor (Suicide attempt of a loved one)
- Support of family member or friend
- Support Cause or community
- None
- Other

Prior to involvement with Out of the Darkness walks had you felt hopelessness?

(Hopeless defined: Having or feeling no hope, unable to be changed, unable to be helped or improved: very bad)

Yes

No

How does the Out of the Darkness walks make you feel? (check all that apply):

Supported

Understood

Hopeful

Happy

Loved

Sad

Depressed

Alone

Afraid

None

Do the Out of the Darkness walks make you feel less hopeless then when you started this walk?

Yes

No

Which of the following THREE activities would you most be interested in during Out of the Darkness walks? (check 3 that apply):

Fund raising

Volunteering

Support Groups

Counseling services

Educational talks

Local community events

Support materials

None of the above

Based on this Out of the Darkness walk how would you rate your overall experience?

- Excellent
- Good
- Fair
- Poor
- Don't know/Doesn't apply

How often do you participate in Out of the Darkness suicide programs or events?

- First walk
- 1 - 3 times per year
- 4 - 7 times per year
- 7+ per year

How often do you participate in OTHER suicide related programs or events?

- 1 - 3 times per year
- 4 - 7 times per year
- 7+ per year
- None

Which improvements would increase your ability to participate in Out of the Darkness walks? (check all that apply):

- Better public transportation to locations
- Better parking
- Presence of Public Safety Personnel
- Improved lighting
- If I lived/worked closer to the locations
- Different hours of operation
- More information about events
- None of the above

Are you a resident of the Bay Area?

- Yes
- No

What is your five-digit zip code?

What is your gender?

- Male
- Female
- Other/decline to state

Of which do you most identify yourself?

- Heterosexual
- Homosexual
- Other
- Decline to state

What is your marital status?

- Married
- Not married
- Domestic partnership

Do you have children in your household?

- Yes
- No

Please select your age range:

- under 18
- 18 - 25
- 26 - 40
- 41 - 65
- Over 65

Are you currently employed?

- Yes
- No

Are you currently a student?

- Yes
- No

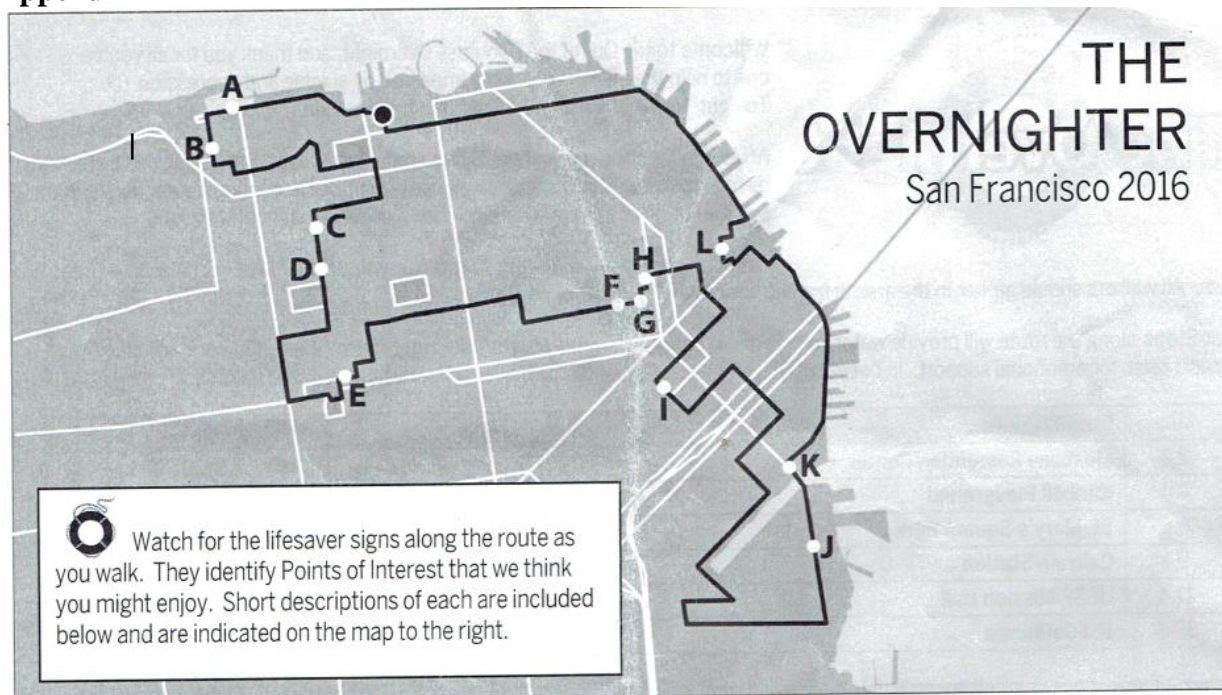
Have you served in the military?

- Yes
- No

>>

Thank you for taking the time to complete this survey. Please click the double arrows located on the right to submit your survey.

Appendix 4



- A. **ALCATRAZ & GOLDEN GATE BRIDGE** –Former home to Al Capone, Alcatraz Island is home to the oldest operating lighthouse on the West Coast. Having just celebrated its 75th anniversary, the Golden Gate Bridge is one of the most internationally recognized symbols of San Francisco. **Mile 0.50**
- B. **PALACE OF FINE ARTS** – One of ten palaces built for the 1915 Panama-Pacific Exhibition, today it's the only palace still situated on its original site. **Mile 1.1**
- C. **PACIFIC HEIGHTS NEIGHBORHOOD** – First developed in the 1870s when the construction of a new cable car line made this area accessible, the majority of painted Victorians, chateaux and mansions were built after the Great Earthquake of 1906. **Mile 3.0**
- D. **2640 STEINER STREET** – Home to late Robin Williams and Sally Field in the blockbuster movie *Mrs. Doubtfire*. **Mile 3.1**
- E. **COTTAGE ROW** – Listed on the National Register of Historic Places, and part of the San Francisco Historic District, the 22 houses of the Bush Street-Cottage Row Historic District were built into the slope of an existing hill; each house steps down evenly so that all these residences perfectly follow the contour of the road and land. **Mile 4.8**
- F. **ROBERT LEWIS STEVENSON** – The author of *Treasure Island* and *Strange Case of Dr. Jekyll and Mr. Hyde* lived here in 1879 while waiting to marry Fanny Osbourne in May of 1880. **Mile 6.4**
- G. **CHINATOWN** – Established in 1848, San Francisco's Chinatown is the oldest in North America. **Mile 8.7**
- H. **OLD ST. MARY'S CATHEDRAL** – Originally built in 1854, the first cathedral in San Francisco survived the Great Earthquake of 1906 but was destroyed by fires the next day and rebuilt in 1909. **Mile 6.7**
- I. **CONTEMPORARY JEWISH MUSEUM/YERBA BUENA GARDENS** –Opened in 1993, the Yerba Buena Gardens cover a two-block radius and contain several public art installations, including a memorial to Martin Luther King, Jr. The Contemporary Jewish Museum moved there in 2008. **Mile 7.7**
- J. **UCSF MISSION BAY** – Opened in 2003, The Mission Bay campus is the largest ongoing biomedical construction project in the world. The UCSF Medical Center is ranked 8th nationally and is the top medical center in northern California. **Mile 11.6**
- K. **AT&T PARK** – Home to the 8-time World Series Champion San Francisco Giants. This stadium boasts a seating capacity of 41,915. **Mile 12.5**
- L. **CABLE CAR LINE** – San Francisco's cable car system is the world's last manually operated system and the only mobile National Monument in the world. **Mile 14.2**

Appendix 4 cont.



Welcome to the Out of the Darkness Overnight, and thank you for all you've done to help the millions of people impacted by suicide and depression. Tonight, together we'll walk all night to fight suicide.

After you've checked-in, take time to relax and enjoy a light meal; there are many dining options in San Francisco. Please remember to continually eat and hydrate by alternating or mixing water and sports drink throughout the night.

Opening ceremony will begin at approximately **6:50PM** at Fort Mason – Great Lawn. All walkers should gather in the area in front of the stage beginning at **6:45PM**.

Rest Stops along the route will provide water, sports drink, snacks, portable toilets, basic medical services, and our Participant Support team for emotional support. In between, **Quick Stops** offer just the basics – water, sports drink and toilets.

Mile	Street/Route	Stop	Stop Leave-By Time
2.2	Moscone Recreation Center	Quick Stop A	9:00 PM
4.4	Kimbell Playground	Rest Stop 1	10:00 PM
6.6	St. Mary's Square Park	Quick Stop B	11:30 PM
9.1	Caltrain Station	Midnight Snack	1:00 AM
11.4	UCSF Mission Hall	Quick Stop C	2:00 AM
16.7	101 California	Rest Stop 2	3:00 AM

Pacing – Please pace yourself accordingly. A pace of 3 mph will enable you to complete the route unassisted. Due to permitting restrictions, each Rest Stop must close by the posted time. If you are not past a Rest Stop before it closes, you will be transported to the next Rest Stop or to the ceremony site. Please cooperate with any staff or Crew members who ask you to get into a vehicle.

Marked Sweep Vehicles will patrol the route to help if you are injured, too tired or unable to continue walking. When you see one of these vehicles and need assistance, give the "thumbs down" signal of cross both of your arms over your head.

The route closes at 4:30AM. If for some reason your pace will not enable you to complete the route by 4:30AM, a sweep vehicle or bus will bring you to the ceremony site.

Participant Center – When you finish walking, the Participant Center at the closing ceremony site will provide water, portable toilets, and medical services beginning at midnight. Breakfast will be served at 2:30AM. You'll also pick up your closing ceremony shirt here before heading over to the finish line, where you can welcome your fellow walkers.

Luminaria – If you don't plan on walking with your Luminaria, please drop it off at the Luminaria tent before heading out on the route and we will place it; otherwise when you are finished walking, please visit the tent to fill your bag with sand and add a candle. You may then place it on or near the stage at the closing ceremony site. (You will be able to retrieve it after the closing ceremony if you would like to keep it).

Closing Ceremony will begin anytime between 4:30AM- 5:00AM. Please stay around or come back to welcome those who arrive later, and experience the close of the event the way we began it – together.

Stay Safe: Please note that the route is on city sidewalks, so be mindful of any raised bricks/cement along the route. All streets remain open to vehicle traffic; we do not close streets. Remember to follow the rules of the road while walking; to look before crossing streets; to cross streets in the crosswalks and with the lights; and to stay on sidewalks. Be accountable for your own safety and be mindful of the private property and residences as we walk through the neighborhoods.

Special thanks to Transit America Services, Incorporated for sponsoring Midnight Snack.

Thanks to Caltrain for the use of the 4th and King station as the Midnight Snack stop.

**THANK YOU FOR JOINING US TONIGHT TO MAKE AN IMPACT AND TO FIGHT SUICIDE
WE'RE VERY GRATEFUL FOR YOUR SUPPORT**

Appendix 5

SPSS DATA

Statistics

Before taking this survey, had you ever heard of the American Foundation for Suicide Prevention?

N	Valid	81
	Missing	0

Before taking this survey, had you ever heard of the American Foundation for Suicide Prevention?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	73	90.1	90.1	90.1
	No	8	9.9	9.9	100.0
	Total	81	100.0	100.0	

Statistics

	Have you ever been involved with Out of the Darkness Walks?	Have you ever been a member of the American Foundation for Suicide Prevention?	Have you ever donated to the American Foundation for Suicide Prevention?	Which of the following reasons best describes your involvement in Out of the Darkness walks? (check all that apply):	Prior to involvement with Out of the Darkness walks had you felt hopelessness? (Hopeless defined: Having or feeling no hope, unable to be changed, unable to be helped or improved: very bad)	Do the Out of the Darkness walks make you feel less hopeless than when you started this walk?	
N	Valid	81	81	81	80	80	76
	Missing	0	0	0	1	1	5

Statistics

		Based on this Out of the Darkness walk how would you rate your overall experience?	How often do you participate in Out of the Darkness suicide programs or events?	How often do you participate in OTHER suicide related programs or events?	Are you a resident of the Bay Area?	What is your gender?	Of which do you most identify yourself?
N	Valid	77	79	81	81	81	81
	Missing	4	2	0	0	0	0

Statistics

		What is your marital status?	Do you have children in your household?	Please select your age range:	Are you currently employed?	Are you currently a student?	Have you served in the military?
N	Valid	81	81	79	81	80	81
	Missing	0	0	2	0	1	0

Statistics

		Did you see combat?	Have you ever been diagnosed with PTSD?	What is the range of your total annual household income?	Does anyone in your household own a car?	Select your highest level of education:	Which best describes your ethnic background? - Selected Choice
N	Valid	2	0	80	80	80	80
	Missing	79	81	1	1	1	1

Statistics

		Which best describes your ethnic background? - Mixed-race/Other - Text	Additional Suggestions/Comments/Concerns regarding the AFSP or Out of the Darkness walks:
N	Valid	81	81
	Missing	0	0

Frequency Table

Have you ever been involved with Out of the Darkness Walks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	70.4	70.4	70.4
	No	24	29.6	29.6	100.0
	Total	81	100.0	100.0	

Have you ever been a member of the American Foundation for Suicide Prevention?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	27.2	27.2	27.2
	No	59	72.8	72.8	100.0
	Total	81	100.0	100.0	

Have you ever donated to the American Foundation for Suicide Prevention?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	80.2	80.2	80.2
	No	16	19.8	19.8	100.0
	Total	81	100.0	100.0	

Which of the following reasons best describes your involvement in Out of the Darkness walks? (check all that apply):

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Depression	7	8.6	8.8	8.8
	Suicide attempt(s) (Personal)	12	14.8	15.0	23.8

	Suicide survivor (Suicide of a loved one)	39	48.1	48.8	72.5
	Support of family member or friend	9	11.1	11.3	83.8
	Support Cause or community	3	3.7	3.8	87.5
	None	4	4.9	5.0	92.5
	Suicide survivor (Suicide attempt of a loved one)	5	6.2	6.3	98.8
	Other	1	1.2	1.3	100.0
	Total	80	98.8	100.0	
Missing	-99	1	1.2		
Total		81	100.0		

Prior to involvement with Out of the Darkness walks had you felt hopelessness? (Hopeless defined: Having or feeling no hope, unable to be changed, unable to be helped or improved: very bad)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	48	59.3	60.0	60.0
	No	32	39.5	40.0	100.0
	Total	80	98.8	100.0	
Missing	-99	1	1.2		
Total		81	100.0		

Do the Out of the Darkness walks make you feel less hopeless then when you started this walk?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	65.4	69.7	69.7
	No	23	28.4	30.3	100.0
	Total	76	93.8	100.0	
Missing	-99	5	6.2		
Total		81	100.0		

Based on this Out of the Darkness walk how would you rate your overall experience?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	55	67.9	71.4	71.4
	Good	18	22.2	23.4	94.8
	Fair	4	4.9	5.2	100.0
	Total	77	95.1	100.0	
Missing	System	4	4.9		
Total		81	100.0		

How often do you participate in Out of the Darkness suicide programs or events?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 3 times per year	35	43.2	44.3	44.3
	4 - 7 timer per year	3	3.7	3.8	48.1
	7+ per year	1	1.2	1.3	49.4
	First walk	40	49.4	50.6	100.0
	Total	79	97.5	100.0	
Missing	-99	2	2.5		
Total		81	100.0		

How often do you participate in OTHER suicide related programs or events?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 3 times per year	14	17.3	17.3	17.3
	7+ per year	2	2.5	2.5	19.8
	None	65	80.2	80.2	100.0
	Total	81	100.0	100.0	

Are you a resident of the Bay Area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	81.5	81.5	81.5
	No	15	18.5	18.5	100.0
	Total	81	100.0	100.0	

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	20	24.7	24.7	24.7
	Female	61	75.3	75.3	100.0
	Total	81	100.0	100.0	

Of which do you most identify yourself?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Heterosexual	71	87.7	87.7	87.7
	Other	2	2.5	2.5	90.1
	Decline to state	2	2.5	2.5	92.6
	Homosexual	6	7.4	7.4	100.0
	Total	81	100.0	100.0	

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	29	35.8	35.8	35.8
	Not married	49	60.5	60.5	96.3
	Domestic partnership	3	3.7	3.7	100.0
	Total	81	100.0	100.0	

Do you have children in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	22.2	22.2	22.2
	No	63	77.8	77.8	100.0
	Total	81	100.0	100.0	

Please select your age range:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	under 18	2	2.5	2.5	2.5
	18 - 25	9	11.1	11.4	13.9
	26 - 40	42	51.9	53.2	67.1
	41 - 65	22	27.2	27.8	94.9
	Over 65	4	4.9	5.1	100.0
	Total	79	97.5	100.0	
Missing	-99	2	2.5		
Total		81	100.0		

Are you currently employed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	81.5	81.5	81.5
	No	15	18.5	18.5	100.0
	Total	81	100.0	100.0	

Are you currently a student?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	25.9	26.3	26.3
	No	59	72.8	73.8	100.0
	Total	80	98.8	100.0	
Missing	-99	1	1.2		
Total		81	100.0		

Have you served in the military?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	2.5	2.5	2.5
	No	79	97.5	97.5	100.0
	Total	81	100.0	100.0	

Did you see combat?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	2.5	100.0	100.0
Missing	System	79	97.5		
Total		81	100.0		

Have you ever been diagnosed with PTSD?

		Frequency	Percent
Missing	System	81	100.0

What is the range of your total annual household income?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under \$60,000	17	21.0	21.3	21.3
	Decline to state	7	8.6	8.8	30.0
	\$60,001 - \$90,000	26	32.1	32.5	62.5
	\$90,001 - \$120,000	15	18.5	18.8	81.3
	\$120,001 - \$150,000	5	6.2	6.3	87.5
	Over \$150,000	10	12.3	12.5	100.0
	Total	80	98.8	100.0	
Missing	System	1	1.2		
Total		81	100.0		

Does anyone in your household own a car?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	78	96.3	97.5	97.5
	No	2	2.5	2.5	100.0
	Total	80	98.8	100.0	
Missing	System	1	1.2		
Total		81	100.0		

Select your highest level of education:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some High School	2	2.5	2.5	2.5
	High School Graduate	2	2.5	2.5	5.0
	Some college/Associate Degree	23	28.4	28.8	33.8
	Bachelor Degree	33	40.7	41.3	75.0
	Graduate/Doctorate	20	24.7	25.0	100.0
	Total	80	98.8	100.0	
Missing	System	1	1.2		
Total		81	100.0		

Which best describes your ethnic background? - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	2	2.5	2.5	2.5
	Asian or Pacific Islander	10	12.3	12.5	15.0
	Caucasian	55	67.9	68.8	83.8
	Hispanic, Latino	9	11.1	11.3	95.0
	Mixed-race/Other	4	4.9	5.0	100.0
	Total	80	98.8	100.0	
Missing	System	1	1.2		
Total		81	100.0		

**Which best describes your ethnic background? - Mixed-race/Other -
Text**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1.2	1.2	1.2
-99	78	96.3	96.3	97.5
Caucasian/Arab	1	1.2	1.2	98.8
Irish American	1	1.2	1.2	100.0
Total	81	100.0	100.0	

**Additional Suggestions/Comments/Concerns regarding the AFSP or Out of the
Darkness walks:**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	14.8	14.8	14.8
-99	56	69.1	69.1	84.0
A couple of weeks later in the year would be great for the Overnight walk. For parents with kids, mid to late May is when school and extracurricular activities are finishing up and make it difficult to travel.	1	1.2	1.2	85.2
Amazed at the amount of people participating in the walk. Saddened that so many of us have lost loved ones.	1	1.2	1.2	86.4
Better information and easier website	1	1.2	1.2	87.7
I liked the glow stick thing but maybe candles next year and less talking so we walk more in dark and out of the darkness.	1	1.2	1.2	88.9

Increase media coverage	1	1.2	1.2	90.1
Increase outreach to underrepresented groups -- people of color, LGBT, men. Good luck	1	1.2	1.2	91.4
It was an awesome experience.	1	1.2	1.2	92.6
More media coverage	1	1.2	1.2	93.8
More volunteer opportunities near Springfield, IL	1	1.2	1.2	95.1
N/A	1	1.2	1.2	96.3
Presence of volunteers throughout the whole walk. There were stretches after the midnight snack when my friend and I were completely alone and didn't see any walkers in front of us or behind us. Was a little unnerving to be alone in the middle of the night like that on several occasions.	1	1.2	1.2	97.5
The mandatory one thousand seems a little stiff.	1	1.2	1.2	98.8
Was a life changing experience from start to finish.	1	1.2	1.2	100.0
Total	81	100.0	100.0	

Qualtrics Data

Which of the following walks have you participated in? (Check all that apply.)

#	Answer	%	Count
1	San Francisco walk	44.9%	44
2	Oakland walk	23.5%	23
8	Other	15.3%	15
3	San Jose walk	10.2%	10
4	Campus walk	3.1%	3
5	Santa Rosa walk	3.1%	3
6	Oakley walk	0.0%	0
7	Solano County walk	0.0%	0
	Total	100%	98

How does the Out of the Darkness walks make you feel? (check all that apply):

#	Answer	%	Count
1	Supported	29%	66
2	Understood	20%	46
3	Hopeful	29%	68
4	Happy	9%	20
10	Loved	7%	17
5	Sad	5%	12
6	Depressed	0%	0
7	Alone	0%	0
8	Afraid	0%	0
9	None	1%	2
	Total	100%	231

Which of the following THREE activities would you most be interested in during Out of the Darkness walks? (check 3 that apply):

#	Answer	%	Count
2	Volunteering	23%	52
3	Support Groups	16%	36
6	Local community events	16%	36
5	Educational talks	14%	31
1	Fund raising	10%	23
4	Counseling services	10%	23
7	Support materials	9%	21
	Total	100%	222

Which improvements would increase your ability to participate in Out of the Darkness walks? (check all that apply):

#	Answer	%	Count
8	If I lived/worked closer to the locations	30.6%	34
18	Better parking	20.7%	23
5	More information about events	18.9%	21
6	Different hours of operation	16.2%	18
1	Better public transportation to locations	10.8%	12
2	Improved lighting	1.8%	2
12	Presence of Public Safety Personnel	0.9%	1
	Total	100%	111

Which of these social media platforms do you use most to plan your outdoor activities?

#	Answer	%	Count
1	Facebook	65.1%	54
2	Instagram	19.3%	16
3	Twitter	4.8%	4
4	LinkedIn	3.6%	3
5	Google+	3.6%	3
6	Active.com	3.6%	3
	Total	100%	83

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