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Program Evaluation: Bring Change to Mind High School Club

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Program Evaluation: Bring Change to Mind High School Club

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Abstract

Introduction. Mental illness (MI) stigma is common and causes adverse consequences such as reduced self-esteem and discrimination in housing and employment. Bring Change to Mind (BC2M), a national non-profit organization, strives to reduce this stigma through their high school club program. The evaluation goals were to assess the program's operations and measure club members' and advisors' attitudes and perceptions around mental health (MH) and MI.

Methods. Qualtrics surveys were used to gather information from general club members (GCMs) (N=645), club advisors (N=97), and graduating seniors (N=57). BC2M staff held 52 small group discussions with club leaders. Data analysis was conducted in R and NVivo.

Results. As a result of the clubs' work, positive benefits were reported for both GCMs and non-member students (e.g., perceived improved empathy/understanding, increased MH conversations and awareness, reduced MI stigma). Participants reported that the club increased knowledge of both general MH and of specific MIs. GCMs viewed their club as a safe space where they could discuss MH without judgment. The main challenges that clubs faced included needing more physical resources and guidance/tips for club operations (e.g., member recruitment and engagement, general student body awareness).

Discussion. GCMs view their clubs as communities where they can discuss and learn about MH and MI. Through activities/events, BC2M's high school clubs are affecting perceived change across their campuses, normalizing MH and MI, and destigmatizing MI. Suggestions were provided for how BC2M could improve their clubs, such as increasing member diversity and supplying additional resources (e.g., recruitment tips, community connections).

Program Evaluation: Bring Change to Mind High School Club

Each year in the United States, almost 20% of adults and almost 17% of youth aged 6-17 experience a mental illness (MI), such as anxiety disorders, mood disorders, and impulse control disorders (Substance Abuse and Mental Health Services Administration, 2019; Whitney & Peterson, 2019). Living with MI or supporting a loved one with MI has significant costs, including stigma, economic repercussions, and disease burden.

Literature Review

MI Stigma

An increasingly recognized cost of MI is stigma. MI stigma is defined in many different ways, but this complex concept encompasses negative stereotyping, status loss, discrimination, and exclusionary behaviors (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Watson, 2002; Link & Phelan, 2001). The first type of MI stigma is public stigma, which occurs when social groups believe in a negative stereotype against another group (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Watson, 2002). A systematic review of articles that investigated MI public stigma found some sociodemographic differences (evidenced in racial, age, political, and educational differences) for stigmatizing beliefs and actions, though the nature of these differences varied depending on assessment method and outcome variable (Parcesepe & Cabassa, 2013). The second type of MI stigma, self-stigma, occurs when individuals internalize the stigma they experience (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Watson, 2002). Public stigma negatively impacts individuals with MI, as they can face barriers in housing, employment, the criminal justice system, and the healthcare system (Corrigan, Kerr, & Knudsen, 2005). With self-stigma, individuals with MI can experience reduced self-esteem, self-efficacy, and life

satisfaction, which in turn impede recovery (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Watson, 2002; Markowitz, 1998).

MI stigma also impacts treatment seeking behavior. Those who are experiencing shame from their MI might delay or not seek out treatment; or if they are already receiving treatment, may become non-compliant (Andrade et al., 2014; Clement et al., 2015). When individuals do not receive the treatment they need, their MI can worsen, thereby increasing the individual, familial, and societal burdens described above. Unfortunately, MI stigma is pervasive in the United States, as evidenced in media portrayals of MI, reduced access to important services for those with MI, and personal accounts of how MI stigma has impacted individuals and their loved ones (Hinshaw, 2017; Hinshaw & Cicchetti, 2000).

It is crucial to take a life-course perspective and understand that the attitudes, behaviors, and habits that are established during adolescence impact both current and future health and well-being (Hinshaw & Cicchetti, 2000; Sawyer et al., 2012). Because MI stigma is often established by adolescence (Chandra & Minkovitz, 2005; Corrigan, Lurie et al., 2005), it is especially important to target adolescent individuals to try and reduce stigmatizing attitudes and behaviors.

Economic Costs of MI

There are significant economic costs linked to MIs, which stem from direct health care fees, lower productivity, and premature mortality (Patel, 2018). These costs impact individuals, family units, and society as a whole (Kessler et al., 2008; Patel, 2018). Within the U.S., it is estimated that serious MIs result in over $193 billion in lost earnings per year (Kessler et al., 2008). In 2013 alone, mental and substance use disorders were responsible for almost $188 billion of U.S. personal health care spending (Dieleman, Baral, & Birger, 2016). On a global

stage, depression and anxiety alone are responsible for about $1 trillion in lost productivity (Chisholm et al., 2016). Stigma can also create economic challenges for mental health (MH) work; if policymakers, funders, and others have negative attitudes towards MI, it can impact how they distribute resources for MH services (Centers for Disease Control and Prevention [CDC], 2012).

Disease Burden (Disability-Adjusted Life Years)

Mental and substance abuse disorders also have a significant impact upon disease burden, which is based on disability-adjusted life years (Whiteford et al., 2013). In 2010, these disorders were responsible for over 7% of the total global disease burden (almost 184 million disability-adjusted life years). Of all conditions, depressive and anxiety disorders were the largest contributors, and the burden of these two types of disorders was the highest among individuals aged 10-29 years old. The researchers also found that mental and substance use disorders represented the highest global cause of years lived with disability.

Importance of an Adolescent Approach

Of all lifetime MI, about half start by the time individuals are 14 years old and three fourths by the time individuals are 24 years old (Kessler et al., 2005). MI stigma is already developing by adolescence, and researchers have found gender differences in how this stigma manifests, with boys displaying greater MI stigma than girls (Corrigan, Lurie et al., 2005; Chandra & Minkovitz, 2005).

These facts alone illustrate the importance of targeting MH resources at adolescents. However, addressing MH and MI stigma among this population becomes even more critical when considering the life course perspective. This view posits that the attitudes, behaviors, and habits that develop during a young age have a significant impact not only on adolescents' current

health and well-being, but also extend to their future selves (Sawyer et al., 2012). Because the adolescent years are so monumental for establishing one's identity, experiencing MI stigma during this time can have adverse consequences down the road (Hinshaw & Cicchetti, 2000).

In their article, Hinshaw and Cicchetti (2000) present an example of an adolescent with ADHD who has poor relationships with peers and schoolteachers because they have a negative perception of his symptomatology (involving inattention-disorganization and/or hyperactivity-impulsivity). As a result of these stigmatizing views, the adolescent experiences loneliness, reduced self-concept, and adjustment problems that persist into his early adult years. Additionally, because MI self-stigma can result in lower self-esteem, adolescents with MI can suffer from repercussions later in life, including fewer years of education after high school, economic difficulties, worse physical health and MH, and increased levels of criminal behavior as adults (Trzesniewski et al., 2006; Waddell, 2006).

Adolescents who only experience silence when MI is brought up by family members or other trusted figures also experience poor outcomes. In these situations, adolescents may develop misunderstandings around MI, believe negative things that loved ones experience due to MI are their own fault, and try to exert control over unexplained and uncontrollable occurrences (Hinshaw & Cicchetti, 2000). Thus, it is extremely important for adolescents to hear accurate and age-appropriate communication around MI so they do not come to view it as a taboo subject, but instead learn to foster a culture of understanding and openness (Hinshaw & Cicchetti, 2000).

Components of Successful Interventions

Research has documented various components of interventions that successfully reduce MI stigma. One theoretical approach to stigma, the framework integrating normative influences on stigma (FINIS) model, emphasizes the multilevel nature of stigma (Pescosolido et al., 2008).

FINIS proposes that stigma is formed by normative expectations that are established via the confluence of micro, macro, and meso social levels. Micro level (psychological and socio-cultural) factors are comprised of individuals' social (race/ethnicity, age, class, etc.) and MI (concealability of condition, contagion risk, control of condition, etc.) characteristics. The more "undesirable" characteristics that people with an MI have, and the more that they differ on social characteristics from someone who is evaluating them (e.g., are a different race/ethnicity), the more likely that the evaluator will hold stigmatizing beliefs. Macro level (societal-wide) factors center on a larger cultural context, which is shaped by the media, historical events, and social organization. For example, exposure to people with MI in TV shows and movies has a powerful influence on the development of MI stereotypes, which then influence how viewers perceive individuals with MI and the system of MH care. Additionally, a nation's MH policy can impact how its citizens view those with MI. Individuals living in a nation with universal health care and strong MH resources may view MIs as more "legitimate" and thus develop less MI stigma. Finally, meso level (social network and organizational) factors are formed via contact with individuals with MI, either in person or via the media. Having positive interactions with individuals with MI helps to stop negative stereotypes and reduce MI stigma.

Disclosures from celebrities, sports stars, and other well-known individuals can increase exposure to MI (Hinshaw & Cicchetti, 2000), thereby making MI a more approachable topic and conveying its prevalence in society to normalize it. Such disclosures are becoming increasingly common (e.g., Lady Gaga, Kevin Love, Prince Harry) and help to stimulate conversations around MH and MI. Other approaches center on MI education to challenge incorrect stereotypes and provide accurate information (Corrigan et al., 2012). These types of interventions have a wide reach and are relatively low cost; they include PSAs, books, websites, flyers, etc. For

example, the organization being evaluated (Bring Change to Mind) recently launched a campaign to emphasize that everyone is different and that there is no "normal." This campaign included PSAs that were released on social media, the organization's website, radio, and other mediums (Bring Change to Mind, 2020). Still other techniques rely on social activism and protest to garner attention for the MI cause and incite change (Corrigan et al., 2012). The National Alliance on Mental Illness successfully used protest strategies in 2000 to have ABC cancel a show that cast individuals with MI in a negative light (Corrigan, Kerr, & Knudsen, 2005). While potentially a useful tool, protest has the potential to backlash and adversely affect the public's attitudes about MI (Corrigan, Kerr, & Knudsen, 2005).

Many studies have documented the importance of contact with individuals who have MI (contact-based education); by sharing their personal stories, these individuals can promote changes in knowledge, attitude, and behavioral intent (self-reported likelihood to engage in various behaviors toward someone with MI, such as avoidance or help-seeking) (Chen et al., 2016; Corrigan et al., 2012; Corrigan, Kerr, & Knudsen, 2005; Hinshaw & Cicchetti, 2000; Pinfold et al., 2005). Contact-based interventions are especially useful for short-term attitudinal changes, though more research is needed to determine if these changes will be lasting (Thornicroft et al., 2016). Chen and colleagues (2016) conducted a qualitative evaluation of 18 Canadian anti-stigma programs focused on high school students. The researchers held semi-structured interviews with key stakeholders and anti-stigma program staff, which they supplemented with program site visits. Based on their findings, they developed a contact-based education program model with an overarching theme of "engaging contact reduces stigma." Under this theme, the researchers included three constructs: 1) speaker (speakers must be in recovery, be willing to relate their personal experiences, and have the skills to convey the

program), 2) message (should convey a recovery message, correct misperceptions, and connect with resources), and 3) interaction (should be engaging and empowering). Within each of these constructs, high school students respond best to connection, engagement, and empowerment (Chen et al., 2016). And when adolescents are involved in program design and delivery, the program itself can have a larger effect on those students and promote a more inclusive environment within their school as a whole (Chen et al., 2016).

Among adolescents, both education and contact-based approaches significantly reduce MI stigma, as well as improve attitudes and behavioral intentions about MI (Corrigan et al., 2012). Research thus shows that above all, efforts to reduce MI stigma must be both multifaceted and multilevel to adequately confront the diverse channels that can produce negative outcomes (e.g., status loss, housing discrimination, reduced earnings, etc.) and prejudicial behavior at both individual and societal levels (Link & Phelan, 2001).

Successful Evidence-based Interventions

Due to the importance of targeting adolescents, programs and interventions that are staged at adolescents' schools and that use the successful components described above are poised to make a significant impact in decreasing MI stigma among young people. A club-based organization called Active Minds has made inroads in the fight against MI stigma among college students. Founded in 2003, Active Minds has over 400 club chapters across the United States and strives to encourage conversation around MI and provide education about MH resources (Sontag-Padilla et al., 2018). Researchers conducted a longitudinal analysis of the impact of Active Minds using convenience samples of students (both familiar and unfamiliar with the Active Minds club at baseline) across 12 California universities that had an Active Minds chapter (N = 1,129 students) (Sontag-Padilla et al., 2018). Over the course of the school year, students

whose familiarity with Active Minds grew had greater perceived MI knowledge and reduced MI stigma. Students who became more involved with the club also displayed greater perceived MI knowledge and various helping behaviors toward others with MI. However, because the study only collected data over the course of one school year, it is unclear whether the results were long-lasting. And as the data was all self-reported, there is a potential for response bias from the participants.

Koller and Stuart (2016) evaluated 21 interventions that were conducted among Canadian high school students (N = 5,047) using a pre-test/post-test design as part of the Opening Minds Anti-Stigma Initiative. All interventions utilized contact-based education, which is provided by individuals who have experienced an MI. Though the various interventions were heterogeneous in nature, most were effective in that they improved students' social acceptance outcome scores, which are reflective of behavioral intent (self-reported likelihood for social distancing and feelings of social responsibility) toward individuals with MI.

Researchers have also studied the effectiveness of Bring Change to Mind (BC2M, a national non-profit organization). As described in more detail in the agency profile below, BC2M's mission is to fight MI stigma. BC2M originally focused on college students in their university program. Pescosolido and colleagues (2019) conducted a longitudinal pilot program to evaluate the university program at Indiana University (N=1,193 students). This program was based on five principles pulled from stigma research: 1) start early and often, 2) include students in program planning, 3) use techniques to draw students in, 4) use existing classes, campus organizations, and other resources, and 5) establish a "living library" of resources that are sharable and can be built upon by future students. The researchers conducted online surveys and found that after two years, stigma was lower across all measures of self-reported prejudice (items

measured prejudice toward individuals with MI) and discriminatory predispositions (items measured college-specific social distance toward individuals with MI). And if students were more involved with the organization, then their MI public stigma was further reduced. The researchers also found that students' perceptions of their campus' MH culture became more positive, suggesting that the club had a larger impact beyond its members (Pescosolido et al., 2019). Limitations of this study include the self-reported nature of the data and the lack of a control group to compare their results.

Following the acquisition of a youth anti-stigma program, BC2M began working in high schools. As with the college clubs, these high school clubs are student-initiated and include contact-based education. Ahmad and colleagues (2019) examined the high school program's effectiveness in 2015-2017 by studying 42 California schools with a high school club (N = 545 students). The researchers used a matched-pair, cluster-randomized design, with half of the schools in the immediate group (started club activities in the fall) and the remainder in the delayed group (started club activities in the winter). Regardless of group, all students demonstrated improvements in MH knowledge, attitudes about MI, self-reported social distance (willingness to interact with people with MI), and self-reported positive behaviors (e.g., befriending someone with MI, talking to another person about using slang MI language in a negative way) to fight against MI stigma by the end of the school year. The authors found some statistically significant evidence that these improvements were directly connected to club participation, although this was not the case with social distance, which did not have significantly different results by group at follow-up. Of all outcomes, students showed the greatest improvements in MH knowledge. Similar to the Active Minds study by Sontag-Padilla and colleagues (2018), the results may have been stronger if the researchers had used a longer

follow-up period to determine if their outcomes were long lasting. However, Ahmad et al. (2019) overall demonstrated the efficacy of BC2M's high school club model in reducing MI stigma, highlighting the value in student-initiated, contact-based education.

Areas for Future Research

Research in the field of MI stigma is growing, but further studies are needed. Specifically, researchers should conduct studies that have larger sample sizes and have a longer follow-up period to determine if findings hold true over time (Thornicroft et al., 2016). Researchers should also make efforts to examine adolescents' actual behavior after being a club-based program, and not just rely on self-report (Ahmad et al., 2019).

Additionally, the prevalence of MI among children and adolescents, the prevalence of receiving needed treatment, and attitudes toward MI varies greatly by state (CDC, 2012; Whitney & Peterson, 2019). Mental Health America (MHA), a community-based nonprofit focused on promoting MH has compiled overall rankings of the state of youth MH in America in 2020, based on measures such as: youth with a severe major depressive episode, youth with a major depressive episode who did not receive MH services, children with private insurance that did not cover mental or emotional problems, etc. (MHA, 2020). Out of the 50 states and Washington, D.C., the states pertinent to the present evaluation rank as follows, with lower number indicating better MH: New York (14th), Indiana (19th), Arizona (30th), and California (33rd) (MHA, 2020). There are also great discrepancies in student-to-counselor ratios across the nation, which is important because access to school counselors significantly impacts students' likelihood to stay in school and to enroll in college (American School Counselor Association [ASCA], 2015). As of the 2014-2015 school year, Arizona has the worst student-to-counselor ratio in the nation, at 924 students per counselor, followed by California, at 760 students per

counselor. The other states relevant to the present evaluation are also well above the recommended student-to-counselor ratio of 250 students per counselor: New York (635 students per counselor) and Indiana (543 students per counselor) (ASCA, 2015). As a result of these discrepancies, it is likely that programs focused on MH will have differential impacts across U.S. regions, pointing to why regional variations are an important component of future research.

Fieldwork Agency and Project

Agency Background

Founded in 2010, BC2M is a national nonprofit organization whose mission is "to end the stigma and discrimination surrounding MI." To this end, BC2M relies on a three-pronged approach: 1) develop multimedia campaigns; 2) provide a platform for individuals to share their stories via blogs/video posts; and 3) create adolescent programs to promote MH discussions.

BC2M's multimedia campaigns, which reach individuals through placements on TV, movie previews, print, and social media, have been viewed over 6 billion times ("Impact Report," 2017). While these campaigns vary in their target audiences based on the particular message and intended impact, they all seek to foster conversation about MH and normalize MI. BC2M also promotes MH discussions by establishing a place on their website where individuals can post their stories. In doing so, they give a voice to those living with a MI or helping a loved one who has a MI. BC2M's storytelling venue also enables individuals to feel like they are part of a larger community of MH advocates and build up and/or maintain the confidence they need to seek help when necessary.

In 2014, BC2M piloted its Undergrad Program at Indiana University. As described above, the program ultimately proved successful, with students viewing the MH culture at school more positively and displaying reduced stigma toward MI (Pescosolido, Perry, & Krendl, 2019).

In 2015, BC2M began its high school program, which establishes student-led clubs focused on creating conversations around MH and destigmatizing MI. The target audience of this program is high school students (primarily club members and secondarily non-club member students on their campus who are exposed to club events and campaigns). Another secondary target audience is students' parents/guardians, who hear about the program and its messaging through their children. Since 2015, this program has grown from 25 to 260 schools and now has over 7,500 students participating ("High School Program," 2019).

Thus, BC2M is a growing organization dedicated to destigmatizing MI. Through their multimedia campaigns, storytelling venue, and high school program, BC2M is changing the conversation around MH.

Project Goals

BC2M is a data-driven organization, and it strives to continually assess its own work. As a part of this regular assessment, I was brought on as an intern to conduct an evaluation of their high school club program. The project has two main goals: 1) evaluate the operational side of the program (e.g., club resources, recruitment, activity plans, etc.) by measuring what club members and advisors think is working well and what can be improved upon and 2) measure club members' and advisors' attitudes and perceptions around MH and MI (e.g., what the largest MH issues on campus are, how the presence of the club has impacted the MH of students on campus). Data collected from this project will be used by BC2M's staff to improve their high school club program. Staff can also share the results with funders/potential funders to inform funding decisions.

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Methods

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Study Design Overview

To address these goals, we used both quantitative and qualitative data collection tools comprised of individual surveys completed by general club members (GCMs), club advisors, and graduating seniors, as well as small group discussions involving club leaders and their Regional Manager (a BC2M staff member assigned to their region of the U.S.). All data collection tools gathered both types of data to varying degrees. Quantitative-focused questions provided more objective data that could be summarized via statistical analyses. Qualitative-focused questions gleaned more detailed answers to questions that BC2M wanted to learn more about. By leaving some questions open-ended, respondents had the ability to personalize their answers and provide unique insights, which would not be possible by collecting quantitative data alone.

Participants

The main target population was the BC2M high school GCMs (grades 9 – 12), across the 260 U.S. schools with a club. These clubs exist in both public and private schools, with a majority located in California, New York, Arizona, Ohio, and Indiana. The program evaluation also included three secondary populations. The first encompassed BC2M high school club advisors, who answered an individual advisor survey about their perceptions of the club. The other secondary populations were asked about during data collection: club members' parents/guardians, who may hear about what BC2M is doing via their child, and high school students not involved with BC2M, who may attend club events on campus and/or hear about the club from peers.

BC2M's Regional Managers conduct biannual check-in meetings with each club, either in person or via video chat (Zoom). These meetings provide the ideal opportunity to connect with all club members and advisors for data collection, described in detail below. Accordingly, the present program evaluation sought to collect data from as many high school GCMs and advisors

as possible during the check-ins. This method of data collection excluded some students who were not present during the check-in meetings. However, some club leaders/advisors/Regional Managers shared the GCM survey link with members via email, which enabled some absent students to complete their survey. Respondents did not receive any incentive for their participation.

Data Collection

Data were collected using individual surveys (GCMs, advisors, graduating seniors; Appendices A, B, and E) and semi-structured small group discussions (club leaders, or if a club had fewer than 10 members, the entire club participated; Appendix C). All tools were based on guides from 2019, which were created by a previous USF student, Jenay Anolin, and BC2M staff. I worked with BC2M staff to improve the 2019 surveys and discussion guide. Dr. L'Engle, the Director of USF's MPH Behavioral Health concentration, also provided input on modifying the surveys/group discussion guides. Table 1 provides an overview of the program evaluation methods.

Table 1

Overview of Program Evaluation Methods

Sample	Data Collection Method	Goal of Questions	Notes
General Club Members (GCMs, high school students)	Qualtrics survey	Measure club members' attitudes and perceptions of the club, MH/MI, and their campus climate.	Completed surveys either during club check-ins or on their own time.
Club Advisors (teachers or administrators on high school campus)	Qualtrics survey	Measure advisors' attitudes and perceptions of the club and of the resources and support they receive from BC2M.	Completed surveys either during club check-ins or on their own time. Some schools had 2-3 club advisors.

Club Leaders (high school students)	Semi-structured small group discussion, facilitated by a Regional Manager from BC2M	Obtain more detailed information about club activities, members, and use of resources provided by BC2M.	If club had <10 members at check-in, all members joined. The small group discussions ended once schools switched to remote learning due to COVID-19.
Seniors (high school students graduating in spring 2020)	Qualtrics survey	Measure graduating seniors' perceptions of how the club impacted them and to learn what their post-high school plans are.	Completed surveys on their own time.

I created a Google Document for each survey and the group discussion guide, and I created an online version of each tool within Qualtrics. Additional questions were added into club surveys on 04/07/2020 to ask about the BC2M's efforts to support their clubs as they transitioned to remote learning due to the COVID-19 crisis.

Regional Managers conducted check-ins with each of their high school clubs from 01/21/20 to 04/15/20. I developed a manual (Appendix D) for the Regional Managers to use during each of their check-ins, which were conducted in person or over Zoom, depending on the proximity of a Regional Manager. Each check-in (prior to schools switching to remote operations) was held during a club meeting time. Data collection varied slightly depending on club meeting structure, school regulations, and advisor involvement. Regional Managers originally planned to have GCMs complete the general member survey during the check-in period. However, due to time restraints, Regional Managers sometimes asked their club leaders or advisors to share the Qualtrics survey link with GCMs prior to or after the check-in meeting for the students to complete on their own time. For schools that did not allow use of electronic devices, Regional Managers distributed paper copies of the GCM survey and then entered the

data into Qualtrics after the completion of the meeting. Regional Managers also sent a Qualtrics link to club advisors and asked that they complete the club advisor survey.

For small group discussions, Regional Managers gathered the club leaders. These discussions lasted on average 30 minutes, and they provided an opportunity for the Regional Managers to gather more in-depth information about each of their clubs. In these semi-structured discussions, Regional Managers relied on a set of pre-developed questions, but they were free to supplement with their own follow-up questions. Regional Managers input this data into Qualtrics.

On 06/20/20, a Qualtrics link for the senior exit surveys (Appendix E) was sent to high school seniors who are currently club members. The goal of this survey was to gather information about the overall impact of the club on these graduating seniors, determine what their post-high school plans are, and obtain contact information if the students wanted to stay connected to the organization.

Quantitative data were analyzed using RStudio Version 1.2.5033. Summary statistics were calculated, and chi-square tests (some with Monte Carlo simulations when expected cell values were too small) were run to examine differences in GCM survey results across different U.S. regions. Figures were created in Microsoft Excel.

Qualitative data were analyzed using NVivo. Codes were developed after reading through the qualitative data from all four sources (GCM, advisor, leader, and senior; see Appendix F for the codebook used to guide data coding). Codes were applied to data, and then summaries of the data for each code were then used to draft memos to summarize and synthesize information within each code family (Appendix H). Qualitative data from all four sources were analyzed collectively.

Methods Strengths and Weaknesses; Challenges to Data Collection

A strength of the present evaluation arises in the inclusion of both qualitative and quantitative data, which complement each other and allow for collection of more objective data that is easier to summarize, as well as more in-depth data that can provide unique insights.

By having the resources to administer surveys to all high school club members and advisors, and by involving club leaders from all schools where BC2M exists, I was able to obtain a large sample size. However, due to time restraints, some general club members were asked to complete the general member survey on Qualtrics in their own time. This likely resulted in some members choosing not to complete the survey. The students who did choose to complete the survey on their own time possibly had stronger views about the club (either very positive or very negative), potentially biasing responses.

Additionally, due to time constraints, differences in how each club conducts their meetings, school regulations, and other factors, Regional Managers spent varying amounts of time with their clubs and asked questions in different ways during the leader check-in. These differences likely resulted in students interpreting questions differently during the small group discussions with club leaders.

A significant challenge arose during data collection due to school closures prompted by the COVID-19 crisis. When the closures began, the ongoing data collection was paused, and data collection procedures were rethought. To study the transition to a remote club model, additional questions were added to the general member, advisor, and leader data collection tools on 04/07/20 (Appendix H). On 04/27/20, Regional Managers started emailing general club members and advisors (if their schools had not previously participated in surveys) to ask them to complete

the general member survey and advisor survey (Qualtrics links were provided). Due to time

constraints of Regional Managers, small group discussions with club leaders did not resume.

<div align="center">**Results**</div>

Quantitative Data

General Club Member (Overall)

A total of 645 students in grades 9-12 filled out the GCM check-in survey. These

members were spread throughout the nation, 75.04% female, and 44.65% White (see Table 2 for

demographic information).

Table 2

General Club Member: Demographic Information

		n	%
Region (n=643)	Arizona	84	13.06
	Indiana	100	15.55
	National	76	11.82
	New York	82	12.76
	NorCal	194	30.17
	SoCal	107	16.64
Grade (n=645)	9th	99	15.35
	10th	165	25.58
	11th	190	29.46
	12th	191	29.61
Gender identity (n=645)	Female	484	75.04
	Male	134	20.78
	Other	27	4.19
Race/Ethnicity (n=645)	Asian	107	16.59
	Black or African American	41	6.36
	Hispanic/Latinx	92	14.26
	Multi-racial	100	15.50
	Other	17	2.64
	White	288	44.65

The most frequently cited reasons for joining the club were to learn about MH (18.83%),

because their friends were part of the club (13.89%), and because the club sounded fun

(12.91%). Of the 82.54% of GCMs who said their parents/guardians knew they were part of the

club, almost 70% indicated that they had conversations with their parents/guardians about it.

About 60% of students reported that member engagement in their club activities/meetings was

good/excellent and that diversity of club members (in regard to factors like grade, friend group,

sports, and extracurricular activities) was good/excellent.

The GCM survey also asked students about their perceptions of campus climate and what

non-members thought about the club. About three quarters of students felt that understanding and

empathy among students at their school became more positive due to the club. In addition,

44.82% of GCMs reported that general student body awareness of the club was good/excellent,

while 18.62% reported that this awareness was poor/terrible. A majority of GCMs also reported

higher than average likelihood that the following things increased among the general student

body as a result of the club's presence on campus: conversations about MH (57.25%), likelihood

to reach out to a friend who may be struggling (73.10%), likelihood to participate in a MH-

related activity/conversation (68.45%), and likelihood to seek help/guidance for themselves or a

friend from an adult at school (57.24% and 64.65%, respectively).

General Club Member (Regional Comparisons)

To determine if outcomes varied across the country for GCMs, comparisons were made

across the main club regions: Arizona, Indiana, National (interstate clubs not in a specific

region), New York, NorCal, and SoCal. Several significant differences were found among

regions (see Figures 1 and 2 for two examples of significant regional differences). Overall, the

New York region had some of the most positive ratings on Likert-scale questions for items like

perceived GCM engagement and general student body awareness, as well as for questions about

campus climate changes as a result of the club. The SoCal, Indiana, and National regions also

tended to have more positive ratings across different measures. In contrast, the Arizona region

had the most negative ratings on these measures, followed by the NorCal region.

Figure 1
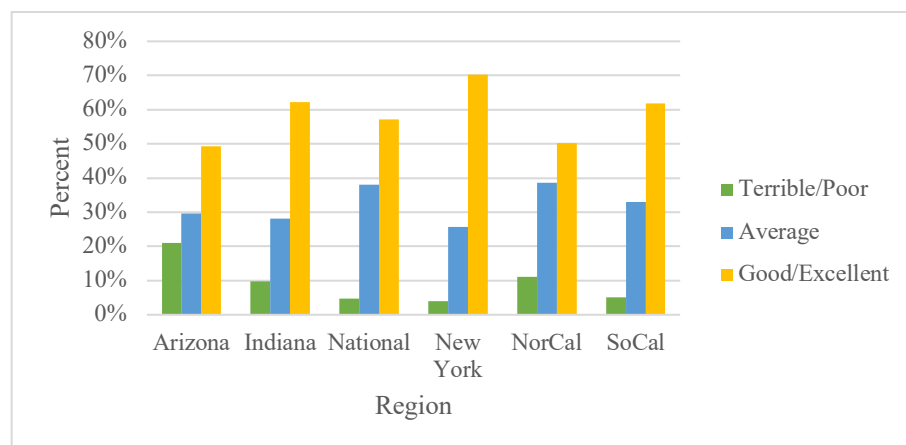
General Club Member Regional Comparison: General Student Body Awareness of the Club
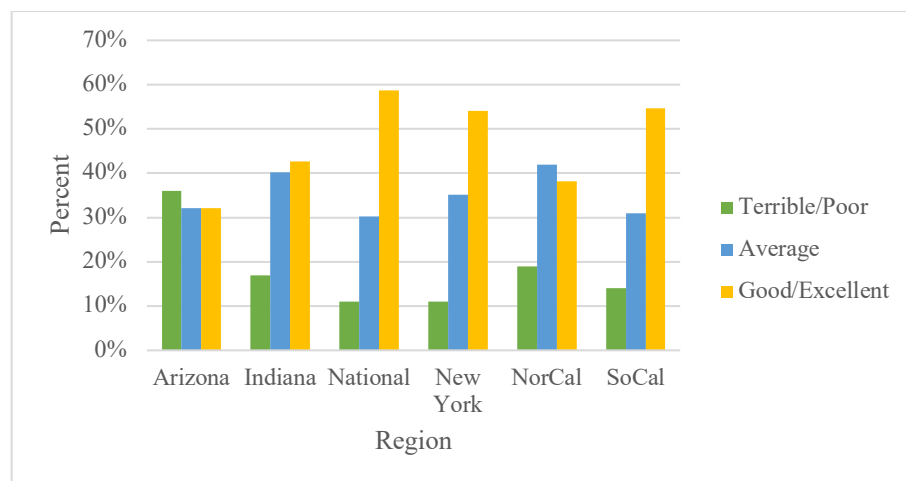
Note. Chi-square results: $\chi^2=33.09$, df=10, p<0.001.

Figure 2

General Club Member Regional Comparison: As a Result of the Club's Activities, How Has the Following Changed – Increased Conversations about MH?


Note. Chi-square results: $\chi^2=26.72$, df=10, p=0.003.

Club Leaders

Regional Managers conducted 52 small group discussions with club leaders across the nation. Within each conversation, there were 2-15 students (all from the same club; mean of 6.88 students). The leader check-in contained two quantitative questions about the general student body. First, when asked what non-member students benefited most from as a result of their club's work (select all that apply), the leaders indicated that general education about MH, self-care strategies, and awareness of MH resources were the top benefits (see Figure 3). Leaders were also asked about the biggest challenges related to MH at their school (select all that apply), and they indicated that these were stress and anxiety, student hesitation to talk about MH, and students feeling isolated or alone (see Figure 4).
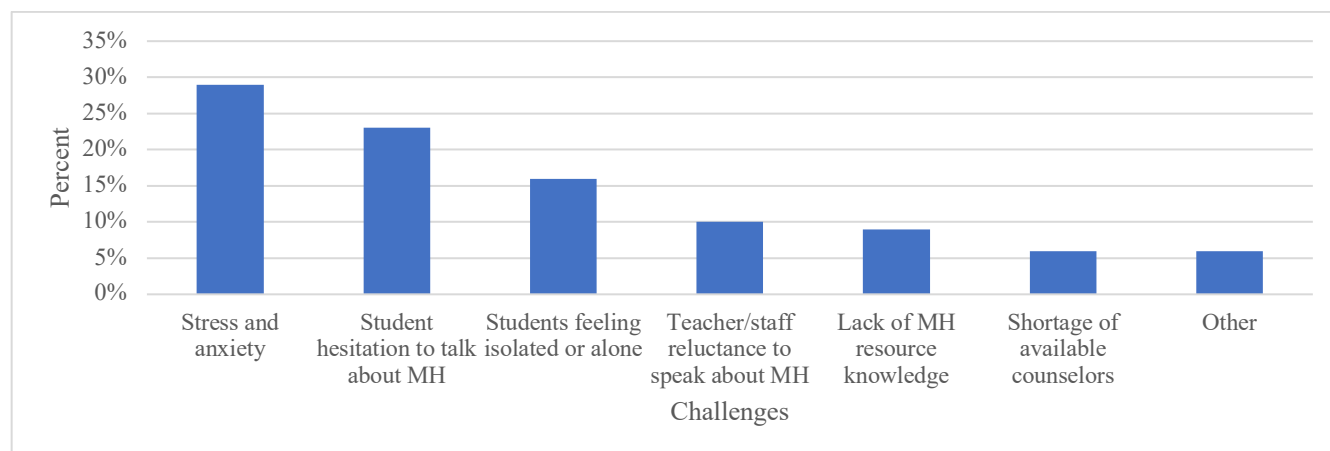
Figure 3

Club Leader: Benefits for Non-Member Students as a Result of the Club's Work
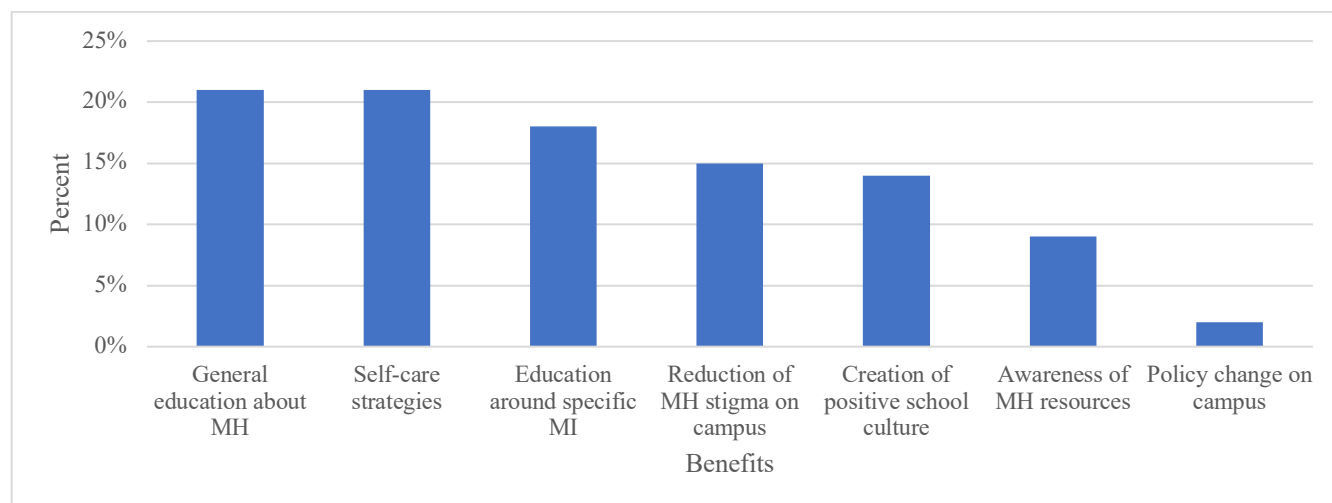
Figure 4

Club Leader: Biggest MH-Related Challenges on Campus

Club Advisors

Ninety-seven advisors across the nation completed the advisor check-in survey. These advisors had served in their role for a mean of 1.3 years (range: <1 – 4 years). Respondents reported their level of agreement with the following statements: "As a club advisor, I feel more confident to evaluate and facilitate discussions surrounding MH" (82.21% agreed), "I feel the presence of the club is making a positive difference at our school" (88.89% agreed), and "Because of the club, I feel students are more likely to help themselves or seek MH services in the future if needed" (73.03% agreed). Additionally, 83.72% of advisors felt that BC2M staff were very/extremely helpful in supporting advisor and club needs.

Seniors

Fifty-seven graduating seniors in the clubs completed the senior exit survey. Just over half were involved with the club for a year or less, almost 30% were involved for two years, and almost 20% were involved for three or more years. Of these seniors, 64.91% had held at least one officer position within their club. When asked what knowledge or skills they felt they gained or improved upon as a result of their time in the club (select all that apply), the seniors reported

improvements across all response options (see Figure 5). Seniors also reported that the club made a positive impact on their campus, they felt more knowledgeable about MH, they would be more likely to help themselves/others seek MH services, and they would recommend the club to other high school students (see Table 3 for results).

Figure 5

Senior: Knowledge/Skills They Felt They Gained/Improved Upon from Club Involvement
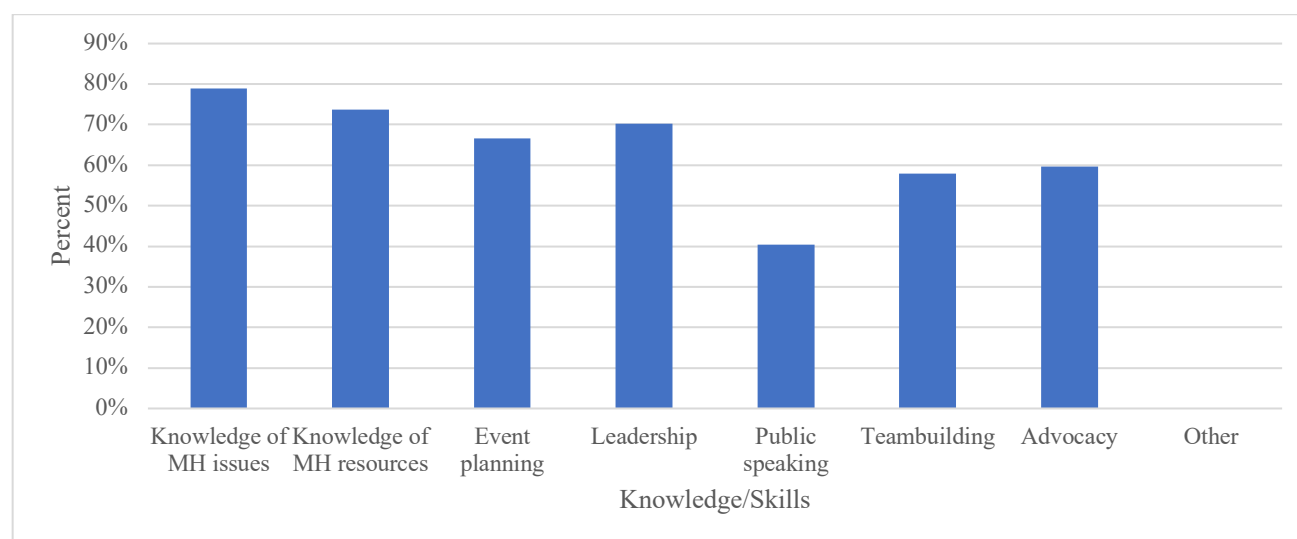
Table 3

Senior: Perceptions of Club and Its Impact

Question	n (%)		
	Yes/definitely yes	Neither yes nor no	No/definitely no
Do you feel the presence of the club made a difference at your school?	33 (83.67%)	5 (10.20%)	0 (0%)
Do you feel more knowledgeable about MH?	44 (89.80%)	4 (8.16%)	0 (0%)
Are you more likely to help yourself/others seek MH services in the future if needed?	48 (97.96%)	1 (2.04%)	0 (0%)

| How likely are you to recommend the club to other high school students? | 47 (95.91%) | 2 (4.08%) | 0 (0%) |

Qualitative Data: All Data Sources

Qualitative data came from open-ended questions in all four data sources (GCM, advisor, leader, and senior; see Table 4 for sample questions from each source). The qualitative data were analyzed collectively because the goals of the qualitative analyses were the same across all sources. In reading through the data, five code families were developed (see Appendix F for codebook; see Table 5 for quotes from each code family): club successes, improve MH culture, community, club challenges, and personal growth. To note, all reference counts below come from 799 individual surveys and 52 small group discussions.

Table 4

Qualitative Data: Sample Questions

Source	Sample Questions
General member	What have you enjoyed most about the club?
Advisor	Please share one of your favorite club moments. What other resources or support do you wish you had more access to as a club advisor? Do you have any general suggestions for the club program?
Leader	What has been the biggest highlight/accomplishment for your club? What challenges do you face during your meetings (e.g., member attendance, member input, difficulty finding a topic to cover)? What other resources or opportunities would you like to have access to?
Senior	Please share one of your favorite club moments. What do you feel is the most important take-away from your involvement with the club?

Club Successes (501 references)

Most of the comments within this theme centered on statements about how much club members and advisors loved specific events/activities that they put on with their club. Some of these comments touched on how the events/activities reached the entire student body on campus, as well as how many students enjoyed planning the events. Additional comments, mainly from advisors, focused on praise for club resources and BC2M's headquarters/staff (largely centered on their support and swift communication). Less commonly mentioned themes about club successes were club growth and member engagement.

Improve MH Culture (359 references)

Students and advisors discussed how their club made inroads in improving MH culture on their campus by helping to spread awareness of MH and destigmatize MI. By having more conversations about MH, club members felt they were normalizing the topic and educating other students. Students additionally discussed wanting to affect change through the club and learning to use their own voices and act as advocates for the cause.

Community (321 references)

Comments within this theme mainly came from GCMs, who discussed how the club is an accepting, positive, and inclusive place where they can come together with friends and strangers as a community. They felt comfortable in the club and viewed it as a safe space for them to share their experiences and thoughts without judgment from other members. They also viewed other members as welcoming and supportive. Additionally, they appreciated the ability to make new friends and build relationships with other club members.

Club Challenges (276 references)

Advisors and club leaders discussed challenges around club resources, which included needing more physical resources and guidance/tips for club operations and activities. Calls for more resources included the following: more activity ideas, suggestions for guest speakers (especially local speakers) and community connections, recruitment tips, training resources for club members (e.g., leadership training), additional merchandise from headquarters, and help connecting with clubs at other schools. Other challenges centered around club membership (e.g., problems with member engagement, commitment, and recruitment). Less frequently cited were challenges relating to organizational factors such as problems with planning and focusing during club meetings, as well as issues with club awareness on campus. Advisors commonly discussed feeling like they do not have enough time to invest in the club as they want to and/or are overwhelmed with their workloads.

Personal Growth (26 references)

Students discussed how they grew as a result of participating in the club, such as by stepping into leadership roles, presenting in front of an audience, and learning to appreciate different perspectives.

Table 5

Qualitative Data: Examples of Quotes for Each Code Family

Code Family	Respondent Quote
Club successes	*Advisor*: "We did a suicide prevention assembly. It was so great the way group members worked together to complete a skit and perform the skit for the entire school. It showed me how truly brave my students are." *Senior*: "One of my favorite [club] moments was creating a tackle stigma poster for the football game. We had huge support from administration and our club members in planning as well as decorating our poster. Club officers went around to multiple classrooms and received signatures for the poster from all students! It was awesome!"

Improve MH culture	*Advisor*: "Students feel more comfortable opening discussing mental health and wellness in the Club and in the school as a whole." *Leader*: "Mental health is not talked about so its powerful for the school to have a club to show people it's common." *GCM*: "I love the impact that our group has made. It's such an amazing feeling being able to help other people learn about mental health and help them feel better." *Senior*: "Everyone can participate in ending the stigma. It is just a process of changing how you approach mental health. The more we advocate and promote change the more everyone will see how it is something everyone has a connection to and really should care about."
Community	*GCM*: "I love the sense of community our club has. It allows us a space to really talk to one another and become vulnerable." *Senior*: "When platforms are provided and safe spaces are created, there is a real opportunity for change to be made in our communities by engaging in an open discussion on mental health without fear of judgment." *GCM*: "I have enjoyed the endless support this club has given me. Right after I joined the club I started dealing with mental health issues in my family and among my friends, it was a weird coincidence, but without being in the club, I would not have been able to get through it."
Club challenges	*Advisor*: "Recruitment for club members has been difficult. Our officers are very motivated but they are all the same 6 girls who are in the same grade and friends with one another. I would love to diversify and have representation from other genders, grades, etc." *Leader*: A challenge is "member attendance, pulling people into the meetings are hard." *Leader*: It would be helpful to have "contact info for guest speakers / professionals that can provide more information on mental health."
Personal growth	*GCM*: "I enjoyed this club because it helps me learn how to be a leader to others." *Senior*: "My general understanding of having greater patience and empathy for people who struggle with mental health has been improved thanks to this club."

Discussion

Through the myriad of activities/events run during the school year, BC2M's high school clubs are likely affecting perceived change in their overall campus MH climate. Over three-fourths of GCMs said that understanding and empathy among students at school became more positive because of the club. GCMs also indicated that the likelihood of many other positive behaviors increased among the general student body (e.g., participate in a MH-related

activity/conversation, reach out to a friend who may be struggling). Club leaders and advisors additionally reported that their clubs' work was making a positive impact on their campuses, as evidenced in perceived reduction of MH stigma, increased education around specific MI, and perceived likelihood of students to seek MH help in the future when needed. The qualitative findings also support improvements among the campus climate, with many comments centered on achievements in spreading awareness of MH and destigmatizing MI through club activities, events, and discussions.

An important perceived benefit of the club is how it increases MH knowledge among club members and the general study body. For one, club leaders reported that non-member students receive education around specific MI and general education around MH. Graduating seniors additionally reported substantial gains in their own knowledge of MH issues and of MH resources due to their time in the club. The qualitative data also support gains in MH knowledge and awareness, with club members reporting that they were learning more about MH and teaching both themselves and other students on campus about MH and MIs. Additionally, 70% of GCMs who said their parents/guardians knew they were part of a club indicated that they had conversations with them about it. In doing so, the students are spreading MH awareness to a secondary audience.

A large reason that students felt comfortable discussing MH and MI and is due to the common perception of the club as a community. Because students reported that they feel accepted and included, they likely become comfortable discussing MH without fear of judgment from other club members. And by sharing their own MI experiences with other club members and students on campus, students increase the frequency of contact-based education, which has been documented to promote changes in attitude and knowledge (Chen et al., 2016; Corrigan et

al., 2012; Corrigan, Kerr, & Knudsen, 2005; Hinshaw & Cicchetti, 2000; Pinfold et al., 2005). This contact-based education directly ties into the meso level (social network and organizational) factors presented in the FINIS model, presented in the literature review (Pescosolido et al., 2008). Additionally, some activities/events that the clubs and BC2M as an organization hold fall into the macro level (societal-wide) factors of the this model (e.g., showing movies that depict characters with MI and/or discuss MH prominently, bringing in famous speakers to disclose their experiences with MI). Thus, the findings suggest that BC2M's program is influencing two of the three core components of the normative expectations that contribute to MI stigma (Pescosolido et al., 2008), supporting why the program yields perceived improvements in MH knowledge and overall campus climate around MH.

As Chen and colleagues (2016) report, another component of successful evidence-based programs among adolescents is evident within the present evaluation, in that students themselves lead the event planning and delivery on their campuses. While they have access to a plethora of activity/event ideas on the BC2M's online portal, the club members get to pick which they want to run and can contribute new ideas to the national organization. As a result, students have the chance to develop leadership skills and become more engaged in their work. Finally, the findings suggest that the club imparts MH/MI education via presentations on its online portal, newsletters with links to additional information, and other sources. This type of education serves to challenge false stereotypes that are often held about individuals with MI and to provide accurate information in its place (Corrigan et al., 2012).

While Ahmad et al. (2019) conducted a thorough examination of the BC2M's high school club program using a matched-pair, cluster-randomized design, they only looked at schools in California. In contrast, the present evaluation has data from schools across the country

(concentrated in NorCal, SoCal, New York, Arizona, and Indiana, with other schools in a National category), allowing for regional comparisons among GCMs that yielded several significant differences. The regional differences for New York, Indiana, Arizona, and NorCal fall in line with state rankings of the status of youth MH in America, with New York and Indiana in the top 20 states and Arizona and California in the bottom 20 states (MHA, 2020). The differences are also supported by state student-to-counselor ratios, with Arizona and California having the worst ratios of any state being evaluated (ASCA, 2015).

Therefore, the present evaluation suggests that the club is making inroads in improving MH knowledge, creating a community where GCMs feel comfortable to discuss MH and MI. These conversations help to normalize the topics and empower students to plan and lead club activities/events themselves. This in turn makes the students more connected to the club and teaches them advocacy skills. Students and advisors overall reported that the club is destigmatizing MI not only among the club members, but also among non-member students on campus. With the life-course perspective in mind, by impacting the students' attitudes and behaviors toward MH and MI while they are still adolescents, the club's work has the potential for a larger effect if the students carry what they learned forward in their lives (Sawyer et al., 2012). And because a majority of club members indicated that they have conversations with their parents/guardians about the club, the students are spreading their knowledge and perceptions beyond the walls of their school.

Strengths and Limitations

The present program evaluation has several strengths. For one, data were collected from four different sources, providing more perspectives about the program and its operations. The data sources also have relatively large sample sizes (especially the GCM dataset), making results

more generalizable and less liable to be influenced by outlying responses. Additionally, each data source produced both quantitative data (allowing for more objectively measured statistical analyses) and qualitative data (allowing for more unique insights and detailed information), giving a richer picture of how the program is doing. Finally, data were collected from schools across the country, increasing generalizability and granting the ability to draw regional comparisons.

Alongside these strengths are several limitations – many of which are discussed in more detail within the methods section. The cross-sectional nature of data collection and the lack of a control group with which to compare results preclude causal conclusions. Additionally, time constraints during check-ins caused differences in how leader group discussions were conducted and caused some of the check-ins to end before all questions could be addressed. The time limitations also prevented some GCMs and advisors from completing their check-in survey during the meeting time, so the Regional Managers sometimes asked them to do the survey on Qualtrics on their own time. It is likely that some students and advisors did not do the survey as a result. Finally, when COVID-19 started causing school closures across the country, we stopped doing leader small group check-ins, reducing the sample size of this data source.

Next Steps and Recommendations

Programmatic Recommendations

The results of the present evaluation indicate several areas where BC2M can improve their high school club program. For one, they can strive to increase the diversity of their club members, as it is three-fourths female and 45% White. Additionally, over 40% of the GCMs stated that the diversity of club membership in regard to things like grade, friend group, sports/extracurricular activities was *terrible, poor,* or *average*, showing room for improvement.

Growth in this area is crucial, as research suggests that diverse groups are often more successful than their homogenous counterparts, being more careful in how they process information and more innovative in their work (Rock & Grant, 2016).

Additionally, BC2M should focus on increasing member engagement. Sontag-Padilla and colleagues (2018) found that Active Minds club members who became more engaged with the club demonstrated higher perceived MI knowledge and different helping behaviors towards others with MI, and it is possible that increased engagement among BC2M's club members will produce similar results. Future program evaluations could delve into this factor by asking GCMs how many meetings/events they attended in the past semester. Alongside this, BC2M should try and boost general student body awareness of the club to help raise more MH awareness and increase recruitment. BC2M could work with schools whose GCMs reported high general student body awareness of the club to ask how they reach non-member students and then model new activities and tip guides based on this information.

BC2M could furthermore help the clubs in the Arizona region by focusing more resources and attention on them and trying to see if they can apply some of what is working in other regions to these clubs. However, significant improvements in this region may have to take place on a policy level. Finally, BC2M should reach out to their advisors to see how they can help them feel less overwhelmed with their duties.

Research Recommendations

Much research is still needed within the field of MI stigma. Just as Ahmad et al. (2019) did, more longitudinal studies with control groups should be conducted to study the impacts of programs like the one in the present evaluation to determine their efficacy. These studies should ideally have longer follow-up periods to ascertain if any significant findings are lasting.

Additionally, studies should include more than self-report data to reduce response bias and have larger sample sizes to have more statistical power. Another avenue for future research could be to examine the impact of anti-MI stigma efforts upon younger adolescents to determine if a certain target age produces better results. Finally, research should further examine how MI stigma differs across different parts of the country and potentially control for factors like student-to-counselor ratio, funding for MH, and other variables to isolate possible causes behind regional differences. BC2M can continue to study regional differences in future program evaluations and add more regions to their analyses as they continue to expand into more areas.

Policy Recommendations

To address the issue of MI stigma, it is important that policy changes be enacted. Improving the MH policy landscape can help individuals view MIs as more "valid" and therefore have less MI stigma (Pescosolido et al., 2008). Policies should therefore be developed to improve MH treatment access, such as by working with health insurance companies to improve MH care. Additionally, policy efforts could be focused on lobbying for increased governmental MH funding, especially targeted at adolescents. It would also be beneficial to institute a policy to mandate lower student-to-counselor ratios for schools to not only help increase the likelihood that students stay in school and enroll in college (ASCA, 2015), but also to ensure there are adequate MH resources on campus for students and to contribute to more MH dialogue. Finally, policy makers should work to include more MH-related topics in school curriculum requirements to normalize MH and MI.

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Appendix A

Club Member Check-In Survey 2020

1. Thank you for completing this brief check-in survey for Bring Change to Mind (BC2M). Please let your BC2M staff member know if you have any questions.

2. What is the name of your school? _____

3. What grade are you in?
    a. 9th
    b. 10th
    c. 11th
    d. 12th

4. What is your gender identity?
    a. Female
    b. Male
    c. Transgender
    d. Non-binary/non-conforming
    e. Prefer to self-describe _____
    f. Prefer not to respond

5. What is your race/ethnicity? Circle all that apply.
    a. White
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
    f. Hispanic/Latinx
    g. Other

6. Are you a club leader this school year?
    a. Yes
    b. No

7. People have a lot of different reasons for joining the BC2M club. What are some of the reasons you joined the BC2M club? Circle all that apply:
    a. Personal/family connection to the cause
    b. The club was well resourced
    c. My friends are part of the club

    d. To learn more about mental health
    e. I'd like to pursue a career in mental health
    f. The club sounded fun
    g. Experience for college applications
    h. To make new friends
    i. For leadership experience
    j. The advisor asked me to join
    k. Other _____

8. *If you are not a club leader this school year:* How comfortable are you in giving suggestions to your club leadership in terms of meeting topics or activity ideas?
    a. Highly comfortable
    b. Somewhat comfortable
    c. Somewhat uncomfortable
    d. Highly uncomfortable

9. What have you enjoyed most about the BC2M club?

10. Do your parents/guardians know that you are part of the BC2M club?
    a. Yes
    b. No

11. *If you said yes to question 10:* Have you had conversations with your parents/guardians about the BC2M club?
    a. Yes
    b. No

12. *If you said yes to question 10:* What resources would be helpful in engaging your parents/guardians? Circle all that apply:
    a. Leaflets
    b. Newsletter
    c. Speakers
    d. Conversation starters
    e. Other ideas: _____

13. As a result of the BC2M club, which of the below describes changes in understanding and empathy among students at your school?
    a. Much more negative
    b. Slightly more negative
    c. No changes
    d. Slightly more positive
    e. Much more positive

14. Do you feel like the BC2M club gives you ideas about self-care?
    a. I get a lot of ideas
    b. I get some ideas
    c. I get no ideas

15. Have you spent more time on your own self-care as a result of what you have learned from the BC2M club?
    a. I have spent a lot more time
    b. I have spent some more time
    c. I have not changed the time I spend
    d. I have spent less time

16. How would you rate:

    a. General student body awareness of the BC2M club

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    b. Member engagement in BC2M club activities + meetings

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    c. BC2M headquarter communication (e.g., newsletters and emails)

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    d. Diversity of club membership in regards to things like grade, friend group, sports/extracurricular activities

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

17. As a result of the BC2M club's presence and activities, how would you rate changes in the following among the general student body at your school:

    a. Increase in empathy and understanding about mental health

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    b. Increased conversations about mental health

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    c. Likelihood to reach out to a friend who may be struggling

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    d. Likelihood to participate in a mental health-related activity/conversation

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    e. Likelihood to see help/guidance for themselves from an adult at school

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

    f. Likelihood to seek help/guidance for a friend from an adult at school

1	2	3	4	5
Terrible	Poor	Average	Good	Excellent

Appendix B

Advisor Check-In Survey 2020

1. Thank you for taking the time to complete the survey below. We would like to hear about your experience being a BC2M Club Advisor at your high school. This valuable information will help us learn about the impact of the program and how we can better support your school in the future.

2. The staff at BC2M appreciates you!

3. What is the name of your high school? _____

4. How many years have you been involved with BC2M as an advisor? _____

5. How much do you agree with the following questions:
   a. As a BC2M club advisor, I feel more confident to educate and facilitate discussions surrounding mental health?
      i. Strongly disagree
      ii. Disagree
      iii. Somewhat disagree
      iv. Neither agree nor disagree
      v. Somewhat agree
      vi. Agree
      vii. Strongly agree
      viii. Please explain:

   b. I feel that the presence of the club is making a positive difference at our school?
      i. Strongly disagree
      ii. Disagree
      iii. Somewhat disagree
      iv. Neither agree nor disagree
      v. Somewhat agree
      vi. Agree
      vii. Strongly agree
      viii. Please explain:

   c. Because of the club, I feel students are more likely to help themselves or others seek mental health services in the future if needed?
      i. Strongly disagree
      ii. Disagree

        iii.   Somewhat disagree

        iv.   Neither agree nor disagree

        v.   Somewhat agree

        vi.   Agree

        vii.   Strongly agree

        viii.   Please explain:

6. Please share one of your favorite BC2M moments:

7. How often do you use the portal?
   a. Never
   b. Rarely
   c. Occasionally
   d. Often
   e. Always

8. What do you find useful, and what do you feel could be added to the portal?

9. How often do you read the bi-monthly newsletter?
   a. Never
   b. Rarely
   c. Occasionally
   d. Often
   e. Always

10. What do you find useful, and what do you feel could be added to the newsletter?

11. How helpful is the staff at BC2M headquarters in supporting you and your club's needs? How so?

    a. Not helpful at all _____

    b. Slightly helpful _____

    c. Moderately helpful _____

    d. Very helpful _____

    e. Extremely helpful _____

12. Did your school participate in the BC2M Youth Summit?
    a. Yes
    b. No

13. *If you said yes to the previous question*: What would you like to see added to the summit to support you more?

14. What other resources or support do you wish you had more access to as a Club Advisor?

15. How would you rate your overall experience as a BC2M club advisor (1 = low, 5 = high), and please explain:
    a. 1
    b. 2
    c. 3
    d. 4
    e. 5

16. Do you have any general suggestions for the BC2M club program?

Appendix C

Leader Check-In Questions 2020

BC2M staff - fill out questions 1 - 6 before you arrive at the school.

1. School name: _____

2. Advisor name:_____

3. Date of focus group: _____

4. Start time of focus group: _____

5. How many students are in this leader check-in focus group? _____

6. Was this club active last school year?
    a. Yes
    b. No

BC2M staff - ask the following questions with club leaders (or all club members if <10 students total) in a small group discussion format. Please take detailed notes of what the students said, and then record their answers in Qualtrics.

7. Why did your BC2M club start originally?

8. Approximately how many members are in your BC2M club (i.e., how many students are signed up to be members of the club, even if they don't attend each meeting)?

9. How many activities/events (includes all-school and in-club activities/events) did your club host last semester?

10. *If the club hosted 1+ activities last semester:* Please list the activities/events (includes all-school and in-club activities/events) that you ran.

11. *If the club hosted 1+ activities last semester:* Which activities were the most successful?

12. *If the club hosted 1+ activities last semester:* Which activities were the least successful?

13. How many activities/events do you expect to host (or are on track to host) this semester?

14. From your club's work, what do non-member students benefit most from at your school? Select all that apply:
    a. General education about mental health
    b. Education around specific mental illnesses
    c. Self-care strategies
    d. Policy changes on campus
    e. Reduction of mental health stigma on campus
    f. Awareness of mental health resources
    g. Creation of a positive school culture

15. What has been the biggest highlight/ accomplishment for your BC2M club?

16. What challenges do you face during your meetings (e.g., member attendance, member input, difficulty finding a topic to cover)?

17. What are the biggest challenges related to mental health at your school? Select all that apply:
    a. Stress and anxiety
    b. Student hesitation to talk about mental health
    c. Shortage of available counselors
    d. Lack of mental health resource knowledge (e.g. crisis numbers, community resources, etc.)
    e. Students feeling isolated or alone
    f. Teacher and staff reluctance to speak about mental health
    g. Other, please comment:

18. *If the club was active last year:* How has your club membership changed from last year? Select all that apply:
    a. Grown

      b. Same size
      c. Reduced size
      d. More gender diversity
      e. More committed members
      f. Less committed members
      g. Mainly new members
      h. Mainly returning members
      i. Other comments:

19. How often does your BC2M club meet?
      a. Weekly
      b. Every two weeks
      c. Every month
      d. Once per semester

20. How can BC2M help you more? Select all that apply, and please explain:
      a. More grant money
      b. More club merch/swag
      c. More communication from headquarters
      d. More leadership opportunities
      e. Training for club leaders
      f. More/better activities
      g. More/better presentations
      h. Improved guidance/tips for running a successful club
      i. Other:

21. Have you thought about leadership succession for next year?
      a. Please explain:

22. How often does your club leadership access the BC2M portal?
      a. Every week
      b. Once per month
      c. Once per semester
      d. Once
      e. Never

23. *If students answer yes to previous question:* How would you rate the presentations and activities on the BC2M portal?
      a. Excellent

      b. Good

      c. OK

      d. Not great

      e. Very poor

      f. Comments on these resources:

24. What other resources or opportunities would you like to have access to?

25. Any other feedback you want to give us?

26. *BC2M staff: Record end time of focus group _____*

Appendix D

2020 Check-in Manual

<u>Materials needed</u>
- Hard copy of 2020 check-in survey guidelines (this document)
- Hard copies of surveys
    - General member (1 per student, plus a few extra)
    - Leadership (1 for you to write on, plus a few extra for leaders to look at)
    - Advisor (1 per club advisor)
- Pens
- Have QR code for and Qualtrics link on laminated paper for 1) general member survey and 2) advisor survey

<u>Before you meet with the club</u>
- When setting up the check-in meeting with your club, email the advisor/club leaders with the following information:
    - Date/time of when you're coming
    - Send them the survey QR codes/links and ask that they have the general member check-in survey QR code/link displayed before the students arrive, and get the students started on this survey right away
    - Suggest that they have an activity planned for non-leader club members to do while BC2M staff are talking with the leaders (ideas include: planning for the next event/meeting, club-member bonding activity)
- Before arriving at the meeting, fill out the top portion of the leader check-in survey (questions 1 - 6).

<u>How surveys will be conducted</u>
1. All students (including leaders) fill out the general member check-in survey on Qualtrics (or if the students cannot use their phones, on paper).
2. Advisor fills out advisor check-in survey on Qualtrics.
3. After students have finished completing general member check-in survey, then conduct the leadership small group discussion:
    a. If < 10 students total, conduct small group discussion with the whole club
    b. If ≥10 students total, conduct small group discussion only with club leaders

Notes:
1. Questions on the leader check-in survey are written in order of importance, so don't worry if you don't get to all the questions on the survey (i.e., don't rush the group through the survey just to finish it).

2. Anything written in italics on the surveys serves as a note to BC2M staff who are conducting the check-ins.

Definitions

Activities/events: Includes all-school and in-club activities/events.

Stigma: "When someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype)...Stigma can lead to discrimination."

Empathy: "The capacity to understand or feel what another person is experiencing from within their frame of reference, that is, the capacity to place oneself in another's position."

Self-care: "Any activity that we do deliberately in order to take care of our mental, emotional, and physical health."

Member engagement: When your club members actively participate in club events and club meetings.

When with the club (in person)

BC2M staff: *Hi everyone. Today we're asking all club members to fill out our brief check-in survey to let us know more about you and your thoughts of the BC2M club. Your feedback is extremely valuable to us, and it will help us make the club better for you moving forward. Please use this QR code/link and independently fill out the survey on your cell phones* (or on paper, if the school has poor cell service/doesn't allow the students to use their phones). *Feel free to let us know if you have any questions.*

If advisor has not already put it up, BC2M staff to put up general member QR code/link (or hand out hard copies of surveys) and get all club members started on their surveys.

BC2M staff: *Club leaders, we will be conducting a separate small group discussion with you after completion of this survey.*

BC2M staff to explain advisor survey to club advisor: *We would also love to hear your feedback about your experience as a BC2M club advisor. Please use this QR code/link to fill out your survey, and let me know if you have any questions. Thank you - we really appreciate your time.*

BC2M staff to put up advisor QR code/link (if they don't have it handy from your email the day before) and get them started on their survey.

Leader Check-in Survey
This small group discussion will be held after the leaders finish filling out the general member check-in survey. If in-person, BC2M staff to gather club leaders (or if <10 club members total, all club members) in a quiet area, and situate group into a circle to encourage group discussion.

BC2M staff: *Thank you for talking with us today. We are hoping to learn about your thoughts of the BC2M club, what is working, and what can be improved upon. We're going to ask you all some questions, and we encourage you to give us your honest opinions.*

Here are hard copies of the survey for you to follow along with. They can serve as a reference for you, which will be useful for our multiple choice answer options. You don't need to write anything on these papers, and I'll record your answers on my own paper.

BC2M staff to hand out hard copies of the leader check-in survey. Begin discussion, and BC2M staff to take notes during the discussion.

After leaving the club, transcribe all answers into Qualtrics: bc2m2020leader (https://usfca.co1.qualtrics.com/jfe/form/SV_aVPjAIUkyprt52J)
When with the club (virtual)
Start video chat.

BC2M staff: *Hi everyone. Today we're asking all club members to fill out our brief check-in survey to let us know more about you and your thoughts of the BC2M club. Your feedback is extremely valuable to us, and it will help us make the club better for you moving forward. Please use this QR code/link and independently fill out the survey on your cell phones. Feel free to let us know if you have any questions.*

If advisor has not already put it up, BC2M staff to share screen with general member QR code/link and get all club members started on their surveys.

BC2M staff: *Club leaders, we will be conducting a separate small group discussion with you after completion of this survey.*

BC2M staff to explain advisor survey to club advisor: *We would also love to hear your feedback about your experience as a BC2M club advisor. Please use this QR code/link to fill out your survey, and let me know if you have any questions. Thank you - we really appreciate your time.*

BC2M staff to scroll down to show advisor QR code/link (if they don't have it handy from your email the day before) and get them started on their survey.

Leader Check-in Survey
This small group discussion will be held after the leaders finish filling out the general member check-in survey. Ensure all leaders (or all students in club if <10 students) can see the screen/you can see them.

BC2M staff: *Thank you for talking with us today. We are hoping to learn about your thoughts of the BC2M club, what is working, and what can be improved upon. We're going to ask you all some questions, and we encourage you to give us your honest opinions.*

Here is a copy of the survey for you to follow along with. It can serve as a reference for you, which will be useful for our multiple choice answer options.

BC2M staff to share screen with check-in document. Begin discussion, and BC2M staff to take notes during the discussion.

After leaving the club, transcribe all answers into Qualtrics: bc2m2020leader (https://usfca.co1.qualtrics.com/jfe/form/SV_aVPjAIUkyprt52J)

Appendix E

Senior Exit Survey 2020

1. Thank you for taking the time to complete the survey below. We would like to hear about your experience being a BC2M club member at your high school. This important information will help us learn about the impact of the program and how we can better support your school in the future. The staff at BC2M appreciates you!

2. How many years were you involved with BC2M?
    a. 0-1 years
    b. 2 years
    c. 3 years
    d. 4 years

3. Were you ever in an officer position for your club?
    a. Yes
    b. No

4. *If you were ever in an officer position for your club*: What was your position(s):

5. What knowledge or skills do you feel you have gained or improved upon from being involved with the BC2M club? Select all that apply.
    a. Knowledge of mental health issues
    b. Knowledge of mental health resources
    c. Event planning
    d. Leadership
    e. Public speaking
    f. Team building
    g. Advocacy
    h. Other (please specify) _____

6. What are your post high school plans?
    a. I plan to attend a four-year college or university
    b. I plan to attend a community college
    c. I plan to enter a private trade, technical, or art school
    d. I plan to enlist in a branch of the military
    e. I plan to take a gap year
    f. I plan to enter the work force
    g. Other (please specify) _____

7. *If you are planning to attend a four-year college/university; community college; or private trade, technical, or art school:* Where do you plan to attend?

8. How likely are you to pursue a profession that relates to mental health?
   This includes careers such as a mental health educator, a mental health nurse, a psychiatrist, a psychologist, or working for an organization with a mission to address mental health.
   a. Very unlikely
   b. Unlikely
   c. Neither unlikely nor unlikely
   d. Likely
   e. Very likely

9. Please share your feelings toward the following statements
   a. Do you feel that the presence of the club made a difference at your school?
      i. Definitely no
      ii. No
      iii. Neither yes or no
      iv. Yes
      v. Definitely yes

   b. Do you feel more knowledgeable about mental health?
      i. Definitely no
      ii. No
      iii. Neither yes or no
      iv. Yes
      v. Definitely yes

   c. Are you more likely to help yourself or others seek mental health services in the future if needed?
      i. Definitely no
      ii. No
      iii. Neither yes or no
      iv. Yes
      v. Definitely yes

d. If there is a mental health club active at your future college or academic institution, would you join?
  i. Definitely no
  ii. No
  iii. Neither yes or no
  iv. Yes
  v. Definitely yes

e. How likely are you to recommend to the club to other high school students?
  i. Definitely no
  ii. No
  iii. Neither yes or no
  iv. Yes
  v. Definitely yes

10. Please share one of your favorite BC2M club moments.

11. What do you feel is the most important take-away from your involvement with the BC2M club?

12. We really value your participation and would like to keep you informed of future BC2M opportunities. If you would like, please provide us with your contact information so we can stay in touch!

a. Name: _____

b. Email address: _____

Appendix F

Codebook

Name	Description	Files	References
Club challenges	Comments about problems/challenges that clubs are facing.		
Membership challenges	Comments about difficulties with club member engagement, commitment, recruitment, diversity. Includes comments about members not feeling comfortable discussing things in the club. "Member attendance - they have to alternate clubs" "Not feeling open to talk"	2	61
Organization challenges	Comments about challenges in club organization, planning, focus. Also includes comments about not having enough time. "Getting motivated and organized. Not having specific leadership positions so ideas and plans get lost."	2	33
Resource challenges	Comment expressing needs for more or different resources/guidance for meetings, activities, events, summit, portal, and newsletter. Includes comments about not using resources. "More ideas for how to get more members" "more students should know about leadership opportunities, way to attract more students"	2	168
School factor challenges	Comments about challenges related to lack of awareness of club, lack of support from school administration/teachers, issues with counselors (lack of, hesitancy to see, don't touch on right issues) etc. "Campus-wide apathy, getting administration, and other clubs' to collaborate." "Unavailability of counselors/therapist i.e. more time to meet with them and do so individually."	2	14
Club successes	Positive comments about the BC2M club itself (events/activities, summit, resources, staff, growth). Excludes comments about club's impact on MH and community.		
Club growth	Comments about club growing/improving over time. Includes comments about club engagement. "Club has grown bigger than it was last year." "Awareness of club on campus is improving"	4	36
Events and activity praise	Positive comments about BC2M club events, activities, and club meetings (excluding the summit) themselves or about the process of planning club events/activities. "Getting involved in fun activities!" "I've enjoyed making the happiness rocks the most, since it was such a simple gift but it made so many people smile."	4	293

Name	Description	Files	References
HQ and staff praise	Positive feedback about BC2M staff and headquarters. "BC2M was there and they have always been there for good or bad. They have always been there and that's something I'll never forget" "Quick to offer support or direct students to resources"	3	43
Resource successes	Positive comments for club resources (e.g., portal, swag). "The handbook is a good guide along with the emails of information." "The club intro welcome marketing stuff was gold."	4	98
Summit praise	Positive comments about the BC2M annual summit/regional meet ups. "Attending the summit was so much fun."	4	31
Community	Comments about having a community as a result of the BC2M club, including having a "safe space" to discuss MH, feeling accepted by other club members, receiving support from others, and having friendship within the club.		
Safe space	Comments about feeling that the BC2M club is a safe space and feeling accepted/not judged by other club members. Comments about the club's positivity. Includes statements like "the community of the club." "The ability to share with strangers about absolutely anything. It's a safe environment and I don't feel judged."	4	174
Support	Comments about receiving support from other club members, finding/maintaining friendships through the club, connections with others, and receiving support from the club. "The connections I have made with people that I wouldn't have had other wise" "I've enjoyed the connections with other students and faculty the most. It's been great to feel like I'm making an impact on people I care about."	4	147
Improve MH culture	Comments about how the club helps in improving MH, including spreading awareness, educating others, working to make change, and reducing stigma of MI.		
Change-making	Comments about making change in MH, advocacy, and helping others. "I love the impact that our group has made. It's such an amazing feeling being able to help other people learn about mental health and help them feel better." "The chance to make a difference in my community."	4	122
Ending stigma	Comments about reducing/ending stigma of MI. "The club is effective at lessening the stigma around mental health simply by talking about it." "I genuinely believe we are working towards de-stigmatizing mental health."	4	16

Name	Description	Files	References
MH awareness	Comments about spreading awareness of MH, educating self/others about MH, and discussing MH. "i love being able to help others learn about mental illness and create more awareness of it"	4	221
Personal growth	Comments about experiencing personal growth/improvements as a result of club membership (e.g., leadership, learning a new skill, self-care). "Bring in the club also helped to open my eyes about other people's perspectives." "I was glad to see our student advisor step up in a leadership role and create events that supported mental health."	3	26

Appendix G

Coding Memos

BC2M Club Challenges – Analysis Memo

Summary
Advisors and club leaders discussed challenges around club resources, which included needing more physical resources and guidance/tips for club operations and activities. Additional challenges centered around club membership (e.g., problems with member engagement, commitment, and recruitment). Less frequently cited were challenges relating to organizational factors such as problems with planning and focusing during club meetings, as well as issues with club awareness and support on campus.

Resource challenges (168 refs)
- Codebook: Comment expressing needs for more or different resources/guidance for meetings, activities, events, summit, portal, and newsletter. Includes comments about not using resources.
- Sources: Advisor and leader
- Some advisors were not aware that there was a newsletter and/or commented that they didn't read the newsletter or use the poral.
- Among advisors and club leaders, calls for more resources included the following: more activity ideas, guest speaker ideas (especially local speakers) and community connections, tips for recruitment, training resources for club members (e.g., leadership training), additional "swag"/merchandise from headquarters, and help connecting with other BC2M schools.
- Quotes
  - Advisor: I would like resources to help our leaders become better leaders.
  - Advisor: I would like to see more activities listed
  - Leader: Contact info for guest speakers / professionals that can provide more information on mental health
  - Leader: Wants to know how they can get involved in the community more as a BC2M club beyond their school.

Membership challenges (61 refs)
- Codebook: Comments about difficulties with club member engagement, commitment, recruitment, diversity. Includes comments about members not feeling comfortable discussing things in the club.
- Sources: Advisor and leader
- Member recruitment, attendance, and engagement were commonly cited challenges from club leaders and advisors.
- Quotes
  - Advisor: Recruitment for club members has been difficult. Our officers are very motivated but they are all the same 6 girls who are in the same grade and friends with one another. I would love to diversify and have representation from other genders, grades, etc.
  - Advisor: I just need more committed students.

     o   Leader: Member attendance, pulling people into the meetings are hard. Those who are active are those who attend the most, they take care of their mental health the most. Others would benefit to ho to these meetings so they can take care of their mental health more. We'd like more people to come regularly.

Organization challenges (33 refs)
- Codebook: Comments about challenges in club organization, planning, focus. Also includes comments about not having enough time.
- Sources: Advisor and leader
- Advisors commonly discussed feeling like they don't have enough time to invest in the club as they want to/are overwhelmed with their workloads.
- Leaders sometimes felt it was hard to get organized and be productive as a club.
- Quotes
  - Advisor: I was overwhelmed as a leader. My class sizes were too big and taking on a leadership club role was too much.
  - Leader: We want to be able to get all of our ideas out in one session. We need to work on organization.

School factor challenges (14 refs)
- Codebook: Comments about challenges related to lack of awareness of club, lack of support from school administration/teachers, issues with counselors (lack of, hesitancy to see, don't touch on right issues) etc.
- Sources: Advisor and leader
- Leaders and advisors discussed difficulties around club visibility on campus (due to apathy, lack of awareness, etc.), lack of support from campus staff/faculty, and unwillingness of students to see counselors. This was not as prominent of a theme.
- Quotes
  - Advisor: We have trouble gaining momentum on campus.
  - Leader: Campus-wide apathy, getting administration and other clubs to collaborate.
  - Leader: Not great understanding about mental health among teachers. Not a shortage of counselors but a hesitation to go.

BC2M Club Successes – Analysis Memo

Summary
Most of the comments within this theme centered on statements about how much club members and advisors loved specific events/activities that they put on with their club. Some of these comments touched on how the events/activities reached the entire student body on campus, as well as how much students enjoyed planning the events. Additional comments, mainly from advisors, focused on praise for club resources (e.g., the portal, activity ideas, merchandise) and, less frequently, BC2M headquarters/staff (mainly centered on support and communication). Less commonly mentioned themes about club successes were club growth/member engagement and praise for BC2M summits/regional meet ups.

Events and activity praise (293 refs)
- Codebook: Positive comments about BC2M club events, activities, and club meetings (excluding the summit) themselves or about the process of planning club events/activities.
- Sources: Advisor, general member, leader, senior
- Many comments stated specific "favorite" activities/events that a club had done or how much fun they had during an activity/event.
- Some comments also mentioned an impact that the activities/events had (e.g., spreading positivity, helping club members bond) or how they enjoyed the planning/preparation that went into an activity/event.
- Quotes
  - Advisor: We did a suicide prevention assembly. It was so great the way group members worked together to complete a skit and perform the skit for the entire school. It showed me how truly brave my students are.
  - General member: I personally like all the business aspects of it such as the planning and behind the scenes, as well as the fun activities we have gotten to do this year.
  - General member: I really loved doing all the fun activities with the group and planning our assembly!
  - Leader: The activities are really engaging.
  - Senior: Speaking at the assembly for a club activity to the whole school was fun!

Resource successes (98 refs)
- Codebook: Positive comments for club resources (e.g., portal, swag).
- Sources: Advisor, general member, leader, senior (just 2 refs)
- Most of the positive comments regarding club resources came from club advisors, who praised the portal, activity ideas, club merchandise, and hearing inspiration from other clubs.
- General club members and leaders also commented about how useful the BC2M resources are (e.g., Headspace).
- Quotes
  - Advisor: All the activities and presentations are super helpful!
  - Advisor: Great ideas given for the high school program. Students do not have to reinvent the wheel.
  - General member: I also appreciate all of the resources provided by the BC2M organization!
  - Leader: Headspace is cool, everyone downloaded that.

HQ and staff praise (43 refs)
- Codebook: Positive feedback about BC2M staff and headquarters
- Sources: Advisor, general member, leader (all but 5 comments were advisor)
- The advisors (and a few general members/leaders) praise BC2M's support through the club process.
- Several advisors made "shout outs" to their specific Regional Managers to say how great they were.
- Many comments mentioned receiving support and positive responsive communication from BC2M staff.
- Quotes
  - Advisor: Thank you for reaching out to help students help one another.
  - Advisor: Quick to offer support or direct students to resources

  - General member: Working with the amazing organization and leaders (BC2M gives us many opportunities)

Club growth (36 refs)
- Codebook: Comments about club growing/improving over time. Includes comments about club engagement.
- Sources: Advisor, general member, leader, senior (all but 2 comments were advisor/leader)
- Advisors and leaders (mainly) discussed their excitement at having their club grow and gain more members.
- Several advisors praised their student club leaders and discussed club engagement.
- Quotes
  - Advisor: The excitement and commitment of the leadership has been very encouraging.
  - Leader: Club has grown bigger than it was last year.
  - Senior: Seeing the club grow and improve has really been amazing to see over 4 years.

Summit praise (32 refs)
- Codebook: Positive comments about the BC2M annual summit/regional meet ups.
- Sources: Advisor, general member, leader, senior
- These comments praised the BC2M annual summit or the regional meet up that students/advisors have the option to attend each year.
- Quotes
  - Advisor: I enjoyed the Southern California retreat day back in November, especially meeting the facilitators and volunteers who lovingly give their time and hearts to bring awareness to mental health.
  - General member: I have enjoyed the opportunities BC2M has provided me. Especially with being able to connect with other club members from around the area through the annual BC2M summits.
  - Leader: Students attended and enjoyed summit, so they decided to create a club of their own.

BC2M Community – Analysis Memo

Summary

Comments in this theme mainly came from general club members, who discussed how the club is an accepting, positive, and inclusive place where they can come together with friends/strangers as a community. They feel comfortable in the club and view it was a safe space for them to share their experiences and thoughts without judgment from other members. They think the other members are accepting, welcoming, and supportive. Additionally, they love the ability to make new friends and build strong relationships with other club members.

Safe space (174 refs)

- Codebook: Comments about feeling that the BC2M club is a safe space and feeling accepted/not judged by other club members. Comments about the club's positivity. Includes statements like "the community of the club."
- Sources: Advisor, general member, leader, and senior
- Commonly used words/ideas include: safe space, welcoming, without judgement, openness, positive environment, feeling comfortable, accepting, trust
- Quotes
  - Advisor: The students in club feel like they can discuss issues with each other, and feel part of a safe and inclusive environment.
  - General member: The ability to share with strangers about absolutely anything. It's a safe environment and I don't feel judged.
  - General member: I love the sense of community our club has. It allows us a space to really talk to one another and become vulnerable.
  - Leader: Conversations within the meetings. Feel like they are able to trust their club peers and can all have discussions on these important topics. Members are very open with one another.
  - Senior: The most important take away is that mental health resources are crucial in supporting the mental health and well being of not only high school students, but everyone whose lives are touched by mental illness. When platforms are provided and safe spaces are created, there is a real opportunity for change to be made in our communities by engaging in an open discussion on mental health without fear of judgment.

Support (147 refs)
- Codebook: Comments about receiving support from other club members, finding/maintaining friendships through the club, connections with others, and receiving support from the club.
- Sources: Advisor, general member, leader, and senior (all but 5 refs were general member)
- Commonly used words/ideas include: support, relationships, making friends, connections, the people, bonding
- Quotes
  - General member: I was able to meet many new people and form new connections with the people that I met.
  - General member: being with my friends and working on the projects together
  - General member: I have met new people, also it's nice to be in a club with people who want to help with the same cause as I do.
  - General member: I have enjoyed the endless support this club has given me. Right after I joined the club I started dealing with mental health issues in my family and among my friends, it was a weird coincidence, but without being in the club, I would not have been able to get through it.
  - General member: I liked how we all supported each other as a team.

BC2M Improve MH Culture – Analysis Memo

Summary

Students and advisors discussed how the BC2M club made inroads in improving MH culture on their campus by helping to spread awareness of MH and destigmatize MI. By having more conversations about MH, club members normalize the topic and help educate other students. Students additionally discuss wanting to affect change through the club and learning to use their own voices/act as advocates for the cause.

MH awareness (221 refs)
- Codebook: Comments about spreading awareness of MH, educating self/others about MH, and discussing MH.
- Sources: Advisor, general member, leader, senior
- Students and advisors discussed how the club helps students, both in the club and around campus, learn about MH/MI. Through these conversations, awareness of MH/MI builds and the topics normalize.
- Several students stated that such conversations/awareness are not common at their schools, so their club is working to change that.
- Some comments focused on learning about a specific topic (e.g., self-love, damaging effects of silence around MI, anxiety).
- Several seniors made comments about the biggest "take-away" from their time in the club being about the importance of talking about MH and seeking help when needed.
- Quotes
  - Advisor: Students feel more comfortable opening discussing mental health and wellness in the Club and in the school as a whole.
  - General member: I have also enjoyed learning more about mental health and raising awareness about the importance of mental health.
  - General member: It's such an amazing feeling being able to help other people learn about mental health
  - General member: I am always happy after a meeting or event because I know that I helped spread awareness and might have helped someone without even knowing it!
  - Leader: Mental health is not talked about so its powerful for the school to have a club to show people it's common.
  - Senior: Mental health is just as important as physical health, and your friends should be people who you can talk about your mental health with openly.

Change-making (122 refs)
- Codebook: Comments about making change in MH, advocacy, and helping others.
- Sources: Advisor, general member, leader, senior
- Students and advisors discussed the impact that the club has had upon themselves and the general student body. Some discussed specific ways in which the club has affected change (e.g., people being more open to discuss MH, club members helping others, spreading positivity/happiness, improving the campus environment).
- Several seniors discussed how they learned to speak up/advocate for MH through their time in the club.

- Quotes
  - Advisor: I have already seen students make an attempt to help others and discuss therapy openly.
  - General member: I love the impact that our group has made. It's such an amazing feeling being able to help other people learn about mental health and help them feel better.
  - Leader: The club's success has also really helped with the wellness center's utilization.
  - Senior: That we all have our own battles we may be struggling with and the best way to help is to be considerate and open-minded and be there for the person in any way we can.
  - Senior: It's okay to seek help, in fact, it's crucial to seek help even when you don't think you want or need it.

Ending stigma (16 refs)
- Codebook: Comments about reducing/ending stigma of MI.
- Sources: Advisor, general member, leader, senior (leader and senior each had one ref)
- Though less frequently brought up than other codes, students and advisors discussed the mission of BC2M – to end the stigma and discrimination surrounding MI. Comments touched on how club events and discussions have helped to reduce MI stigma.
- Quotes
  - Advisor: The club is effective at lessening the stigma around mental health simply by talking about it.
  - General member: I enjoy the activities we provide for students and openly discussing mental health. I genuinely believe we are working towards de-stigmatizing mental health.
  - Senior: Everyone can participate in ending the stigma. It is just a process of changing how you approach mental health. The more we advocate and promote change the more everyone will see how it is something everyone has a connection to and really should care about.

BC2M Personal Growth – Analysis Memo

Personal growth (26 refs)
- Code: Comments about experiencing personal growth/improvements as a result of club membership (e.g., leadership, learning a new skill, self-care).
- Sources: Advisor, general member, senior (all but 6 references are general member)
- Students discussed how they grew as a result of participating in the club, such as by stepping into leadership roles, presenting in front of an audience, and learning to appreciate different perspectives.
- These skills are transferrable to students' lives outside the club, showing how the club can help students prepare for college and future jobs.
- Quotes
  - Advisor: I was glad to see our student advisor step up in a leadership role and create events that supported mental health.

- o General member: Being in the club also helped to open my eyes about other people's perspectives.
- o General member: i enjoyed this club because it helps me learn how to be a leader to others.
- o Senior: My general understanding of having greater patience and empathy for people who struggle with mental health has been improved thanks to this club.

Appendix H

Questions Added for Remote Schooling

General Club Member Survey

1. Is your school operating remotely?
   a. Yes
   b. No

If school is operating remotely:
2. Has your club met virtually since the start of your school's transition to remote learning?
   a. Yes
   b. No

3. Please select any new BC2M remote resources that you have used/watched/read.
   a. Quaran-Teen series
   b. Virtual Guidebook
   c. National Club Call (Zoom)
   d. BC2M's Instagram Live

4. *If Quaran-Teen series selected*: How helpful has the Quaran-Teen series been for your mental health?
   a. Very helpful
   b. Helpful
   c. Neither helpful nor unhelpful
   d. Unhelpful
   e. Very unhelpful

5. *If Virtual Guidebook selected*: How helpful has the Virtual Guidebook been for your mental health?
   a. Very helpful
   b. Helpful
   c. Neither helpful nor unhelpful
   d. Unhelpful
   e. Very unhelpful

6. *If National Club Call (Zoom) selected*: How helpful have the National Club Calls (Zoom) been for your mental health?
   a. Very helpful
   b. Helpful
   c. Neither helpful nor unhelpful

      d. Unhelpful

      e. Very unhelpful

7. *If BC2M Instagram Live selected*: How helpful has the BC2M Instagram Live been for your mental health?
   a. Very helpful
   b. Helpful
   c. Neither helpful nor unhelpful
   d. Unhelpful
   e. Very unhelpful

8. What other remote resources do you wish BC2M could provide? _____

Advisor Survey

17. Is your school currently operating remotely?
    a. Yes
    b. No

If school is operating remotely:
18. Has your club met virtually since the start of your school's transition to remote learning?
    a. Yes
    b. No

19. Have you started using the BC2M advisor Slack channel?
    a. Yes
    b. No

20. *If advisor has started using Slack:* How helpful is the Slack channel?
    i. Very helpful
    ii. Helpful
    iii. Neither helpful nor unhelpful
    iv. Unhelpful
    v. Very unhelpful

21. What other remote resources do you wish BC2M could provide to you and your students? _____

Leader Small Group Discussion

27. Is your school currently operating remotely?
    a. Yes

    b. No

28. Has your club met virtually since the start of your school's transition to remote learning?
    a. Yes
    b. No

29. *If club has met virtually since the start of the school closures:* How did your virtual meeting(s) go?

30. Please rate your agreement with the following statement: BC2M been meeting the needs of our club remotely?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

31. What new remote resources from BC2M are most helpful to your club members?

32. What could BC2M do better to help your club right now?