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The Lived Experience of Adolescents Who Provide Support to Friends with Anxiety, Depression or Suicidal Ideation

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To the Graduate Council:

I am submitting herewith a dissertation written by Ashley Roach entitled "The Lived Experience of Adolescents Who Provide Support to Friends with Anxiety, Depression or Suicidal Ideation." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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(Original signatures are on file with official student records.)

**The Lived Experience of Adolescents Who Provide Support to Friends with
Anxiety, Depression or Suicidal Ideation**

**A Dissertation Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville**

**Ashley Roach
May 2020**

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DEDICATION

This dissertation is dedicated to my husband Pat, and my three children, Mary, Anna, and James. You have been *my* support as I have researched supportive relationships. The way that you provide support to both me and to your friends is truly inspirational and I hope to be a friend like you when I grow up.

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ABSTRACT

Adolescence is a unique developmental period marked by opportunities and challenges. During this time, adolescents begin to rely on their peers as sources for support to manage challenges. They may seek support for mundane things such as help with homework or more serious issues such as mental health concerns. Receiving support from peers is beneficial and can help mitigate negative aspects of anxiety and depression and promote overall well-being. However, providing support can have adverse consequences. Little is known about friends who provide support related to mental health issues in the adolescent population. The purpose of this dissertation is to examine the experiences of adolescents who provide support to friends with mental health concerns. A phenomenological research design was used to answer the question: what is the lived experience of adolescents who provide support to friends with anxiety, depression, or who express suicidal ideation?" Participants for this study were ages 16-17 and included both males (n=2) and females (n=3). Data collection involved unstructured interviews lasting 25-75 minutes. Participants described their experience as "Kids Helping Kids" which is defined by the following themes: Being Fearful, Maintaining Vigilance, Seeking Knowledge, Keeping Secrets, Involving Others, Setting Boundaries, and Feeling Honored. Knowing the experiences of these adolescents provides a more well-rounded understanding of the issues surrounding adolescent mental health with several important implications for practice, research, and policy. Helping a friend with mental health concerns can be challenging yet rewarding. Nurses and other professionals should be aware of this role that some adolescents have and include the friends of adolescents with mental health concerns as part of plans and interventions to improve outcomes surrounding adolescent mental health.

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CHAPTER I: INTRODUCTION

Adolescent mental health is a significant national health care issue, affecting individuals, families, and communities, resulting in a \$247 billion annual health care, special education, criminal justice and decreased productivity cost in the United States (Centers for Disease Control and Prevention [CDC], 2013). Adolescence is a time of increased vulnerability to mental illness due to the neurological, physical, and social changes that adolescents experience (World Health Organization [WHO], 2018). Almost half of adolescents have reported symptoms of a mental health problem during their life; suicide is now the second leading cause of death of adolescents (Kessler, Chiu, Demler, & Walters, 2005; Merikangas et al., 2010). Friendships and peer support can have a positive impact on mental health conditions such as anxiety, depression, and suicidal ideation (Gallagher, Prinstein, Simon, & Spirito, 2014; Kornienko & Santos, 2014; Pachucki, Ozer, Barrat, & Cattuto, 2015). Although receiving support can be beneficial, but it can also take an emotional toll on the person providing the support, which can cause vicarious trauma or secondary traumatic stress (STS) (Bademli, Lok, & Kilic, 2017; Byrom, 2017). Up to 50% of professionals who work with youth with mental health concerns report experiencing symptoms of STS (National Child Traumatic Stress Network [NCTSN], 2011). Although the effects of providing support have been studied in formal caregiver relationships and in informal caregiver relationships in the adult population, the effects of providing support to a friend experiencing a mental health problem have not been studied in the adolescent population. Because of the significant role of friendships during this critical developmental period and the potential burden that providing support can cause, research on this topic is urgently needed.

The goal of conducting this research is to elucidate the experiences of adolescents (14-18 years of age) in the U.S. who provide support to friends experiencing depression, anxiety, or

suicidal ideation, by addressing the following study aim: Explore, using a phenomenological approach, the lived experience of 14-18-year-old adolescents in the U.S. who provide support to friends with anxiety, depression or suicidal ideation.

The researcher will collect data using open-ended interviews using qualitative methodology guided by a phenomenological approach. This method will allow participants to share their experiences using their own words, providing rich description and insight into the individuals' experiences.

Although health care professionals recognize the importance of caring for adolescents with mental health needs, little has been done to examine the experiences of the friends of those with mental health needs. While the role of friends is recognized as important, healthcare providers have neglected to acknowledge that they are individuals who may also experience STS while providing support to peers who have anxiety, depression or suicidal ideation. The proposed research will provide greater insight into the experiences of these adolescents and will allow for the development and delivery of appropriate assessments and resources to support adolescent friendships and to help mitigate poor short- and long-term mental health outcomes for this unique population.

This study will help to identify whether there are adverse consequences associated with providing support to friends with mental health needs during adolescence. Currently, the perspectives from a whole group of people who could be experiencing secondary traumatic stress are missing. The knowledge gained from this study will serve to broaden our understanding of adolescent mental health and better capture the true nature of the effects of adolescent mental health problems.

Significance

Recent trends have shown an increase in the number of adolescents in the U.S. with mental health challenges (CDC, 2013; Collishaw, 2015). Almost half of adolescents have reported symptoms of a mental health problem during their life (Kessler et al., 2005; Merikangas et al., 2010). Particularly concerning are the increasing rates of adolescent suicide and adolescents with anxiety and depression. If left untreated, adolescent mental health problems can lead to adverse consequences (WHO, 2016). Anxiety and depression can cause sleep disturbances, eating problems, and lack of engagement in education. In the U.S., suicide is the second leading cause of death of adolescents (U.S. Department of Health and Human Services [DHHS], 2016). Furthermore, poor mental health in adolescence can lead to long-term outcomes including failure to complete post-high school education and high unemployment rates, making adolescent mental health a significant psychological and social issue (Clayborne, Varin, & Colman, 2018). Understanding the relationships, particularly friendships, in adolescents' lives can potentially contribute to better health outcomes for this population.

Peer Support in Adolescence

During the developmental period of adolescence, youth begin to turn to their peers as a source of support (American Psychological Association [APA], 2002; Furman & Buhrmester, 1992; American Academy of Pediatrics [AAP], 2019). Adolescents may feel more comfortable confiding in their friends rather than their parents or other adults. Friends can offer tangible support such as a ride to school or emotional support to help manage mental health problems (Roach, 2019). Friends play a significant role in the lives of adolescents (APA, 2002; Furman & Buhrmester, 1992; AAP, 2019).

The supportive role of friendships can provide a mediating effect on health outcomes (Roach, 2018; Schaffer, 2013). Social support can buffer ineffective coping during a stressful event, changing the way in which the individual perceives and responds to the event (Cohen, Underwood, & Gottlieb, 2000). Social support can also mediate physiological responses to stress and promote stress-reducing behaviors. The impact of social support can help to improve both physiological and psychological health outcomes.

Peer relationships have a significant influence on adolescent mental health conditions such as anxiety, depression, and suicidal ideation (Gallagher et al., 2014; Kornienko & Santos, 2014; Newman, Newman, Griffen, O'Connor, & Spas, 2007; Pachucki et al., 2015; Szewedo, Chango, & Allen, 2014; Weber, Puskar, & Ren, 2010). Peer relationships in adolescence not only affect immediate health outcomes, but recent research indicates that perceptions of close peer relationships in adolescence can mediate depression and anxiety later in life (Jacobson & Newman, 2016; Mackin, Perlman, Davila, Kotov, & Klein, 2017).

Organizations have recognized the importance of peer support and have implemented peer support programs for adolescents who are dealing with mental health problems (Youthline, 2019). Through these programs, peers help to destigmatize mental illness. Peers can also be instrumental in teaching about mental health warning signs, participating in outreach programs, and answering crisis support phone lines.

Negative Aspects of Providing Support

Receiving support can be beneficial, but it can also take an emotional toll on the person providing support. Caregiver burden most commonly refers to the effect of formal caregiving or informal caregiving in the adult population (Bastawrous, 2013; Loukissa, 1994a). In adults, the

emotional toll of providing support to others is well-documented and can lead to depression and anxiety, especially in caring for those with mental health needs (Bademli et al., 2017; Loukissa, 1994; Pearlin, Mullan, Semple, & Skaff, 1990; Schulz & Sherwood, 2008; Shah, Wadoo, & Latoo, 2010; Sin, Murrells, Spain, Norman, & Henderson, 2016). It can also lead to detachment from the relationship and a lack of desire to provide further support. The language of caregiving burden has been used to describe the effects of providing support to a friend or roommate with mental health needs during college-age years and it has been found that being in a caregiving relationship during this age can lead to distress (Byrom, 2017). Formal caregivers who support others with mental health concerns may experience STS or “vicarious trauma” from repeated exposure to hearing about stories of others’ distress (Baird & Kracen, 2006). It is estimated that up to 50% of professionals who work with children who experience trauma experience secondary traumatic stress (NCTSN, 2011). These adults have been trained to work with adolescents who are experiencing challenging life circumstances, yet they may still experience trauma at high rates. Little is known about the effects of providing support to friends during stressful circumstances in adolescence. Unlike adult caregivers, these adolescents are likely untrained and ill-equipped to handle the mental health problems of others and are potentially at risk for STS.

Researchers who have studied adverse childhood events (ACEs) have found that children living in a household with someone who is depressed, mentally ill or has attempted suicide can cause negative lifetime consequences (Felitti et al., 1998). However, a limitation of the ACEs literature is that it does not include the impact of stressors outside of the home (Center on the Developing Child, n.d.). Despite the recognition of the adverse effects of toxic stress on the

developing brain, the stress of being exposed to friends who have anxiety, depression, or suicidal ideation is not well understood; yet, this exposure could have long-term implications.

Innovation

Although receiving support from peers and friends can be beneficial to the adolescent experiencing a mental health problem, little is known about the impact that the provision of support can have on the adolescent peer or friend. The purpose of this study is to understand the experience of providing support to a friend with a mental health concern. This research can help inform nurses and other professionals about how to assess social relationships and provide necessary resources for adolescents who support friends with mental health needs. Findings from this study will inform future research related to adolescent relationships and mental health. This study offers a novel addition to the body of adolescent mental health research. Although studies have been conducted to survey college-age adolescents and their perceptions of being a friend of someone with a mental health concern (Byrom, 2017), no studies have been found that have examined the experiences of high school-age adolescents. Using a qualitative research design will allow for in-depth examination of this phenomenon.

Design

Methodology

To achieve the specific aim, the researcher will employ a phenomenological research design to answer the research question “what is the lived experience of adolescents who provide support to friends with anxiety, depression, or who express suicidal ideation?” The purpose of a phenomenological study is to both interpret and make meaning of the experiences of the participants (Sohn, Thomas, Greenberg, & Pollio, 2017) and is particularly appropriate given that

little is known about adolescents who provide support to friends with mental health concerns. Phenomenology allows participants to share their experiences in their own words, providing rich descriptions and insight into the phenomenon. These kinds of descriptions cannot be effectively captured through a questionnaire or survey tool.

Phenomenology is a significant philosophy with origins in Germany in the early 1900's (Kearney, 1986). The German philosophers, Husserl and Heidegger, influenced the French philosophers, Sartre and Merleau-Ponty and through their work phenomenology gained a wider audience. Merleau-Ponty, who desired to perceive "real life," developed a way of understanding that contrasted with previous Cartesian philosophers who separated the mind from the body. Instead, he affirmed that man is at the same time "body-subject." This thinking avoids the extremes of empiricism and idealism but opens the door for ambiguity. For Merleau-Ponty, we make sense of the world through perception which requires living in and being a part of the world.

For this study, the researcher will use the phenomenological research method developed by researchers at the University of Tennessee Knoxville (UTK) (Sohn et al., 2017). This method draws from Husserl, Heidegger, and Gadamer but is most closely aligned with the philosophical work of Merleau-Ponty. Merleau-Ponty's framework is one in which people actively participate in their lifeworld (Sohn et al., 2017).

Perception

Everything that is known about the world is known through an individual perspective that is gained through experiences (Merleau-Ponty, 1945/2012). Perception is not primarily about "knowing" the world but living and being a part of the world and engaging with our environment

(Matthews, 2006; Merleau-Ponty, 1945/2012). We are situated within the world which influences how we interact with the world, even before we can generate thoughts about the world. It is impossible to be objective or detached, to just look at the “facts.” Unlike having a transcendent view of the world, humans have a view from *somewhere*; therefore, our perceptions are necessarily from different angles or vantage points and our perception of the world is from our own point of view (Merleau-Ponty, 1945/2012). Our interaction with the world around us is what provides meaning, rather than being disinterested absorbers of information.

Gestalt.

Merleau-Ponty’s idea of perception was heavily influenced by Gestalt psychology (Bakewell, 2016; Matthews, 2006). Gestalt psychologists asserted that perceptions were not small, individualized units, but instead must be understood in the context of the whole. Furthermore, gestalt psychologists held that we do not approach our experiences with a blank slate, but instead they are shaped by previous experiences and must be considered within specific contexts (Bakewell, 2016).

Figure and Background.

Drawing from Gestalt psychology, Merleau-Ponty’s idea of perception involves understanding both figure and ground. Phenomena or “figures” stand out within the context of backgrounds (Merleau-Ponty, 1945/2012). He described the background as the lightening context which illuminates the figure. Backgrounds “lead our gaze” and serve as the environment for the figure, without overtaking the figure. However, the figure and background are reversible, and they work together to create experiences (Thomas & Pollio, 2002). Merleau-Ponty described

the grounds of corporeality (the body), spatiality (the world), relationality (our social existence/others), and temporality (time) (Merleau-Ponty, 1945/2012).

Corporeality.

We understand the world, not from a detached self, but with our biological selves (Merleau-Ponty, 1945/2012). As humans we are both objects and subjects in relation to the world around us. Our bodies have internal desires and feelings that cause us to interact with the world. For example, hunger causes us to engage in the world to satiate our hunger or a feeling of claustrophobia causes us to expand our world (Matthews, 2006). Sometimes our bodies are subjects of the world and experience pleasure or pain through our interaction with the world. Our emotions and desires are not separate from our physical body as in Cartesian philosophy but are intrinsically connected.

Because we are not detached selves, we view our environment from different angles, shaping our perceptions (Merleau-Ponty, 1945/2012). Our bodies offer a unique point of view on the world. Our bodies also allow us to focus on different objects at different times. Merleau-Ponty (1945/2012) described this “object-horizon structure” that allows us to view objects as blurry or clear, depending on the focus.

Spatiality.

Merleau-Ponty (1945/2012) thought of himself as fundamentally a part of the world and his experience of it, so much so that he related our bodies in the world as a heart in an organism. Understanding the world involves intentional engagement in the world. The objects in the world have meaning based on our interactions with them (Matthews, 2006). Although we make

meaning of our own world, it is not to say that meaning does not exist outside of our own interaction with the world.

One way that Merleau-Ponty (1945/2012) described the perceived world was as “lived space.” This lived space is not fundamentally about our disinterested interactions with objects around us, but about living within a milieu, or social environment. We live in a shared world that we don’t necessarily create but we do find our own meaning in it.

Relationality.

Because of this shared lived space, Merleau-Ponty (1945/2012) asserted that our perceptions are understood within the ground of our relationships with others in the world. Being in the world, with our physical bodies, means being in a social world (Matthews, 2006).

Merleau-Ponty (1945/2012) rejected the solipsistic idea that an individual is the only existent conscious being but instead believed that we need and thrive because of others. We grow by watching, mimicking, talking to and listening to others. Although one person cannot directly experience the thoughts and feelings of others, experiences can be shared through language and non-verbal communication.

Because we exist in the world with others, the Ego, or being for oneself, is nonexistent (Merleau-Ponty, 1945/2012). Our bodies necessarily provide us with functions to interact with others through our senses. Therefore, our perceptions are intertwined with others’ perceptions in our shared world.

Temporality.

Experiences have beginnings and ends and according to Merleau-Ponty (1945/2012), present experiences are situated between prior experiences and future experiences. The concept

of time is so essential to Merleau-Ponty's understanding of existence that he describes time as the direction and meaning of life (Merleau-Ponty, 1945/2012). We understand our present condition based on the culmination of past experiences. However, past actions do not determine future actions but provide context to them and give them meaning.

Phenomenological Research and Adolescent Friendship

Phenomenological research is an appropriate method for understanding the lived experience of adolescents who support friends with mental health needs. Although adolescents are considered a vulnerable population, we should not shy away from conducting phenomenological research with them. Not only is this an appropriate method to answer the research question at hand, this method of research has the potential to provide benefit to participants.

As of yet, little is known about the experience of adolescents who provide support to friends with mental health needs. Although literature suggests that providing support can be stressful (Baird & Kracen, 2006), it is unclear if this true for this group of people or if adolescents experience providing support in a different way. A questionnaire or survey would be insufficient to fully understand adolescents' experiences. The voices of the adolescents, themselves, need to be heard to truly understand their experience.

Phenomenology is also an appropriate research method for studying the lived experience of adolescents who provide support to friends with mental health needs because of its synergy with developmental theories, especially those that recognize the effect of social influences on development. Just as Merleau-Ponty (1945/2012) described the interconnected relationship between self and others, developmental theorists such as Erikson acknowledged the influences

that peers have on development, and social role theorists recognize the importance of social roles such as being a friend (Erikson, 1978). Cognitive Developmental Theory posits that adolescents are less egocentric compared to previous developmental stages and that they are able to address the needs of others (Piaget, 1948), suggesting that adolescents will likely have experienced the phenomenon of providing support and be able to discuss it with others. In addition to phenomenology being an appropriate research method because of its alignment with developmental psychology, it is appropriate because of the potential benefit that it will have for this population. Being heard and being able to speak freely about one's own experience has therapeutic benefit (Thomas & Pollio, 2002). These reasons make phenomenology an appropriate method to answer the research question "What is the lived experience of adolescents who provide support to friends with anxiety, depression or suicidal ideation?"

Key Definitions

For clarity, the definitions of friend anxiety, depression and suicidal ideation are provided for the purposes of this study. It should be noted that adolescents may or may not know whether their friend has a diagnosable condition but will likely be able to identify signs of a mental health problem.

Friend.

The definition of friend is based on Roach's (2019) concept analysis of adolescent friendship and will be defined as a person who engages in "a relationship between two individuals characterized by support, time, intimacy, trust, affection, and the ability to manage conflict." Adolescents will self-identify as a friend; adolescents who only relate to individuals with a mental health condition via a formal peer support role will be excluded

Anxiety.

Excessive, unfounded worry that interferes with daily activities and relationships (American Academy of Child and Adolescent Psychiatry, n.d.). Most adolescents experience stress or nervousness but this study will involve adolescents whose friends demonstrate persistent feelings of worry that result in avoidant behaviors.

Depression.

A sad mood or loss of enjoyment or interest in engaging in daily activities and relationships that last for more than two weeks (WHO, 2016). Signs may include lack of energy, sleeping difficulties, becoming withdrawn or stating thoughts of depression. This is differentiated between a short-term depressed mood when the adolescent is able to cope and recover within less than a two-week time period.

Suicidal ideation.

Thoughts of hurting or wanting to kill oneself. Signs may include threatening to hurt or kill oneself, talking or writing about death, seeking access to lethal means, expressing hopelessness, withdrawing from others, or engaging in reckless behaviors (Rudd et al., 2006). Adolescents may show one or several of these signs.

Summary

Although professionals recognize the importance of caring for adolescents with mental health needs, we have done little to examine the experiences of the friends of those with mental health concerns. Although we recognize the importance of friends as the people who provide support “after hours” and we rely on them for peer support programs, we have neglected them as people who may also experience vicarious trauma or secondary traumatic stress. Understanding

the experiences of adolescents who provide support to friends with mental health concerns is an important research topic for nurses as well as other professionals such as teachers, school administrators, counselors and psychologists. It is the goal that this research will enlighten us to the experiences of these adolescents so that we can appropriately address their needs as well as the needs of their friends with mental health concerns.

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**CHAPTER II:
SUPPORTIVE PEER RELATIONSHIPS AND MENTAL HEALTH IN
ADOLESCENCE: AN INTEGRATIVE REVIEW**

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**CHAPTER III:
A CONCEPT ANALYSIS OF ADOLESCENT FRIENDSHIP**

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**CHAPTER IV: KIDS HELPING KIDS: THE LIVED EXPERIENCE OF
ADOLESCENTS WHO PROVIDE SUPPORT TO FRIENDS WITH
ANXIETY, DEPRESSION, OR SUICIDAL IDEATION**

This manuscript (Scholarly Paper #3) was submitted by Ashley Roach to the Journal of Child and Adolescent Psychiatric Nursing

Abstract

Problem: Adolescent mental health is a significant health care issue. Friends play an important role in the lives of adolescents with mental health concerns and help to improve outcomes related to depression and suicide. However, little is known about the experiences of adolescents who help their friends with these concerns. **Methods:** A phenomenological research design was used to answer the question: what is the lived experience of adolescents who provide support to friends with anxiety, depression, or who express suicidal ideation?" Participants for this study were ages 16-17 and included both males (n=2) and females (n=3). **Findings:** Participants described their experience as "Kids Helping Kids" which is defined by the following themes: Being Fearful, Maintaining Vigilance, Seeking Knowledge, Keeping Secrets, Involving Others, Setting Boundaries, and Feeling Honored. **Conclusion:** Helping a friend with mental health concerns can be challenging yet rewarding. Nurses should be aware of this role that some adolescents undertake and include the friends of adolescents with mental health concerns as part of plans of care.

Keywords: adolescent, mental health, social support, friendship

Introduction

Adolescent mental health is an important health care issue. Friendships are a significant part of adolescence and peers can play a role in helping others with mental health problems (Roach, 2018). However, little is known about the experiences of adolescents who provide help to friends with mental health needs. Knowing the experiences of these adolescents will help nurses and other professionals better understand the nature of adolescent mental health and how to best address this issue.

Background

Within the last several years, adolescent mental health has become a significant problem with increasing rates of anxiety, depression, and death by suicide (Centers for Disease Control and Prevention [CDC], 2013) (U.S. Department of Health and Human Services, 2016). Neurological, physical, and social changes that take place during this developmental period place adolescents at increased risk for mental health problems (World Health Organization [WHO], 2018). Untreated mental health problems during adolescence can lead to poor physical and social outcomes, including sleep and eating problems, poor school attendance, increased high-school drop-out rates, and long-term unemployment rates (Clayborne, Varin, & Colman, 2018; WHO 2016).

During the teenage years, adolescents begin relying on their peers for support (American Psychological Association [APA], 2002; Furman & Buhrmester, 1992). Adolescents often confide in and seek support from their peers as opposed to adults. Support can come in a tangible form such as a ride to school or emotional support to help with a mental health concern (Roach,

2019). Peer support can provide both a mediating and moderating effect on health outcomes, including anxiety, depression, and suicide (Pachucki, Ozer, Barrat, & Cattuto, 2015; Roach, 2018; Schaffer, 2013). During adolescence, peers can influence immediate health outcomes, in addition research suggests that peer relationships during this time can mediate depression and anxiety later in life (Jacobson & Newman, 2016; Mackin, Perlman, Davila, Kotov, & Klein, 2017).

Receiving support is valuable, but it is not without consequences for the person providing support. For adults, there is an emotional weight in providing support to others. Caring for others with mental health needs can lead to depression and anxiety for the caregiver (Bademli, Lok, & Kilic, 2017; Sin, Murrells, Spain, Norman, & Henderson, 2016). Byrom (2017) used ‘caregiving burden’ to depict the weight of offering support to a friend or roommate with mental health needs during late adolescence. Formal caregivers such as nurses, counselors and social workers may experience “secondary traumatic stress,” or “compassion fatigue” from listening to the recurring stories of others’ mental health challenges (Baird & Kracen, 2006; Camara, Bacigalupe, & Padilla, 2017; Sorenson, Bolick, Wright, & Hamilton, 2017). Although receiving support from peers or friends can be beneficial to an adolescent with a mental health concern, little is known about the effects on the adolescent friend who provides support. The purpose of this study is to understand the experiences of adolescents who provide support to a friend with a mental health need.

Methods

Design

A phenomenological research design was used to answer the research question: “what is the lived experience of adolescents who provide support to friends with anxiety, depression, or who express suicidal ideation?” Phenomenological research is used to interpret and make meaning of the experiences of the participants (Sohn, Thomas, Greenberg, & Pollio, 2017). This method is particularly appropriate given that little is known about adolescents who provide support to friends with mental health concerns. Participants share their experiences in their own words, which lends to powerful descriptions and valuable insight into the phenomenon.

Merleau-Ponty (1945/2012) provided a philosophical framework with which to understand the world. He believed that people are active participants in relation to their lifeworld i.e. objects and events surrounding them (Sohn et al., 2017). Perceptions of a phenomenon can be understood as having both a figure (what stands out) and a ground (contextual elements). The four existential grounds of the lifeworld were described by Merleau-Ponty as corporeality, spatiality, relationality, and temporality, terms simplified later by Thomas and Pollio (2002) as body, world, others, and time.

Participants

The intent of this study was to capture the experiences of adolescents who provide informal support within a friendship relationship; therefore, the following inclusion and exclusion criteria were applied: Inclusion criteria for the study included a) a high school student b) age 14-18 years old c) ability to speak in English d) having a friend with signs of anxiety,

depression, or had expressed thoughts of suicide. Exclusion criteria included a) current diagnosis of a mental health problem, b) having a friend currently expressing thoughts of suicide, as students who are currently dealing with a crisis situation may not be able to be reflective about the situation, 3) only providing support in a formal role as a peer supporter. Participants were provided a \$15 gift card as a recognition of their voluntary time commitment.

Participants for this study were recruited from a high school in the Pacific Northwest region of the United States. The researcher worked with a high school counselor to recruit participants. In addition, the researcher attended school staff meetings, parent and student groups, and distributed a recruitment flyer around the school to recruit participants. After interviews, the researcher asked participants to share the recruitment flyer with peers. Parental consent and adolescent assent were obtained before the interview.

Data Collection

For eligible participants, interviews were scheduled at the student's convenience in a private room on the high school campus or over the phone. The researcher used a digital recorder to record the interview. A structured interview protocol is not used in phenomenological research (Sohn et al., 2017), rather the interview began with the open-ended question, "What has it been like for you to support a friend with anxiety, depression, or thoughts of suicide?" The interview continued with clarifying follow-up questions such as "what was it like for you?" or "can you tell me more about that?" The goal of the researcher was to create an atmosphere where the participant felt comfortable sharing his or her experience without using leading questions. The interview ended when the participant had nothing more to add. Interviews were conducted until

no new themes emerged. Interviews were transcribed by a transcription company and the researcher verified the accuracy of the transcription and deidentified any personal data.

Ethical Considerations

The researcher obtained approval from the university's institutional review board and the school district's research department. Although minimal risk was anticipated because participants voluntarily agreed to share their stories, it was possible that discussing the experience of providing support could cause feelings of anxiety or depression in the participant. To manage this, the participants were given the opportunity to take breaks during the interview or to end the interview at any time if they felt distress. The researcher also offered them the contact information of local mental health services if they experienced distress following the interview. No participants expressed distress during the interview and several appreciated being able to share their stories, which is consistent with other phenomenological research (Thomas & Pollio, 2002). Although part of the exclusion criteria, the researcher was mindful of participants disclosing that a friend was actively experiencing thoughts of suicide. The researcher reminded the participants that it was the researcher's obligation to report any incidences where someone is a danger to themselves or others

Data Analysis

Each transcript was read line by line for the sense of the whole as well as for the purpose of careful examination of specific words, phrases, and metaphors. Transcripts were shared with a Transdisciplinary Phenomenology Research Group (TPRG) and read aloud to focus on meaning units, the particular words or phrases that stand out as meaningfully related to the phenomenon

of interest. The researcher made note of if or how these meaning units were repeated throughout the transcripts. Meaning units were then developed into broader themes within a transcript. Finally, the researcher looked for themes that crossed participant interviews and developed a thematic structure of how the themes were related to one another. These findings were presented to the TPRG for further input.

Strategies to Ensure Rigor

There are several methods in phenomenology design to insure validity of the research (Sohn et al., 2017). Before starting research, the researcher engaged in a bracketing interview to bring awareness of biases and assumptions and to increased openness to participants' descriptions of their experiences. The researcher also participated in prolonged engagement by being present on the high school campus during recruitment, spending time with the participant, and engaging in interviews over a two-month period. This allowed the researcher to become better attuned to the participants and context of the phenomena and enhanced the credibility of the researcher. The researcher made field notes and kept a project log to maintain objectivity and kept an audit trail. Participating in the TPRG was also a method of peer review and debriefing that offered alternative perspectives which contributed to decisions on coding.

Findings

Five interviews were conducted ranging in length from 25 minutes to 75 minutes. *Table 1* provides a summary of participant demographic data. Three participants were female and two were male, ages 16-17 years old. The length of the friendship varied from less than six months to

more than five years. Although having a friend with anxiety was part of the inclusion criteria, participants only described their experiences with friends with depression or thoughts of suicide.

Table 1.
Participant Demographics

Participant	Age	Grade	Gender	Race	Gender of Friend	Length of Friendship
1	16	11	Cis F	White	Trans M	5+ years
2	16	11	Cis F	Asian	Cis M	3-5 years
3	16	11	Cis F	Black	Cis M	3-5 years
4	17	11	Cis M	White	Cis M	Less than 6 months
5	17	12	Cis M	White	Cis F	Less than 6 months

Figural aspects of adolescent perceptions were contextualized by their situated existence in the modern world of increasing rates of depression and suicide along with universal access to social media and information on the internet. They described others as the friends that they supported, other friends, and adults. Participants spent a considerable amount of time providing help to their friends through vigilant checking and counseling and the weight of this responsibility was manifested in their bodies both emotionally and physically.

All participants described their experiences as a helping role: “kids helping kids.” (P3) They wanted to help their friends and show them they cared, “I was always ready to help because I never want any of my friends to feel like they're not loved or there for them.” (P3) The role of a helper was someone who was supportive and present.

Just being there and being there for that person when they need you, and that's what stands out most, and just being someone they can text, someone they can call, a name and

a face that appears in their mind when they need help. That's what stands out to me most about being a helper.” (P4)

Although the researcher never led with the use of the word “help” or “helper,” this was a recurring theme across all participants and is the basis for the overall thematic structure. The helping role can be described by following themes: Being Fearful, Maintaining Vigilance, Seeking Knowledge, Keeping Secrets, Involving Others, Setting Boundaries, and Feeling Honored.

Theme 1: Being Fearful: “I Was Just Afraid All The Time And Stressed”

Participants described the weightiness of helping a friend with depression or thoughts of suicide. The experience was scary and caused fear or worry. There was a fear of losing the friend or doing something to jeopardize the friendship. One participant described helping a friend who had attempted suicide:

And the rough thing of helping someone through that situation is the constant if they die, you're going to feel guilty. And it's just this fear, I guess...Back then it was really hard because I didn't know and I didn't have the faith, but I was just afraid all the time and stressed. The stress came from the fear. (P2)

Some participants described how the experience of helping a friend affected them physically and how other people could tell they were worried for their friend. One participant described helping a friend with gender identity issues and the fear of betraying her friend if she said or did something wrong:

I didn't want to lose his friendship, and then I did, and then it broke me. [Parents] could tell something was wrong because I was just very sad. I was just scared of losing that friendship. (P1).

For another participant fear and worry was seen while at a church gathering where she was praying for her friend:

I was crying and praying. And then I was in the bathroom because I had got a bloody nose and I didn't want to bleed all over the lady praying for me. (P2)
Overall, weightiness and fear associate with helping a friend was emotional for the participants:
“It was just emotional because someone pouring out their heart to you and crying and being just very honest is ... It's a very emotional thing.” (P3)

Theme 2: Maintaining Vigilance: “You Want To Keep An Eye On Them”

The fear and worry for their friends caused a need for the participants to be vigilant in helping their friends and looking out for them.

I felt like I was there with him, like I was going through it with him because I was always there to help him, anytime of day... dealing with a friend who has depression, it's like always in the back of your head. Like you want to keep an eye on them. (P3)

Their vigilance was seen in the form of checking in on their friends at school.

I saw him sitting at the table I would think in my head, I would just try to look. I was like, ‘is he okay or is he not. When I get to this table, what's going to happen? Is he going to be okay? Is he going to break down crying?’ (P3)

In addition, all participants described the use of electronic communication in connecting with their friends throughout all hours of the day and night. They used text messages and social media platforms to communicate their concern and presence.

You don't realize it, really, but for hours, you'll just sit and message each other back and forth, and those are those long conversations. Imagine you're giving an amount of time to someone and saying, "Yes, I ..." Those long conversations show that you're willing to give that time to someone to make sure they're feeling good about everything (P4)

Theme 3: Seeking Knowledge: “I Didn’t Want To Say The Wrong Thing”

The fear that adolescents felt with helping a friend was often related to not knowing what to do or say. Because these participants did not have anxiety, depression, or thoughts of suicide

themselves, they had a hard time relating to their friends at times and felt limited in their ability to help.

There are those cases where it's something that you can't really understand because they're having experiences that you've never been through... You don't know all those experiences. You haven't lived their life, so it's far harder to figure it out. (P4)

They had a feeling of helplessness in their ability to provide help. “They're telling me all these things, but I can't do anything. I can't relate to them. I can't do anything.” (P2) They worried because they “didn't want to say the wrong thing and I didn't know what the best approach was to make sure nothing bad happened.” (P1)

Participants felt that what they had learned in school was inadequate. The majority of the participants said that helping friends with depression or thoughts of suicide begins well before their high school years; yet, during that time they do not know what to do to help. “The education that we have about it and health, everyone hates it [health class] and it's dumb and no one likes it. But everyone knows [mental health problems] are happening.” (P2)

The lack of confidence and feelings of inadequate education on how to help prompted the participants to seek out resources on their own and do their “own research so I knew how to properly help.” (P3) Participants described searching on the internet to know what to do, watching YouTube videos and TED Talks, and seeking more “professional sources.”

I try to collect what I know from more scientific journals, things like that where instead of something being like, ‘Oh well this is how you get depression.’ It's like, ‘This is scientifically what's going on with you. These are how to prevent bouts of depression.’ So, I feel like I know a bit about it, but then again, I haven't experienced it personally. And I try to get right information from more professional sources. (P5)

After seeking out knowledge on their own, participants still felt inadequate in the help they could provide and they wished they could do more and worried that they were doing the right thing: “Trying to talk someone off of the ledge of suicide, it's playing Russian roulette. One

time it could work and the next time it doesn't and they're dead. It's true. I feel like at that point I would feel guilty for the rest of my life because I tried to help, but I made it worse. (P3)

Theme 4: Keeping Secrets: “If Someone Tells Me Something, It's Not My Business To Tell”

In addition to feeling limited in their knowledge of how to help, participants described their secrecy around helping a friend with depression or thoughts of suicide. They described keeping the secrets of their friends.

I was very keen on whatever someone tells me, that's what they told me in confidence. It's not for me to go tell anyone else. It's like I do believe in keeping secrets. Like if someone tells me something, it's not my business to tell unless they are a danger to themselves or others. (P3)

They also talked about keeping their helping role a secret.

You even keep that you're helping someone a secret, but I would say that you still have to play it safe, because, a lot of times teenagers keep how they're feeling a secret. (P4)

The participants recognized that their friends were sharing personal and intimate information with them and they wanted to maintain the confidentiality of their friends. They were hesitant to bring in others to help with the situation for fear of betraying their friend, breaking their confidence, and making things worse: “If I told someone, then he would follow through with his suicidal thoughts. I didn't want that to happen.” (P1)

Participants felt their friends who were experiencing depression or thoughts of suicide were more likely to open up to them rather than share their experiences with adults.

They go to the friends first who they feel like may have that better connection and stuff...They specifically reached out to your age, and people your age. I don't believe that you should defy that choice (P4).

There was also a lack of trust in adults and confidence that they could make the situation better.

Kids support kids, friends are important to them, and they do care about what adults think, but they don't feel adults understand or try to understand...And it's hard because counselors, you want to trust them and make it be okay but it's not always going to work that way. And if they have to tell the parents you don't want that to happen and it's just, "Ugh, what do you do?" (P2)

One participant described her experience with talking to a counselor when she reported a friend who had been cutting herself.

The counselors didn't do anything...we can't trust the counselors again, right? Because they called her parents...Clearly they didn't do anything... So that's when people like me try and get them to the resources, but when their parents, when their counselors call their parents and the parents don't help them, what can we do? (P2)

Theme 5: Involving Others: "At Some Point It Gets Out Of Hand"

Although they valued keeping secrets, participants recognized that there was a point when they would seek additional help. They all felt that if someone was actively considering suicide, they would get an adult involved.

At some point you have to because at some point it gets out of hand and you have to talk to someone because teenagers, some of them are secretive by nature because they don't want to get in trouble, but then there are some times where it's like we're far beyond trouble right now. (P3)

They also described the value of bringing in other friends to help carry the weight because it was hard to keep things 'bottled up.': 'At some point I told one of my other friends that this was happening.' (P1) One participant described the challenge of being the only source of support for a friend and the need to bring in others, but still finding it hard to know when to do that.

there are times where it's like you cannot be just this one source of help. Sometimes, you got to make sure there's a community of help available, which would, a lot of times, be just a group of friends or something. I think, a lot of times, when bringing in others, you have to make sure that ... it's playing a hard game because you can never actually really know. (P4)

Theme 6: Setting Boundaries: “Sometimes You Can't Have The Answer Of How To Get Better”

Even after seeking out resources on their own and involving others, adolescents recognized that there were limits to what they could do to help their friend. They needed to set boundaries for themselves so they could continue to provide support for their friends over time. One participant described getting to a point with her friend when she realized she was taking on too much:

I was getting really stressed because I didn't know how to handle all the stuff that he was putting out....If I allow them to personally bring down my day, then it's just allowing their depression to affect me, and I can't let that happen or else I won't be able to help other people. (P2)

Participants also recognized that although they did not have depression or thoughts of suicide themselves, they needed to set boundaries for their own mental health and that there were days that they weren't in a place to give good advice.

I am very much of a person who will take a load until it breaks, until I personally have to take a step back for my own mental health...if you need advice today, I just cannot give it. A lot of my friends would respect that. They respected that more than if I would try to just spit some really lame advice that didn't help and just actually harmed them more (P3)

Despite their best intentions, these participants recognized that there are sometimes when “you can't have the answer of how to get better” (P4) and they don't “feel 100% comfortable because again that's someone else's health that you're taking into your hands.... I can't get someone a therapist, right? I can't get someone to get a medical diagnosis. They're going to have to do that themselves.” (P5) When their friends got professional help and the participants recognized their limits, the participants felt a sense of relief.

Doctor Scholl's soles they put in your shoes to help your feet feel better. I was help, I wasn't needed and I felt like, once I recognized that, that he didn't need my help, it was just a good add-on, it was a good aid, then it was a lot less worrying

Theme 7: Feeling Honored: "I Felt Honored Being Trusted On That Kind Of A Level"

Despite the challenges and weight of helping a friend with depression or thoughts of suicide, participants acknowledged that there were positive aspects of helping their friends. They felt that knowing their friend's personal struggles increased the intimacy of the relationship: It "helps us get closer" (P5) and "you value the time that you're having." (P4)

Most identified as people who naturally like helping others and that they felt good when they could help their friends: "I also felt honored being able to be trusted on that kind of a level." (P2)

I love helping people. It fills me, helping out my friends, it's not just ... It doesn't just help them feel better. It makes me feel like I did something. I helped change the world a little bit at a time. (P3)

However, they recognized that this is not a role that everyone is able to perform.

Not all people can speak to that. It's not every person being able to support someone who's going through those things, and I don't have much stress outside of school and whatnot in my life. And so, I feel like that gives me the ability to put more of my time and effort into other people. (P5)

It is not necessarily that other friends don't want to help but they may feel incapable of helping or may feel overwhelmed of by the seriousness of the matter: "A lot of people, they say they're willing to help, but then when the time comes to actually help, it's too heavy for them." (P3)

Discussion

This research sought to illuminate the experiences of adolescents who provide support to friends with anxiety, depression, or thoughts of suicide. By asking non-leading, open-ended

questions, participants were able to share, in their own words, what stood out to them about their experience. Through analysis of the participants' words, the themes of Being Fearful, Maintaining Vigilance, Seeking Knowledge, Keeping Secrets, Involving Others, Setting Boundaries, Feeling Honored were identified, which were interrelated in the overall thematic structure as Kids Helping Kids. The participants' relationships to others provided the ground for understanding their experiences, with time, world, and body being figurative in their experience.

Constant fear and vigilance in helping a friend with depression or thoughts of suicide was consistent across the participants' experiences. This role can be consuming. It can take an emotional and physical toll, manifesting in tears and overall appearance of sadness and is consistent with empathic distress (Smith, 2015). Vigilance may partly be explained by the digital world in which the adolescents live where there is constant access to communication through cell phones and social media platforms. Although not researched in this population, the experiences of the participants are consistent with some signs of compassion fatigue or secondary traumatic stress such as hypervigilance, guilt, sadness, and helplessness that are seen in professional caregivers (Camara et al., 2017; Sorenson et al., 2017). However, these adolescents are not professionally trained to handle these situations. The participants did not all experience the same intensity of emotions which may be a result of the length of time of the relationship or the differences in the way that males and females experience relationships (Byrom, 2017; Smith, 2015).

Knowing what to do is necessary to help friends with mental health concerns. Results from this study indicate that adolescents do not feel adequately equipped to help their friends. This was in part due to the timing and lack of helpfulness of the information received in school;

so, participants felt the need to do their own research. It is common for adolescents to seek out resources on their own, especially turning to online resources for their information (Wartella, Rideout, Montague, Beaudoin-Ryan, & Lauricella, 2016). However, adolescents may not be able to evaluate information and determine what is most appropriate, to give advice to their friends. It is a dangerous game of Russian roulette that these adolescents are playing by never quite knowing the right thing to do to help their friends.

The finding that adolescents turn to friends for help because of distrust of adults is consistent with the developmental stage of adolescence, as is maintaining the fidelity of the relationship by keeping secrets (Barker, 2007; Furman & Buhrmester, 1992). It is normal to expect adolescents to have some level of distrust of adults and for adolescents to want to keep secrets and maintain confidence. However, keeping these secrets may contribute to their feelings of distress in providing help. The adolescents in this study knew that there were times when they needed to turn to others, if they became overwhelmed themselves or if their friend was a danger to themselves. However, adolescents may underestimate risks (Knoll, Magis-Weinberg, Speekenbrink, & Blakemore, 2015), and there may be times when adolescents should get adults involved sooner, before circumstances become dire.

Adolescents in this study were clear that there were limits to the help they could provide. Setting boundaries is a protective factor to help prevent stress associated with providing support (Peters, 2018). Adolescents were wary of getting too involved and allowing their friends to bring them down. This is a legitimate concern as adolescent friendships can be a source of support as well as a source of stress (Byrom, 2017; Camara et al., 2017). Although adolescents in this story

were aware of their limits of helping others, some adolescents may not be as self-aware and may try to take on the role of a therapist without the adequate support and training.

Providing help can be hard, but results suggest that being in the helping role was also rewarding. Research in the adult population also indicates that formal and informal caregivers value being able to provide support to others (King McLaughlin, Greenfield, Hasche, & De Fries, 2019; Sullivan, Kondrat, & Floyd, 2015). Trust, intimacy, and support are important attributes of adolescent friendship and being in a helping role helped facilitate those attributes (Roach, 2019). Most adolescents felt that they naturally gravitated toward this role which may be a factor in their level of satisfaction with taking on the responsibility of helping others.

This study was limited by the geographic region from which the sample participants were recruited and may not be representative of experiences of adolescents from different geographic or cultural regions. According to Malterud, Siersma, and Guassora (2016), quality of the interview dialogue is the critical element in internal validity of a study, and a small sample can yield high information power for development of new knowledge. Because recruitment was partially based on referrals from a school counselor, adolescents in this study may be more comfortable talking about mental health issues with adults compared to adolescents who are not in contact with their school counselor. In addition, this study only provided the perspectives of adolescents without a mental health diagnosis and adolescents with mental health problems may gravitate to those with relatable problems (Bukowski, Bagwell, Castellanos, & Persram, 2019).

Despite these limitations, this research offers a unique perspective of how adolescents experience a previously little understood phenomenon with several implications. In practice, nurses should focus on establishing trusting relationships with adolescents and assess their

friendship relationships. Just as nurses include family in the plan of care for patients, they should also consider friends as part of the social support structure and assess for signs of stress or compassion fatigue. Research implications include understanding the long-term effects of helping a friend with depression or thoughts of suicide including, how it affects the relationship and the person giving and receiving help. Research should also be done on the characteristics associated with the helper role that can lead to compassion fatigue as well as background and contextual factors that may influence how adolescents handle and interpret the stress related to helping friends with depression or thoughts of suicide. Implications for policy include providing information about mental health issues earlier in education and include resources on how to help friends and support systems for those who are helping others. Health education classes should be meaningful and cover information that is vital to the lives of adolescents rather something that is perceived as useless or “dumb.”

Conclusion

Helping a friend with depression or thoughts of suicide is a unique role that some adolescents take on. This role can be challenging yet rewarding. It is important for adolescents to seek help from adults and set boundaries to minimize the stress of this role. Nurses and other professionals should be aware of this important role to provide support to these adolescents as they are likely the ones that their friends are turning to for help with their mental health needs.

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CHAPTER V: CONCLUSION

Conclusion

This dissertation consists of three distinct yet connected manuscripts that explore the elements of social support in adolescence. The first manuscript was an integrative review of the literature on social support in adolescence with mental health needs. This manuscript was guided by the research question: what impact do supportive peer relationships have on adolescents in the context of depression, anxiety, and suicide? Results from this research highlighted the important role that peer relationships play during adolescence and suggested that supportive peer relationships have a positive impact on adolescent mental health outcomes. The results indicated that peer support is positively associated with emotional well-being and negatively associated with anxiety, depression, and thoughts of suicide. These results were consistent across a variety of demographic factors including race, gender, and geographic area. The literature used for this review was representative of work from a number of disciplines including nursing, social work, psychology and medicine but was limited to research conducted in the United States. This review highlighted gaps in the literature including a lack of qualitative studies on peer support in adolescent relationships and lack of consistent terminology when discussing peer relationships in adolescence.

To clarify terminology and to further explore peer relationships in adolescence, the second manuscript was written. The concept analysis of adolescent friendship distinguished between broader peer relationships and more the intimate friendship relationship. Adolescents may have large peer groups in which they interact such as classmates, teammates, and neighbors. People in these groups may be of similar age and perhaps share similar interests, but there are distinctive attributes that define friendship. These attributes include time, intimacy, trust,

affection, and the ability to manage conflict. It was noted that these attributes can be present regardless of time, i.e. adolescents can become friends in a short amount of time, although spending time together is necessary for the relationship to form. The time spent together does not necessarily need to be face-to-face time. There was also a distinction made between male and female relationships, with female relationships tending to be more intimate. Having a clear definition of adolescent friendship provides a basis with which to conduct future research.

The third manuscript presented the findings from a phenomenological study on the lived experience of adolescents who provide support to friends with depression and thoughts of suicide. Non-structured interviews were guided by the question “What has it been like for you to support a friend with anxiety, depression, or thoughts of suicide?” Five high school students, ages 16-17, both male (n=2) and female (n=3) were interviewed. Findings resulted in an overall thematic structure of “Kids Helping Kids” which can be explained in seven themes: Being Fearful, Maintaining Vigilance, Seeking Knowledge, Keeping Secrets, Involving Others, Setting Boundaries, Feeling Honored. These results highlighted the important role that adolescents have in helping friends with mental health concerns, but also indicated that this is a challenging role that they may not be equipped to handle. There are several implications from these manuscripts including implications for practice, research, and policy.

Implications for Practice

Nurses play an important role in the health of adolescents. They encounter adolescents in a variety of settings from hospitals and clinics to schools and camps. Understanding the important role of adolescent friendships will help nurses more holistically assess for these important relationships in adolescents’ lives. Friends can be a source of support or a source or

influence on maladaptive behaviors (Smith, Chein, & Steinberg, 2014). Especially with adolescents with mental health concerns, friends play a significant role and may help improve outcomes (Roach, 2018). This study indicated that adolescents with mental health concerns are likely turning to their friends for advice or “therapy sessions” to address their mental health needs. However, the advice might not be sound and may be taken from YouTube videos or TED Talks rather than from evidence-based resources. Therefore, knowing how friendships function in the life of an adolescent and the type of advice they are receiving is essential information for nurses to know to provide the best possible care. Nurses should not make the assumption that all interactions happen face-to-face and should include asking about virtual or social media interactions to gain a fuller understanding of the nature of the relationship.

Once the nurse has a thorough understanding of the friendship in the life of an adolescent with mental health concerns and assesses the type of support that friends provide, the nurse should include those friends in the plans of care. It is common practice for nurses to include families in care plans for children and adolescents (Hoadley, Smith, Wan, & Falkov, 2017). Just as families play a significant role in the lives of adolescents, this research indicates that friends may at times be an even more influential presence and should not be left out of the equation when addressing the needs of an adolescent with mental health concerns. It will be important for nurses to consider how to best optimize the helping role of the friend as well as be mindful of the burden that the friend may experience in helping their friend.

This study illuminated the important helping role that some adolescents have, but it also described the challenges of the role such as the worry and stress that adolescents may experience in helping their friends with depression or thoughts of suicide. In addition to assessing for the

friendship relationship in the lives of adolescents, nurses should also assess for the roles that non-affected adolescents are taking on. While this may be challenging as adolescents without mental health concerns may not regularly be in hospitals or clinics, nurses can still do assessments at primary care visits or in school settings. Similar to assessing the friendships in the lives of adolescents with mental health concerns, nurses can ask non-affected adolescents about their friendships, their role in those relationships, and the effects of that role.

Having a better understanding of the friendships in adolescents' lives will allow nurses to develop interventions to support them. Just as there are support groups for adults who take on a caregiver role (Damianakis, Tough, Marziali, & Dawson, 2016; Parker Oliver et al., 2017), nurses can help facilitate support groups for adolescents in the helping role for their friends with mental health needs. Helping a friend with depression or thoughts of suicide is a challenging role that adolescents are not equipped for. They may feel alone in this role and may feel the weight of carrying the secrets of their friends. Support for caregivers has been shown to be beneficial for the adult population (Damianakis, Tough, Marziali, & Dawson, 2016; Parker Oliver et al., 2017), and may provide benefit for the adolescent population as well. Knowing that they are not alone in helping a friend and have access to nurses with knowledge on best practice can be a source of support for them.

In addition to addressing the needs of adolescents with and without mental health needs individually, nurses can play a part in fostering healthy relationships between the two. Although the participants in this study recognized the need for boundaries, not all adolescents may have this insight. Setting boundaries was a coping mechanism so that the adolescent did not get burned out. Research has found that in professionals, burnout can result from the inability to set

boundaries due to fear of letting someone down (Simpson et al., 2019). By working with the friendship dyad, nurses can help facilitate a healthy relationship so that one friend does not get burned out and the other friend still feels that they are being supported. Establishing these healthy relationships in adolescence can promote healthy relationships as an adult (Narr, Allen, Tan, & Loeb, 2019).

Although nurses are in a position to provide needed support to adolescents and their friends, they cannot do this alone and may not always be the best person equipped to support them; therefore, interdisciplinary collaboration is essential to improve outcomes for these individuals. This study highlighted the lack of trust in adults. However, some adolescents may feel more comfortable opening up to some adults rather than others, so addressing the needs of this population requires a collaborative effort. Nurses rely on teachers, school counselors, and administrators who are on the front lines of working with adolescents. Nurses play an important role in assessing, and developing and implementing plans of care for adolescents, but they may be limited in their scope and expertise. Involving other disciplines allows for adolescents to be cared for from multiple angles and helps ensure optimal outcomes.

Implications for Research

There are also several implications for research as a result of this study. Participants in this study indicated that they naturally liked to help people and felt honored taking on a helping role, but it was not clear what it was that drew them to the role. Research should be done to examine the characteristics of adolescents who are in a helper role to better understand what characteristics may be protective factors. In addition, some adolescents may have characteristics that may make them more inclined to burnout or compassion fatigue when taking on this role.

Furthermore, there may be background or contextual factors that influence how adolescents interpret their role and the stress that they may or may not experience in their role of helping a friend with depression or thoughts of suicide.

Research implications include understanding how helping a friend with depression or thoughts of suicide effects long-term outcomes. This includes the effect on the relationship and the effects of the person giving and receiving help. Adolescent friendships can be temporal in general (Roach, 2019), but it is not clear if the intensity of the relationship effects the longevity of the relationship and if the friendship between persons with and without mental health needs is sustainable over a long period of time. This study identified that some adolescents may experience signs of compassion fatigue while in the relationship, but this study did not examine the long-term emotional toll of providing support. Research indicates that adolescents can be resilient and develop self-preservation techniques such as isolation and insulation from emotional pain (Hunter & Chandler, 1999). Research should be conducted on the long-term effects of compassion fatigue in the adolescent population and whether the helping role has effects on long-term mental health and future relationships, or if adolescents are resilient and able to move forward without long-term consequences. Research has shown that having a supportive friend during adolescence can have positive outcomes on mental health as an adult, but further research is needed on what specifically about the friendship is beneficial (Roach, 2018).

Research is also needed on how being involved in a helping role effects decisions about roles later in life. Adolescence is a unique developmental period described by Erikson (1963) as the psychosocial crisis of identity vs. role confusion. The ability to resolve this crisis can

influence later developmental stages. Adolescents are working to develop their own sense of morality and ethics and what role they will play as an adult (Erikson, 1963). Being in a helping role may influence future career paths, e.g. adolescents who like being in a helping role may seek out careers as therapists or counselors; whereas, adolescents who have a bad experience in a helping role may want nothing to do with that role in the future. Developing the virtue of fidelity is also an important task of adolescence (Erikson, 1962; Erikson, 1963). This study highlighted the importance of fidelity by keeping secrets and at sometimes breaking trust by involving adults and the feeling of guilt around telling others. Having these experiences may affect the way they relate to others as adults and research is needed to determine the long-term effects of these experiences.

This study focused on adolescents in informal relationships, namely friendships. However, an increasing amount of attention has been placed on adolescents taking on more formal roles in supporting peers with mental health concerns (Mental Health America, 2013). Peer support networks and hotlines are being used by adolescents in crisis situations because of the recognition of the importance of peer influence and adolescents are more likely to open up to peers rather than adults, which is consistent with findings from this study. However, little research has been done on the effects on adolescents who take on these more formal peer support roles. Although these adolescents may have had more formal training than adolescents in informal roles, it is likely that adolescents in formal roles may also experience similar feelings of fear and distress.

Research efforts should also be focused on developing interventions to foster resilience in adolescents who support friends with mental health needs. Nurses and other professionals are

essential in fostering resilience in adolescents (Pettoello-Mantovani et al., 2019). Art therapy and formal peer support programs are examples of interventions that have been shown to be beneficial in building resilience in youth (Foster, McPhee, Fethney, & McCloughen, 2016; Stepney, 2017). However, it is not known whether these mechanisms are appropriate for adolescents who are in the helping role and who may experience compassion fatigue and burnout.

Implications for Policy

In addition to practice and research implications, implications for policy should also be considered in relation to adolescents who help friends with mental health needs. “The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country” (U.S. Public Health Service, 2000). This statement was written almost twenty years ago. Findings from this study indicate that there is a burden also to the friends of those with mental health needs. Recent data on the numbers of adolescents with anxiety, depression, and suicidality show that, rather than decreasing, the rates of adolescents with mental health needs is increasing, suggesting that there are likely many adolescents serving in the helping role and policies should also include these individuals.

Some states have already enacted policies to address the growing concerns surrounding adolescent mental health. For example, the State of Oregon recently made provisions for mental health days for students (Williams, 2019). This law was enacted because of self-advocacy of the adolescent population who felt that their mental health needs were not being adequately addressed. Oregon students can take up to five mental health days per school year. These mental

health days should also be given for adolescents who help their friends, so they have time to set boundaries and focus on their own mental well-being.

In response to high rates of adolescent anxiety, depression, and thoughts of suicide, some schools have implemented universal screenings for mental health problems (Dowdy et al., 2015). These screenings are done to address mental health issues before they become a significant problem. Screenings are done to identify those with anxiety, depression, and thoughts of suicide, but do not include screening for distress experienced in helping someone with these concerns. To tackle the mental health problem more holistically, the role of the helping friend should also be considered and screening should take place to identify these individuals.

A significant finding from this research is that current mental health content in public school curriculum is inadequate. Participants felt that the information that they received in school came too late and did not sufficiently address how to help a friend with depression or thoughts of suicide. Findings from this study suggest that adolescents are dealing with these issues as early as late elementary school and middle school; yet, do not receive formal education about these topics until high school. Even when the topics are covered in high school, they are often “base plate,” only covering general information about signs and symptoms of depression but do not include content of how to help a friend. Adolescents are left to turn to the internet for their primary source of information. Their sources of YouTube videos and TED Talks may be helpful or they may be inadequate. Even students who read “scientific journals” likely do not have the skills to properly evaluate the evidence they are reading. State and local education systems should evaluate where mental health is covered in the curriculum, consider providing the information earlier, and provide more applicable information to friends in the helper role.

In addition to curriculum enhancements, some schools are utilizing peer support to address the increase in adolescent anxiety, depression, and suicide rates. These programs borrow from Social Learning Theory and the idea that adolescents learn and modify behavior based on their peers (McInally, 2019; Petrova, Wyman, Schmeelk-Cone, & Pisani, 2015). Within a classroom setting, peer leaders are used to relate their own experiences with mental health concerns and how they used coping strategies to improve their mental health. Outcomes have shown that after participating in these programs students reported positive coping strategies and perceptions of adult support. Replicating these types of programs in schools can help to decrease stigma around mental illness and may increase the likelihood of adolescents seeking help from adults for mental health concerns, which was a concern of participants in this study.

Another curriculum addition that can be considered is focusing on positive youth development. Complementary to core subjects such as math and language, providing content that focuses on social and emotional learning has positive results (Taylor, Oberle, Durlak, & Weissberg, 2017). The self-awareness, self-management, relationship skills, social awareness, and decision making topics focused on in this type of curriculum can be beneficial for both adolescents who receive and give help. Social and emotional learning has been shown to improve social-emotional skills and well-being and may be a way to mitigate some of the distress experienced by adolescents who help friends with mental health needs. Having supportive, healthy relationships in place can help buffer against mental health problems and social-emotional learning programs can help foster these relationships (Roach, 2018; Taylor et al., 2017). Schools and afterschool programs should be offered to all youth to help foster healthy relationships from an early age.

In addition to in-school programs, more formal peer support programs are increasingly being used to address adolescent mental health concerns outside of school (Mental Health America, 2013). These programs are often used reactively such as in times of acute crisis (Youthline, 2019). Findings from this study indicate that adolescents in the helping role may experience distress. Although research is needed on the formal role of peer supporter as modeled in these programs, policies should be in place so that peer supporters receive training and support themselves and be assessed for signs of burnout or compassion fatigue.

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VITA

Ashley Danielle Roach earned her Bachelor of Arts in English from the University of Texas at Austin in 1997. After spending time in the corporate world, staying home with her three children and teaching preschool, with support from her family, she decided to go back to school to pursue a career in nursing. She completed a combined Bachelor of Science/Master's program in 2010 from the University of Portland with a Clinical Nurse Leader focus.

Ms. Roach spent several years working as a school nurse in elementary and middle schools, and worked as a camp nurse. She also oversaw care of students, from early childhood to young adulthood, with complex and chronic health conditions in two school districts in the greater Portland, Oregon metropolitan area. During this time, she served as a clinical preceptor for an undergraduate nursing student and found a passion for teaching.

In 2014, Ms. Roach accepted a position at Oregon Health & Science University School of Nursing (OHSU SON) as a clinical instructor and Veterans Affairs Nursing Academic Partnership faculty. In this role, she has supported undergraduate students in various courses including health promotion, chronic illness, population-based care, leadership, and integrative practicum, and regularly serves as a guest lecturer on pediatric content in courses throughout the undergraduate curriculum. In addition to her teaching role, she has worked on various quality improvement efforts at the Portland VA to improve health outcomes for the veteran population and has been recognized for her work with a VA PROMISE award. Ms. Roach serves on several committees at both OHSU and the Portland VA and is the faculty advisor for the student nurse association.

Ms. Roach enrolled in the PhD program at the University of Tennessee, Knoxville, College of Nursing (UTK CON) in 2017. During her time at UTK she worked part-time as a graduate research assistant, supporting faculty on various projects ranging from reviewing literature, analyzing data, and writing results of various research projects including the experiences of caregivers and young adults with Type I Diabetes. Her most recent work, with Dr. Ruth Lopez, involved assisting on a NIH/NIA RO1 study on the assessment of disparities and variation for Alzheimer's Disease in nursing home care at end of life.

Ms. Roach is a member of several professional organizations including Sigma Theta Tau International, Western Institute of Nursing, National League of Nursing, American Association of Colleges of Nursing, and International Society of Psychiatric-Mental Health Nurses. She has been published in several journals and serves as a reviewer for *Nursing Forum*, *Issues in Mental Health Nursing*, and *Nursing Education Perspectives*. She has also presented regionally, nationally, and internationally on topics related to her dissertation, veterans' health, and nursing education.

During her time at UTK, Ms. Roach was the recipient of several awards including the Chancellor's Citation Award: Extraordinary Professional Promise, the Phi Kappa Phi Love of Learning Award, P.E.O. International Scholar Award, Martha E. Rogers Memorial Dissertation Research Award, Janet Heffern Endowed Nursing Scholarship, Promise of Nursing Regional Faculty Fellowship, OHSU SON Nursing Faculty Education Award, and the J. Wallace and Katie Dean Graduate Fellowship. She is humbled and incredibly grateful for these awards and the opportunity they provided to pursue her goal of completing her PhD. In addition to these

awards, Ms. Roach is thankful for the continual support she has received from the UTK CON and OHSU SON.