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**TEACHER PREPAREDNESS FOR ENGAGING IN  
SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION**

by

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*A thesis*

*submitted in partial fulfillment of the requirements*

*for the degree of*

*Master of Education*

**FACULTY OF EDUCATION**

**LAKEHEAD UNIVERSITY**

**THUNDER BAY, ONTARIO**

November 2004

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*ISBN: 0-494-10659-X*  
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*ISBN: 0-494-10659-X*

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## **Abstract**

Adolescent suicide has become more frequent over the past few decades, despite school-based suicide prevention programs which have been in place since the 1970's. As youth suicide rates have increased, so has the amount of literature regarding youth suicide increased. Many authors have suggested that teachers play an important role in the prevention of youth suicide, yet very little seems to be known about teachers' preparedness for providing suicide prevention, intervention, and postvention<sup>1</sup>. This study explores teachers' perceptions of their preparedness for participating in school related suicide prevention and intervention, as well as their preparedness for postvention with other students following a suicide completion.

<sup>1</sup> For the purpose of this study, the term postvention includes all activities that a school or teacher must engage in following a completed suicide or a suicide attempt. Such activities may include, but would not be limited to, informing students of a classmate's death, engaging in individual or group discussion following a suicide attempt or completion, and providing follow-up and referrals for other at-risk students.

## ACKNOWLEDGMENTS

I would like to thank Dr. Sonja Grover for her flexibility, creativity, support, and encouragement throughout the development and completion of this project.

I would like to thank Professor Dolores Wawia and Dr. Hope Fennell for their assistance and recommendations as thesis committee members.

I would like to thank Dr. Bruce Minore of Lakehead University for acting as the internal examiner and Dr. Ulrich Teucher of The University of Nottingham for acting as the external examiner for this project.

I would like to thank my husband, Ben, for his support and encouragement throughout the whole process of the Master of Education degree.

I would like to thank my children, Christina, Matthew, and Sarah, for smiling when I had to do homework. Their faith in me kept me going. I didn't dare give up, because they would have been disappointed in me. Thank-you for believing in me.

I would like to thank my parents for their support and encouragement, as well as for their professional advice.

I would like to thank the board of education that allowed me to do my research. I would like to thank the superintendent of education who helped me find schools and participants for this project. Thank-you also for providing a supply teacher so that interviews could be done in a timely fashion.

I would like to thank the principal who not only volunteered to have the research done at the participating school, but who also helped recruit volunteers and organize the supply teacher and interview schedules. Your enthusiasm and help made this project so much easier.

I would like to thank all of the participants. I am hoping that your openness and interest in helping

children who struggle with suicidal issues is evident in this thesis. I also hope that our combined efforts will help make a difference in dealing with these issues in schools.

Finally, I would like to thank the student who reminded me so clearly of my own - the teacher's - role in dealing with suicidal issues in the classroom. You helped me develop a clearer focus for this research. "Much thanks to you."

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## CHAPTER 1

### Introduction

Youth suicide has become a growing problem over the past few decades (Cimboric & Jobes, 1990). Health and Welfare Canada has reported that adolescent suicide has quadrupled in the past thirty years (Everall, 2001; Schmidt, 2000), and suicide is now considered the second leading cause of death in people aged 15-24 in Canada (Everall, 2001). Drimmie (2001) reports that the suicide rate for Canada in 1997 for male children aged 15-19 was 19.9 per 100,000, and, for females the same age, the rate was 5.5 per 100,000. Younger children are also committing suicide. In 1990, in Thunder Bay, Ontario, alone, 13 children between the ages of 10 and 19 years took their own lives (Foster and Sakiyama, 1992). Overall, these statistics are alarming.

Drimmie (2001) states that the statistics provide the argument for teaching teachers about suicide prevention and intervention. Some schools and school boards have responded to the issue of students' suicidal behaviour by establishing protocols for dealing with students who are at risk. Community tragic events teams are also recommended for schools and school boards as a means of dealing with the aftermath of tragedies within schools, including death by suicide (Dornai, Johnson, Smith, & Thomas, 2001).

Protocol and tragic events teams, while important, are not the most critical or logical first line of defense. Rather, classroom teachers, those with direct and prolonged contact with students, have a greater ability for engaging in preventative management of suicidal behaviour. Even with strong preventative strategies in place within schools, some students will still be at risk. Teachers who are aware of suicide risk factors are in an immediate position to intervene and refer the student for help.

Following a suicide attempt or a completed suicide, it is the teacher who must be able to work with the confused or grieving students in the classroom.

Many authors in the literature on adolescent suicide have suggested that teachers can play a role in suicide prevention in schools, and should be trained to do so. Nevertheless, very little seems to be known about teachers' actual training in and experience with suicidal issues. King (2000) suggests that only one in 10 teachers feel confident about identifying students who are at risk for suicide. Some school boards, such as the Calgary Board of Education, have suicide intervention trainers who educate teachers, peers, and at-risk students about suicide prevention and intervention (Schmidt, 2000). However, there is otherwise little evidence in the literature to suggest that the majority of Canadian teachers are currently prepared to provide suicide prevention, intervention, and postvention in the classroom.

Teachers are certainly in a unique position to be able to assist in the prevention of youth suicide. They spend lengthy periods of time with students and may be able to note either subtle or dramatic changes in their students (Johnson, 1999). Teachers play a different role than parents, and may thus be a neutral source of help for their students. Unfortunately, teachers, fellow students, and school officials may also unknowingly, either directly or indirectly, add stress to a vulnerable student, thereby increasing the likelihood of an impulsive suicide attempt by the child (Bossy, 2000; Everall & Paulson, 2001; Guetzloe, 1989; Johnson, 1999).

Since teachers are already in a position to influence suicidality, they should be alert for risk factors in their students. Such factors, if noted and dealt with at an early stage, may help prevent escalating problems, including suicidal behaviour and completion (Drimmie, 2001). To effectively

identify risk factors and prevent suicidal behaviour, teachers need to be educated about suicide prevention, intervention, and postvention (Drimmie, 2001). They need to be able to identify at-risk students, intervene in an appropriate and helpful manner, and provide on-going monitoring and intervention to previously identified at-risk students. In doing so, teachers will help to build a supportive school community which can help students find alternative solutions to their problems. Teachers must also be able to deal with students individually and in groups following a suicide completion, often at a time when they themselves will have overwhelming emotional responses to losing a student in such a tragic fashion (Johnson, 1999). These can be challenging situations for trained mental health workers (Robbins, 1998), let alone for teachers who are not trained in clinical mental health practices. Nevertheless, given the rising rate of youth suicide (both attempts and completions), it must be assumed that every teacher is at considerable risk of having an experience with a suicidal student. Johnson (1987) suggests that all teachers need to be prepared to deal with suicidal students. One must question, then, if teachers are adequately prepared to deal with suicidal students.

This study investigates teachers' preparedness for engaging in suicide prevention, intervention, and postvention within the school and classroom. Through in-depth, individual interviews with ten teachers, information has been gathered regarding teachers' training in suicidal issues and their experiences in dealing with suicidal issues. Furthermore, the participants have provided information on their comfort levels for dealing with various degrees of prevention, intervention, and postvention, ranging from the delivery of preventative curriculum to dealing with students who are at imminent risk of committing suicide. The participants also provided information on potential barriers for

dealing effectively with suicidal issues in the school setting, as well as advice on course content for teacher training.

### *Personal Ground*

I have had a considerable amount of experience with suicidal issues, both in my personal life and in my work experiences. My first memorable exposure to suicidal behaviour was as a young teenager. A person close to me overdosed on pain medication that she had found in her house. The medication was quite potent, and the amount that she took could have been lethal.

The individual survived her suicide attempt, but that experience with suicide was, unfortunately, only the first of many for me. As a camp counselor, at the age of sixteen, I had a fourteen year old camper write a suicide note and run into the woods with a razor blade. She was found unharmed, and revealed that her threat was due to a relationship issue with one of the other campers.

Several years later, I worked in Aboriginal communities in Northern Ontario, teaching swimming and other outdoor recreation programs. I worked in one remote community which would later be devastated by multiple suicide clusters. Many young teenagers from that community have chosen to end their lives over the past decade.

In another Aboriginal community that I had visited for work, I was shown a closet in a home where teenagers had chosen to hang themselves. The person explained, in detail, exactly how the children had caused their own deaths. The swimming instructors from our program were expected to teach people in that community how to do first aid on someone found in a hanging suicide. I remember being quite shaken by the experience.

I have also been exposed to suicidal behaviour throughout the remainder of my career. I have worked as an outreach worker for a mental health consumer and family program in a small, northern community, and have worked on a crisis intervention team. Throughout both of those jobs, I worked with individuals who experienced a mental health crisis, including suicidal ideation and behaviours. I have also worked directly with family members and friends of those who have considered, attempted, or completed suicide. In those jobs, I have worked in prevention, intervention, and postvention. Fortunately, I received on-the-job training and participated in workshops that prepared me to deal with suicidal situations and issues.

Currently, I have completed my third year of full-time teaching. I have taught adults in a maximum security correctional facility, as well as in a regular adult education classroom setting. Since teaching full time, I have not had a year go by where I have not had to deal with suicidal issues among my students. Often, I deal with suicidal issues several times within a month's time. Students have lost family members, friends, and community members to suicide. Some of my students have had suicidal thoughts or have engaged in suicidal behaviour. Many of my students who have not directly attempted suicide have engaged in other risky behaviours that could ultimately end in their death. Some of those high-risk behaviours include excessive drinking, drug use, and casual, unprotected sex. As a teacher, I am once again actively and frequently involved in suicide prevention, intervention, and postvention. As a teacher, however, I would have had little training on how to deal with these issues if it had not been for the training that I received while working in the mental health field.



## CHAPTER 2

### Literature Review and Rationale

#### *Literature review*

Youth suicide seems to be on the rise in North America, as well as in other countries (Bossy, 2001; Drimmie, 2001; Everall & Paulson, 2001). Some experts predict that suicide rates will continue to climb, while others speculate that adolescent suicide will decrease dramatically (Guetzloe, 1989). Some researchers have concluded that current suicide statistics are grossly underestimated, due to the inability of coroners to accurately differentiate between accidental and purposeful deaths.

Other factors also affect the accuracy of currently reported suicides, such as cultural norms, religious belief systems, and familial stigma (Davis & Sandoval, 1991). If suicide statistics are under-reported, then youth suicide is indeed a growing concern, because a significant number of youth are engaging in suicidal or risky behaviour. This is the case for preadolescent as well as adolescent children (Greene, 1994). Many authors have suggested that, due to increased suicidality among youth, emphasis should be placed on prevention in the school system (Portes, 2002).

In order to understand how critical youth suicide awareness is for educators, one must understand the impact of the school on suicidal behaviour. Johnson (1999) identifies that 'gay' youth are at greater risk for attempting suicide, in part because of a lack of acceptance at school from educators and from peers. The notion of an increased risk for suicide in gay, lesbian, and bi-sexual students is supported by other authors as well (Rutter & Soucar, 2002; Woodiel, Angermeier-Howard, L. & Hoblson, S., 2003). Additional school factors which may impact on an at-risk students' suicidal behaviour include isolation, bullying, poor educational performance, and negative teacher attitudes

(Bossy, 2000; Scott, Hague-Armstrong, & Downes, 2003).

Many students come to school with risk factors already in place from their environment. Factors such as family difficulties, drug and alcohol use, chronic illness, death and loss, poorly developed communication skills, anger, and familial histories of suicide all place youth at risk for suicidal behaviour (Hawton, 1986; Robbins, 1998; Johnson, 1999). Students from historically disadvantaged groups may be at particular risk. For example, Aboriginal youth have been identified as having a higher risk for suicidal behaviour (Minore & Hopkins, 2003; Minore et al., 1991; Quantz, D., 1997, October). The Canadian Institute of Child Health published a fact sheet which states that “the suicide rate among Indian youth was five times that of the total Canadian population.” (1996, p. 2) Additional stressors at school, such as heavy work loads, peer difficulties, lack of social supports, and lack of acceptance by teachers can elevate the level of distress experienced by youth (Everall & Paulson, 2001). Such stressors, coupled with a lack of coping strategies, can leave youth feeling hopeless and vulnerable (Johnson, 1999). While adults often have the skills to understand the temporary nature of many stressors, young people may see them as insurmountable. Students may see suicide as the only plausible means for ending their distress and may impulsively act upon their thoughts (Schmidt, 2000).

There is a lot of information on suicide available through many sources. Unfortunately, there are also many myths about suicide. Many people believe that people who have committed suicide did not provide warning signals prior to taking their life. It is also a common belief that those who talk about committing suicide will not actually commit suicide (Newman, 1993). The reality, however, is quite different from the myth.

Some students may provide obvious cues about their suicidal thoughts. Students may have a

known history of self harm or suicidal behaviour. They may express suicidal thoughts or identify that they have a plan to commit suicide. Such overt cues demand action from the teacher, but they are not the only signs that teachers need to be aware of. There are many other clues that can help trained individuals identify at-risk students. While the following are not specific to suicide risk alone, they are a few of the indicators noted by Newman (1993) that educators can look for in identifying at-risk students:

1. dramatic shifts in academic performance
2. changes in social behaviour
3. changes in personal behaviour
4. fatigue or boredom
5. loss of weight or decreased appetite
6. increased daydreaming or an inability to concentrate
7. obvious signs of mental illness
8. the giving away of possessions
9. lack of school attendance
10. drug or alcohol use
11. decreased communication
12. acting out behaviours
13. an increased focus on morbid topics. (p. 105)

Many of the stressors, behaviours, and situations which put students at risk for suicide or indicate potential suicidality are part of the teenage experience, however, in the suicidal student, such

behaviours may be symptoms of situational and personal crisis. There are many factors, both environmental and personal, which contribute to the development of an individual crisis that leads to suicidal behaviour. Teachers or other school leaders who have developed trusting relationships with their students are in a good position to identify dramatic changes in students and act to intervene on the part of an at-risk student.

Schools can impact suicidal behaviour, but suicidal behaviour also impacts schools in staggering ways. One of the regularly cited concerns for a school body in the wake of a suicide is the phenomenon of copy-cat suicides. Cluster suicides (sequential suicides of a similar nature within a specific region) have been noted throughout history (Coleman, 1987), and can occur within a school system. Sometimes, an attempted or completed suicide can lead to subsequent suicidal behaviour in other students. In light of this, educators must be ready to act immediately following a suicide attempt or completion in order to prevent further suicidal behaviour within the student body. In particular, close friends of a student who has completed suicide, as well as other students who have been identified as at-risk, must be monitored following a youth suicide (Costaniuk, Robicheau, & Shaver, 1999).

Many schools have processes in place for dealing with the aftermath of a student (or staff) suicide. Tragic events teams come into the school immediately following a tragedy and assist in helping the school community through the first stage of crisis. These teams may include trained professionals who have the expertise to deal with the crisis, but they are involved with the school for a limited time. Teachers, however, work with their classes throughout the remainder of the school year. They must continue to teach the class that has lost a peer, and may be required to assist students from their own or other classes as they work through different stages of grief (Costaniak, Robicheau, & Shaver, 1999).

At the same time, teachers may be questioning themselves and asking what could have been done to prevent the tragedy (Johnson, 1999).

Foster and Sakiyama (1992) identified that for every 1500 students, there will be one completed suicide every three years. Within the same group, 30 suicide attempts will be made each year. This means that most schools will be faced with suicide attempts every year. Many of the youth who attempt suicide will give some indication of their intent prior to their attempt. This is where a teacher can be of assistance.

Pfeffer (1986) notes that teachers may be one of the first professionals to identify suicidal students. Diekstra and Hawton (1986) suggest that teachers are the ‘gatekeepers’ who can identify warning signs for at-risk youth. Bluestein (2001) also notes that “teachers are often the first line of defense in crisis prevention, even in schools in which counselors, psychologists or social workers are available.” (p. 263). Nevertheless, teachers often fail to identify or else ignore risk factors in their students. The aforementioned authors suggest that teachers who are educated about youth suicide can act to prevent suicidal behaviour. Teachers may be able to help address some of the issues which are troubling a student and help the student find plausible solutions for their difficulties. Sometimes, there are no solutions available, as in the case of chronically ill students. In such situations, the teacher can still be a major source of support for the student and can help arrange for intervention as appropriate. In order to function so as to assist a student effectively where suicidal issues have arisen, it is imperative for teachers to be trained in suicide prevention and intervention.

Observation is key to identifying at-risk students’ warning behaviours (Guetzloe, 1989; Cimolic & Jorbes, 1990). For instance, troubled youth may act out within the classroom. They may

show a marked decrease in educational performance, and may become isolated and withdrawn (Johnson, 1999). Suicidal youth may make reference to their ideation through essays or art work. Some students may have a known history of suicidal behaviour or may be engaging in acts of self-harm, such as slashing themselves. Teachers may note that a student gives away treasured belongings, or seems to be angry or upset frequently. Students may make vague references about their future, or lack of a future (Drimmie, 2001), or they may clearly express a wish or plan for death. Diekstra and Hawton (1986) suggest that other students may receive suicidal threats from their peers but may not know how to help. A teacher who is caring and accessible may be able to help these students arrange appropriate intervention for their friend.

The potential role of the teacher in suicide prevention seems to be clear. Teachers are the gate keepers, the first line of defense against the growing phenomenon of youth suicide. The question remains as to whether teachers are adequately prepared for this onerous task. Are they even aware of their potential impact on their troubled students? This research sought to find the answers to some of the above questions, and in so doing, determine possible avenues for future teacher training in youth suicide prevention, intervention, and postvention.

### *Rationale*

Suicidal behaviour, as revealed in Canadian statistics, is alarming for our society as a whole, but, given the expectations that teachers respond adequately to suicidal students, suicide is an issue that should be of particular concern for the education system. Teachers need to be prepared to intervene if they notice a student who is at risk (King, 2000). Given that suicidal behaviour may even take place on

the school grounds, educational staff need to be prepared to respond to life threatening behaviour. Because completed suicides and public suicide attempts affect students within the school system, educators must also know how to respond after a suicide attempt or a completed suicide. This expectation that teachers assist students in dealing with death and suicide is consistent throughout the literature on youth suicide. Thus, the issue of teachers' preparedness for responding to suicidal issues cannot be ignored.

In Preventing Suicide: A Resource for Teachers and Other School Staff, (World Health Organization, 2000), it is noted that often, at-risk students have been identified, but teachers and other school authorities do not know how to deal with the identified student. At the same time, it is noted that not all teachers have difficulty dealing with suicidal students. The same resource notes that "some school staff have learnt how to treat distressed and suicidal students with sensitivity and respect, while others do not. The latter group's skills should be improved." (p. 12)

Suicide is a topic with which many people are uncomfortable. Our current culture seems to avoid the issue of death in general. When a death occurs, many families are not able to provide direction for their children, because adults are unaccustomed to speaking about death and dying. As a result, educators are often left to deal with children's fears and emotions after a significant death occurs (Newman, 1993).

While it is unrealistic to expect untrained people to deal with those issues that we, as a society, find distasteful or uncomfortable, teachers are expected to do just that. When a school related suicide attempt or death occurs, teachers must respond to the needs of their students. The education system must not only respond to such events, but must also provide a sound basis for doing so. Teachers and

administrators within the school system need to play a significant role in ensuring that schools are effective in dealing with both suicidal behaviour and completed suicides.

Johnson and Maile (1987) note that suicide training is essential for educators. They also indicate that teachers can be trained to be knowledgeable about and sensitive to suicide in a very short period of time. Such training does not provide schools with expert interveners, but it does help teachers know when and how to get help for at-risk students. It can also prepare teachers to deal with an imminent threat or suicidal crisis so that students receive immediate help and intervention.

While suicide intervention training may seem like a reasonable response to increased suicidal behaviour, Johnson and Maile (1987) indicate that there is some reluctance on the part of teachers and administrators alike to engage in such training. The authors note that this is due to role definitions for both teachers and school systems that typically exclude mental health issues. Nevertheless, Johnson and Maile call upon educators to join with the community as a whole in responding to youth suicide.

The ability to recognize an at-risk student, and to intervene appropriately, requires some knowledge and skill. Suicide prevention must be an ongoing process, allowing for the development of a skill base for teachers. The need for suicide intervention, however, is thankfully sporadic. The need to learn about suicide prevention and intervention can be compared, perhaps, to cardio-pulmonary resuscitation (C.P.R.). People are often required to have training in C.P.R., yet few people ever need to use the skill. Repeated skill training allows individuals to maintain a skill base so that they will know what to do in the event of an emergency.

Teachers, according to suicide statistics, are much more likely to have to do suicide intervention than they are to have to do C.P.R. Based on adolescent suicide statistics, it would make sense that



suicide intervention training should be a required educational component for teachers, much like C.P.R. is required training for nurses and ambulance drivers. Publicly displayed manuals, such as Hang On!, by Rodrigue Gallagher (1998), can remind staff of the protocol for suicide intervention in case they forget the details of their training during a crisis. In time, however, suicide prevention and intervention could become such an embedded skill for teachers that it would be exercised when required as a matter of habit, with all of the requisite skills for teacher preparedness already in place.

Teachers need to take an active role in assisting students who are at risk. While not all at-risk students will attempt or commit suicide, many may engage in other self-injurious behaviors, with long term effects in their life. Many of the circumstances that place students at risk for suicide may also place students at risk for other negative and potentially life-threatening consequences. Burt, Resnick, and Novick (1998) identify the following range of potential negative outcomes for students who are at risk:

- “Dropping out of school, poor credentials for economic self-sufficiency;
- Pregnancy, childbearing, poor pregnancy outcomes;
- Sexually transmitted diseases, including chlamydia and AIDS;
- Abuse of or addiction to alcohol or other drugs, and associated health problems;
- Homelessness, physical abuse and battering, sexual abuse, rape or incest, prostitution;
- Death or permanent injury from guns, knives and other violent behaviour, automobile accidents, other accidents;
- Other morbidity or mortality outcomes, such as hepatitis, tuberculosis, pneumonia, and AIDS complications;

- Depression, suicide; and
- Criminal convictions.” (p.57)

Burt, Resnick, and Novick (1998) identify that the above outcomes are frequently the result of earlier chronic behaviour problems. They also note that continued involvement with the above behaviours exposes young people to consequences that significantly increase their risk of dying before reaching the age of 20. A supportive school environment, however, can be very effective in reducing risky behaviour, thereby reducing the likelihood of long term consequences for the student. One can see that the consequences of failing to provide supportive prevention and intervention for at-risk students are staggering. Conversely, the potential impact of identifying at risk youngsters and providing effective intervention reaches far beyond the issue of suicidality.

When young lives are at stake, leaders and educators are morally and professionally obligated to become supportively involved with their at-risk students. The literature regarding suicidal youth repeatedly identifies teachers as key players in dealing with suicidal issues. In addition, the Child and Family Services Act (1990), requires that children under the age of sixteen who are known to be at risk be reported to a protective services agency. Teachers, according to the Standards of Practice for the Teaching Profession (undated), as found on the Ontario College of Teachers web-site, must maintain safe and supportive classroom environments and respond to the needs of their students. The literature, the law, and the professional standards for the teaching profession in Ontario all indicate, whether directly or indirectly, that teachers can and should respond to the students that they identify are at risk of suicide. This response would include engaging in suicide prevention and intervention. Despite all of

this, there is little reliable evidence in the literature to suggest that teachers are in any way prepared for the task.

### *Aim of research project*

Teachers enter their profession with varying levels of education and vocational experience. Some may already have had training in suicide prevention. Others may be familiar with issues related to suicide through undergraduate courses, other related training, or personal experience. Some teachers may have had little or no training in or experience with suicidal issues. This study is an attempt to investigate, with a small number of participants, some of the perceptions teachers may have regarding their preparedness in dealing with student suicide issues. Thus, the aim of this research project is twofold: (a) to gather information from the study informants on teachers' perceived level of preparedness for engaging in suicide prevention, intervention, and postvention, and (b) to objectively assess teachers' preparation for engaging in suicide prevention, intervention, and postvention, in terms of the relevant training in this regard among the study participants.

This research project uses a qualitative approach to explore teachers' preparedness for dealing with suicidal situations in the classroom. In addition, the researcher explores teachers' interpretations and, where applicable, experiences with suicidal youth. The study will also seek to "understand how and what meaning [teachers] construct around [suicidal issues and] events in their lives." (Bogdin and Biklin, 1998, p.23)

This research looks at teachers' assumptions and experiences around suicidal issues within the school in an effort to understand the teachers' perspectives on their role in dealing with suicide. In

particular, the study seeks to gain an understanding regarding (a) teachers' perceptions of their role as "gatekeepers" for suicidal students, (b) teachers' experiences with suicidal behaviour, (c) teachers' training, if any, for dealing with suicidal situations, (d) teachers' comfort levels with dealing with suicidal situations, and (e) teachers' own recommendations for training in dealing with suicidal issues.

The researcher's goal was to determine teachers' perceived level of readiness for dealing with suicidal situations in the group of participants studied. In addition, the researcher hoped to identify any gaps between the common perception of teachers as gatekeepers, versus teachers' self-identified level of preparedness for dealing with youth suicide and actual level of relevant training. It is hoped that, through this research, insight into required teacher training in suicide prevention and intervention will be gained, contributing ultimately to teachers being better able to fulfill the role of gatekeeper. The knowledge gained from this study will hopefully contribute to the effort to reduce the risk of youth suicide through adequate prevention, intervention, and postvention support in the case of an attempted or completed suicide.

#### *Key research questions*

The key research questions for this study are as follows:

1. Do teachers perceive themselves as gatekeepers?
2. What experiences have teachers had in dealing with suicidal issues?
3. Are teachers trained in youth suicide prevention, intervention, and postvention?
4. Do teachers feel prepared for and comfortable in dealing with suicidal issues in their schools or classrooms?
5. What recommendations, if any, do teachers have regarding required training in the area of

suicide prevention?

6. What additional comments can teachers provide on their perceived level of preparedness in dealing with student suicide issues?

### *Significance of the study*

Some teachers will continue to be uncomfortable with the subject of death and dying. Such habits of thinking are difficult to change, because they are so deeply ingrained in our culture. A school that chooses to adopt a supportive culture for at-risk students will have a struggle to break out of cultural constraints around suicide prevention and intervention. Many of the myths around suicide, as discussed earlier in this essay, prevent people from openly dealing with suicidality. Habits of thinking around death, dying, and suicide need to change, not only within the school, but also within the community that the school serves.

Suicide has a shared meaning within our society. It is a word that evokes strong emotions, such as fear, discomfort, and even disgust. Yet, for the sake of our children, we can no longer ignore either the word or the phenomenon. Suicide will not go away if we ignore it. Like it or not, suicide is a prevalent part of our culture. Contrary to popular belief, most suicides do not just happen. They are a culmination of multiple prior events, and, given some form of intervention, many suicides can be prevented.

Andrew Oldquist (Sergiovanni, 1994) states that “schools alone can’t fix the problems of society. Schools alone cannot mend community where community is broken. But schools can provide substitutes by becoming communities themselves.” (p. 62) Likewise, schools can not undo all of the

factors that contribute to teenage suicide through the development of supportive communities. Schools and teachers can, however, make a large impact on the lives of their students, and are in a unique position to affect, negatively or positively, lifelong outcomes for their students. Given that students' lives are at stake, it is imperative that educators and the community at large do as much as possible to prevent as many deaths as possible.

A plethora of literature exists regarding suicidality, however, the information about adolescent suicide has many gaps and inconsistencies. Researchers are unable to speak with the deceased adolescent in order to accurately study the phenomenon of youth suicide, and so must rely on retrospective reports of debatable reliability from significant others to develop theories regarding the etiology of youth suicide. As a result, much of the writing regarding suicide is atheoretical, and seems to be based on assumptions rather than on valid and reliable research (Leenars et. al., 2001).

In a similar manner, much of the literature perused for the purpose of this study referring to the role of teachers in preventing and intervening in youth suicide is less than rigorous. It is interesting to note that, although many people seem willing to point the finger at teachers and schools in order to place responsibility, few seem to question the preparedness of teachers for dealing with teen suicide. Schmidt (2000) notes that "not everyone can identify a teenager at risk, particularly if they are not trained in how to detect suicidal symptoms. And once having intervened, it is equally difficult to monitor the effectiveness of prevention strategies, particularly over the long term." (para. 2) Given this, it is important to know whether or not teachers are adequately trained and comfortable in dealing with suicidal students if they are to be regarded as having a large role in suicide prevention.

In 1993, MacDonald surveyed teachers to determine their level of knowledge about teenage

suicide. The study results showed that teachers' overall knowledge regarding youth suicide was low. This study assessed teachers' preparedness for dealing with adolescent suicide, but it still did not address whether teachers are trained or otherwise prepared to deal with youth suicide. Despite the lack of evidence to support the plausibility of teacher intervention, adolescent suicide resource materials continue to identify the responsibility of educators for identifying at-risk students, and for providing the necessary interventions.

Adolescent suicidal behaviour has continued to escalate over the past decades, increasing the likelihood that teachers will encounter such crises repeatedly throughout their professional lives. This situation does not seem to be abating, and so it becomes imperative to ask whether teachers themselves feel adequately trained to deal with suicidal students. It is also important to note if there are any barriers to their effectiveness in dealing with adolescent suicidal issues that teachers have identified.

## CHAPTER 3

### Methodology

#### *Beginning the Research*

This chapter describes how the research was conducted for this study. It will cover the ethical issues considered prior to initiating the research. In addition, information is provided regarding how sites and participants were found for the study. The methods used for data collection and analysis are also discussed.

#### *Ethical considerations*

Prior to searching for a site, approval for conducting this research was sought from the Lakehead University Research Ethics Board. A proposal for the study was submitted, along with cover letters and consent forms for the governing body of the school, the school principals, and the participants. Considerations were made in the cover letters and consent forms for ensuring the anonymity of the school board, the school sites, and all participants. All of the cover letters and consent forms can be found in the Appendix section at the end of this thesis.

In addition, to ensure that the transcripts used for this research were accurate, consent forms were drafted to be sent to each participant, along with a copy of the participant's transcript. A letter of instructions for reviewing the transcripts was also drafted and sent to each participant.

#### *Gaining access to the sites*

After receiving approval from the Lakehead University Research Ethics Board, a school board



was approached with information about the proposed research. A description of the research and a covering letter (see Appendix A) were sent, and written, signed consent forms (see Appendix B) were collected from the participating school board. The principals in that board were approached by a supervisor within the board. Any interested principals were encouraged to contact the researcher. A principal of an elementary school from a small, semi-isolated community in Northwestern Ontario contacted the researcher and indicated an interest in having the research done at his or her school. A secondary school was also approached at the suggestion of the supervisor from the board of education. The principal from the secondary school agreed to allow the research to be done within the highschool, if any teachers were willing to participate. One teacher from the secondary school agreed to participate in the research. Prior to initiating any interviews, cover letters (see Appendix C) were given to the principals of the participating schools. Signed consent forms (see Appendix D) were collected from the principals of both the schools in which the research was conducted.

### *Finding the participants*

As a qualitative study, one of the biggest limitations of this research is the generalizability of the outcome of the study to other teacher populations. This study took place within a limited geographical area, with participants self-selected, primarily, from one school. The number of participants was also limited, with only 10 participants in the study. Thus, this research, as a qualitative study, does not provide data which can be replicated or from which generalizations can be made. Instead, by seeking participants from one main educational institution, the researcher had an opportunity to look in-depth into the story of self-selected teachers from one school (School A), providing an up-close, focused

snapshot on teacher perceptions regarding the sensitive topic of student suicide. By having a teacher from a highschool (School B) participate as well, there was representation from all four teaching divisions. This provided information across the public education system within the geographic region where this study was conducted. This research thus provides some information regarding the preparedness of the teachers within the targeted schools and region for dealing with suicidal issues.

The participating teachers from both School A and School B were approached by their principal, and there were a number of individuals from the elementary school and one individual from the secondary school who indicated that they were interested in being interviewed for this study. All teachers from the School A and School B who indicated an interest in participating in the research were interviewed.

The researcher spoke with eight of the participating teachers the day before the interviews took place during an after-school meeting to explain the nature and purpose of the research. The participants present at this meeting signed consent forms and contact information forms at that time. The other two participants were recruited and interviews were arranged by the researcher independent of this meeting. All of the participants were given cover letters (see Appendix E) and asked to sign the consent forms (see Appendix F) before any interviews were conducted. Arrangements were made with the participants for the times of each interview, and a supply teacher was brought in by the principal to cover the classes of those who participated in the interview process during class hours. All participants had the procedures and consent forms explained to them prior to their interviews.

### *Data collection*

To get an in-depth look at teachers' perspectives on dealing with suicidal issues, the researcher conducted semi-structured, face to face interviews with the teachers. The interviews took place at the participating schools, over the course of a three-day period. At School A, the principal provided the researcher with the spare room where the interviews took place. At School B, the sole participant was interviewed in a private office. The researcher explained the nature and purpose of the research to each of the other two participants and ensured that consent forms and contact information forms were signed prior to initiating the interview process. Ten participants in total were interviewed, with each participant being interviewed once. The interviews varied in length from approximately twenty minutes to ninety minutes. All of the interviews were audio-taped and later transcribed.

To ensure their accuracy, copies of the transcribed interviews were then sent back to the teachers through pre-arranged, mutually agreed upon, confidential methods. Instructions were provided, in which the teachers were asked to carefully review their transcripts and remove any part of the interview that they felt might identify either themselves, a student, or the participating school (see Appendix H). Any words or portions removed by the participants were not included in the findings or analysis of the study. The teachers were then asked to return their modified transcripts with a signed consent form (see Appendix I).

In the initial part of the interview, the participants in this study were asked structured questions designed to gather demographic information about their age, educational background (including extra qualifications), years of teaching experience, and teaching area. For the remainder of the interview, the participants were asked open ended questions which addressed teachers' perceptions about their

preparedness for dealing with suicidal issues in the classroom.

The closed-ended questions used to collect demographic data were as follows:

1. How old are you?
2. How many years of experience have you had in teaching?
3. What are your teachable subjects?
4. Which classes are you currently teaching?
5. Which degrees and/or diplomas do you hold?
6. What other educational qualifications do you have?

The primary, open-ended interview questions were as follows:

1. What role do you believe that teachers have in dealing with suicide or suicidal issues in the school?
2. What experiences have you had in dealing with suicidal issues?
3. What types of education or other training do you have that would help in addressing youth suicide prevention, intervention, and postvention?
4. How prepared do you feel that you are for dealing with suicidal issues in your school or classroom?
5. Taking all factors into consideration, how would you rate your comfort level in dealing with suicidal issues in the school on a scale of one to five.
6. Which barriers may prevent you or other teachers from dealing effectively with suicidal issues in your classroom?
7. What are your recommendations for teacher training in the area of suicide intervention?

8. Are there any additional comments that you would like to add?

The purpose of the semi-structured interview is to “attempt to understand the complex behaviour of members of society without imposing any a priori categorization that may limit the field of study” (Denzin & Lincoln, 2003). Because of this, the interviewer did not limit the responses of the participants unless the participant began to stray from the intended domains of the research. Additional sub-questions were asked to gather more in-depth information in the primary domains or to redirect conversation back to the purpose of the study (see Appendix G). Some additional questions were asked to individual participants to help clarify their responses.

In using the semi-structured approach, participants seemed to feel free to express and elaborate on their experiences and opinions. This allowed for rich, descriptive data to be collected. The semi-structured interview also allowed for a more relaxed interview format. Given the sensitive topic of the research, the less-formal, face-to-face interview design was used to put participants at ease, as compared to a structured interview. In following a one-to-one, individual interview format, it was also hoped that the participants would not be influenced by group cultural dynamics, such as may take place in a focus group interview approach. Thus, by using the semi-structured, individual interview design, the participants could feel free and uninhibited in providing their opinions and experiences.

### *Analysis*

The data gained through interviews has been analyzed using a qualitative approach. After the researcher transcribed the interviews, the data was organized on a question-by-question basis. To ensure the anonymity of the participants, the demographic information gathered from the closed-ended

questions was organized and presented in table format, as opposed to the researcher providing a description of each participant. Given that the participants all live in a small community, with limited numbers of teachers living in the community, it was felt that describing the participants using their demographic data would make them identifiable to others in their community or within their school board.

The data from the open-ended questions was also organized on a question-by-question basis. All answers to each main question and sub-question were extracted from the transcripts and compiled. The researcher then reviewed all of the answers for each question and looked for themes that emerged from the data. The data from each question was then presented thematically, using narratives from the interviews.

In the discussion section, the interview data was organized using a framework developed by Johann Gustav Droysen (as cited in Bentz & Shapiro, 1998). The Droysen scheme permits the researcher to conceptually organize all responses without altering their content or meaning. While the findings of the study were presented in a sequential, questions-by question manner, the discussion section looks at the over-all data from a hermeneutical perspective. Thus, overall summations of the participants' responses to all of the open-ended questions were classified and analyzed in terms of the following four dimensions from Droysen's classification system: (a) respondents' interpretations of immediate consequences, (b) respondents' psychological interpretations of motives, (c) respondents' social and cultural interpretations, and (d) respondents' moral and ethical interpretations.

*Scope of the study*

*Assumptions.* Based on the literature and on informal discussions with colleagues in the teaching field, several assumptions were made regarding teacher preparedness for dealing with suicidal issues. First, it was assumed that teachers have a wide variety of levels of training in dealing with suicide. Second, it was assumed that teachers have a wide variety of personal life experiences with suicide. Third, it was assumed that teachers vary from having no experience to having significant experience in dealing with suicidal issues with students. Finally, it was assumed that teachers hold a variety of attitudes towards the role of teachers in suicide prevention. No assumptions were made regarding the adequacy of teachers' training or their perception of their own preparedness for dealing with suicidal issues.

*Limitations and delimitations.* This research was intended to gather information about teachers' perceptions of their own preparedness for dealing with suicidal issues. The study also gathered information on what training, if any, teachers in this group of participants have had for dealing with suicide, as well as the source of that training. However, the content of pre-service teacher training has not been analyzed. Rather, participants' perceptions of how well their training, if any, prepared them for dealing with suicidal issues within the classroom was gathered. Thus, this research did not explore or critique curriculum content that would prepare teachers in suicide prevention and intervention, as doing so would be beyond the scope of this single study. Neither did this study investigate any curriculum on suicidal issues that is or has been delivered by the teacher to students. Rather, the research sought to identify (a) teachers' own perceptions of their ability to provide suicidal prevention, intervention, and postvention, and (b) types of education, training, and experiences

that teachers themselves feel have been or would be helpful to prepare them for those tasks.

### *Chapter summary*

In Chapter 3, the methodology for this study has been presented. Throughout the entire process of conducting and reporting on this study, all effort has been made to maintain the confidentiality of the participants, the participating schools, and the participating board of education. Additionally, in the reporting of the findings, found in Chapter 4, the researcher has sought to remain as close to the data as possible. The hermeneutical scheme used in Chapter 5 for analyzing the information gathered in this study avoids the use of additional layers of interpretation, thus allowing the participant's own interpretations of their experiences to be heard. The final chapter provides some answers to the key research questions and gives recommendations for further research in the area of suicidality in schools.



## CHAPTER 4

### Presentation of the Findings

In this chapter, the findings from the research are presented. Initially, the participants are described using the demographic data gathered through the closed-ended questions in the interview. To ensure that individual participants cannot be identified by members of their community or school board, a description of each individual participant is not presented. Instead, a summative overview of the characteristics of all of the participants is presented.

Following the description of the participants, the data from each of the main open-ended questions is presented in its own section. Within each main section, the data from each sub-question is also presented. Finally, at the end of the chapter, a summary of the findings is presented.

Given the sensitive nature of the data gathered in this study, confidentiality is critical in the reporting of the findings. Given this, the names of all participants, along with any other names that would identify the communities, school board, or students, have been omitted in the presentation of the data. In addition, the researcher has chosen to not use pseudonyms for the participants. The information discussed in the findings is of a very serious and personal nature, and the use of pseudonyms would add a layer of artificiality to the research. Instead, each teacher participant has been assigned a letter, and is referred to by that letter, as in Teacher B or Teacher F. In addition to maintaining the anonymity of the participants, referring to the participants by letter rather than name is also intended to prevent the reader from associating too closely with the participants. The distance between the reader and the participants that is created by this approach is both to keep the lived experiences of the participants and their students as paramount in this study, and to reduce the impact

of any data that could be emotionally traumatic for the reader.

### *Description of the Participants*

#### *The Participant's Education Related Background*

Ten elementary and post-secondary school teachers were interviewed . Eight of the participants taught classes from grades senior-kindergarten to grade 11. One teacher had a full-time alternate teaching assignment, while another held a partial teaching load and a partial alternate teaching assignment. The tenth participant was the principal of one of the schools. Nine of the participants were female, and one was male. The participants represented all four teaching divisions (primary - junior kindergarten to grade 3, junior - grades 4 to 6, intermediate - grades 7 to 10, and senior - grades 11 to 12), in addition to the alternate assignments and roles. The participants' current teaching assignments are listed below in Table 1.

**Table 1. Participants' Current Teaching Assignments by Teaching Divisions**

Division	Number of Teachers
Primary	3
Junior	2
Intermediate	2
Senior	1
Alternate	3

*The participants' ages and years of experience*

The participants ranged in age from 27 years to 55 years, with the mean age of the teachers being 39.2 years. They also had a wide range of professional experience, ranging from two years to 35 years. The mean number of years of teaching experience for the group of participants was 12.8, counting both partial and completed years and years spent in alternate positions, such as special education, counseling, and administration. Two of the participants spoke about entering teaching later in life, as their second career. One teacher indicated having taken several years off of full-time teaching in order to raise children.

*The participants' education*

Nine out of 10 of the participants held a Bachelor of Education degree. The tenth participant had all but one of the courses for the Bachelor of Education degree. Four of the participants held a Bachelor of Science degree, while the remaining 6 teachers held a Bachelor of Arts degree. Of those 6 teachers, 2 had majors in the social sciences (such as Psychology and Sociology), while 4 had other majors (academic majors, such as English and History). One participant held a college diploma in Social Work, while the principal held a Primary Supervisory certificate (see Table 2). In addition to their basic degrees and qualifications, one half of the participants held additional educational qualifications. Three of the participants had completed specialist qualifications in the areas of special education or guidance. One other participant was hoping to soon complete a specialist in special education. All of the other additional qualifications were in academic or supervisory areas (see Table 3). None of the participants held graduate or post-graduate degrees.

**Table 2. Degrees and Diplomas Held by Participants**

Degrees or Diplomas	Number of Participants
Bachelor of Science	4
Bachelor of Arts (with major in social sciences)	2
Bachelor of Arts (other majors)	4
Bachelor of Education	9
Other diploma or certificate	2

**Table 3. Additional Qualifications Held by Participants**

Qualifications	Completed part 1	Completed part 2	Completed specialist	Completed un-leveled qualification
Special education	0	1	2	0
Guidance	1	0	1	0
Reading	1	0	0	0
Biology	0	0	1	0
Junior basic	n/a	n/a	n/a	1
Principal's Qualifications	0	1	n/a	n/a

### *Teachers' Experiences with Suicidal Issues*

A person's past experiences may impact his or her knowledge about and comfort level with suicidal issues. This, in turn, may affect their preparedness for engaging in suicide prevention, intervention, and postvention. As part of the interview, then, the participants were asked about their own experiences in dealing with suicide or suicidal issues in the school, in other jobs or volunteer work, and in their personal life. All ten of the participants in this study indicated having some experience with suicidal issues. Not all of them had experience in all of the three areas, but each person had some experience in at least one. The participants' range of experiences varied across the continuum, from simply hearing about incidents, to losing a family member to suicide. Their experiences in suicide intervention ranged from observation with non-action, to hands-on intervention after an attempt had been initiated. (For a summary of participants' experiences with suicidal issues, see Table 4.)

The participants' experiences with suicidal issues are presented in the remainder of this section, and have been divided into three domains: a) education related experiences, b) experiences through other work or volunteer activities, and c) personal experiences. To maintain the integrity of the data, it is presented, as much as possible, using excerpts from the participants' own narratives. Due to the sensitive nature of some of the responses, some portions, or even entire incidents, have been paraphrased.

#### *Education related experiences*

Many of the participants in this study who had school related experience in suicidal issues were dealing with suicide prevention and intervention. The prevention was in regards to students who had

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**Table 4. Number of Participants Who Identified Having Experience in Dealing with Suicidal Issues**

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Type of Experience	Yes	No
Experience with suicidal issues of any kind within a school	10	0
Prevention in a school setting	7	3
Intervention (during a potential suicide attempt) in a school setting	2	7
Postvention in a school setting	4	6
Prevention in other work or volunteer activities	2	8
Intervention in other work or volunteer activities	1	9
Postvention in other work or volunteer activities	1	9
Engaged in intervention, or has had someone suicidal or attempt suicide in personal life	3	7
Has had experience with a completed suicide in personal life	5	5
Aware of or involved with someone who has committed suicide in any setting	8	2

---

already been or later became identified as being at risk. Even Teacher A, who had the least experience in this area was still aware of a student who was in crisis. While the student was not in the teacher's class, the teacher noted taking an active role in prevention by observing his behaviour for changes.

Teacher A commented:

I have not taught any students just in my short career where I felt that they were suicidal. I mean, there's been issues there, but they've never come out and said that I'm going to kill myself. I mean, even if they do it joking, it's not something that you take lightly in light of the events that we see happening in schools, which generally are in the States. It can happen here too. And we need to be aware of that, but, you know, certainly, I am aware of a student in the school who had to receive some counseling because it was that difficult for him. I haven't taught that student, but again, just being aware of that, and, by keeping tabs on his behaviour, and, and you know, he's acting. Is he up, is he down? It's, that's really the only experience I can think of within the school. (Teacher A, p. 25).

Teacher F had some training in dealing with tragic events. Because of the participant's position in the school, this teacher was made aware of students who are at risk. Teacher F related experiences with suicidal issues in the school as follows:

I've received some training in our protocol, if this happens, what we're to do if a student indicates that they're planning on doing this. The role of the school if a student has done this. Especially in a small community. How everybody's affected by it. So, I have training in that area. I haven't had to use it, thank goodness. But no, no first hand experience with it. We had students that are at risk in the school, and I am made aware of that... But, thank goodness, a plan hasn't been made, or carried out when I've been this, in this role.

I've been made aware of students that have indicated that they may hurt themselves in some way. And, I've had knowledge of this through, that they've seen counseling for this and stuff like that, because that's all involved in their O.S.R., [Ontario Student Record] usually.

When asked if he or she dealt with suicidal issues in this position on a yearly basis, Teacher F replied:

Well, every year in the fact that if that student has done that, say, in grade five, when the grade six teacher gets that student, I make that teacher aware that this information's in their O.S.R., and to keep that aware, so every year it comes up, but I wouldn't say there's a new case every year, or something like that. No. (Teacher F, p. 83 - 84).

The above participant had knowledge about student who were at risk. Some of those interviewed, however, had more direct experience in dealing with suicide prevention. They became aware of a student who was at risk either in their classroom or in the school, and acted upon the concern. For example, one participant had two students of concern in class within the past few years.

Teacher D stated:

Outside of, over twenty-one years, outside of having a couple of kids needing to be referred, parents called, principal involved, and then, a referral to Children's Aid or another agency. Not much, really. Once it's reported, once it's reported to a higher agency, the teacher is sort of out of the loop. You're not, you're not called back two days later to say, "Well, this is what's happening." I mean, it's out of your hands, and it's confidential, and it's handled by the people that I assume are supposed to be trained in that.

Just two [instances] come to mind, and both dealing with older kids... And, both just kids saying something that led you to believe that you, maybe you should talk to the parent, and find out first what, this is what they're saying. Is there any, any need to be concerned about? You know, I come at it from that angle. And, both times the parents were quite concerned, and wanted to come in and find out more information, and took the child to some sort of counseling, or, you know, at least for a single session. I don't know beyond that." (Teacher D, p. 104).

For some of the participants, dealing with suicidal issues within the school had happened more frequently. Thus, in addition to dealing with observed concerns, they have had to act in a preventative fashion with students who have expressed thoughts of suicide more directly. Teacher E, who has experience in administration, discussed the administrator's role in dealing with suicidal issues within the school has been. Teacher E commented:

I've had to, actually, confront children when they have indicated that they are suicidal. I've had to confront them. Ask them if they have a plan. Just to find out at what level they're at. Actually, one kid said to me, "If I tell you, you'll stop me." Yap, that's my role! But then, it's contacting the right authorities, trying to get the help for the children that they, that they need.

...there have been a number of incidents. So, it's contacting the parent, letting the parent know that there's been a problem. Contacting the, the right people, whether it's Children's Aid, whether it's mental health,... whether it's the O.P.P., because I have had to call



the O.P.P. to have the child taken to the hospital for examination. And, then, just meeting with the staff, calling a meeting with the staff to let them know what has happened, how it's been dealt with, and how they should deal with it. (Teacher E, p. 94).

Teacher C, who has had some training in suicide prevention and intervention discussed using that training to play an active role within the school in the following quote:

I've had several cases where I've had students referred to myself for me to speak to, to find out if they are indeed suicidal or not. I'm a part of the school crisis team. We've had to deal with a crisis in that area as well on a school wide level. Several times I've referred students to services in the community such as mental health for more counseling. I've also had to call the parents to let them know that their son or daughter is in a crisis situation and that they should call somebody in that could get more help for them. (Teacher C, p. 2).

Teacher I, who taught in a primary classroom, was working with a young student who was having some emotional and behavioural difficulties. The teacher became aware of the child's talk of suicide through another source. Teacher I described the reaction to the current situation with his or her student:

Well, [in our school, I am aware of three students who have talked about suicide]. I have not dealt with the two other children that I spoke of that I heard that had mentioned they wanted to commit suicide. But, this little fellow in my room has really brought it [to light. It] was... a shock to me that someone that young would have those thoughts. So, and it really scares me, and I don't know what is in store for this little fellow... (Teacher I, p. 45).

In a different teaching position at a different school, Teacher J had dealt with students who engaged in self injurious behaviour. The teacher noticed that some student groups were involved in cutting, which he or she noted to occur as a group phenomenon. Once one student engaged in cutting behaviours, several others would then try it. The parents, the administrators, and the police were involved in the situation, but it did not seem to be resolved. (Teacher J).

Teacher J also had an experience where a previous student completed suicide. This respondent had moved to a different town, and thus was teaching at a different school when the suicide

occurred. Another student later informed this teacher of the suicide. The student was visibly upset, which led the participant to engage in a process of postvention to ensure that the surviving student was able to get some help. (Teacher J, p. 33).

Two other participants indicated in the interview that they had to deal with issues following completed suicides. Teacher G taught in a lower primary classroom. This participant had a very young student who had a suicide occur within the student's home. Teacher G talked about the experience of having the child in the classroom:

I'm not sure if it was an aunt or a cousin, in her teenage years, commit suicide in the home that this child was living in. The family dealt with the issue... And, I tried to stay as alert as I could to any signs that... [this student] needed any help, and, I know that... administration did some referring to different agencies with respect to, to helping this family out. ...when I found out the whole situation, ...I was, actually, a little bit scared, because... I wasn't sure how I was going to handle any questions. I wasn't sure how, what to do. And I made some initial inquiries. "If this happens, what should I do, and who should I call, and who, where should I refer them?" ...that's not a lot. ...I don't, I'm not necessarily feeling all that comfortable that I know what to do. (Teacher G, p. 72).

Teacher H initially stated that he or she had not had any experiences with suicidal issues in the school setting. Teacher H did have tragic events training, but, like the previous participant, had not had to use it in his or her current teaching role to respond to a suicide. Later in the interview, though, Teacher H recalled an event from pre-service practice teaching :

I just remember, when I was student teaching, I student taught... and there was a family, the two, there were two little girls, and they were at our school. I didn't, hadn't taught them, and, ...there was a suicide. And there was a tragic events team from the board that came into the school. So, the teachers were in the classroom when this team came in, but not necessarily acting as, you know, is everybody O.K.? Counselors, or even just, they didn't even participate in the conversation. The teacher was in the classroom, and then this tragic events team came in, and they were involved in talking and, let's get is all out kind of thing. (Teacher H, p. 64).

Teacher B was also aware of several students who required intervention. At the time of the

interview, the participant had a student who had previously lost a family member to suicide. Teacher B had also taught in an Aboriginal school in the past, and had several experiences with postvention issues through working there:

We had one native girl who said she was going to, ...she had some sort of plan, but it wasn't, ...a real plan, so we knew that we had caught her in time, and we brought C.A.S. in and she went to counseling ...I think she went into another group home. So, she's doing well. We had a couple saying they were going to, but I don't know whether or not they did attempt... On the reserve, when I worked there, there were uncles. Every, usually after Christmas holidays. Not during the Christmas holidays, but usually in January, February, there's usually a successful attempt up here. Whether it's uncles, brothers. We just had, I believe, two, just a couple of months ago. I didn't know this, the girls. So it is up here... At least I find for the population, ...I have a student currently in my class who's uncles succeeded a couple of years ago. So. A lot of experience for a small community. (Teacher B, p. 10).

#### *Experiences through other work or volunteer activities*

While most of the participants had experiences working with suicidal issues in the school, few of them had experiences through other work or volunteer activities. Of those who had additional employment experiences, only two had direct experience dealing with individuals who struggled with suicidal issues. A third participant had been involved in a volunteer committee to try to establish a suicide help-line. Teacher G discussed having engaged in suicide intervention through an experience as a telephone operator:

I used to work as an operator..., and, probably for me, the hardest night of the year is Christmas Eve. ...I did find myself in a situation where I had a customer on the line who was, [in a] a domestic violence situation. ...She was talking about suicide, and she was talking about him attacking her... I stayed on the line with her, but I got her help, because I'm just not, my skills are not there to help someone in that situation. So, the police were contacted, and we also got her connected with a woman's... shelter... Very, very difficult time of the year to, for many people, but, to work, and it, you get, I think with operators, too, it's, people tend to [share things because] they're never going to see you. So, they give you a whole lot of information, and sometimes it's very overwhelming. And in that case, [it has stuck] in my mind

very clearly, very, very difficult shift, that one. (Teacher G, p. 73).

Teacher B, who had the most experience in dealing with suicidal issues, had previously worked as a social worker in a girls' group home. At one point, the participant had to actively perform emergency first-aid on one of the group home members after she slit her wrists quite deeply. Teacher B explained some other experiences in the following excerpt:

Well, being a social worker, I was a supervisor of a group home for adolescent girls in (a community in Manitoba), and they came from (an Aboriginal community), ...I would say, they weren't all suicidal teens, but at one point in time, they had attempted. I've had hands-on, where I've had to prevent it, where slashing of wrists. Ah, the first day of school is very traumatic for these girls who come from (the Aboriginal community). I had one suicidal girl who was the only survivor of all of her family. It was a (multiple) person suicide (in the Aboriginal community). So, during certain times, she would be more suicidal than other times. She also had addictions, so, to try to prevent some of the suicides, I believe. In my home, I had two girls who were high risk suicidal and slashers, overdoses. I've been to emerg. I don't know how many times. Uh, I could go on and on. But, they are still alive today, ... I didn't have any children that succeeded in the group home. That was a blessing. But there were several attempts, and hospital trips, and several counseling sessions with parents and the kids alike." (Teacher B, p. 9).

### *Personal experiences*

Only 2 participants indicated that they had never had any experience with suicidal issues in their personal life. Of the other 8, Teacher D knew of others who had family members who were depressed or contemplating suicide. Teacher F had a cousin who attempted suicide. The participant indicated, however, that he or she was not involved with that incident in any way. Teacher E indicated that, while knowing of some people who had committed suicide, those suicides were not ones in which the participant could have intervened:

There've been people that I have known, but not people that were really, really close, you know, that I could have even intervened and done something. Mostly, it's been I've heard afterwards, oh, you know, how the person died. But, never that I could do anything about. I

was never close to anybody ...who took their own life. (Teacher E, p. 95).

Teacher B had a family member who developed multiple mental illnesses around the age of twelve. The individual was suicidal at times, which affected the entire family. Teacher G also had people in his or her personal life who were experiencing or had experienced suicidal issues. It was those personal experiences that had prompted the participant to take part in this research project.

Teacher G discussed how suicidal issues had come 'very close to home' (p. 74) in the following quote:

This is kind of why I, I volunteered initially, and then... I [didn't] know if I want to do this. ...all of a sudden, it's touching my life a whole lot more than I ever thought it could or would. So, and I have absolutely no idea what to do for [these people]. Like, I don't know how to be there for [them]. I don't know if I should be there for [them]. I just have no idea! And so, all of a sudden, this is just a real big issue in our lives. ...So, it's definitely an issue that I think that I need to increase my knowledge. (Teacher G, p. 74).

The incidents in Teacher J's personal life were not quite so close to home. This teacher said that it was always a surprise when someone decided to commit suicide. While the participant didn't understand why people would commit suicide, he or she felt compassion for such people and their families. Teacher J had heard of people using several different methods being used to commit suicide, and had lost two friends to suicide as a teenager. While noting that it has never been something that was dealt with closely, suicide has definitely been an issue with people in this participant's life (p. 34)

Teacher A had experiences with suicide as a teenager:

A friend of mine when I was in high school, actually, I grew up with these two boys. One of them was my age, and then there's his brother that actually committed suicide, and I think it actually stemmed from just constant bullying and growing up, I never really thought that he was different, and I never really saw the bullying. But it got to the point where he even had to be moved to a different school, and no one saw it coming. No one saw it coming. I mean, his mom went out and went and got groceries and never thought twice about leaving him. He was old enough to be left, and he just wasn't feeling well that morning, and that's how it happened, so. That's kind of my first experience, and there was a lot of other things going on at the time, certainly in my life, and I think it was just a culmination of things, but I certainly had to talk to

counselors and stuff. You just, it's hard as a high school student to make sense of that, I mean that someone is so lost when there are so many people out there willing to help, but when you see people so low or rock bottom, and I think that everyone experiences that at some point in their life, but, you know, some people are able to get through it, and some people aren't. And they just can't see that, that help there for them. (Teacher A, p. 25)

In addition, Teacher A had just had an experience with a suicide with an acquaintance in the community. Teacher A stated:

Another incidence was just this spring, actually. One of the business owners here in town. Actually, he was friends with my boy friend and his parents. And he ended up committing suicide as well. And he was well known in this community, so that really hit a lot of people hard as well. (Teacher A, p. 25).

The final participant lost a close family member to suicide within the past few years. Teacher I was one of the teachers who was dealing with a suicidal student in the classroom as well. Teacher I commented:

I had a sister-in-law who committed suicide about three and a half years ago, which is devastating to our family, so, very difficult. And it's three and a half years, and it seems like yesterday, so. Very hard. I think it's - you don't understand why, so that's the hard thing. (Teacher I, p. 48).

Her response demonstrated the effect of losing a loved one to suicide. It also demonstrated that teachers may be exposed to grief and loss related to suicide in their personal lives. If such teachers are expected to deal with suicidal issues in their schools and classrooms, they need to have support and training. Critical incident debriefing may also be required for some teachers following a completed suicide, especially in cases where the teacher has a history of suicide-related trauma.

## *Teachers' Perceived Roles*

### *Overview*

Teachers can play an important role in suicide prevention, intervention, and postvention (Costaniuk, Robicheau & Shaver, 1999; Deikstra & Hawton, 1986; Drimmie, 2000; Johnson, 1999; King, 2000, Newman, 1993; Pfeffer, 1986). They spend a lot of time with their students and can develop supportive relationships with them. Because students may attend an elementary school for up to ten years, elementary teachers have the added advantage of maintaining professional relationships with their students for extended periods, both within the classroom and on the school ground. This makes an elementary school a particularly effective place for suicide prevention, intervention, and postvention to take place.

While acknowledging that teachers do have a role to play in assisting their at-risk students, it is important to avoid making assumptions about what roles teachers can play. Teaching, as a profession, has complex responsibilities. It is important, therefore, to understand how dealing with suicidal issues fits into the role of the teacher. Teachers themselves know the strengths and limitations of their profession, and thus are the best source for determining which roles they can play. The first step, then, in understanding teachers' preparedness for engaging in suicide prevention, intervention, and postvention, is to investigate teachers' perceptions of their own roles related to dealing with suicidal issues.

The participants in this study were asked about their perceived roles in suicide prevention, intervention, and postvention. Several areas were looked at in this question section, including teachers'

roles in the school (and in the classroom in particular), teachers' roles in the school and playground (outside of the classroom), and teachers' roles in the community. Overall, the participants identified a variety of roles that teachers can play in each domain. The roles ranged from the delivery of preventative curriculum, to intervening with acutely suicidal students, and were seen to extend from the classroom to the school grounds, and ultimately, to the community itself. While information regarding the roles in the classroom, on the school grounds, and in the community are addressed separately within this section of the chapter, it is important to note that these areas are all interconnected, particularly within the small town environment.

#### *In the school and classroom*

All of the participants indicated that teachers have a role of some sort in dealing with suicidal issues within the school and within their own classroom. Teacher G suggested that teachers need to play a huge role in dealing with suicidal issues within the school, but wasn't quite sure what that would be. While responses differed greatly, from a duty only to report, to a role approaching that of a counselor, if needed, several strong themes emerged from the responses. Overall, the participants saw their roles in the school and classroom as falling under the following areas:

1. Relationship with students
2. Observation and awareness
3. Educating students
4. Response and referral
5. Professional development and following established procedures



6. Postvention and addressing the needs of the at-risk child

*Relationship with students.* The teacher's relationship with the students is an important part of the teacher's role in the classroom in regards to suicidal issues. Teachers can show children that they care about them (Teacher I) and develop a good rapport (Teacher C) with their students. One participant observed that students may come to the teacher first if they are experiencing difficulties.

Teacher I noted that the teacher is a constant for some students in the following quote:

I think that for a lot of children within our system, in this community, I think a teacher is sort of a constant. It's somebody who they can turn to and know that's going to be there every day for them. I think that way, we can just show the children that we care about them, and it's a routine, it's something they're sure of, to know that we're here, ...we're here to listen to them, and we truly do care about them. (Teacher I, p.44)

*Observation and awareness.* Teachers can play a preventative role by listening and watching for indicators in students' words and behaviours. Teacher G identified the role of the teacher as "watcher", watching for signs. Teacher D said that the teacher's role is to keep their "eyes and ears open". In particular, Teacher C noted that teachers can see if any of their students are having trouble or are in distress. Teachers, according to Teacher B, can also notice changes in what students do, and in how they react.

Not all of the participants initially held that identification of at-risk students was part of the teacher's role in the classroom regarding suicide prevention. Rather, several participants indicated that the teacher's role began more with intervention. Their responses indicated that their role began after they had been informed of or made aware that the student was at risk, at which time, they could intervene.

*Educating students.* Only three of the participants initially discussed teaching preventative

curriculum as part of their role in dealing with suicidal issues in the classroom, but some of the other participants later indicated that teachers could play a role in this form of prevention. Preventative curriculum was not seen by the participants as a segregated teaching unit. Rather, teachers could incorporate preventative curriculum into other teaching units. For example, Teacher I uses a Social Studies unit entitled “I Care” as a platform for addressing issues related to both prevention and intervention in a primary classroom. Teacher B noted that the teacher’s role can also include educating students directly about suicide, particularly in the upper grade. Teacher E discussed how, in a less direct way, teachers can teach and inform children about feelings and how to deal with them:

I think that there’s a duty to inform, to, to teach children, to, to teach them about different feelings and how they can adapt to them, how they can make them work for them. Alternatives as opposed to suicide. They don’t have to use that word in, in the primary grades, say, but they can be looking at. If you have a problem with this, who can you go to? Who can you tell? Who are the safe people to talk to? (Teacher E, p.93)

*Response and referral.* All of the participants at some point in the interview process identified responding to a known or observed at-risk student, or referring the student to outside agencies for intervention and counseling. While some saw this as their primary role as a teacher, others saw it as only a part of their role. For those who saw intervention in the form of response and referral as their primary role, the process was fairly clear. When a child is noted to be at risk for suicide, teachers are to inform the principal and the parents. If required, Children’s Aid and/or the police may also need to be informed. Teacher E and Teacher F noted that teachers have a legal duty to report, and, Teacher F indicated that, once a teacher becomes aware of or is informed that a child is at risk, it becomes that teacher’s responsibility to report the concern to an appropriate agency.

In response to an at-risk child, a teacher’s role can also be to listen. For example, one

Teacher B suggested that a teacher can be a confidante (Teacher B), although a teacher can not maintain a confidence when there is a duty to report. A teacher, according to Teacher J, can also talk to a student to determine if the child has a plan. For example, Teacher F noted, if a student indicated having a plan to commit suicide during lunch break, then the teacher should not allow the student to go home for lunch. While listening to a student was noted to be an important role in suicide prevention, none of the teachers indicated that talking and listening to a student would be their only course of action for intervention.

It is important to note that all of the participants were aware of the need to seek external supports for a child dealing with suicidal issues. Taking whole interviews into consideration, not one participant indicated that they would handle the situation either by themselves or strictly within the school. Many of the teachers noted that they would inform parents, even though that would be a potentially difficult task to do. Informing the principal was also identified as a critical, and, sometimes first, step in the intervention process. Children's Aid was another referral that was noted several times. Teacher G also indicated that the teacher's role can be to refer family members to an outside agency.

*Professional development and following established procedures.* Having professional knowledge and following established procedures were noted to be part of the teacher's role in the school and classroom. Teacher A stated,

I think it's important that teachers educate themselves about how to deal with students that may be suicidal, and that, that isn't something that I've found easy to access, certainly, where we work. That's why I was interested in participating in this. (Teacher A, p.24).

Teacher G noted that, after living in the community for several years, it had become apparent that his or her knowledge in the area of suicide and suicidal issues needed to be strengthened, especially in light of

the fact that there have been two suicides in the community in the past two years of which this participant is aware.

In addition to having professional knowledge, teachers would need to follow the procedures set out by the school if a child showed indications of having a plan for committing suicide. Teacher J indicated that, for those with tragic events training, there is also a tragic events book that can be used to address suicidal issues. Despite this, few of the participants referred to following an official school policy or procedure in their interviews. In fact, Teacher B stated that there was not a specific role set out for teachers by the school. Teacher G stated not knowing what the role of a teacher was, other than to be a secondary support and to refer.

*Postvention and addressing the needs of the at-risk child.* The final role that teachers can have is related to dealing with a situation once it has happened. Teacher G suggested that the teacher's role was as a "secondary support" (p. 71). Teacher I suggested that he or she, as a teacher would give more to a needy child in the classroom, especially for a child who was "reaching out for some care and for some love" (p. 44). Having currently experienced these issues in the classroom, this participant noted going "over and above", for that particular child, giving him more leeway than perhaps the participant gives the other children, because of his situation (p. 44).

#### *In the school (outside of the classroom) and playground*

Nine out of 10 participants were asked about the role of teachers in the school and playground, apart from their role within their classroom. (The highschool teacher was not asked this question, as the participant's answer from the previous question had encompassed the teacher's role in the school, but

the issue of having a role on the playground was not pertinent to the participant's situation.) All of the 9 participants saw teachers as having a role to play in suicide prevention and intervention outside of their role in the classroom. The roles in the school and playground that were identified by the participants followed two themes:

1. Prevention through observation, awareness, teaching, and problem solving
2. First response - Safety, intervention, and referral

*Prevention through observation, awareness, teaching, and problem solving.* As with the teacher's role in the classroom, the participants identified that the teacher needs to observe and be aware of students on the playground. This role did not pertain only to the children in the teacher's particular class, but to all children in the school. In this matter, the perceived teacher's role demonstrates a sense of the school as a community, rather than each class as separate entities. Teacher I explained the teacher's role towards all students in the school in the following quote:

I think our role, basically, is to be aware that it is out there, and that there are children within our system, in this school in particular, that have voiced a concern. I can think of three right now. And, as teachers, I think we have to monitor their behaviour on a regular basis, and make sure that we are watching them carefully outside, as well as in the classroom, ...to see ...any type of a change of behaviour. ...We also have to inform the parents or some kind of the social services if needed. If we hear, and sometimes it's just through hearsay, and in many cases it's the children themselves making the plea, so we have to go that further step and let the parents know, and then have social services involved as well. (Teacher I, p.45)

While it is important for teachers to be confidential in dealing with suicidal issues, Teacher A noted that it is also important to communicate with other staff. That way, the teachers can be aware of who the at-risk students are. Such awareness is important, because teachers deal with these students regularly, whether they are in the teacher's class or not. Teacher A noted that "we are a staff that talks,

and relate well to one another, so we're very in tune with what's going on in each other's classrooms, and with the students in the school." (p. 24). This positive communication can help the teachers deal with suicidal issues more effectively within the school by fostering a team approach. It may also help to reduce the potentially harmful effects on teachers of dealing with suicidal issues, especially in cases of higher-risk suicidal behaviours, or a completed suicide.

Informed teachers can watch for signs on the playground, although there were concerns raised by Teacher E that not all teachers would know what to look for. Teachers can also listen to what other children are saying, and perhaps thus learn valuable information about other children who are experiencing difficulties, according to Teacher I. Bullying and social isolation are some areas of concern where teachers can play a role in suicide prevention. Teachers J noted that teachers can observe how students play on the playground, and with whom students play. Teachers can also be alert to students who are isolated or picked on.

Teacher B said that "if there is bullying, we try to address it. If there's put downs, we try to address it right away." (p. 8). At the same time, the participant observed that there did not seem to be enough teachers on the playground, and that some parent volunteers would be helpful in maintaining student safety. Teacher B noted that the teacher's role is not always to intervene, but rather, sometimes, the teacher's role is to teach the children how to work through their own problems using conflict and resolution strategies. Teacher D noted the teacher's role in the school and on the playground as "being the eyes and ears of society in a setting that takes kids out of the home." (p. 103) The same teacher also stated that "you get some kids that still trust teachers... a lot. And they say things..." (p. 103). Such openness would allow a teacher to initiate prevention and intervention

strategies. At the same time, however, Teacher D stressed that the teacher's role, as a result of such disclosures, is not to counsel, but, rather, to refer.

*First response - Safety, intervention, and referral.* Teachers can play a role in suicide prevention by maintaining a level of safety for the children. To do so, teachers need to watch the children carefully. In the event of an actual suicide attempt, safety can be a concern. Teacher H noted potential discomfort with intervening if one's own safety would be threatened. This participant would, however, intervene if the situation was safe. This suggests that it is both the teachers' and the students' safety that must be observed in suicide intervention at school.

On the playground, Teacher G noted, a teacher may be the "first contact... the first point of prevention (and) the first point of getting help." (p. 71). In that case, according to Teacher I, it would be the teacher on the playground who may need to inform parents or social services about a child that has been observed to be at risk. Thus, through playground duty, the responsibility to report an at-risk child is shared among other teaching staff at the school, rather than remaining solely on the classroom teacher. As Teacher F put it, "If you're on yard duty, and a student discloses, or even if another student comes up to you and says, 'This student said this,' it's now your responsibility to follow up and follow the whole procedure." (p. 82).

### *In the community*

As teachers in a small, semi-isolated community, the teachers' roles were sometimes seen to extend beyond the classroom and school, and into the community at large. Some participants saw their role as being close to that of an informal counselor, not only for the students, but for their parents, at

times, as well. In contrast, some participants did not see themselves as having an active role to play in the community with regards to suicidal issues. Of those responses that did indicate a teacher's role in the community, the following themes emerged:

1. Information
2. Source of support
3. Continuous role from classroom to community
4. Role of the principal

*Information.* One of the roles that teachers in the community may have involves the giving and receiving of information. Teachers could, according to Teacher E, go to workshops if they were interested in the topic of suicide. In addition, Teacher C noted that, if qualified to do so, a teacher could hold workshops or information sessions on suicidal issues. Teachers could also play a role in educating the students and the parents. Thus, as Teacher F indicated, teachers, through their own learning, can gather information to pass on to parents and others in the community.

Teacher D suggested that teachers can also participate in volunteer activities. Teacher E, however, felt that there were, at this time, few community based volunteer options related to suicidal issues. Despite this participant's perceived lack of opportunities, volunteer work in community based committees may be an option at some point for teachers who want to take a more active role in dealing with suicidal issues within their community. Teachers can also be a reference source for such committees, according to Teacher D.

*Source of support.* Another role that teachers can have in the community is as a source of support. Teachers in the community can provide support to students, to parents, and to other agencies.



Teacher I explained the supportive role of the teacher as follows:

I think that we have to be a support system, not only for the children themselves, but for the parents. And when we find out, it may be not even through the school. It may be something that's happened ...in the community. I think that we have to be there to support both the parent and the child. (Teacher I, p. 45).

Teachers can also provide community related support for students within the school. For example, Teacher G noted that, because of suicides within the community, the teacher needs to deal with suicidal issues in the classroom. Thus, an awareness of community issues plays an important role in the teacher's ability to address suicidal issues within the school in a supportive manner. Because of the recent completed suicides within the community, Teacher G states,

I think we need to make kids aware that ...this is a problem. And I think that we need to make kids ...aware that they can come to us, and that we will help them get the help that they need. ...Sometimes ...they have no one to go to at home, so we need to be there for them to get that help for them. (Teacher G, p. 72).

In explaining the connection between community and classroom support, Teacher H said that teachers, if they are aware of something that has happened in the community, need to get involved. The participant noted that students have families, and families have histories. As a teacher in a small town, one can be more familiar with student and family histories, which can help the teacher help a student who is at risk. Thus, the teacher's involvement in and knowledge of the community can benefit the child. If a suicide happens outside of school, or, perhaps, in another school, one participant noted that the teacher needs to be available for the students in their own school, as both a "listener" and a "consoler" (p. 59). Not all participants expressed their roles in the community in a positive way, though. Teacher A demonstrated some of the difficulties that teachers in a small community can face in supporting students around suicidal issues in the following quote:

I think it's, it's almost a taboo subject. Nobody wants to talk about it, and there certainly have been some suicides this year in the community. And, they've been people that are well known, but it's almost like it's just accepted, and people talk about it for a couple of day and it goes on, and I think that's kind of sad. I think that if more people were aware, that maybe they could do something and notice the signs. Then, maybe these people could be helped before it got to that point. But I think that you get so busy in what you're doing, you don't think about discussing maybe so much in a classroom, because it does seem like an uncomfortable issue, and you get to the point, well, if I discuss it, maybe a student who has already had thoughts, is that going to ... not necessarily encourage them, but make them think... you don't want to by any means glorify, you want to approach it very sensitively and, again, personally, I've had experiences, you know, in losing friends, that way. And I don't know that I would be comfortable, you know, talking to a student who, to try to deter them from doing it. I could only tell them my experiences and tell them the pain that it leaves behind, maybe and that might help them to look at it in a different way. (Teacher A, p. 24)

In addition to supporting children in the classroom around events in the community, teachers can play a role in supporting parents outside of the school as well. Teacher B explained this by saying,

I think the role of the teacher in a rural area is a lot different than in a big city, because your neighbors are your teachers. So, I think as far as I've spoken with parents, I've had parents come and talk to me, and I don't turn them away. (Teacher B, p. 9)

Teacher B also noted the importance of this support within a small community. This participant stated, "I think in that aspect, we're like a net that people can come to. So, at any time, I think, as being community members in a small community, you get that. It helps with the isolation." (p. 9).

The final supportive role that teachers can play in the community is as a part of "the social network" (p.104), as indicated by Teacher D. In this capacity, teachers can share generic information about what is happening in the school. This information sharing could help develop an interconnectedness among agencies, thus improving service delivery.

*Continuous role from classroom to community.* In a small community, the teachers' role does not necessarily begin and end in the classroom. Rather, their role may inadvertently extend into their extra-curricular activities as well. Given that they live in the same town as their students, and that

people are very familiar with each other in these communities, some of the participants indicated that they continue to be teachers well beyond their formal teaching assignments. For example, Teacher J, who is an intermediate level teacher, talked about students from previous years coming back to talk with after they had graduated from the school.

Teacher B noted that teachers in a small town may also support the families of their students in ways that are outside of their teaching job, such as in going to funerals. Specifically, in relation to suicidal issues, even the teacher's duty to report extends to knowledge gained while in the community - a role which may be magnified by the personal familiarity experienced by those living within a small, semi-isolated town. Teacher F commented on this issue in the following quote:

As a role, as a community member, there's a lot of students in a small town like this that will just come running up to you and say, "...this person who did this or said this," when you're shop, grocery shopping. And it's still the role of the judicious parent, and teacher to go ahead and follow through that. Same procedures that you would follow at school. (Teacher F, p. 83)

When the interviewer noted that teachers don't seem to leave their role behind when they leave the classroom, Teacher F responded,

Not here. (Chuckle) I don't. I don't know if everybody else does, but I wouldn't. (Teacher F, p. 83).

*Principal's role.* Finally, the principal plays an important role in the community, as well as in the school and on the playground. For example, many of the participants stated that notifying the principal was an integral part of any intervention in the school. Teacher B also indicated how important the role of the principal is within the community in relation to suicidal issues.

When there's a funeral, we go. We support the family. Our principal has been to several [funerals], because [he or she] has lived in this community a long time. So, [he or she] plays a very important role. And they talk with her. (Teacher B, p. 9).

The principal supports the students, the staff, and the parents. In addition, the principal is often the contact between the school and other agencies. Thus, in regards to suicidal issues, the principal plays a critical role in problem solving and intervention.

### *Summary of findings on teachers' roles*

This section has provided an overview of areas where teachers may play an active role in dealing with suicidal issues, based on the participants' professional knowledge. Despite their many teaching-related responsibilities, the participants in this study have acknowledged that there are a wide variety of roles which teachers can play within the classroom, the school, and the community. Many of those roles are simply extensions of other requirements of the teaching job, and thus would require little training for the teachers to be prepared. Other roles may require the teacher to have specific training in suicidal issues. Thus, preparedness levels may differ among the potential roles that teachers may have in suicide prevention, intervention, and postvention. However, with an understanding of what teachers perceived roles are, one can then have a clearer understanding of what the participants' perceived preparedness is related to.

### *Teachers' Preparation and Perceived Preparedness*

#### *Overview*

The literature has identified that teachers are gatekeepers, the first line of defense against youth suicide. In addition, the participants in this study have identified that there are a variety of roles that

teachers can play in dealing with suicidal issues within the school. Despite the fact that teachers are an important resource in suicide prevention, intervention, and postvention, there is little evidence that they are prepared for the roles that they can play. To be effective in dealing with suicidal issues, teachers must have some training. If teachers are adequately prepared, they will feel more comfortable in supporting their students with regards to suicidal issues.

To determine how prepared teachers are to engage in suicide prevention, intervention, and postvention, the participants in this study were asked a series of questions related to preparedness and comfort levels for dealing with suicidal issues. Initially, they were asked about what kinds of training they had that prepared them for dealing with suicidal issues. They were then asked how prepared they thought that teachers generally were for dealing with suicidal issues. Given that there is a broad spectrum of potential roles for teachers to play in dealing with suicidal issues in the school, the participants were asked about their comfort level for different scenarios across the spectrum, ranging from teaching preventative curriculum to supporting their class following a completed suicide. The participants were also asked to rate their overall comfort level for dealing with suicidal issues on a scale from one to five, with one being not at all comfortable, and five being very comfortable and confident.

It was found that few of the participants in this study had received specific training in suicide prevention, intervention, and postvention, and only one of the participants had received any training regarding suicidal issues in their pre-service teacher education. Several of the participants had received general training in critical incident management, which would help prepare them for postvention, but not for prevention and intervention. Others had taken some courses in psychology, sociology, or social work that they felt had helped prepare them for dealing with suicidal issues within the school. Overall,

though, most of the participants did not have sufficient training to prepare them for the role of gatekeeper in regards to suicidal issues.

Many of the participants in this study felt that teachers were generally unprepared for dealing with suicidal issues. A few felt that teachers would vary in their preparedness levels, depending on personal variables such as interest, training, and experiences. It is interesting to note, however, that not one participant held that teachers were generally well prepared to deal with suicide prevention, intervention, and postvention.

The participants indicated that they themselves felt comfortable in delivering preventative curriculum to students in higher grade levels. In addition, most of the participants noted that they were comfortable in intervening with their lower-risk students. The majority of the participants expressed lower levels of comfort, however, with moderate to acute risk situations. Several noted that they did not feel that they had the knowledge or skills to deal with such situations. Thus, while many of the participants felt prepared for and comfortable with dealing with situations involving low levels of risk, most felt unprepared for and uncomfortable with situations involving moderate to acute levels of risk.

### *Education*

The participants were asked to identify what kinds of training that they had received in their undergraduate and pre-service teaching degrees, in their additional qualifications courses, or in other professional development, that they felt would prepare them for dealing with suicidal issues as a teacher. There were no parameters set for course content, as the intention was to identify what teachers perceived had or would help prepare them. For a summary of the participants' answers

regarding their training, see Table 5.

While Table 5 indicates specific training in suicidal issues, some teachers did report that they had taken some psychology or sociology courses that, while not addressing the teacher's role in suicide prevention, intervention, or postvention, may have provided some awareness training or background knowledge in suicidal issues (Teachers B, F, & I). Several of the participants also felt that both the professional development sessions and the more in-depth training that they had received in tragic events was helpful in dealing with postvention issues (Teachers D, E, F, & J).

Teacher G, who had dealt with suicidal issues in a primary classroom this year was the sole participant who had been given some training on suicidal issues in his or her pre-service education. Despite some training, this participant did not seem to feel adequately prepared for dealing with suicidal issues in the school. Teacher B said, "It was just one lecture, ...and that was really it. So, am I equipped to do anything, really, to help someone? I don't think so. I don't feel confident at all that I would be." (p. 75).

Teacher I, who had lived through the completed suicide of a family member and also had a suicidal student in a primary grade this year, indicated not having enough training on suicidal issues at this time. When asked, "What types of education or other training do you have that would help you to address youth suicide prevention, intervention, or postvention?" this participant replied,

I don't have anything. Other than my teaching. So, that's, I think, where I'm lacking and could use some kind of prevention, some kind of steps to follow through and a way that you can get to these children.

It's a scary thing. I say, when an eight year old child decides that he doesn't want to

**Table 5. Number of Participants Who Received Specific Training In Suicidal Issues Through Various Education Avenues**

Type of training*	Number of participants receiving training	Number of participants not receiving training
Training through undergraduate degree	0	10
Training through pre-service teacher education degree	1	9
Training through additional qualification courses**	0	10
Training through other post-secondary education	1	9
Suicide Prevention and Intervention workshop	2	8
Tragic Events training	4	6
Training through other professional development or workshops	2	8

\* Type of training that prepared participants to engage in suicide prevention, intervention, and post-vention.

\*\* Including special education and guidance courses.

\*\*\* A pre-service teacher education degree (also called a Bachelor of Education degree) in Ontario is generally a one-year program following the completion of an undergraduate degree. Some pre-service teacher education programs are taken concurrently with the undergraduate degree, followed by a one year teacher preparation program.



live anymore, that's terrible. So, I think, you know, in terms of maybe having him out of the situation he is in at home. It's something we have to look at, but, [yes]. If I could have some kind of steps to follow, and you know, even when I consider going through it within our family, we didn't see it. We didn't know. It was a total shock, so you know, what things to look for would be great.

And you know, after the fact, there are things. You say, "Oh yeah, well, yah, she did that." And, "Yes, that did happen." But, I had no idea that those were symptoms of somebody who is suicidal. So, if we could have somebody in to, you know, give us those cues. You know, if you see this in someone, it could possibly mean. And that could possibly go right back to the children that we're teaching within the school. So that's what I would like to see. Some way that we could, you know, not a checklist, but some kind of [list], these are the symptoms, these are what people may be showing or doing, students as well as adults. And what we can do to help them. What's out there for us. (Teacher I, p. 48)

Teacher D, who had also dealt with potentially suicidal students within the classroom, addressed some concerns about the limitations of teacher training in suicide prevention, intervention, and postvention. The following response given by Teacher D identified that the role of the teacher in dealing with suicidal issues is limited, with teachers acting more as 'gatekeepers', as opposed to counselors:

I have a problem with ...the training factor, ...what that would involve, because really, the average teacher is stretched to the limit in most days of the week. So, outside of being told about the warning signs, and keep, just being a human being and keeping eyes and ears open to respond to a concern, then, and possibly to report it if you feel that you need to. Then, I think that's about all a teacher should really be... We really do have the need for guidance, more guidance counselors in schools, and I think that someone like that, then, would have the training. We could refer down the hall, and it would be handled that way, rather than a teacher being or teachers, being trained to be, like, become mini counselors, or something. I don't think that's, that's going to work. Would ever work. (Teacher D, p. 106).

### *Perceptions of teachers' preparedness*

Once experience and training levels were determined, the participants were asked how well they felt that teachers were prepared for dealing with suicidal issues in their schools or classrooms.

Generally, the responses indicated that there would be a wide variety of preparedness among teachers, based on their interest level (Teacher C), their backgrounds and experiences (Teacher A & Teacher B), their comfort levels (Teacher E), and the specific circumstances (Teacher D). Some of the participants felt that teachers were not very prepared at all, as demonstrated in the following quotes:

That's a tough one. It depends on whether they have taken an interest in it in order to themselves get the training they need. As far as I know in our school, there's only two people that have gone for training, but I could be mistaken. It is an area that I feel that there probably should be more training. But I understand that it is also a very difficult type of subject for people to get personally involved with and to me maybe they don't want to be involved with it so I believe it's better to leave as a volunteer type of thing rather than forcing everybody to do it because it is not for everybody to be able to cope with it or deal with. Some people can deal with it better than others. (Teacher C, p. 3)

Well, having, having already, you know, had, had a student who's directly touched by this, I don't feel... Personally, I don't feel that I was. Now, I can't speak for everyone, but I certainly don't feel like I was prepared for that. In fact, I remember thinking, "What am I going to do if she comes to me with this?" And, I certainly... didn't seek it out. It's not something you have a lot of time for anyway. But, ...if it comes to you, obviously, you make the time. But, it was not certainly something that I sat her down and... said, "How are you feeling about this?" ...Because I don't know what I would do with, like I don't know where I would go with her answers. "Oh, I'm not feeling very good." I wouldn't know what to do after that point. (Teacher H, p. 62).

I don't think that they're prepared at all. I think that they can go through, you know, [a mental health agency] or the social services to, you know, once you've heard the child, and look there for some help. But in terms of having that help yourself, being able to initiate something to help that child, I think we have to look for help outside of the school. As to what a plan of action, what we can do within our school. So, I think it's a very important issue, and you can see that we do have a ...few in the school. In an elementary school system, ...three is a large number, for me, anyway. (Teacher I, p. 49).

Teacher D noted how issues of teaching in a small, isolated community could affect one's preparedness for engaging in suicide prevention, intervention, and postvention:

Well, I mean, ...you can say you're prepared, I suppose, and, and then face the unknown, in the sense that if it's someone near and dear, a favorite student, a colleague's child, whatever,

that can still blow you away. So, I think as long as a teacher is able to stay distant, it's just, with a bit of distance between the student, teacher, you, the average teacher is able and ready to deal with something like that. It's not like we fall apart over it. But, of course, if it's a personal issue, then, if it's wearing two hats and you've got a situation where it's somebody where you ...can't separate that from, put that distance in place. And, it could become a situation where you'd need some time off yourself, as an instructor. (Teacher D, p. 107).

While the issue of having multiple roles as a teacher does not only occur in small, isolated communities, there is a stronger likelihood of that happening. In a small town, one's students are children of one's friends, family, and neighbours, or they may even be the teacher's own children. The closeness can make it much more difficult for dealing with suicidal issues in a somewhat-distanced, strictly-professional manner.

Maintaining a professional distance may be considered important, but, at the same time, it is important to note that teachers will and must have a different approach to dealing with suicidal issues than a counselor would. A teacher's approach will be based on a more familiar relationship with the student. There is a very big difference between counseling a child for one hour a week and teaching and having a custodial role with a child for six hours a day, five days a week. The very nature of the teaching profession, coupled with the complexities of teaching in a small, close-knit northern town will impact teachers' ability to maintain that preferred professional distance. This is the reality of teaching in many Northern Ontario towns, and this reality may impact teachers' preparedness and effectiveness in dealing with suicidal issues.

The individual characteristics of the teacher were also noted to play a significant role in teachers' perceived preparedness. Teacher E indicated this in the following response:

That's a hard one, because I think everybody's at a different comfort level, and a different ability level to handle stress or to handle difficult situations. Those who you think might be very strong are the ones that absolutely can't, and those who you would, might least expect are the

ones that just rise to the occasion. So, some of the teachers have had training, but only if they volunteered. Nothing along that line has ever been mandatory for them, because for some, it's a very sensitive issue. And, like, there were some that wouldn't talk to you today. And, so, ...that's a really tough call for me to know where everybody's at. Because ...we've never really had a tragic event of any sort. ...we haven't had a teacher dying, or, you know, like, on staff right now, or, a student within the school actually committing suicide, to have to put that whole thing into operation, to deal with the aftermath with the kids left behind, and that kind of thing. So, I'm not sure where their comfort level would be, and where their expertise level would be. (Teacher E, p. 97).

### *Teachers' comfort levels with covering preventative curriculum*

A teacher's comfort level may not necessarily be the same across the spectrum in dealing with suicidal issues. There are different roles for teachers in dealing with suicidal issues, and teachers may have different comfort levels, depending on the intensity of the role that must be played. It is reasonable to expect that, as the intensity level increases, teachers' comfort levels will decrease. This reciprocal relationship was reflected in most of the participants' responses, although the intensity of the teachers' discomfort varied considerably. Nevertheless, most of the participants indicated being comfortable with their potential preventative roles in the class.

As those entrusted with the care and teaching of the nation's youth, teachers are in a position to help prevent suicides through covering preventative curriculum. Such curriculum could encompass life skills issues, such as problem-solving skills, social skills, developing empathy towards others, and inferencing skills, as well as more explicit discussions on issues that are more closely related to suicide.

When asked to identify how comfortable they were with presenting preventative curriculum to their students, 9 out of 10 of the participants responded that they were either comfortable or very comfortable with covering that type of curriculum. Some indicated that they have, at some point, covered preventative curriculum in their teaching career, and have access to some resources that they

can use to help present the information to their students (Teacher D, Teacher E, & Teacher H).

Several participants noted that they would be comfortable teaching preventative curriculum to students in the junior to senior grades, but there was concern regarding how to work with preventative curriculum in the primary grades (Teacher F, Teacher G, & Teacher I).

Teacher A felt that preventative curriculum should start in the lower grades:

It's part of our health program and we do it through the Althea program. We all have binders in our classroom that cover prevention, you know, safety, substance use and abuse. That's as far as I've really covered in teaching the grades that I've been teaching so far. I'm not aware if, maybe the intermediate grades would cover issues like suicide in their program. I think that it needs to start even earlier than that. Like in, depending on a community, the issues in the community, socio-economic status, there are a whole slew of issues that go into how a child feels and how they are when they come to school, and I don't just think it affects just high school students. I think it starts much, much earlier, but in terms of covering issues like that in my class, again, as I mentioned, I don't know if I would be comfortable just, this is what I think and I'm going to tell you what, I would definitely want some direction before presenting that to some students. (Teacher A, p. 26).

The participant mentioned a critical point - that suicide is not an issue that affects only high school students. This fact is strongly demonstrated in the experiences of the participants, where the students of the small number of participants in this study have been affected from the early primary level through to the senior highschool level. It is also important to note that this participant, as well as some others, indicated that some guidance is needed for teachers, so that they can effectively present preventative curriculum to their students.

#### *Teachers' comfort levels with intervention for low to moderate risk students*

Teachers, if they know the signs to watch for, are in a position to intervene with students who are having difficulties that may lead to a crisis in the future. If signs are acted upon and caught early, a

future suicide attempt or completion may be averted. Also, as noted in the literature review, students who are having difficulties may not only be at risk for engaging in suicidal behaviour, but are also at risk for engaging in other potentially life-threatening behaviours. Thus, the teachers' ability to notice and intervene with low level at-risk students can play a critical role in helping to ensure the later health and safety of the child.

When asked about their comfort level in dealing with low to moderate risk students, 9 out of 10 of the participants indicated that they would be either very comfortable or comfortable in that role. Of those, several indicated that they would not want to intervene alone, and seven indicated that they would want to refer the child. Teacher E, who had indicated being very comfortable with dealing with suicidal issues, added that there were still things that were uncomfortable:

My biggest problem is always that fear, that it's actually going to happen. And so, that helplessness of, have I done enough, or, am I doing enough, or, is this really going to happen. And, you know, I guess that's always anybody's biggest fear, but it is, it's one of mine that, have I done enough? Am I doing enough? (Teacher E, p. 97).

Teacher B, who also indicated a comfort level with low level intervention and who had a lot of experience with suicide intervention, also indicated that some things were uncomfortable in dealing with suicidal children, even though the participant knew what to do in the situation:

I'm comfortable with it - very. Well, I mean, I've had high risk. I get uncomfortable knowing that they feel that way. But when I talk to even some of the kids when they say "Oh, I wish I were dead," or something like that, and I say, "Well, you know, everybody's thought that. You know, everybody has, and if they'd say they haven't, they're lying, because they have! But now, what are you going to do with that?" And, right, automatically, I would direct them to C.A.S. if they needed help. (Teacher B, p. 12).

Teacher D had to intervene with a couple of students in the past few years. While indicating a comfort level in engaging in low level intervention, the teacher also noted that it is difficult to know what

to do once a report has been made to the authorities:

It's frustrating, because, once it goes there, you never hear back. The parents clam up, the, the system clams up, and you're just the teacher with this kid back in your room a day later, the next day, a week later, and you're wondering, you know. Are they any better? Have they talked to somebody or not? So, you just keep your fingers crossed, and keep your eyes and ears open, again, and move on. (Teacher D, p. 109).

Although teachers are obligated to refer a student who is at risk to a child protection agency, such as Children's Aid, the child protection agency is not obligated to follow up with information to the school once the referral is complete. In fact, due to privacy issues, such contact may be avoided in many cases. Withholding information from the school or teacher may protect the privacy of the student or family, but it also, essentially, limits the supportive role that the teacher can play with regards to the at-risk child.

*Teachers' comfort levels with intervening with a student who is at imminent risk*

When a child is at imminent risk of committing suicide, it is urgent that someone notices and intervenes. Teachers are in a position to be the adult who can do that. Despite this, only 5 of the 10 participants indicated that they would be very comfortable or comfortable in intervening with a child who was at imminent risk for committing suicide. Even some of those who indicated a comfort level expressed some reservations. Teacher J noted that the uncertainties of dealing with suicidal students can be a scary thought. Things could go wrong, even with a teacher's intervention. Nevertheless, this participant indicated that, if someone came for help, he or she was comfortable in doing what was needed to help the person.

As in previous questions, some participants indicated that there was an issue of not having

enough knowledge to effectively intervene. Despite that lack of knowledge, there was a demonstrated willingness to actively intervene with an at-risk child. When asked about comfort levels in dealing with a student who is at imminent risk, Teacher I stated:

It depends on who the person is. I think if it's someone very close to you, you're going to do whatever you can, put yourself at risk to save that person. And I can say that, because I've known that I would have done anything I could to have saved my sister-in-law, but I don't know. It depends on the person. You know. This child, yes, I think I would put myself in harm's way to save him. Because I've had so much involvement with him. So, I don't know, like, it's.

...I would try. What I would do, personally, but like I say, I don't have the steps. The right things to follow, and if we had something in place, you know, this is what you should do, this is what you should say, these are things that can... help prevent it at that crucial time. And I don't know if I would be able to accomplish stopping with what I know right now.

So, if you're asking if I feel comfortable in my abilities, no. I wouldn't have felt, I'd do it automatically to save someone's life, but I don't think that I would succeed all the time, or would have what I needed to succeed.

I wouldn't know if I could, would succeed, if I've the right skills, or skills at my hand, you know. I'm somebody who's been through it, and I can understand. Or understands the person and kids, say just the right thing to that person that could maybe change their mind. (Teacher I, p. 52 - 53).

Teacher G indicated an ability to do what needed to be done at the time, but anticipated having some difficulties afterwards:

I anticipate that I would be uncomfortable, ...I'm very much the type of person that ...[gets] my hands dirty and then [walks] away and [falls apart]. ...I would jump in and do what... needed to be done. And I don't know that I would really think about how comfortable I felt during... whatever was happening, while it was happening. But then I would walk away, and, as I say, fall apart. (Teacher G, p.77).

While most of the participants indicated that they would at least be able to get the external help needed for a student who was at imminent risk for suicide, not everyone was confident that they could do even that. Teacher H expressed doubts in his or her preparedness for intervening with a child who is at imminent risk. This participant stated:



I think, I don't know, I might tend to panic. Kind of freak out. Maybe not, if I had more training, but, like, if this happened today, I think I would panic. Not necessarily knowing what to do, or even just, how to handle it. What steps to go through. (Teacher H, p. 63).

Prior professional experiences in dealing with suicidal issues seemed to be a large factor in teachers' comfort levels. Teacher E had intervened with students who were at imminent risk in the past. The teacher knew the process to go through, and seemed to feel comfortable with using the external resources available within the community. Teacher E commented:

I'm quite comfortable with that. Our plans here would be to call in, and my first call is to the O.P.P. And, so they have to come in and deal with it as well. So, I've never had to actually, you know, go a long distance with the whole process, because there's always somebody else along with it. But, as far as identifying, calling in the authorities, yap. Quite comfortable. (Teacher E, p. 98).

#### *Teachers' comfort levels for intervening in an actual suicide attempt*

As anticipated, the participants' reported comfort levels decreased as the intensity of the role in dealing with suicidal issues increased. When teachers were asked how comfortable they would be in intervening in an actual suicide attempt, only one participant predicted feeling quite comfortable. Teacher E said, "I would stay there all night if I had to." (p. 98). The remaining participants either stated that they would be uncomfortable in that situation or did not answer the question directly. Teacher D stated, "I would do what I have to do. I don't know how comfortable.. That's something you'd have to assess afterwards." (p. 110).

Several of the participants indicated that, while they were not comfortable or confident, they would do what needed to be done (Teacher B, Teacher C, Teacher G, & Teacher I). Teacher A and Teacher J expressed concerns about their own personal safety if required to actively intervene in a suicide attempt. Teacher J, who was dealing with suicidal issues with a student at the time of the

interviews for this study, acknowledged that there is potential personal risk for a teacher who engages in a suicide intervention. The participant stated that, while not being comfortable with intervening in an actual suicide attempt, he or she would, for the child in her class, put him or herself “in harm’s way to save him.” (p. 52).

Most of the participants indicated that they would just do what needed to be done, despite their own potential emotional discomfort. Teacher F noted,

Well, I wouldn’t be comfortable in it, that’s for sure. Would I be able to keep my head on straight to call the proper numbers and everything I need to do? I think so. I don’t know how, (chuckle) I don’t know that you could be comfortable in that situation, but, I think I could manage to keep calm enough to get the people I needed there. After that, I don’t know! (Teacher F, p. 87).

Teacher G’s response was similar:

I would think that I wouldn’t feel comfortable at all, but, ...sometimes we just need to do things that need to be done. And, ...they’re not always pretty. They’re not always a lot of fun, but, they have to be done, and I don’t think I could ever walk away from something like that. (Teacher G, p. 77).

### *Teachers’ comfort levels in supporting their class following a suicide attempt*

Schools are, in essence, small communities. Within a small town where there may only be one or two schools, this sense of school community can be heightened well beyond that of a school within a large, urban centre. Given that, if a suicide attempt occurs within the school or within the extended community, it may become public knowledge. If an attempt was by a student in class, or perhaps even by another teacher in the school, the classroom teacher may need to address the issue with individual students, or perhaps even with all of the students in the class. Depending on the impact of the attempt and the individual involved, this postvention may range from a very short term to a long term process.

When asked how comfortable the participants would be in supporting their class following a suicide attempt, 8 out of 10 indicated that they would be very comfortable or comfortable in that situation. However, of those 8, 5 indicated that their comfort level would depend on having the support of the tragic events team or other resources.

Several of the participants raised other concerns as well. Teacher A and Teacher D identified the following concern over students' potential reaction following a suicide attempt:

I think it's important to allow them to talk and make them aware of the seriousness of the issue. You know, if it's not happening to them, sometimes kids want to joke and be cruel about it. But if you can really kind of open up a comfortable discussion, and let them express how they're feeling in an appropriate manner and maybe help them to better understand maybe why that person may have done it, so I'm certainly comfortable in having open discussions in my class. (Teacher A, p. 27).

Knowing kids, you know, I don't have a problem myself, but, knowing kids and how they respond to things, you know, where you'd have a student coming back to a classroom or to the school anywhere, that everyone has learned has attempted suicide. I'd like to think kids wouldn't tease or pick on that, but, you know, some would. Some would be there, and, you know, not helping the situation. It's a very, most school environments are a very mixed bag of emotional kids, and they'll, some would, some would be saying the wrong things, or egging things on, or not assisting, I'm sure. That would be the hardest part to deal with. (Teacher D, p. 111).

Teacher H expressed several concerns about the nature of the class, the potential parental response, and maintaining professional distance within the situation:

I think, again, it would depend on the class, because you would have to be pretty, you'd have to be sensitive, and then, at the same time, I don't know, you just have to watch everybody, and make sure, yah, just make sure everybody's O.K., I guess, with what you were saying. But, at the same time, I don't know. Like, you don't want to get too, I don't know. There's a fine line for teachers, hey? You don't want to get too close to it, without, you know, ignoring the whole thing, you know.

Cause, you know, there's a lot of fallouts, especially in a small community. "You said what to my child?" comes back at you, and, so. I don't know. I'd, I'd sort of feel, like, I'd be able to talk to them about it with, but, you'd have to sort of keep a distance about that, just

to be careful. (Teacher H, p. 64).

When the researcher commented that postvention sounded like an area that could be uncomfortable for a teacher to know where the fine line is, Teacher H replied,

Yah. To know what to say without, like, even just, can you hug a kid? Who's sitting there crying? "My grandpa just killed himself?" Can you hug that child? I don't know. I would think it would be alright, but, you know, the rules say you're not supposed to do that, so, you know. You don't want to kinda step over that line, but. I don't know. That would be sorta, that would be a horrible situation in itself... (Teacher H, p. 64).

Teacher B had experience in engaging in postvention from other jobs and teaching positions.

This participant discussed how, in other jobs, external resources would be brought in, ranging from psychologists to ministers and Aboriginal elders, to assist in the postvention process. In the participant's current teaching position, there was a concern over the lack of resources within the community that could be called upon to assist:

Here, we can't even go to the hospital to talk to anybody. And, yes, there are social workers, but are they counselors? ...there's a difference... you know, are they psychologists, or are they social workers? Like, yes, I took several courses to help me in counseling, but I didn't continue to get a counseling degree... to work on certain issues. ...and there isn't anybody in the community that I would consider that would be qualified to deal with children's issues. So, we'd have to go outside the community. Even though there would be lots of people that would volunteer to do it. (Teacher B, p. 14).

### *Teachers' comfort levels in supporting their class following a completed suicide*

Following a completed suicide, it is important for teachers to be able to engage in postvention for several reasons. First, there is a danger that there may be one or more copy-cat suicide attempts following a suicide within a school. Second, while some affected students may not choose to attempt suicide, they might be traumatized in a way that could cause either immediate or future emotional or physical harm to the child. Finally, engaging in postvention may be a springboard for future prevention

and intervention with the children in the school. Thus, it is critical that postvention be addressed following a completed suicide.

When asked how comfortable they were in supporting their class following a completed suicide, 5 out of 10 participants indicated that they would be very comfortable or comfortable. Again, this comfort level depended on the tragic events team, other external supports, and adequate resources and information to present to the students. Teacher C had previously been involved in postvention within the school. He or she stated:

We've had to do that, and as a team, it's fine. And again, I focus on a team approach to it, to get a good group of people that are comfortable with it to work together, and that's the best approach to it, rather than trying to be centered out as being the pillar in the school. It's very difficult to be the individual that everyone is counting on. (Teacher C, p. 5).

In the above quote, the participant identified the difficulty of working with postvention issues on one's own. Teacher A described the potential difficulty for the teacher following a completed suicide, regardless of the external support provided. This participant also spoke from experience:

If it was a student within my class or a staff member, I think most likely that I would need some counseling to try to and make sense of it, you know. Again, I think it's very dependent upon the situation. The gentleman this spring that it happened to, I mean, I certainly knew him, but it's going to depend on how close you are to that person as well, what kind of association you have. (Teacher A, p. 27).

Teacher G, who had a student requiring postvention following the suicide of an individual within the student's home, used recent experience to answer the question regarding his or her comfort level.

Teacher G said:

With respect to the child that I did have, ...it was not something that I sought out. ...I'm not particularly ...proud to say that, ...I just didn't feel that I had anything that I could give her that would help her, so if she had come to me, ...I would have sat down with her and talked to her, and I would have, but I most certainly would have referred her on. ...I'd say my comfort,

comfort level's probably not all that great. (Teacher G, p. 77).

Several participants who were uncomfortable in engaging in postvention identified that the lack of knowledge and skills was an issue for them (Teacher D, Teacher G, & Teacher I). Information and education were an issue for Teacher F, who identified being comfortable with engaging in postvention. Some other points were also raised, including who the person was that committed suicide (Teacher E & Teacher J). The closeness of the deceased to the teacher could strongly affect the effectiveness of the postvention process that is provided. Teacher J noted that the closer the situation is to the teacher, the harder it would be to remain comfortable and emotionally distanced. She noted that, sometimes, when people are in an emotional state, they may think that they are being more effective than they actually are.

Even Teacher E, who had expressed the highest comfort level in dealing with postvention following a completed suicide, demonstrated some doubts, depending on the specific situation and circumstances:

It has never happened here, so, I think, I want to say that I would be very comfortable in helping them out and being there, for the kids and for the staff. It's such a hard one to know what you would actually do in the situation. My thought is, right now, I would be there. I would, you know, as I say, be round the clock kind of thing. I would be there for any kids or parents or staff that needed to talk, or needed, you know, some sort of assistance. But, I'm not, you know, we all react in different, different ways. Where would I be when it happened? What are the circumstances? What's happening in my own life at that time. Up until this point, I would be quite comfortable. (Teacher E, p. 98).

A death from suicide occurring within the school, whether it is a child or an adult, is always a possibility, especially within the north. Teachers' reactions to this occurrence are so important, yet many of the participants expressed feeling unprepared for dealing with a suicide. The following is Teacher D's anticipated response to dealing with the class after a completed suicide:

I think my, I'd probably be the ostrich, and try my best to, O.K. guys. We've had a few minutes to talk about it. Now it's time to get on with the day. Let's get on with life here, and let the grieving family deal with the picking up the pieces now. Assuming it's been a full suicide that resulted in death. (Teacher D, p. 111).

*Teachers' perceptions of their overall comfort level for dealing with suicidal issues*

After the situation-specific questions, the participants were asked to take all things into consideration, and rate their overall comfort level on a scale of 1 to 5. A rating of 1 represented being very uncomfortable, and 5 represented being very comfortable and confident. None of the participants rated themselves at a 1, but 8 of them rated themselves at a level 2 or 3. One participant rated him or herself at between 4 and 5, but not completely at a level 5. The final participant rated reported a comfort level of 5. Of interest is the fact that, of the 10 participants, the 2 with the most professional experience in dealing with suicidal issues rated themselves highest in their comfort level.

Teacher F had rated his or her own personal comfort level in dealing with suicidal issues at a 5, but, combined with knowledge levels, would only rate him or herself at a comfort level of 3.

Knowledge was a critical factor for Teacher G as well:

I would say, probably a 2. And the reason that I say a 2 is because I just don't have the knowledge. Would I be willing to, or would I want to work toward a 5, absolutely. But, at this point right now in time, I would say a 2. (Teacher G, p. 78).

Teacher G is the only participant who had any training in suicidal issues in pre-service teacher education. The participant has already had a student with suicidal issues this year. Given this, the above statement is very poignant.

*Summary of the participants' perceived preparedness*

Overall, the participants in this study have not been trained to deal with suicidal issues in the school or classroom. Throughout their undergraduate and Bachelor of Education degrees, only one teacher had received any training regarding suicidal issues. The one teacher who did cover the topic of suicide during pre-service teacher training noted that the amount of information that was received was inadequate preparation for dealing with the suicidal issues with being faced in the classroom this year.

Only two of the teachers had taken suicide prevention workshops, because they had a personal interest in receiving the training. In addition, 4 participants had some training in critical events. That training would prepare them for dealing with postvention issues, but not for suicide prevention and intervention. For some of the participants, their training had occurred several years previously, and so they no longer felt comfortable with their knowledge or skill levels in this area. One might expect that at least the teachers with additional training in special education or counseling would receive training in dealing with suicidal students and issues. Nevertheless, none of the teachers with additional qualifications in those two areas had received any training on suicidal issues in their additional qualification courses.

Regardless of their lack of knowledge and training, the participants in this study generally expressed being comfortable with lower levels of prevention and intervention, especially with children in junior, intermediate, and senior grades. Some of the teachers, however, felt that there was a need for training and guidance so that they could effectively deal with suicidal issues, particularly when dealing with younger students. When asked about higher intensity situations, the participants expressed lower levels of comfort. They expressed concerns about their knowledge and skill level for dealing with



critical situations, and some were even concerned that they might panic. Nevertheless, the participants indicated that they would deal with the situations as best they could, despite their lack of preparedness. They viewed such intervention as part of their duty of care to students.

Overall, the majority of the participants reported having low to moderate comfort levels in dealing with suicidal issues across the spectrum of suicidality. The exceptions to that were the two participants who had previously had considerable experience dealing with suicidal individuals. Teacher E had been teaching for many years and had actively engaged in suicide prevention and intervention in various roles as an educator. Teacher B had previously worked in a group home with teenagers who were actively suicidal. This participant had also dealt with postvention issues within the classroom at another school. While those two teachers who had experience in dealing with suicidal issues reported higher comfort levels, those with lower comfort levels most often reported lack of knowledge and training to be a critical factor.

The participants in this study expressed a willingness to engage in suicide prevention, intervention, and postvention. As discussed previously, the participants have all had experiences in dealing with suicidal issues in some respect. Many of them had, at some point in their teaching careers, dealt with students who were at risk for or who had engaged in suicidal behaviour. Despite their willingness to help and be prepared, many of the teachers had not been given the necessary information, tools, and support to do so. How then can they, then, reasonably be expected to be gatekeepers or be expected to deal effectively with suicidal issues? They must have sufficient training to go along with their responsibility in this area.

## *Perceived Barriers*

### *Overview*

In the previous section, it was determined that many of the participants in this study lacked adequate preparation for engaging in suicide prevention, intervention, and postvention. The logical remedy would then be to provide training for teachers, so that they could better be prepared. Once again, however, it is critical to have a full understanding of the issues related to teacher preparedness. Teachers may be fully trained in suicidal issues and be comfortable in their roles, but still be ineffective in engaging in suicide prevention, intervention, and postvention. This may occur due to factors that may present barriers for dealing with suicidal issues within the school. Schools are small communities, with their own cultures. As such, there will be many competing demands and concerns, both from within the school and from the external community that will influence how effectively teachers can deal with suicidal issues.

To help teachers to be better prepared for dealing with the issues of youth suicide, one must first clearly understand what may prevent them from doing so. While the teachers interviewed for this research cannot be assumed to be representative of all teachers, their perceptions can help define some of the barriers that teachers may face in dealing with suicidal issues. This is important, because teacher preparedness is not only affected by training and education, but by other systemic issues as well. By having as complete of an understanding as possible of all of the things that may keep teachers from engaging in suicide prevention, intervention, and postvention, more effective strategies can then be developed to help overcome the problem.

The participants in this study were asked what barriers they saw that would prevent them from dealing effectively with suicidal issues in their classroom. Some of the barriers that were noted were related to a lack of preparedness, but there were many other issues that were noted to prevent teachers from effectively engaging in suicide prevention, intervention, and postvention. Based on participants' responses, the following eight different barriers to engaging in suicide prevention, intervention, and postvention were identified:

1. Lack of knowledge and training,
2. Lack of resources,
3. Personal comfort levels,
4. The primary roles of the teacher
5. The school itself
6. Parents
7. Students
8. Possible cultural or community barriers

These barriers are discussed in detail in the remainder of this section.

#### *Lack of knowledge and training*

Eight out of the ten participants indicated that a teacher's personal knowledge level could be a barrier for dealing effectively with suicidal issues. While training seemed to be an important issue to the participants, it also seemed important that the training was ongoing, rather than just a one time occurrence. Teacher H, who had the tragic events training and had been a member of the

tragic events team at one point, said,

There is a tragic events team, but, again, nobody really knows who's on it any more. Cause it's been so long. And, we haven't had any p.d. We haven't had any events to ...have to do something, so. It's kinda foggy. It's not good the way it's set up, but, it just doesn't seem to be too important. Hmm. Scary. (Teacher H, p. 65).

The same teacher, when asked about his or her comfort level with several of the higher intensity roles, despite earlier training several years ago, said that he or she might panic. Thus, it can not be assumed that a one-time training event will adequately prepare teachers to deal with suicidal issues.

Access to training was also identified as an issue by Teacher A & Teacher B. Having appropriate modes of delivery could be difficult in a small isolated town. Teacher B indicated that training for dealing with suicidal issues can not be done effectively through the Internet. To deal with suicidal issues, one must read and identify signs, such as emotional distress. Developing that ability requires practice, such as in role playing, which can not be done well in any mode that is not face to face. Additionally, Teacher B indicated that some people may not be comfortable going to a workshop that may touch on potentially personal issues if their co-workers or other community members were also in attendance, especially in such a small community. At the same time, this participant noted the danger in not having appropriate training in the following quote:

With myself, I know a lot about suicide, but imagine if a teacher - the lack of knowing the signs, the lack, you know, that would be a barrier. And a kid crying for help, acting out, it might be a cry for help and you'd be shutting them down, because you have to teach. Do you know what I mean? (Teacher B, p. 16).

### *Lack of resources*

A similar theme to emerge from the participants' responses was the lack of resources available

to teachers, both within the school and the community. Several teachers identified that there were inadequate resources for presenting information to students. In particular, the lack of age appropriate information was mentioned by Teacher D, Teacher F, and Teacher G. Teacher F stated,

Barriers? Resources, background information, being able to readily grab that information that the students may be asking questions for at that time, would be a barrier for me. Telling them, yap, I'll get back to them, I don't think would really work in that situation! (Teacher F, p. 89)

The lack of professional resources within the community was also noted as a barrier for teachers in addressing suicidal issues in the school. One gap identified by 2 of the participants was the lack of a psychologist within the community. Children who are at risk and in need of intervention in that community, then, need to travel for several hours to receive any specialized services. Teacher E explained how the lack of specialized resources can impact the help received by the at-risk child:

The other barriers I would see... is the lack of resources. The lack of, we don't have, like, psychologists within our town. Yes, we have mental health workers. We do have a crisis response team within the [mental health agency] programs, that would kick in. We haven't had to use them in that respect, but I know that they are there. We have a really good medical system. Now we do. Back a couple of years, if you had asked the same question, I would have had to say the medical system here. But, right now, we have a lot of young doctors and good coverage in our hospital. Probably distance for these, these people to get proper help, because, what happens is, if they take them into the hospital here, and they feel that they are a risk, then they take them to [the nearest large centre, which is a several hour's drive away]. So, you've got that, that separation, often, because it's the police that would take them. Or, the ambulance, depending on the circumstances. But then you've got, you know, that division between, how do the parents get there? And, especially if the parents don't have transportation. So, just the distance that we live from a major center. Like, that is, can be a barrier. (Teacher E, p. 99).

Teacher B expressed a concern over the lack of community resources as well. The participant talked about an incident of bullying within the school, where a prank played by some children resulted in an extremely embarrassing public moment for at least one child. The teacher was concerned that

there could be long term emotional repercussions for a child who had gone through something like that, especially if the child had low self esteem to begin with. Teacher B's discussion related to this incident highlights some of the major difficulties that an at-risk child and his or her family may face, particularly in a semi-remote town with limited mental health services. Teacher B said:

I said, "What are we doing about this? ...what counseling? Is anybody going to talk to these kids?" ...cause this could have bearing on if the kids' self confidence was not high enough to deal with this. I mean this was, as far as I was concerned, assault issues, even though it was done in a joke. There aren't any counselors here. Where do they go? So I asked the parents, "Well, I know your son has great self esteem. How is he doing?" And the parents said, "Well, if he's going to get counseling, it's not going to be around here where there isn't anybody qualified." I said, "I understand." I said that if he needed someone to talk to, you know, you can let him know, because he is also quite close to me. So, I said if he needs someone to talk to. Because if it was a student who was at risk already, that might have, might, but it could later down the road. Who knows. You know, it was dealt with; the people were suspended and that, but who picks up those pieces here up north? I don't know. So, and that's just a little incident, you know, which I find, again in this day and age, we could do it by telephone, or they could go to Thunder Bay, but we have great ministers, and I'm certain they're qualified, but you know. And it wasn't until I say, you know, what are we going to do, psychologically for these kids? Cause that, to me, is a huge invasion. (Teacher B, p. 14).

At this point in the interview, the researcher noted that, although Teacher B seemed to feel comfortable with dealing with suicidal issues, it sounded as though there weren't as many resources in the community as the participant would like there to be. Teacher B replied,

No. And they're getting smaller. Yep, they're getting smaller. See, [in the city] where I did my placement in the school, there's a psychologist. ...On staff. So any incident that would happen in the school, you go to her. Like here, we can't even go to the hospital to talk to anybody. And, yes, there are social workers, but are they counselors? ...there's a difference. ...are they psychologists, or are they social workers? Like, yes, I took several courses to help me in counseling, but I didn't continue to get a counseling degree, you know what I mean, to work on certain issues. ...and there isn't anybody in the community that I would consider that would be qualified to deal with children's issues. So, we'd have to go outside the community. Even though there would be lots of people that would volunteer to do it.

I think the first thing is there are resources out there. Would a parent be able to access those resources? Hmm. Because they could, if they had the information, they could if they

weren't afraid. I mean, most families where there is suicide, there's secrets. So, fear? I would think prevents them from seeking out these resources. And because, it's not that they're here. It's not like, in [the participant's home town], I could go anywhere and get resources. And [that's] my home.

But go to [the closest major centre? Take them out of a small community? And have to go to [the closest major centre] where there's strangers? Do you know what I mean? It's like, you can say, O.K., yes, those resources are out there... they're in [the closest major Centre]. Most definitely. But you have to go tap into them. Like, yah, the doctor can say, "O.K., go drive [several] hours! (chuckle) Get help!" But then you have to come back. And what happens if you have a crisis in the interim? So, if you go to counseling, there is [the local mental health agency], and, yes, the kids go there, and I've recommended for kids to go there too. We do have that, but dealing with the higher issues, and deeper, no. Like for really at-risk kids, I would say, I would say they're out there, but will you tap into them? Would they? (Teacher B, p. 14 & 15).

Among the participants who noted community resources as a barrier, three issues were identified. First, there is a lack of specialized resources within the community itself. Second, there is a large geographical distance between the community and the nearest large Centre, where some specialized help may be available. This distance makes it hard for both the child in need of help, as he or she would need to go to an unfamiliar setting, and for the parents, who may not have the resources to get the child to the help that is needed.

The third and final concern related to community resources, as discussed by Teacher D, is the lack of communication back to the school once a referral is made, due to confidentiality issues. By not involving the school or teacher in the external intervention process, key players in the prevention and intervention process - mainly the education staff - are eliminated. Despite this, it is the teacher who continues to have the greatest contact with the student in a community based setting, and who is in the best position to engage in further prevention or intervention if required.

*Personal comfort levels*

Teachers' comfort levels may be influenced by personal, professional, or even societal experiences and expectations. The participants in this study indicated that their personal boundaries, experiences, and comfort levels with death and suicide would influence their comfort levels in engaging in suicide prevention, intervention, and postvention in the school and classroom. Teacher I identified that one's own experiences with losing a family member to suicide might be a barrier for dealing with suicidal issues in the school. In relation to an overall comfort level, Teacher I had replied:

Going through it, sometimes it makes you a little too emotional during the time. Which is. I didn't expect to get a little emotional today, because, it has been three and a half years, but. But, but I think, I don't know, in that sense too, would it help knowing what you've gone through as a family, to some of the issues. But I think, my biggest concern is I don't have the skills, I don't have the methods, I don't [know] the cues to [look for]. And I think if I had some training, ...a course or something, just to help me out. I think then that my comfort zone would improve. If I had ...steps ...to follow, some reading to do on it, I think that would help. But, right now I'd have to say about a 2. (Teacher I, p. 54).

Teacher I, when asked to identify barriers that may prevent him or her from dealing with suicidal issues also said, "I don't know if having personal experiences would be a barrier, to do it effectively without being too emotional about it." (p.55).

For Teacher H, one's personal boundaries were noted as a potential barrier to dealing effectively with suicidal issues:

...I tend to be sort of a closed person, not really open and tell everybody my personal story, kind of thing. So, it's kind of hard to get to know me. So, I mean, your own personal issues ...that would be an issue. (Teacher H, p.66).

This participant was not alone in that concern. Teacher E noted that a person's own comfort levels could lead that person to over-react, so that the teacher requires intervention rather than the student.



(Teacher E, p. 99). This is, indeed, a very possible reality. In looking at the teacher's role in dealing with suicidal issues, one must remember that any given teacher may already have had a very traumatic experience dealing with suicidal issues, either in their personal life or their professional life. One cannot expect people to go through such experiences as the multiple family member suicide mentioned by Teacher B, or even as having lost their own family member, without there being a significant impact on the person. Thus, personal experiences and comfort levels could, indeed, present a significant barrier to teachers' ability to deal with suicidal issues within the school or classroom.

In addition to personal experiences, a teacher's comfort level with addressing suicidal issues may be impacted by a concern for maintaining a professional distance. While many of the teachers within this study seemed comfortable in working on a more personal level with students, several were not. Teacher D expressed this concern as follows:

In this day and age especially, teachers... and maybe all adults are a little more concerned about getting really involved with kids on that kind of a personal level. Like, you know, what is going on in your life? Whether it is suicide related or not, ...there's, there are barriers there... with liabilities, with concern for students misunderstanding a teacher. Misunderstanding a caring attitude. Turning it around into more of a friendship, whereas, ...that isn't the attempt to, you know, the average teacher doesn't need a thirteen year old to be their best friend. ...but you want to show a concern, and have an interest in the individual, but you really have to keep a distance as well. (Teacher D, p. 112).

Similarly, Teacher A noted that, "There's a very fine line, I feel about, about talking about [suicidal issues]." (p. 29). Thus, a potential barrier for a teacher would be the concern that they would have to cross that perceived professional line.

*The primary roles of the teacher*

The teacher's primary teaching responsibilities were seen as a potential barrier for engaging in suicidal issues. The magnitude of the current curriculum requirements and the resulting responsibilities for teachers were seen as barriers. Teacher D said that "the average teacher is stretched to the limit in most days of the week." (p. 106). Teacher J noted that there were time constraints in the school day, especially given the expectations for teachers, such as report cards and classroom management (p. 39 - 40). Such time constraints could be a significant barrier for dealing with suicidal issues in the classroom.

Besides everyday duties, the custodial role of the teacher was also seen as a barrier. While Teacher D had noted that some children will still trust a teacher, not all children will. Children are aware that a teacher may intervene by calling a child welfare agency, which could lead to their removal from their home. This may prevent a child from disclosing to the teacher. In addition, Teacher A noted, there may have been issues at school, where the child is upset with either the school or the teacher. This participant added that a teacher may not see the distressed side of a student. The student could be experiencing significant difficulties, but may not act in a way to indicate that at school.

Teacher J indicated that, with larger class sizes, there is an increased possibility that a teacher may not notice some of the signs that a child is in distress, simply because it is hard to get to know students well within a larger class. Thus, class size can impact the relationship between the teacher and student. Teacher J also noted that other circumstances, such as not having a classroom for a whole year, due to a leave of absence, can have a similar impact on the rapport that a teacher has with the students. Teacher H added that, sometimes there could be a lack of rapport between the teacher and student, or between the teacher and the whole class. Such a lack of rapport could also create a barrier

for dealing with suicidal issues.

### *The school itself*

Three issues regarding school itself were identified as possible barriers. First, some teachers noted that the fact that they taught from nine until three or three thirty was a barrier for them in dealing with suicidal issues, particularly in prevention and intervention. Teacher J discussed how the situations that he or she had encountered with at-risk students and suicidal issues did not take place during the school day. Instead, they took place after school was finished for the day or out in the community. The interventions that this participant had done were with previous students who had returned to class to speak with the teacher, or who had run across the teacher in the community. Teacher J reflected that, perhaps, students do not feel comfortable approaching the teacher when they are attending the school.

One issue that arises from Teacher J's comments is that crises often occur after school hours, rather than during school hours. Many teachers are not available, then, to intervene. One participant, however, has found several ways to be available after hours. Teacher B explained,

One of the reasons I became a teacher was I was hoping to reach kids. So that... it would prevent suicide... So when I see it in my class, even in grade 3 kids that are just down and out or just don't like school, and I know they are high risk students, I take an active role in talking with them, and I try to reach them, and, just as a thing that I do, I have a fishpond...and [the students] know. They come down to the pond almost every night. One of my highest suspension rate students in the whole school, he comes every night, and we feed the fish. And just that contact where... I'm not his teacher. ...they're his fish and he talks, and his dad was or his uncle was the one who committed suicide, and he just talks. And I think that, in itself is a prevention role, just listening. ...I have a few that just come regularly... but their connection is with the fish. They pet them, they feed them. ...So, I do that, and I think, like yesterday, I had six students at my house, ...some weren't even from my school. They'd just heard about the fish through their friends. And the fish have been here since, well, five years. So, all the grades know the fish, and, believe it or not, they relate to these fish and the fish relate to them. ...I

think that your role just doesn't close after school. Cause sometimes, that's just not a good time to be with kids, during school, after school. So, and I think, I think a lot of teachers invest a lot of time in that. And not just with kids but with families. Like, you'll know they belong to all different types of groups, volunteering in this community. (Teacher B, p. 10-11).

Teacher B also gives out a home phone number at the beginning of the year, with certain parameters in place, so that children can contact their teacher if needed.

While some may consider these things unusual for a teacher to do, especially if they are concerned about teachers maintaining a professional distance from students, it is important to note cultural differences in remote, northern communities, as opposed to large urban centres. In smaller communities of say, 5000 or less people, teachers are often well known in the community. They are often very involved in the same activities as their students or their families. They are neighbours and friends of their students and their families as well. Teachers may also have children of their own that socialize with other students from the teachers' classes or school.

Thus, in a small community, teachers are visible and accessible to students after hours. Students also often live within walking distance of teachers' homes. All of these factors combined can change the dynamics of the teacher's role in a small community. The smaller and more isolated the community, the more involved and complex the teacher's role in the community can become.

On a more practical level, the structure of the school was seen as a potential barrier for teachers. Teacher B noted that there is nowhere to go within the school to talk with children, or anyone else who is in crisis, without interruptions. The same teacher noted that even the room that had been made available for conducting the interviews for this study was not the most conducive to conversations of such a personal nature.

Another school related barrier that was identified was a lack of clear guidelines and procedures for dealing with a crisis, such a suicidal situation. Not all of the teachers noted this as a barrier, though. Several of those with traumatic events training and resources seemed confident in the procedures that they would follow. Those without that training, though, were unsure of what to do or how to proceed.

One other possible barrier that was identified by the participants was staff culture, such as the lack of support from other teachers or administration. It is important to note, though, that none of the participants indicated this as a problem within their own school. Teacher F commented on this issue:

I could maybe see in another school, where you may not have the support of staff, or. But I think this staff is really great on that. So I don't think that would be a barrier in this case, but maybe in another school setting. You know, between administration or other teachers on staff, it may not be as easy to lean on one another, or to get support from another teacher. But here, that wouldn't be an issue. Thank, I don't foresee it. (Teacher F, p.89).

Similarly, Teacher F noted feeling confident that the support would be there if a teacher needed time out of the classroom to help a child in crisis. The participant expressed that administrative and staff support would be there to enable him or her to do what needed to be done.

### *Parents*

The participants perceived that, within the small town environment as well, parental attitudes could present a barrier in dealing with suicidal issues. Teacher A, Teacher I, and Teacher J all suggested that parents would be uncomfortable with teachers covering preventative curriculum or having discussions on suicidal issues. They also indicated that parents' responses be, in part, due to their own discomfort with the issue of suicide. When asked to identify potential barriers for dealing with suicidal issues, Teacher I had replied,

Oh. Parental. ...you've got the parents. You've got to be very careful with what you tell [the

parents] within your classroom. [It] would be quite concerning to a number of the parents. That would be my biggest concern. Parents. Would they want or allow their child to be a part of a lesson, discussion? I think that would be my biggest barrier. (Teacher I, p. 55).

Parents were seen not only as a barrier for covering preventative curriculum, but also for intervention. Several participants indicated that they thought that parents might not believe it if a teacher expressed concerns about their child. Even if they did believe it, there was concern that some parents might not take it seriously (Teacher E & Teacher J). Parents were also seen as a potential barrier for dealing with postvention issues, but, as Teacher G, who was teaching a primary class, put it,

I don't know how open parents would be to this topic with this age group. That, I can foresee that as being a barrier. Most definitely. But, then again, if it was something that happened to a, like if it was one of our students, or a staff member, it would be something that we would have to deal with, so. But, certainly, parents could potentially be a, a real barrier for this kind of education. (Teacher G, p. 78).

### *Students*

In addition to issues of parental support, some participants noted that there could be barriers with the students as well. For example, there would be issues with developmental readiness for dealing with issues of suicide in the early primary classes. To overcome this, teachers would need to have age appropriate resources available. When asked about potential barriers for dealing with suicidal issues in the school, Teacher G said,

Right now it's my own general knowledge would be the first one and the second one would be ...age appropriate material to present to my kids. That would... definitely be a barrier, 'cause I don't know how much is out there for them at this age, at five or six. (Teacher G, p 78).

Several teachers noted that students' emotional levels and personal responses may also be a barrier. Teacher F indicated that this could be particularly true if it was a classmate who committed

suicide. Teacher D noted the following additional barriers related to students:

Student co-operation, even, and student emotional levels. Even kids that are making some half hearted attempt to take things in that you're dealing with, or trying to convey information, that you're trying to convey, can still be, voice their, themselves quite loudly. They can still be saying things that sound off-colour. You know. But it's them. They're trying to work through the, the issues and the emotions as well. That would be the biggest barrier, you know. Not, just knowing that you're not going to have a bunch of darlings sitting there saying, "Share with us this information about this person," and, "Why did it result in that?" And you know, "We just quietly would like to listen to what you have to say." That just wouldn't happen, so, that's a big barrier. The social make-up of the classroom, and the fact that some kids would not be able to fit into what you would hope would be the structure of a, of your efforts to deal with the problem. (Teacher D, p. 112).

The last barrier related to students was raised by Teacher E. His or her own words best describe the issue in the following quote:

I've actually had to make a pact with a particular student to say that he says that he wouldn't do anything. If I let him go out of my office, he won't do anything. So, there's that as well. Like, your feelings of wanting to do right, but wanting to work with ...the child, and wanting to have the belief in them. But then not knowing ...if you have maybe overstepped, and maybe. So, there's that. There's always that self doubt, I guess. If I let them go, will they be O.K.? (Teacher E, p. 99).

#### *Possible cultural or community barriers*

The final barrier, that of cultural differences, was identified by Teacher B. The participant had observed this barrier after having taught in an Aboriginal community while residing in another town. Teacher B noted, "I don't think there's as much of a cultural barrier here as there was on the reserve, because, on the reserve, I went to a different community. And they would bring that up a lot. Well, ya, you can say all these things we can do, but, you go home." (p. 16). While the cultural barrier was there, the participant still had to deal with postvention issues, because there were suicides in the Aboriginal community while he or she was teaching there. Teacher B stated,

When I taught grade five and six, and seven on the reserve, they did talk about it, because we did have those suicide - success suicides on the reserve. We had them, so we did discuss it. What I felt when I did talk, was I let them talk about how, what that person left behind. And, they all came up mostly with the same idea, that it was like, they got escape, but they left us behind to clean up the mess. And to clean up the... and then there usually was another child that would attempt in the family. So, yah, on the reserve, I discussed it a lot. Because it did come up. (p. 13).

Teacher B had mentioned that the school drew on resources in the community, such as Aboriginal and religious leaders, to assist in postvention following completed suicides. As a result, he or she did not have to deal with the postvention alone (p. 13). This participant was not the only one to discuss the support that could be given to the school by religious leaders. Teacher E also noted at one point in the interview that there would be no hesitation in bringing in “religious type people in the school” (p.98) following a completed suicide. Thus, while cultural differences may present a barrier for some teachers in dealing with suicidal issues, by drawing upon cultural and religious resources in the community, effective and culturally appropriate postvention can still be achieved.

#### *Summary of perceived barriers*

It is evident that teachers’ knowledge and training significantly impact their preparedness for engaging in suicide prevention, intervention, and postvention. Nevertheless, those are only some of the issues affecting preparedness levels. Teachers are lacking resources and materials for addressing suicidal issues within their classrooms, and they are lacking appropriate areas within the school for dealing with students who are in crisis. For example, the teachers at the elementary school noted that there are no rooms in that school that are appropriate for meeting quietly and confidentially with a student who reports feeling suicidal. Furthermore, some of the teachers have lower personal comfort



levels with the issues of death and suicide, due, in part, to their own experiences.

In dealing with suicidal issues within the school, teachers face additional barriers from people. They may lack support from administration or other staff, and parents may oppose the notion of teachers dealing with suicidal issues within the school. Even the students themselves, due to their lack of willingness to get help or their lack of readiness for learning about or dealing with suicide, may present barriers for teachers. Within a small, northern town, there may also be a lack of professional supports for families and students who are willing to get help.

The school system cannot deal with suicidal issues on its own. Rather, it is the responsibility of many people and agencies within the community. Thus, while looking at ways to increase teachers' preparedness, issues that are external to the teachers themselves must be considered. It is necessary to identify and address issues involving the systems and supports within and surrounding the school. In this way, teachers can be better supported as they address suicidal issues within the school. If such additional barriers are not addressed, fully trained teachers will still be ineffective in dealing with at-risk students.

### *Teacher Recommendations*

Teachers know the complexity of their profession, and they are the ones who know what they need to be able to help at-risk children. Rather than relying solely on the researcher, then, to develop recommendations for addressing suicidal issues within the schools, the participants were asked to provide their own recommendations for teacher training in this area. The participants were asked to identify areas where they would like to receive more training in or information on, what content should

be included in teacher training, and how often this training should be offered to teachers.

Overall, the recommendations were fairly consistent among the participants. While there were several unique possibilities noted by a few of the participants, the majority of the responses followed three themes. The themes that emerged from the data were related to increasing preparedness for dealing with suicidal issues through

1. Teacher education and training,
2. Planning within the school board,
3. School resources, and
4. Strengthened community ties.

It is important to note that every participant offered recommendations for improving teacher preparedness. Not one participant indicated feeling that teachers were adequately prepared for dealing with suicidal issues at the present time, despite several having had training in this or related areas.

#### *Teacher education and training*

Increasing teacher preparedness through education and training was a consistent theme throughout all of the participants' responses. Within the main theme of teacher education and training, several smaller themes could be identified. The participants gave suggestions on (a) how training should be offered, (b) when training should be offered, and (c) what content should be offered.

*How training should be offered.* The participants made several recommendations for how training should be offered to teachers so that they would be more prepared for dealing with suicidal issues. Providing awareness training for prospective teachers through pre-service teacher education

programs was suggested by two participants. Teacher C provided the following rationale:

I would suggest offering a course to deal with the issue, definitely in looking for the signs and symptoms of suicide. I think that would be helpful. Making teachers, new teachers especially, aware that it is out there. That you will come across it at some point in your career. And to realize that you are not alone in dealing with it, but to give you resources that you could contact. That would be very helpful. Because I know that when I went through, they did not talk about suicide or suicidal issues. They did not talk about the community at large that you could contact if you came across this issue. Those types of resources were not made available to me during my teacher training, and I don't know if it is today any different. It could be. It might be helpful to have that information available early in your teaching career. (Teacher C, p. 5-6).

Teacher D clarified what type of training should be provided in pre-service teachers' education programs. This participant said:

I really don't think the average teacher, especially if they're coming through fac. ed., a first year teacher should be coming out of a faculty feeling like I am now prepared to deal with counseling kids who are at risk. I really don't think that should be there. But that, guidance, and how to deal with the inevitable, when they are, meet their first child that looks or sounds like they could be serious, should be there, of course. (Teacher D, p. 114).

The remaining participants identified that teachers should receive training on dealing with suicidal issues through workshops or in-service training sessions. While several of the participants specifically indicated that all teachers should have some training in dealing with suicidal issues (Teacher B, Teacher C, Teacher D, & Teacher E), Teacher A and Teacher F felt that teachers who worked in junior grades or higher (grade four and up) in particular, should be provided with training. This training could take place through professional development days provided by the employer (Teacher B, Teacher H, Teacher E, Teacher F, Teacher I, & Teacher J), or through workshops made available through summer institutes, outside agencies or institutions, or the Ontario College of Teachers. For the most consistency, however, training for dealing in suicidal issues should take place within the school itself as part of the required professional development for teaching staff. Teacher G noted how

important this training is for a community which has a history of more frequent suicide attempts and completions:

Well, given the community that we're in, I think that it needs to be something that we at least have a basic working knowledge of. As I say, I'm... not comfortable with the knowledge that I have. ...I didn't feel that I was ready, or could help the student that I had in particular. And, it just seems to be quite a frequent happening here. ...I think we really do need some more support, some more education. Even if it's just a basic, a basic understanding of the whole. (Teacher G, p. 79).

Teacher E noted how training in suicidal issues should be a routine for staff within the school in the following quote:

I really believe that all staff should be exposed to some kind of training, just like all staff has to be exposed to, say, ...epi-pen training. Everybody has to need to know what to do in a situation, whether you've got that child in your classroom or not. You have to be able to know what to do, how to react. (Teacher E, p. 100).

*When training should be offered.* Eight out of the 10 participants indicated that training should be provided to teachers on an on-going or yearly basis. Teacher I explained that, by having regular training, the information would not get tucked away and forgotten. The same participant justified frequent training by indicating that

I think that [training in dealing with suicidal issues] would benefit our children more than a lot of the other things that we have been doing. And, with the need, you know, it happening, within [our school, it's]... something we really should push, pursue. (Teacher I, p. 55).

While this did not need to be intensive training each year, a couple of the participants felt that there should at least be a refresher course every year (Teacher C & Teacher F). Teacher D and Teacher G indicated that, while yearly training may not be realistic due to time constraints and funding issues, training should still occur at least every two to three years. Teacher F felt that there should never be less than one half of the teaching staff in a school that is trained and prepared to deal with suicidal

issues. Frequent training and refresher courses would help maintain that level of preparedness within the school.

*What content should be offered.* The participants identified very specific issues for training that they felt would help them to be better prepared for dealing with suicidal issues. Recommendations were made for training content that spanned the continuum of suicidal issues from prevention through to postvention. By having training across the continuum in place, teachers can not only react appropriately when there is a suicidal student or situation within the school, but they may also be able to prevent situations from becoming critical or life threatening. As Teacher B put it, training in suicidal issues is important because “You want to be pro-active, but we’re mostly reactive.” (p. 17)

Several of the participants indicated that training should include information that would help teachers to educate others about suicidal issues. Teacher H said that suicide and suicidal issues are sensitive topics. Teachers need to know how to address these and related issues, such as self esteem, in a way that reduces the threat of talking about the subject. This participant also indicated that teachers receive a lot of training in teaching academic areas. While this is important, teachers must still deal with the whole child within the classroom, not just the intellectual aspects of the child. Teachers must be prepared to address emotional and psychological issues as well.

Teacher training in suicide prevention would not just help with students. As Teacher B put it, teachers need to be educated so that they can educate the parents (p.17). Teacher E also noted the importance of people being aware of suicidal issues. He or she stated,

I think that it needs to be, there needs to be more awareness. I think it needs to be out in the open more, so that, I don’t want to say, to tell people it’s O.K. to tell people it’s O.K. to feel like this, but if you’re having these feelings, to know what to do about them. (Teacher E, p.101)

One half of the participants recommended being trained to identify the warning signs for suicide as part of preventative training (Teacher A, Teacher B, Teacher C, Teacher D, & Teacher F). As an example, Teacher B discussed how absenteeism may be an indicator of later problems. Teachers could be provided with a booklet or a list on what to look for. That way, the information would be available and handy for teachers to review. Teacher I stated that this kind of training would benefit students a lot more than much of the professional development that teachers were receiving.

In addition to knowing what signs to look for, the participants indicated that teachers should be trained on what to do when they think or are made aware that a student is at risk. Teacher J noted that it would be helpful to have different strategies available for dealing with students who are at different stages of risk. The participant noted that it is important to know what to say, so as not to trigger a child, and to know what to do when a child is at imminent risk of committing suicide (p. 40 - 41). The participant, as well as others, indicated that teachers need to know what steps to take (Teacher A, Teacher E, Teacher F, Teacher G, & Teacher H ) and who to call in order to get help (Teacher C, Teacher E, Teacher F, Teacher G, Teacher H, & Teacher I). Teacher F stated,

I think it's helpful to teachers that may not be able to react on the spot. I think it might help them to have a list of procedures written down, like, if a student makes this type of comment, or indicates this, this is the steps you should follow, just to have that written down. Sometimes it's a lot easier to follow a step, a list, when you're in a high stress situation. (Teacher F, p. 90).

Teacher B and Teacher J both suggested that teacher training in suicidal issues should contain role-playing so that teachers can get practice in identifying and reacting to suicidal situations. In addition, Teacher I felt that it would be helpful to use examples and case studies in teacher training. It would also help to have teachers made aware of some statistics related to suicidal issues. From this

information, best practices for engaging in suicide prevention, intervention, and postvention could then be established.

Along with training in prevention and intervention, the participants noted that teachers should have some postvention training. Teacher H suggested being trained on the specific steps to follow after a completed suicide. That way, teachers would know what to do as soon as they walked into school the next day. Teacher D also suggested that teachers have some training in “some creative ways to deal with counseling post, especially if you know a student is coming back to a classroom, and how to handle that within the social dynamics of the, the class.” (p. 114).

#### *Planning within the school board*

A second area where teachers made recommendations was in planning within the school board. In particular, Teacher H felt that it was important to keep the tragic events team and any related training as a priority within the school board. The participant noted that teachers should also be aware of who is on the tragic events team each year. Given that 5 of the 10 participants had indicated that their comfort levels for dealing with suicidal issues were tied to having external supports, including the tragic events team, this is an important recommendation.

One teacher suggested having a counselor in elementary schools as well as in the high schools.

As Teacher D put it,

I think it's an increasing concern, because the pressure's on kids. I mean, academically, and socially, and all of the rest. They are feeling the pressure more than they did when I was a kid, when you were a kid, for sure, and, pressure on the home life, job security, and all of that can really, really be an upsetting experience for kids. Divorce rates are high, of course, and what not. With all that in mind, I think there's a need for an increasing lookout. (Teacher D, p. 115).

Given the increased pressure on children and families, Teacher D noted,

We really do have the need for guidance, more guidance counselors in schools, and I think that someone like that, then, would have the training. We could refer down the hall, and it would be handled that way, rather than a teacher being or teachers, being trained to be, like, become mini counselors, or something. I don't think that's, that's going to work. Would ever work. (Teacher D, p. 106).

When asked if the participant saw a guidance counselor being a valuable addition to an elementary school, the following response and rationale were given:

Ya. I think, well, for years and years, we've said they should be there, and, and I know it's, everything's expensive and costs money, but, with kids nowadays, I've seen such an increase in their expressiveness, their, they just, impulsiveness. The impulsive behaviour. A lot of, even gym class can become a real handful with, especially with older kids, because they are just so impulsive. They want to, they just want to give it their all. They just respond rather than thinking first, eh? About potential hazards or injury, or whatever, and they don't seem to have a lot of those skills, the average kid. It seems to be, ah.. So, with that in mind, ya, I think definitely there is probably an increasing need for guidance, official guidance people in regions, at least, if not in individual schools. (Teacher D, p. 106).

While a counselor may not be a feasible suggestion at this point, given current funding models, there is another option. Teacher E suggested a two-tiered training system for the teachers within a school. It was suggested that all teachers receive basic training in dealing with suicidal issues. Those that were interested in being on a crisis response or tragic events team might then take more in-depth training to help them deal with specific situations. Teachers could then refer to the teachers who have more training for support and advice. The same participant did suggest, however, that training be consistent throughout the board. For that to happen, there would need to be an external expert trainer available, who would travel to all of the communities within the board.



### *School resources*

Several of the participants recommended that there be more resources available for dealing with suicidal issues. While resources for the students themselves may be valuable, Teacher H suggested that there be resources available within the school that are specifically for the teachers. Teacher D suggested that school resources related to suicidal issues be reviewed every two to three years to ensure that they are appropriate and current. These suggestions provide a cost-effective way to deal with the lack of related educational resources that the participants noted as a barrier to addressing suicidal issues.

### *Strengthened community ties*

The final recommendations provided by the participants were related to community resources. Teachers need to know where to go to get help for their students within the community. Professionals within the community were noted by the participants as both a resource for information and training (Teacher H & Teacher I) and for referral (Teacher C, Teacher E, Teacher F, & Teacher H). While it is important to know what resources are available within the community, Teacher H noted that it is also important to initiate and maintain on-going dialogue between community resources and the school and teachers. By strengthening ties between agencies and schools, the community will benefit by making the most efficient use of the limited resources available.

### *Summary of findings*

The participants in this study identified that there are many roles for teachers to play in the

school in regards to suicide prevention, intervention, and postvention. Teachers' roles can include working with their own students as well as any other at-risk student that they may encounter within the school population. In addition to their roles in the school and classroom, teachers within a small community may also have unofficial, extended roles within the community after school hours.

All of the participants in the study have had some dealings with suicidal issues during their teaching careers. Of particular interest is the fact that two of the primary level teachers in the study have had students with suicidal issues in the year that this study was done. One of those students was at imminent risk of suicide. Besides having experience with suicidal issues in the school setting, many of the participants had also dealt with suicidal issues through their personal relationships or through community involvement. Some had experience with suicidal issues through previous jobs. Regardless of the circumstances, every participant in this study had some experience with suicidal issues. For the minority, the experience was very limited, but, for others, the experience was intense and emotional.

Despite the occurrence of suicidal behaviour within the school and community, the overall preparation levels of the participants were low. Only one of the teachers had received any training in suicidal issues during their pre-service training. The training was limited to one lecture, and was more of an awareness training than preparation for dealing with the issues that the participants are facing in their schools. None of the participants had received any training in suicidal issues in their additional qualification courses. Two teachers had taken suicide prevention and intervention workshops, but one of those teachers felt that the training was outdated. As a result, this participant felt uncomfortable with his or her current knowledge and skill levels, and thus indicated that more training was required. While many of the participants did not have specific training in suicide prevention, intervention, or postvention,

most of the participants who had some training in critical incident management indicated that the training they had received was helpful in preparing them to deal more effectively with postvention issues within the school. At the same time, there was some concern raised that the training had occurred several years ago, and that there had not been any recent professional development for staff in this area.

The participants indicated that they were generally comfortable in presenting preventative curriculum to their students. Despite this reported comfort level, there were concerns about how to present preventative curriculum appropriately to students in the primary grades. The participants, for the most part, were also comfortable with engaging in suicide prevention with students who were at low to moderate risk for suicide. Nevertheless, the participants indicated that training would help them to identify at-risk students more easily and intervene more appropriately. Few of the participants indicated that they would be comfortable in engaging with a student who was at imminent risk of suicide or who was actively involved in a suicide attempt. Some participants anticipated that they might panic or perhaps fall apart emotionally if they were required to intervene with a student who was at a high risk for suicide.

When they were asked to rate their overall comfort levels for dealing with suicidal issues on a scale of 1 to 5, 80% of the participants rated themselves at a 2 or 3. Many noted that their comfort levels were low due to a lack of knowledge and training in dealing with suicidal issues. In spite of this, most of the teachers indicated that they would do what needed to be done, and deal with any personal consequences later. An interesting difference that was found among the participants was that the two teachers with the most professional experience in dealing with suicidal issues rated their comfort levels higher than those who had less professional experience.

The participants identified a lack of training and knowledge as a barrier to dealing effectively with suicidal issues in the school. Nevertheless, there were other perceived barriers as well. Within a small, isolated community, there can be a lack of professional resources, such as psychologists. The participants also noted that there were not enough teaching resources available to them that would enable them to cover preventative curriculum within the classroom. Along with the lack of resources, the lack of known protocol within the school for dealing with at-risk students was an issue. Some of the participants were unsure how to intervene or who to call upon for help in intervention.

Despite low levels of training and low comfort levels for dealing with suicidal issues among many of the participants, there was a noted willingness to deal with suicidal issues within the school. There was also an expressed desire for training in this area. In fact, all of the participants suggested that training in suicidal issues should occur within the school at least every two to three years, and many suggested that the training occur on a yearly basis. In particular, the teachers suggested that training should include information on how to identify students who are at risk for suicide as well as on intervention strategies. The participants also indicated that they need to have up-to-date information on services that are available within their community.

While the above findings are based on a small number of participants, it is very clear that teachers are indeed having to deal with suicidal issues within the school. This is true for highschool level teachers as well as for elementary level teacher. Even teachers within the lower primary grades need to be prepared for dealing with suicidal issues within their classrooms. No teacher should be exempt from training on suicide prevention, intervention, or postvention on the premise that they will not need to use their training. At the same time, teacher training is only one step in dealing with suicidal issues within the

school. There are many other barriers to dealing with this problem at the school level. Many of those barriers are due to larger, systemic issues within the school and the community. These barriers will not be as easy to overcome as the issue of teacher preparedness!

## Chapter 5

### Discussion and Interpretation of the Findings

In this chapter, the findings of this study are discussed. Initially, a summary of the central findings of the study are presented. Then, the overall findings are interpreted using a scheme developed by Johann Gustav Droysen (as cited in Bentz & Shapiro, 1998). First, the responses are analyzed in terms of the interpretations of immediate consequences. Psychological interpretations of motives are then considered, followed by the social and cultural interpretations presented in the findings. In the final portion of this chapter, moral and ethical interpretations of the findings are discussed.

#### *Central findings of this study*

Suicidal behaviours seem to be increasing, with suicide now being considered by some as the second leading cause of death in people aged 15-24 in Canada (Everall, 2001). Given the increase in suicidal behaviour among young people, one can assume that teachers are having to deal more and more with suicidal issues in the school. The participants in this study have confirmed that they, as teachers, are having to deal with suicidal issues among both highschool and elementary students. Even the participants who teach in the primary grades are dealing with students who are affected by suicide completions, or who are themselves contemplating suicide.

While a few of the participants in this study have received training for dealing with suicidal issues, many have not. As a result, their comfort levels for dealing with suicidal issues are low. Many of the participants who have indicated that they have low comfort levels have stated that their discomfort is due to their lack of knowledge and training for dealing with suicide. This lack of training

may then prevent the participants from effectively engaging in suicide prevention, intervention, and postvention.

In addition to lower levels of preparedness, the participants have identified other barriers that may impact their effectiveness in dealing with suicidal issues in the school. Some of the factors that affect the accuracy of currently reported suicides, such as cultural norms, religious belief systems, and familial stigma (Davis & Sandoval, 1991), were noted by the participants as potential barriers for engaging in suicide prevention, intervention, and postvention in the school. In addition, some participants suggested that teachers' primary roles within the classroom may prevent them from identifying and intervening with at-risk students. Teachers' workloads are heavy and class sizes are sometimes large. In such circumstances, the emotional struggles of at-risk students who do not act out in class may go unnoticed by the classroom teacher.

While barriers to engaging in suicide prevention, intervention, and postvention do exist within the school and community, teachers can still play an active role in prevention and intervention, especially in areas that are school related. Bossy (2000) and Scott, Hague-Armstrong, and Downes (2003) note that school-based difficulties, such as isolation and bullying, can put a child at an increased risk of suicide. The participants in this study have suggested that these are areas where teachers can intervene, particularly within the classroom and playground setting. By developing supportive relationships with students, Teacher I has noted that the teacher can become "sort of a constant... somebody who [the students] can turn to and know [is] going to be there every day for them" (p.44). Teacher D has also suggested that teachers can keep their "eyes and ears open" (Teacher D, p. 103) to see how their students are coping. In addition, according to Teacher B, teachers can also help their students with

“conflict and resolution” and help “[make the playground] safe for them” (p. 8).

Overall, the participants’ responses support the idea presented by Guetzloe (1989) and Cimboric and Jorbes, (1990), that observation is key to identifying at-risk students’ warning behaviours. Once a student has been identified as being at-risk for suicide, Teacher D noted, teachers need to “contact the people that need to know. The parents, perhaps Children’s Aid. Of course, your boss, your principal” (p. 103). However, the participants have also suggested that teachers’ roles can start before an at-risk child is in crisis, through the delivery of preventative curriculum and by helping students learn problem-solving strategies. In the event that a school related suicide is attempted or completed, the teacher’s role in supporting his or her class is also important. At the same time, however, school boards need to understand the potential impact of dealing with suicidal issues on the teacher, and have supports in place for their staff. This will ensure that teachers’ own postvention needs are met.

The participants in this study have identified ways in which teachers can deal with suicidal issues, and they have indicated a willingness to perform many of those roles. Nevertheless, none of the teachers regarded themselves as ‘gatekeepers’ for their at-risk students. Rather, they identify their roles in connection with fellow teachers, critical incident teams, supervisors, and other community members and resources. The teacher respondents, therefore, perceive themselves as part of the supportive resources that can assist in suicide prevention, intervention, and postvention.

Regardless of the fact that teachers are not the sole supports for their at-risk students, all of the teachers in this study have had some dealings with suicidal issues at some point in their teaching careers. While all but one of the teachers work in an elementary school, their experiences have encompassed



the entire range of suicidal issues, including postvention. In addition, many of the teachers have had experiences with suicidal issues with individuals in their personal lives. Some have lost friends and family members through completed suicides. Others have dealt with suicidal issues in other work or through volunteer work. All in all, 80% of the participants are aware of or have been involved with someone who has committed suicide.

Given the incidence of suicidal issues encountered by the participants, it is unfortunate to note that so few of the participants perceive themselves as having had sufficient training that would prepare them for engaging in suicide prevention, intervention, and postvention. It is not surprising, then, that, while several of the participants did feel comfortable in dealing with suicidal issues across the spectrum, many of them did not. What is surprising, however, is the lack of training that the participants have received in their pre-service teaching degree or in their additional qualifications courses.

Teacher training is an important component of teachers' preparedness for engaging in suicide prevention, intervention, and postvention, but it is not the only factor. The participants in this study identified that there are other school based, community based, and societal issues which create barriers to effectively dealing with suicidal issues. Their recommendations, then, for increasing teacher preparedness, include increased teacher education and training, increased planning within the school board, increased school resources, and strengthened community ties, as described in Chapter 11.

The teachers in this study have indicated a willingness to address suicidal issues within the school. They are willing to deliver age-appropriate curriculum as a means of suicide prevention, but are lacking the resources to do so. Additionally, while the participants express comfort levels in dealing with low-risk students, many have indicated that, in their view, teachers lack the necessary knowledge

and skills to deal with both moderate and high-risk students. In fact, as the intensity of suicidality increases, and thus the need for teacher engagement increases, the study respondents' reported comfort levels decreased. This is an issue that must be addressed, especially for teachers in a community with a reportedly high numbers of suicides.

### *Discussion*

Johann Gustav Droysen (as cited in Bentz & Shapiro, 1998) has developed a hermeneutical interpretive scheme for analyzing text. Droysen's scheme includes four levels for interpreting data: (a) interpretations of immediate consequences, (b) psychological interpretations of motives, (c) social and cultural interpretations, and (d) moral and ethical interpretations. For the purpose of discussion, these four levels of interpretation are used to classify and interpret the overall summations of the data gathered in this study.

#### *Interpretations of immediate consequences*

The participants in this study noted that teachers' preparedness for engaging in suicide prevention, intervention, and postvention is an important issue. They identify that they have a role to play in dealing with suicidal issues and have established a willingness to do so. Nevertheless, many of the participants indicate that they are not comfortable with or prepared for dealing with suicidal issues within the school. They note a lack of training and resources as barriers to their ability to effectively deal with suicidal issues.

Despite these barriers, the participants encounter students who are dealing with suicidal issues

either personally or through family and community members. In the year that this study was done alone, there are at least four students within the elementary school studied who have needed prevention, intervention, and postvention, and those are only the identified cases. The two most intense cases that are identified by the participants, including the student who was at imminent risk, are at the primary level. In addition to the four students with very recent issues, there is another student in the school who has, within the past few years, lost an uncle to suicide, and has experienced difficulties this year. That is a total of five identified students in one year (which is 3.13 to 5% of the student population in a school with 100 to 160 students), within one small school, who have dealt with suicidal issues. Given that Jackson, McCart Hess, and van Dalen report the estimated occurrence of pre-adolescent suicide to be as high as 7 to 23%, it is likely that, within the participating elementary school, there are still more children who are at risk for suicide who have not been identified.

The participants themselves also have a range of personal experiences, from little to no personal experience, to losing a family member through a completed suicide. Some of the participants have received help in dealing with the trauma of their experiences, but not all of them have. For some, the experiences are fairly recent, and thus were more fresh and, perhaps, painful, at the time of the current study interviews. These personal experiences, or lack thereof, may impact the participants' knowledge about or ability to deal with suicidal issues within the school.

Overall, despite being comfortable in dealing with some aspects of suicidal issues, many of the participants do not feel adequately prepared to engage in suicide prevention, intervention, or postvention. The participants' perceived preparedness does not seem to be related to a lack of willingness to deal with suicidal issues, but, rather, seems related to perceived barriers, such as lack of

training, information, and resources. With the significant incidence of suicidal issues in the school and the community, there are several potential immediate consequences, given the participants' lack of self-perceived preparedness levels.

At the time of the interviews, there are three students within the school who have been identified as being at risk for suicide. One of those students has been identified as being at imminent risk. While the participants who were aware of the situations have been trying to keep closer observations of those identified children, not all of them know what to look for. Several of the participants have indicated that they do not know what to do if a child seems to be at-risk, nor do they know who they should call to get the most appropriate help for the child. While most of the participants have given appropriate ideas for interventions, several of them seem to lack confidence in knowing how to deal with interventions and postventions.

Through a lack of knowledge and confidence on the part of some of the participants, the students who are currently at risk may not be receiving as much help as they may need from the school at this time. Portes (2002) notes that unresolved issues can result in cumulative suicidal risk for children. Thus, the at-risk children who are not receiving help currently could be at an increased risk for suicide at some point in the future. If the teacher does not have adequate knowledge and experience in dealing with suicidal issues, the situation may not be adequately addressed. Given how young some of the at-risk students are, their situations may become increasingly worse, putting them at an even high risk level as they become teenagers. By increasing the preparedness level of teachers, not only at the highschool level, but also at the elementary level, early intervention may be more likely for students who are already at a low to moderate risk in their early years. Such intervention could help

prevent the incidence of suicidal behaviour at the highschool level. For those students who are already at imminent risk for suicide in elementary school, early intervention is even more critical.

Engaging in postvention is also important following a completed suicide. It is important to be able to establish dialogue around the issue of suicide with those left behind. For the very young student who has had a family member commit suicide within her home, this dialogue may be needed so that she can deal with the trauma of her experience as she gets older. While some of this dialogue may occur through the counseling that she is receiving, she may also choose to speak or write about her experience at some point later in her education. As with the boy who has lost an uncle, the full effects of a completed suicide on a surviving child may not be apparent immediately. They may show up at a later date. It is important for teachers to understand and be prepared for that, so they can respond appropriately and provide support and intervention when the child needs it. In addition, Wenkstern and Leenars (1993) recommend that traumatic events support teams always be accessible for those affected by a school related trauma. Thus, teachers, students, and parents will have access to on-going supports as needed.

While there have been five students who have been identified as being at risk within the school this year, as noted previously, there may be other students who have not been identified. All of the five students have had identifiable circumstances which place them at risk or have led them to verbally express suicidal thoughts. At some point, the school staff have been made aware of the problem by someone, whether it was a family member or the student him or herself. Not all children who are at any level of risk verbalize their thoughts. Even if they have verbalized their thoughts, a family member may not take the child seriously or think to speak with the teacher or principal about the problem. If families

do not communicate concerns to the school, then the teachers and principal are less able to engage in prevention or intervention on the child's behalf. There may, then, be students within the school who need or would benefit from some form of intervention who are not receiving help because their situation is unnoticed, unreported, or disregarded by family members.

The final immediate consequence is that the participants may be second-guessing their observations, or they may not wish to alienate the child's family (Greene, 1994). They may not have confidence in how they should follow up with a student who they feel is at risk. Consequently, if a situation escalates to the point where a student attempts or completes suicide, the teacher may experience additional trauma because he or she did not recognize the signs or follow through with an intervention. While some suicides may be the result of an impulsive act, many are not. If a teacher feels confident in knowing what to look for and how to intervene, there may be some comfort in knowing that everything possible had been done to intervene, or would have been done, if the teacher had been given an opportunity to do so.

#### *Psychological interpretations of motives*

Overall, the participants in this study indicate a willingness to deal with suicidal issues in their school. At the same time, they have noted that there is a need for training for teachers, so that they can deal with suicidal issues appropriately. This willingness by the teachers in this group of participants to address student suicide issues may be motivated by the significant incidence of suicidal issues both within the school and the community. The same willingness may not be present among teachers in a school where suicidal issues are not so prevalent. Those teachers in an alternate school may see other

issues as more critical. This was discussed by Teacher E, who spoke about some schools within the same board that did not seem to think that training in suicidal issues was an issue until a student unexpectedly committed suicide.

At the same time, teachers within a small northern community that has had many completed youth suicides may not show a willingness to engage in suicide prevention, intervention, or postvention, due to the trauma that they have already experienced. Wenkstern and Leenars (1993) cite an example where secondary teachers felt that they did not need training in suicide prevention. The teachers had received no in-service training, and there had already been several recent suicide completions within the school. Conversely, it is possible that teachers who have had experiences with suicide in their school may be even more adamant about receiving training. The willingness to deal with suicidal issues that was exhibited by the teachers in this study may simply be a reflection of their own specific circumstances, rather than being indicative of all teachers' attitudes. Just the fact that the school and the teachers came forward so willingly to participate in this study may also be have been influenced by their own circumstances. There were other schools approached that did not respond to requests to participate, or, rather, simply refused to participate in the study. The factors which influence teacher attitudes toward involving themselves in suicide prevention and intervention are ripe for investigation.

The dynamics of living in a small community may, in itself, have had an impact on teachers' preparedness for engaging in suicide prevention, intervention, and postvention. Because teachers in a small town may have multiple connections with a student outside of the school setting, they may have a stronger interest in reacting and responding to an at-risk child within their school or classroom. At the same time, familiarity with a student and his or her family may make it more difficult to recognize and

react to signs that may indicate that a child is at risk, particularly if the teacher may need to involve child protective services. Again, because teachers in a small, isolated town may have more involvement with their students outside of the school setting, as compared to a teacher in a large, urban Centre, an attempted or completed suicide may also have a greater emotional impact on the teacher, making it even more difficult to effectively engage in postvention within the classroom.

The same psychological factors that may influence the small town teachers' willingness and effectiveness in engaging in suicide prevention, intervention, and postvention may affect a student's willingness to approach a teacher for help. The effect may be positive when a student knows and trusts a teacher, or it could be negative if the teacher has a bad reputation, has had negative interactions with the student's family, or is closely connected with the student's family. Such dynamics could also influence the outcome of an attempted intervention, depending on how the action was received by the student or the family. Thus, there may be psychological factors related to living in a small town that may affect the willingness of the student and his or her family to accept interventions originating from the school or by an individual teacher.

### *Social and cultural interpretations*

Some of the participants in the study who have been teaching for a longer period of time note that suicidal issues and behaviours have become more of a concern in recent years. Teacher D noted that there is a lot of pressure on students, while traditional supports for children have changed. For example, there are increased demands on children to succeed academically, while at the same time, the new curriculum in Ontario pushes for higher levels of learning. In the past, if a child did not do well in



school, there were options for later employment in areas such as the trades or factory work. With such options, someone could reasonably support their family even if they did not have a highschool diploma. Now, in addition to the curriculum demanding more of students in the elementary and secondary level, employers are demanding higher and higher levels of education from prospective employees. Where, in the past, many people who did not have a highschool diploma could still expect reasonable levels of employment, now those who have only completed a highschool diploma may have to settle for minimum-wage jobs.

To access higher levels of education, students need to achieve high marks in academic subjects in highschool, because there is a lot of competition for many university courses. To succeed and excel in academic courses in highschool, students need to do well in elementary school. All of these factors combined can make even elementary school a very stressful educational experience for children, especially if they struggle with keeping up with the curriculum or if they have a learning disability. As academic stress is a noted trigger for suicidal behaviour (Everall & Paulson, 2001), societal pressure for increased educational and vocational success may be putting Ontario's children at an increased risk for suicidal behaviour.

Academic functioning is not the only stressor for children within the school. Schools often have a zero-tolerance policy, and, with amendments to the Education Act (1990), there is increasingly more pressure put on students to conform to behavioural expectations. Failure to conform can have significant consequences, including, more readily, expulsion from the board itself. Teacher I noted how the behaviour of one of the at-risk children in the primary classroom escalated after the child's first suspension. She noted that the child had come from a home that was unstable, yet, when he acted out

in class, in accordance with revisions to the Education Act regarding school safety, the child was suspended from school. These are pretty harsh actions against a child who may be reacting to circumstances already outside of his or her control. While it is important to maintain safety for other children in the school and classroom, perhaps there are other measures for dealing with unacceptable behaviour, other than mandatory suspension, that may be helpful in reducing the stress of an already-stressed child. This may be especially important for children in primary grades and those who may be at risk for suicidal behaviour.

Another potential source of stress for children that is noted in the interviews is the breakdown of and stress experienced by the family unit. With increased divorce rates, more children are in single parent homes. All of the pressure that would be shared between two adults then becomes the responsibility of one. The children from divorced or separated parents are also sometimes shuttled between two homes in cases where there is joint custody. They may live with one parent one week, and the other parent the other week, or perhaps with one parent during the week and the other parent on the weekends. This may, in turn, create a situation of decreased familial stability and support for the child. It is interesting to note that divorce and decreased family support have been identified as factors which put children at greater risk for suicidal behaviour (Portes, 2002; Rosenfeld, Richmond, & Bowen, 1998). Given increased rates in divorce over the past decades, there is now a greater need for teachers to be prepared for dealing with suicidal issues in the classroom.

Increased divorce and separation within families may not be the only factor affecting the level of parental support and stability that a child receives at home. In intact family units there may also be less support available for a child as compared to previous generations, as both parents may be working to

keep up with the increased economic demands of this decade. Thus, while any child, and particularly an at-risk child, may be in need of increased support at home, that support may not be readily available for him or her.

Similarly, children may have had more support in the past from the school itself, and in particular, from their teachers. Now, with increased workloads and expectations for teachers, there may not be the time available to give students the extra support that they need during the school day (Bluestein, 2001). In addition, teachers, as with other professionals, may be worried about legal or professional disciplinary action that could be taken against them if someone misunderstands a caring attitude towards an at-risk child. Given this possibility, teachers may choose not to become involved in a situation for fear of personal and professional reprisal. As a result, some teachers may choose a more sterile approach to teaching rather than risk crossing a professional line with students by helping them deal with personal issues.

In looking at social and cultural interpretations, it is interesting to note that Teacher B and Teacher E alluded to the supportive role that cultural and religious leaders in the community can play in dealing with suicidal issues within the school. The participants indicated that religious leaders may be sources of counseling for an at-risk student, or for students following a completed suicide. Rosenfeld, Richmond and Bowen (1998) suggest that religious organizations may also provide needed community supports for at-risk students. More controversially, Lester (1994) suggests that religious organizations could also have a role in prevention by sending strong messages against suicide. For Catholic and private religious schools, these resources are readily available. However, with the notion of the separation of church and state, teachers and principals in the public school system may be reluctant to

tap into the religious resources in their community.

Teacher B, who dealt with suicidal issues while teaching in an Aboriginal community, spoke about the cultural leaders as also being a potential source of support. Given the lack of professional resources within small communities, such cultural leaders may be indispensable. Both cultural and religious leaders and organizations in the community may also be able to tap into additional resources that the school may not otherwise have access to.

Socially, the topic of suicide is not a comfortable one for many people, whether they are teachers, parents, or students. Several participants noted that suicide is almost a taboo subject, which, despite rising rates in suicidal behaviours, is generally not discussed. This cultural norm may present a significant barrier for teachers in dealing with suicidal issues in the school. By presenting preventative curriculum and educating parents, the education system may be able to help overcome society's silence on suicide and suicidal issues.

### *Moral and ethical interpretations*

Society and the social climate are in a constant state of change. Given the information explosion of the past few decades, that change has occurred at an increasingly rapid pace in recent years. What has remained constant, though, is the fact that teachers are in a position to help students navigate through that change. As indicated in the narratives collected for this study, teachers are also still in a position to assist students who are at risk for suicidal behaviour or who have experienced suicidal issues in their lives. The participants in this study knew many of the roles that they can play in dealing with suicidal issues, but many of them felt unprepared to fulfill those roles. They identified that

training in suicidal issues was a priority for them in their school and community. In particular, the participants recommended that they receive training in how to present preventative curriculum that is age appropriate. They also recommended training in what signs to look for, so that they could identify a student who is at risk for suicide. Finally, the participants stated that they needed training on intervention strategies and information on community agencies to whom they could refer their students.

It should be noted, however, that, even with training, teachers still need external support for postvention within the schools, as they themselves will have postvention issues (Wenkstern & Leenars, 1993). It may not always be reasonable to expect every teacher to be able to assist their students after a completed suicide if the person who committed suicide was someone within the school or someone close to the teacher. For those teachers in communities where there are frequent youth suicides, external postvention support may be critical. As Teacher B, who had considerable professional experience in dealing with suicidal issues, noted, there is a risk that teachers who are involved in dealing with suicidal issues and students may themselves become unhealthy. Thus, it must be recognized that teachers will need supports available for them when dealing with suicidal issues within the school. Some teachers may not be able to do postvention due to their own psychological distress in response to the situation.

Given the increased rate of suicidal behaviour among young people, it is critical that teachers be prepared to assist their students. In planning pre-service and in-service training for teachers that is related to suicidal issues, it is also important to recognize that all teachers, including even primary teachers, need preparation. A new teacher may end up teaching in a school where the students have limited social problems, but, then again, a new teacher could end up teaching in a school or community

where there are significant social problems, including suicide. Another looming possibility is that new teachers may begin their careers in large schools, where the likelihood of encountering suicidal issues will be compounded simply because of the size of the school and the rate of suicidal behaviours. In addition, Bowen, Bowen, and Richmond (2000) note that larger schools had a negative emotional and academic effect on students. Such negative effects may lead to increased risk levels for students. Furthermore, students from larger schools reported a decreased sense of safety. This may be due to the fact that student supervision is more difficult in larger schools, and which may create greater potential for bullying. Given that both those who bully and who are bullied are noted to be at higher risk for suicide (Baldry & Winkel, 2003), teachers in larger schools may encounter more at-risk students as a result of school culture.

Schools and school boards in Ontario are currently having to re-model entire systems to better meet the economic and demographic realities of students and their families. With plans for larger, centralized schools, will students' emotional needs be met? Do sound economic and educational decisions equate with sound moral and ethical decisions, and how does one give appropriate weight to each of these factors? Students' psychological, social, and familial needs must be considered along with their educational needs and the school boards' financial responsibilities.

In considering moral and ethical issues in regards to student suicidality, one must look at the participants comments on the importance of their own preparedness and of this research. At the conclusion of each interview, participants were asked for any final comments. The following responses demonstrate how important it is for teachers to be prepared to deal with suicidal issues in the school:

It's not a subject that you, you seek information out, just because of the sensitive nature of it,

but I think that it's something that touches more of us than... we may know, obviously. It's a pretty scary thought, though, to think that it could be a student in this... building. Really scary. And then, it's even scarier to think that, I've no idea, really, how to deal with it, other than to say, "You need to go and see someone else." (Teacher G, p. 80).

This is important. And that I think that teachers really should be trained on it. But, I don't know how you're going to go about doing that! Getting the money to do that? (Teacher F, p. 90).

I'm glad that I got to... sit down and talk about it. Certainly, when it was brought to our attention by our principal, most of our staff was quite interested in it. I think for the simple fact that, you know, we hope to learn a little bit more... from this, and how we would deal, because it has been an issue in the past few months, certainly, in the community, and we know that it's affected some of our students within our school, and we just want to be better prepared with how to, to deal with it. (Teacher A, p. 30).

I hope, like, when I heard you were coming,... I was hoping that, after you do all of this and you compile it all, that there be similarities with other teachers, saying the same thing, that there should be more training. So, I would like to see, I would participate, 'cause I was amazed at when this was asked, how many hands went up. I just was amazed. It was like, whoa! And we didn't even know what it was really about. Other than the word suicide. So, I think in this complicated world right now, and uneasiness of everything that's around us, I think it's important that issues like this are pro-active rather than reactive. (Teacher B, p. 21).

As the above comments demonstrate, the participants felt that they needed to know more about suicidal issues. They asked for training that would help them deal with those issues with their students. This is an important issue that needs to be addressed for these participants. Further studies may also show that this is a need for other teachers as well.

## Chapter 6

### Conclusions and Recommendations

#### *Overview of the Study*

Incidents of suicidal behaviour among young people have increased in the past decades. As a result, teachers are having to deal with suicidal issues within their schools and classrooms, not only at the high school level, but also at the elementary school level. As authority figures who owe a duty of care to their students, teachers are in a position to engage in suicide prevention, intervention, and postvention within the school. While the literature on schools and suicide has identified that teachers are the ‘gatekeepers’ for their students who are at risk for suicide, there is little evidence to indicate that teachers are adequately prepared for the roles that they can play in regard to suicidal issues.

This study has investigated the participants’ perceptions of their own preparedness for dealing with suicidal issues. Information has been gathered through in-depth interviews to better understand the participants’ perceived levels of preparation and preparedness for engaging in suicide prevention, intervention, and postvention. The key questions that this study has sought to answer are as follows:

1. Do teachers perceive themselves as gatekeepers?
2. What experiences have teachers had in dealing with suicidal issues?
3. Are teachers trained in youth suicide prevention, intervention, and postvention?
4. Do teachers feel prepared for and comfortable in dealing with suicidal issues in their schools or classrooms?
5. What recommendations, if any, do teachers have regarding required training in the area of suicide prevention?



6. What additional comments can teachers provide on their perceived level of preparedness in dealing with student suicide issues?

The literature on suicide frequently refers to the role that teachers play in suicide prevention, intervention, and postvention. For example, Bluestein (2001) noted that “teachers are the first line of defense in crisis prevention” (p. 263), and Deikstra and Hawton (1986) have suggested that teachers are the gatekeepers who can identify students who are at risk for suicide. Drimmie (2001) states that

With the rise in teen suicide, schools have seen an increase in the number of students presenting to teachers and guidance counselors with suicidal thoughts or self-harming behaviours. If a teacher learns how to recognize warning signs and how to respond to the student’s invitations to help, a needless tragedy may be averted. (p. 3).

This is a huge responsibility to put on teachers, given the complexity of the teaching profession.

The participants in this study acknowledged that they had a role to play in suicide prevention, intervention, and postvention, although no one referred to him or herself as a gatekeeper. Teacher B said that “[teachers] have a really important role” (p. 8) to play in regards to suicidal issues within the school, and that “sometimes, [the students] come to the teacher first, because you notice... changes in what they do and how they act” (p. 8). Teacher D noted that the teacher’s role includes “being the eyes and ears of society in a setting that takes kids out of the home” (p. 103). The same teacher also noted that “sometimes a child will say things to a teacher that they wouldn’t say to other adults” (p. 103). Despite variances in the teachers’ responses, many of the participants noted that they, at the very least, have a duty to report to a child welfare agency any child that they knew was at risk for suicidal behaviour.

Newman (1993) states that “most teachers know about one or more young people who have

ended their lives” (p. 100). The data from this study supports Newman’s statement, as 80% of the participants reported knowing of or being involved with someone who had committed suicide. While not all of those completed suicides were by young people, it was found that every participant had some dealings with suicidal issues within the school. A small minority of the participants had only distant experiences with suicidal issues, but several of the participants had very intense experiences with students within the past year. In addition, some of the participants had experiences with suicidal issues in their personal lives, such as losing friends and family to suicide. Teacher I noted how experience with losing a family member to suicide might impact one’s response to suicidal issues within the school: “Going through it, sometimes it makes you a little emotional at times... but I think... in that sense too, would it help knowing what you’ve gone through as a family...” (p. 54). Knowing that some teachers have dealt with suicidal issues outside of their professional experiences, it is especially important to ensure that they have adequate training in dealing with suicidal issues within the school. Such training should include information on how their own personal experiences and belief systems can impact their responses to suicidal issues among their students.

As the participants are dealing with suicidal issues within the school, it is also important to know whether or not they have received training in dealing with suicidal issues. Drimmie (2001) states that, “at the most basic level, all educational staff need to be aware of the warning signs of suicide and be familiar with the risk assessment and intervention methods” (p. 3). Such training is becoming increasingly critical, as Everall and Paulson (2001) note that “educators will continue to face an ever-increasing number of teenagers in classrooms who are contemplating suicide” (unpaginated). As evidenced in the experiences of the teachers within the group of participants for this study, it is not only

teenage students who have suicidal issues. Teachers face increasing numbers of pre-teen children who are contemplating suicide as well. Thus, teachers at both the highschool and elementary level need to be prepared to assist their students who are at risk for suicide.

Despite the incidents of suicidal issues within the schools involved in this study, the majority of the participants indicated that they had not received adequate training. Only 2 out of the 10 participants had taken suicide prevention and intervention workshops, and only one of those two had recently taken a refresher workshop. In addition, only Teacher G had been given any training on suicidal issues during pre-service teacher training. That training was noted by the participant to be insufficient in helping to deal with the suicidal issues encountered in the participant's primary class this year: "It was just one lecture, and, and that was, that was really it. So, am I equipped to do anything, really, to help someone? I don't think so. I don't feel confident at all that I would be." (p. 75).

Teacher G was not alone in having a lack of training. Even the participants who had taken additional qualification courses in guidance counseling or special education had not received any training on dealing with suicidal issues in the school. The only other exception to the low rates of training in suicidal issues among the participants was found with those who had received training in critical incident management. While this training was not specifically geared to suicidal issues, most of the participants who had received the critical incident training felt that it would have prepared them to deal with some postvention issues.

Knowing that teachers are encountering suicidal issues within schools, they need to feel comfortable in engaging in suicide prevention, intervention, and postvention. Newman (1993) addresses this issue when she asks educators the following questions: "What has your experience been

with death? What is your comfort level with the topic?" (p. 83). She indicates that, due to societal norms, teachers may not be comfortable with topics that are related to death:

We live in a society that worships youth and activity and pretends we are all immortal. Gone are the days of black armbands, wreaths on doors, and a year of formal mourning. Few of us talk easily about death. We buy suitable cards instead. (p. 83)

Nevertheless, Newman notes that "we teachers are having to play an increasingly crucial support role for children faced with death because they have less and less access to trained religious leaders and wise elders in the community" (p. 84).

Having had experience in dealing with at-risk students, Newman (1993) shares how, at one point in her career, her discomfort with the issues around death prevented her from dealing effectively with her students:

In the past I may have been insensitive to signals my students have given. I sometimes provided appropriate picture books or had (unproductive) talks with hurting children, but I could not cope with their real needs because of my personal ignorance and discomfort. (p. 84).

Given that the majority of the participants in this study had insufficient training for dealing with suicidal issues, it is not surprising that they reported being unprepared for and uncomfortable in dealing with higher-risk suicidal situations. As with Newman (1993), their discomfort with some suicidal issues may lead to the provision of ineffective interventions and postventions within the school, such as in the teacher who speculated that the following would be his or her response in the case of a completed suicide,

I think my, I'd probably be the ostrich, and try my best to, O.K. guys. We've had a few minutes to talk about it. Now it's time to get on with the day. Let's get on with life here, and let the grieving family deal with the picking up the pieces now. (Teacher D, p. 111),

or the participant who noted his or her response to the child who had lost a young family member to suicide:

With respect to the child that I did have, I mean, it was not something that I sought out. It, it wasn't, I'm not particularly, you know, proud to say that, but, I just didn't feel ...that I had anything that I could give her that would help her (Teacher G, p 77).

The same participant noted that

I'm not all that comfortable with it, because ...I just don't feel I'm qualified for that, and ...I'm not comfortable talking about death, because I don't have any answers, and I think suicide is one of those things that, maybe there aren't any answers. (p. 77)

Despite indicating that they would be comfortable with suicide prevention and intervention with low to moderate risk situations, 80% of the participants rated their overall comfort level with dealing with suicidal issues at a 2 or 3 out of 5. While some of the participants related their discomfort to the topic of death, the majority of those who reported lower levels of comfort in dealing with suicidal issues related their discomfort to a lack of knowledge and training. Given that, the participants' comfort levels may be increased through routine training in suicide prevention, intervention, and postvention. As Drimmie (2001) states, "If more people were familiar with risk indicators and intervention techniques, it would help to ...improve the level of care that people receive." (p. 2) By increasing teachers' knowledge and skill level, their comfort level may also increase, resulting in more effective suicide prevention, intervention, and postvention in the schools.

In their recommendations for teacher training in suicide issues, the participants' responses agreed with the previous statement by Drimmie (2001). Teacher C recommended that teachers be offered "a course to deal with ... looking for the signs and symptoms of suicide" (p. 5), and that new teachers be made aware "that [suicide] is out there. That you will come across it at some point in your

career. And to realize that you are not alone in dealing with it, but to give you the resources that you could contact.” (p. 5). In addition, the participants suggested that teachers be trained on “what to do in a situation, whether you’ve got that child in your classroom or not. You have to know what to do, how to react.” (Teacher I, p. 55). The participants also recommended that teacher training in suicidal issues should be frequent and on-going, with no more than two or three years between training sessions. Eighty percent of the participants, however, suggested that training should occur within the school at least once a year.

In addition to the recommendations for training that were given, several interesting points were raised by the participants. First, students can be supported by any teacher within the school, rather than solely by their classroom teacher. Teachers who encounter suicidal issues on the playground or through other interactions with students must also play a critical role in initiating the intervention process. Second, the principal of a school also plays an important role in suicide prevention, intervention, and postvention. The principal supports staff in dealing with suicidal issues and often is the liaison between the school and other community agencies. In addition, the principal can provide appropriate support for the family of a student who is at risk or who has committed suicide. Finally, school boards have a supportive role to play in suicide prevention, intervention, and postvention. By ensuring that teachers have access to on-going training, school boards can help teachers be better prepared for dealing with suicidal issues within the school. Also, several of the participants noted that their comfort levels for dealing with postvention issues were strongly related to the critical incident team set up within the school board. By ensuring that critical incident teams are updated and maintained, school boards can ensure that both students and staff will have access to postvention supports. School boards can also ensure

that there are supports, such as employment assistance programs, in place for staff who have been affected by suicidal issues within the school. Thus, all levels of the school community have a role to play in suicide prevention, intervention, and postvention.

Teacher C, identified a critical issue in the following quote:

I focus on a team approach to it, to get a good group of people that are comfortable with it to work together, and that's the best approach to it, rather than trying to be centered out as being the pillar in the school. It's very difficult to be the individual that everyone is counting on. (Teacher C, p. 5)

While the participant was referring to critical incident teams and postvention roles, the quote is a reminder that suicide prevention, intervention, and postvention within schools is a collaborative effort. It is insufficient to identify teachers as the 'gatekeepers', and then leave the responsibility solely with them. While teachers can and do play an important role in dealing with suicidal issues, they cannot do so in isolation. To be prepared for and effective in suicide prevention, intervention, and postvention, teachers require the support of their administration, school board, and community. Such support includes not only training, but also planning and resources.

#### *Additional recommendations*

Given that students' lives and futures are at stake, training in suicide prevention, intervention, and postvention should be made available to not only the participants in this study, but to all teachers as part of the standard pre-service training. It is especially imperative that the teachers in any community that has a high incidence of suicide receive training in suicide prevention, intervention, and postvention, so that they are prepared. As suicidality is an issue that affects even young children, this training should

ideally be provided for all teachers, both at elementary and secondary levels. As noted by the participants, training in suicidal issues should be frequent and on-going, rather than a one-time professional development event. Teacher education should also include age appropriate curriculum resources and training on how and when to use them.

It is not enough, however, to provide teachers with training. They also need support to carry out their roles in dealing with suicidal issues. The participants in this study indicated that the principal plays a crucial role in supporting teaching staff who are dealing with suicidal issues among the student population. It is therefore important that principals and vice principals also have training which includes training on supporting their staff. It is also important to not only maintain critical incident teams to deal with postvention after an attempted or completed suicide, but to provide the critical incident team members with frequent training. In addition, the team must be made accessible to other staff within the school board.

Suicide crisis teams, which are available through other community agencies, also need to be closely involved with schools, so that appropriate help for acutely suicidal students is readily available. By partnering with a crisis team, teachers will have added professional support as they provide suicide intervention, and students will have options for after-hours support and seamless transitions from the school to appropriate community agencies. A partnership between the school and crisis team may also help to reduce the communication barriers between teachers and outside agencies that were discussed in the section on perceived barriers, so that teachers may be able to follow up more effectively with the at-risk students whom they have referred.

Sensitivity to issues of post-traumatic stress should be a part of the everyone's training, and the



administration and school board need to be aware that dealing with suicidal issues, and, particular, dealing with a completed suicide can have negative emotional effects on staff as well as students. This is not due to weakness on the part of the staff member, but is rather an expected and normal response. As with those who deal with trauma professionally, teachers will need to have supportive resources available to them so that they can continue teaching as soon as possible.

Finally, in addition to developing support for teachers within the school and school board, community supports must also be developed. Schools and school boards can develop partnerships with other agencies, such as crisis teams, mental health agencies, and Children's Aid, so that resources are readily available. Teachers, then, need to be aware of which resources are available and how to access them. The school and community agencies can also educate the parents through information sessions. Effective suicide prevention, intervention, and postvention is a collaborative effort.

#### Implications for further research

The findings in this study have several research implications. For example, as a qualitative case study, the interview responses for this study can not be generalized to all teachers, as they are case, school, and region specific. A quantitative study may be able to investigate teachers preparedness for engaging in suicide prevention, intervention, and postvention on a larger scale and for a larger region. However, a qualitative, in-depth study such as this also contributes essential information. Teacher training in suicidal issues, after all, will be more effective if designed with some understanding of teacher perceptions regarding preparedness and self-identified needs in this domain. In addition, issues of teacher trauma in relation to school based suicides may be studied to determine

how to best support staff following a completed suicide.

The findings of this study indicate that suicidal issues are not necessarily found solely within high schools. These issues also occur with children of an elementary school age, a finding that is consistent with the literature on suicidal children. Given that, more research could be conducted on suicidal issues in elementary schools. For example, longitudinal studies may be helpful in determining whether being an at-risk student in elementary school affects risk levels in highschool or adulthood. Finally, there may be some implications for psychological profiles which are performed after a completed suicide, as risk levels for youth may be established well before entering highschool. By determining what indicators may be present in elementary schools, more effective interventions may then be introduced at an earlier age, hopefully reducing the risk of future suicidal behaviour in those students.

### *Conclusion*

All effort has been made to remain as close to the data as possible in the reporting of this study. In doing so, the methodology used has allowed for the participants' experiences and perceptions to be presented with minimal interpretation by the researcher, thus maintaining the integrity of the participants' responses. While the findings from this research can not be generalized to all teachers, the participants in this study have made it clear that teachers can play a significant role in suicide prevention, intervention, and postvention. The teachers in this study demonstrated a willingness to take on that role, and seemed to recognize the importance of dealing with suicidal issues within the school. Nevertheless, the participants also identified that they needed support to take on those roles, which includes systemic preparation, training, and teacher resources.

Teachers, with proper training, can act as gatekeepers for their students who are at risk. Their role as gatekeeper, however, is secondary to their primary role as educator. Teachers can not be expected to be the experts, nor can they be expected to take on counseling duties on top of their teaching duties. The teacher's role, then, in dealing with suicidal issues in the school is to provide education and to intervene, as required, to help students access help from external agencies. Teachers' own trauma related to suicidal issues must also be recognized and planned for, and their own personal experiences must be taken into consideration.

Due to the qualitative nature of the study, the results provide an overview of the participants' observations, perspectives, and interpretations. Given that teachers are the ones who have been identified as important links in preventing suicide, it is their voice and perspectives that must be heard. Any further developments or expectations for teachers regarding their ability to respond to suicidal issues need to consider teachers' perspectives. They are the experts on what can and does happen in the classroom. Those who develop suicide prevention strategies that require teachers to take an active role must consider teachers' experience, education, and recommendations before the strategies are implemented.

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### Footnotes

1 For the purpose of this study, the term postvention includes all activities that a school teacher must engage in following a completed suicide or a suicide attempt. Such activities may include, but would not be limited to, informing students of a classmate's death, engaging in individual or group discussion following a suicide attempt or completion, and providing follow-up and referrals to other at-risk students.

2 The term gatekeeper refers to those in a position to identify and provide intervention for individuals who are at risk for engaging in suicidal behaviour. The literature on youth suicide often uses this term to refer to teachers.

## **Appendices**

## Appendix A: Cover Letter for Governing Body

Dear Governing Body of the School:

I am a student at Lakehead University. As part of the requirements for my Master of Education degree, and under the supervision of Dr. Sonja Grover, I am conducting a study entitled Teachers' Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention. Teachers have the potential to be very helpful in intervening with students who are experiencing a suicidal crisis, yet very little is known about how much training in suicidal issues teachers have had. Your participation in this study will help contribute to knowledge regarding teachers' preparedness for dealing with suicidal students. This will hopefully contribute to highlighting this important issue and perhaps contribute to teachers' training as well.

The intent of this research is twofold: (a) to gather information regarding highschool teachers' perceived level of preparedness for engaging in suicide prevention, intervention, and postvention, and (b) to assess highschool teachers' preparation for engaging in suicide prevention, intervention, and postvention, in terms of their relevant training. To accomplish this goal, I would like to interview six teachers from your school. The teachers would participate in an initial semi-structured interview, which will be audio taped. The interview is expected to take one and a half to two hours, and will contain questions about participants' teaching experience, training for dealing with suicidal issues in the school, and experiences with suicidal issues. A post-interview will be conducted with each participant to

ensure that the transcripts from the initial interview are accurate. The initial interview questions may be of a personal nature and may arouse some discomfort. The teachers will be free to decline to respond to any questions. Otherwise, there are no foreseeable risks to participants in this study. Teachers' participation is completely voluntary, and teachers are free to withdraw from the study at any point.

The school's and the teachers' identity will remain confidential. All information, including audio tapes, gathered for the purpose of this study will be securely stored at Lakehead University for seven years. After seven years, all data will be destroyed. A bound copy of the finished thesis will be presented to the school. In addition, a copy of the thesis will be available for reading at the Lakehead University education library.

If you have any questions, I can be reached at \_\_\_\_\_ in the evenings, or a message can be left at

Dr. Grover can be reached at \_\_\_\_\_

Thank-you for your co-operation.

Sincerely,

Cheryl Kempenaar

### Appendix B: School Board Consent Form

I, \_\_\_\_\_, am the \_\_\_\_\_ at \_\_\_\_\_.

I have read and understood the covering letter of the study entitled “Teacher Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention,” by Cheryl Kempenaar, and I agree to allow teachers from \_\_\_\_\_ school to participate in the study. In agreeing to participate in this study, I will provide teachers the opportunity to contribute to knowledge regarding teacher preparedness for dealing with suicidal students. I am aware that the teachers will initially participate in a face-to-face interview. I realize that some of the questions are of a personal nature and may arouse some discomfort, and that the teachers will be free to decline to respond to any questions. Otherwise, there are no foreseeable risks to participants in this study. I am aware that all participants will be volunteers, and as such, may withdraw from the study at any time, for any reason. I understand that the identity of the school and of the participants will be kept confidential, and that a bound copy of the completed thesis will be presented to the school following the completion of the study. I understand that all raw data from the study, including audio tapes, will be securely stored at Lakehead University for seven years, after which they will be destroyed. A copy of the thesis will be available for me to read at the Education Library at Lakehead University.

I have received explanations about the nature of the study, its purpose, and procedures.

\_\_\_\_\_  
 Printed Name of Participant

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

### **Appendix C: Cover Letter for Principals**

Dear Principal:

I am a student at Lakehead University. As part of the requirements for my Master of Education degree, and under the supervision of Dr. Sonja Grover, I am conducting a study entitled Teachers' Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention. Teachers have the potential to be very helpful in intervening with students who are experiencing a suicidal crisis, yet very little is known about how much training in suicidal issues teachers have had. Your participation in this study will help contribute to knowledge regarding teachers' preparedness for dealing with suicidal students. This will hopefully contribute to highlighting this important issue and perhaps contribute to teachers' training as well.

The intent of this research is twofold: (a) to gather information regarding highschool teachers' perceived level of preparedness for engaging in suicide prevention, intervention, and postvention, and (b) to assess highschool teachers' preparation for engaging in suicide prevention, intervention, and postvention, in terms of their relevant training. To accomplish this goal, I would like to interview six teachers from your school. The teachers would participate in an initial semi-structured interview, which will be audio taped. The interview is expected to take one and a half to two hours, and will contain questions about the participants' teaching experience, training for dealing with suicidal issues in the school, and experiences with suicidal issues. A post-interview will be conducted with each participant to ensure that the transcripts from the initial interview are accurate. The initial interview questions may

be of a personal nature and may arouse some discomfort. The teachers will be free to decline to respond to any questions. Otherwise, there are no foreseeable risks to participants in this study.

Teachers' participation is completely voluntary and teachers are free to withdraw from the study at any point.

The school's and the teachers' identity will remain confidential. All information, including audio tapes, gathered for the purpose of this study will be securely stored at Lakehead University for seven years.

After seven years, all data will be destroyed. A bound copy of the finished thesis will be presented to the school. In addition, a copy of the thesis will be available for reading at the Lakehead University education library.

If you have any questions, I can be reached at \_\_\_\_\_ in the evenings, or a message can be left at \_\_\_\_\_

Dr. Grover can be reached at \_\_\_\_\_

Thank-you for your co-operation.

Sincerely,

Cheryl Kempenaar

### Appendix D: Principal's Consent Form

I, \_\_\_\_\_, am the principal at \_\_\_\_\_  
 \_\_\_\_\_. I have read and understood the covering letter of the  
 study entitled "Teacher Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention,"  
 by Cheryl Kempenaar, and I agree to allow teachers from \_\_\_\_\_  
 \_\_\_\_\_ school to participate in the study. In agreeing to participate in this  
 study, I will provide teachers the opportunity to contribute to knowledge regarding teacher preparedness  
 for dealing with suicidal students. I am aware that the teachers will initially participate in a face-to-face  
 interview. I realize that some of the questions are of a personal nature and may arouse some discomfort,  
 and that the teachers will be free to decline to respond to any questions. Otherwise, there are no  
 foreseeable risks to participants in this study. I am aware that all participants will be volunteers, and as  
 such, may withdraw from the study at any time, for any reason. I understand that the school's and the  
 participants' identities will be kept confidential, and that a bound copy of the completed thesis will be  
 presented to the school following the completion of the study. I understand that all raw data from the  
 study, including audio tapes, will be securely stored at Lakehead University for seven years, after which  
 they will be destroyed. A copy of the thesis will be available for me to read at the Education Library at  
 Lakehead University.

I have received explanations about the nature of the study, its purpose, and procedures.

\_\_\_\_\_  
 Printed Name of the Participant

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date



### **Appendix E: Cover Letter for Teachers**

Dear Potential Participant:

I am a student at Lakehead University. As part of the requirements for my Master of Education degree, and under the supervision of Dr. Sonja Grover, I am conducting a study entitled Teachers' Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention. Teachers have the potential to be very helpful in intervening with students who are experiencing a suicidal crisis, yet very little is known about how much training in suicidal issues teachers have had. Your participation in this study will help contribute to knowledge regarding teachers' preparedness for dealing with suicidal students. This will hopefully contribute to highlighting this important issue and perhaps contribute to teachers' training as well.

The intent of this research is twofold: (a) to gather information regarding highschool teachers' perceived level of preparedness for engaging in suicide prevention, intervention, and postvention, and (b) to assess highschool teachers' preparation for engaging in suicide prevention, intervention, and postvention, in terms of their relevant training. To accomplish this goal, I would like you to participate in a semi-structured interview, which will be audio taped. The interview is expected to take one and a half to two hours, and will contain questions about your teaching experience, your training for dealing with suicidal issues in the school, and your experiences with suicidal issues. I will also ask you to participate in a post-interview which will be conducted to ensure that the transcript from the initial interview are accurate. The initial interview questions may be of a personal nature and may arouse

some discomfort. You will be free to decline to respond to any questions. Otherwise, there are no foreseeable risks to participating in this study. Your participation is completely voluntary, and you are free to withdraw from the study at any point.

The school's identity and your identity will remain confidential. All information, including audio tapes, gathered for the purpose of this study will be securely stored at Lakehead University for seven years. After seven years, all data will be destroyed. A bound copy of the finished thesis will be presented to the school. In addition, a copy of the thesis will be available for reading at the Lakehead University education library.

If you have any questions, I can be reached at \_\_\_\_\_ in the evenings, or a message can be left at \_\_\_\_\_

Dr. Grover can be reached at \_\_\_\_\_ Thank-you for your co-operation.

Sincerely,

Cheryl Kempenaar

## Appendix F: Consent for Participants

### Teacher Consent Form

I, \_\_\_\_\_, am a teacher at \_\_\_\_\_  
 \_\_\_\_\_.

I have read and understood the covering letter of the study entitled “Teacher Preparedness for Engaging in Suicide Prevention, Intervention, and Postvention,” by Cheryl Kempenaar, and I agree to participate in the study. By participating in this study, I will have the opportunity to contribute to knowledge regarding teacher preparedness for dealing with suicidal students. I am aware that I will initially participate in a face-to-face interview. I realize that some of the questions are of a personal nature and may arouse some discomfort, and that I will be free to decline to respond to any questions. Otherwise, there are no foreseeable risks to my participating in this study. I am aware that I am a volunteer, and as such, may withdraw from the study at any time, for any reason. I understand that the school’s and my identity will be kept confidential, and that a bound copy of the completed thesis will be presented to the school following the completion of the study. I understand that all raw data from the study, including audio tapes, will be securely stored at Lakehead University for seven years, after which they will be destroyed. A copy of the thesis will be available for me to read at the Education Library at Lakehead University.

I have received explanations about the nature of the study, its purpose, and procedures.

\_\_\_\_\_  
 Printed Name of Participant

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

## Appendix G: Contact Information and Consent Form

### Contact Information and Consent Regarding Transcripts

I agree to have the transcripts from my interview sent to me by the following means:

(Circle your choice and fill in the contact information required)

E-mail:

Fax:

Mail to home address:

Mail to other address:

The above circled choice is secure to my satisfaction to ensure the confidentiality of my transcripts. For further contact regarding my transcript, I can be reached at the following phone number:

\_\_\_\_\_. The researcher, Cheryl Kempenaar, has my permission to contact me at this number if there are any questions regarding my transcript or consent forms.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Appendix H: Instructions for Reviewing Transcripts**

July 3, 2004

Dear Participant,

Enclosed you will find a copy of the transcript from your interview, a consent form, and a self addressed, stamped envelope. Would you please carefully read over your transcript and highlight or underline any words or portions that you would like to have withdrawn for the purpose of inclusion within the written thesis. It is important that you remove any names of people or agencies, or any phrases that might identify yourself, a student, a fellow staff member, or your school. It may only be necessary to remove a name or several words, or you may need to remove some larger portions.

Initially, it was planned to include all of the transcripts in their complete form in the thesis. However, given the data collected, it has been decided that the transcripts themselves will be excluded from the thesis. It is thought that this will better ensure the confidentiality of the participants. Instead, only selected quotes will be used in the thesis. The remainder of the transcripts will be discussed and/or paraphrased.

After you review the transcript of your interview, please sign the consent form and return both the complete transcript and the consent form to me in the self addressed, stamped envelope. I am hoping to complete the first draft of the thesis by the end of August, 2004, so I would appreciate having these

papers returned as soon as possible.

If you have any questions, I can be reached at \_\_\_\_\_ or a message can be left at \_\_\_\_\_ Dr.

Grover can be reached at \_\_\_\_\_ . Once again, thank-you for your participation in this study.

Sincerely,

Cheryl Kempenaar

## Appendix I: Consent to Use Transcripts

### Consent to Use Transcripts

I understand that my name will not be used in any part of this study or in connection with any reporting of part or all of the transcript of my interview. I have read the transcript and consent to having the entire transcript reproduced as part of the reporting of the study, with the exception of those portions that are highlighted and initialed by me.

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Printed Name of Participant

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Signature of Participant

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Date

## Appendix J: Interview Questions

### Closed-ended questions

7. How old are you?
8. How many years of experience have you had in teaching?
9. What are your teachable subjects?
10. Which classes are you currently teaching?
11. Which degrees and/or diplomas do you hold?
12. What other educational qualifications do you have?

### Open ended main and sub questions

1. What role do you believe that teachers have in dealing with suicide or suicidal issues in the school?
  - What role do teachers play in the classroom?
  - What role do teachers play in the school and playground?
  - What role do teachers play in the community?
2. What experiences have you had in dealing with suicidal issues?
  - What experiences have you had with suicidal issues in your classroom?
  - What experiences have you had with suicidal issues in the school?
  - What experiences have you had with suicidal issues in other jobs or volunteer work?
  - What experiences have you had with suicidal issues in your personal life?
3. What types of education or other training do you have that would help them to address youth



suicide prevention, intervention, and postvention?

- Which courses in your undergraduate degree did or would train you to deal with suicidal issues in your school?

- Which courses in your pre-service teacher education program did or would train you to deal with suicidal issues in your school?

- Which courses in your continuing education did or would train you to deal with suicidal issues in your school?

- Which other courses or workshops did or would train you to deal with suicidal issues in your school?

4. How prepared do you feel that teachers are for dealing with suicidal issues in their schools or classrooms?

- How comfortable are you with covering preventative curriculum?

- How comfortable are you with assisting a student who is at a low to moderate risk for suicide?

- How comfortable are you in intervening with a child who is at imminent risk of committing suicide?

- How comfortable are you in intervening in an actual suicide attempt?

- How comfortable are you in supporting your class after a suicide attempt by a student or staff member?

- How comfortable are you in supporting your class after a completed suicide?

5. Taking all factors into consideration, how would you rate your comfort level for dealing with

suicidal issues in the school on a scale of one to five.

6. What other barriers may prevent you from dealing effectively with suicidal issues in your classroom?
7. What are your recommendations for teacher training in the area of suicide intervention?
  - What areas would you like to receive more training in or information on?
  - What content should the teacher training contain?
  - How often should this training be offered to teachers?
8. Are there any additional comments that you would like to add?