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Perceived Learning Needs of High School Teachers Regarding Suicide Prevention

Miranda Lynne Bevilacqua
Walden University

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Walden University

College of Health Professions

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Miranda Bevilacqua

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Walden University
2021

Abstract

Perceived Learning Needs of High School Teachers Regarding Suicide Prevention

by

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MN, Athabasca University, 2019

BScN, Lakehead University & Confederation College, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

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Abstract

Suicide is the second leading cause of death among youth in Canada. Though school-aged youth are surrounded by teachers, mentors, and school mental health nurses (SMHN), little is known about what teachers want to know regarding suicide and whether the teachers have the knowledge to recognize youth at risk. The purpose of this generic exploratory qualitative study, guided by the health belief model, was to explore the perceived learning needs of high school teachers in northwestern Ontario (NWO) regarding suicide prevention. The data collection process involved semistructured virtual interviews with 14 high school teachers in NWO recruited via social media. Data analysis included a systematic coding process along with the use of a coding software. Two main themes were produced, which evolved from seven key categories: Educators prefer learning based on a mixture of styles that is relevant and current to their student needs; however, they note that time constraints are a barrier. Teachers are also interested in knowing what to say; however, they are limited by the unknown legalities involved when addressing a student at risk. Although training was limited, teachers expressed being comfortable talking about suicide and understood basic warning signs. The findings can assist the SMHN in supporting the teachers in a way that best suits them. Targeting the needs of NWO educators can create positive social change by reducing suicide. Future research can include the creation of a suicide prevention program that is targeted exclusively for high school educators.

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Dedication

I dedicate this dissertation to my mother; without her this would not have been possible. I want to share this with my grandparents; William, April, Simone, Amie, and particularly Dot who would have been so proud to see me venture down this journey. I want to especially thank my beautiful husband who has supported me no matter the situation. To my daughter, niece, and those to come, I hope you can experience an education where students are protected from the adverse events associated with mental health. I would also like to thank my father, you are one of the most compassionate people I have ever met, thank you for passing this attribute on to me. To my wonderful sister who dedicates herself to working with vulnerable youth. Lastly, to my in-laws who have embraced me since day one.

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Chapter 1: Introduction to the Study

The World Health Organization (WHO; 2017) declared suicide a fatal international concern. Next to accidents, suicide is the second leading cause of death among youth in Canada (WHO, 2017). In 2016, suicide accounted for 29% of all deaths among youth between the ages of 15 and 19 (Youth Mental Health Canada, 2018). Because youth spend a large portion of their time in schools surrounded by educational personnel (Shannonhouse et al., 2016; U.S. Department of Education, 2007), educators are positioned to recognize and support students vulnerable to the risks of suicidality (Story et al., 2016).

In the schools of northwestern Ontario (NWO), school mental health nurses (SMHN) play a role in health promotion, disease prevention, and clinical care, providing an additional support system for students in the school systems (Community Health Nurses' Initiatives Group [CHNIG], 2015; Ontario, 2011). The SMHNs additionally provide high school teachers with the appropriate tools to identify youth at risk of suicide (Ontario, 2011). Understanding what high school teachers know relative to identifying youths at risk of suicide can provide SMHNs with the knowledge to best support and empower teachers on identifying and responding to youth at risk. Thus, this study promotes positive social change by providing knowledge that can reduce the number of youth suicides in Ontario, Canada. This chapter will discuss the problem statement, purpose of the study, the framework used, the nature of the study, and the significance of the study.

Background

Teenagers between the ages of 13 and 19 account for 25% of all hospital admissions related to attempted suicide (Kutcher & Szumilas, 2008). Further, death by suicide is the second leading fatality among the adolescent population in Canada (Jonsson et al., 2017; Whitney et al., 2011). From a global perspective, Canada has the third-highest rate of youth suicide among the industrialized world (Youth Mental Health Canada, 2018). Sixty-eight percent of individuals who have seriously contemplated suicide first thought about it in early adolescence (Becker, 2017), highlighting the importance of addressing this issue within high schools. The suicide rates in youth have also tripled because of the 2019 COVID pandemic-related lockdowns (Brown, 2021).

Many mental health issues that arise in early adolescence include conditions that can lead to suicide, such as depression, isolation, and anxiety (Canadian Centre on Substance Abuse, 2016; Youth Mental Health Canada, 2018). These youth find themselves at a period of brain growth and development where impulsivity is emerging, along with their first experiences of puberty and hormones (Canadian Centre on Substance Abuse, 2016; Kodish, 2016; Moon et al., 2015). Youth yearn for connectedness and attempt to foster their own sense of belonging while balancing peer influence and acceptance among their classmates (Armstrong & Maple, 2016; DeHann, 2017; McDonough et al., 2016). Changes in hormones, mental health issues, and exposure to adverse social experiences, when combined, have been linked to an increased likelihood of experiencing suicidal ideation (Canadian Centre on Substance Abuse, 2016; Kodish, 2016; Statistics Canada, 2019). Youth suicidality is a serious health concern that

supports the need for early identification and intervention to lessen the chronic effects of mental health issues and reduce deaths caused by suicide (Calear et al., 2016; Story et al., 2016). These concerns can be addressed in the school setting by trusting adult mentors who may identify some of these red flags if suicide prevention strategies are understood (Cramer et al., 2019).

In 2011, the province of Ontario, Canada, developed a Healthy Minds, Open Minds initiative, focusing on early identification and intervention of mental health issues in their younger population (Ontario, 2011). This initiative created SMHNs to provide care within the school settings (Ontario, 2020). Part of the role of the SMHN includes health promotion, clinical assessment, intervention, and education to school boards, including teachers (Bartlett, 2015; Ontario, 2020; Registered Nurses' Association of Ontario, 2017). Collaboration, such as referrals, between SMHNs and high school teachers is vital in the early identification of mental health issues in adolescents (Bohnenkamp et al., 2019). For early identification to occur, teachers must understand the risk factors associated with suicide and other mental health issues (Shannonhouse et al., 2016). Suicide prevention and mental health literacy are fundamental for high school teachers (Shannonhouse et al., 2016). School nurses play a vital role in preventing suicide (Pestaner, 2019). However, more resources are required to allow the nurse to maximize their capabilities (Lindeberry, 2018).

There are a multitude of prevention curriculums, such as workshops, that have been used across various disciplines (Bailey et al., 2017; Walrath et al., 2015). However, the opinions and perceptions of high school teachers regarding their learning needs on

suicide prevention are lacking (Mo et al., 2018). Time constraints and redundancies are also deterrents for investing in a prevention program (Whitney, 2011). Educators have felt legally obligated to address youth at risk of suicide (McConnellogue & Storey, 2017), but understanding their role in such a position needs to be further studied along with education that fits their needs. Though research has been conducted on teachers' perspectives on preventing suicide in children and adolescents (Ross, 2017), there is a lack of focus on what resources and educational content would benefit teachers regarding suicide prevention. The findings of this study build on previous research and can provide SMHNs with data to best support the high school teachers they work alongside.

Problem Statement

Suicide is a worldwide concern that has received considerable attention in Canada, where death by suicide for young Canadians is common (WHO, 2017). Adolescents are surrounded by educational staff (Calear et al., 2016) as well as SMHNs, whose position involves treating patients with varying mental health concerns, consulting with other professionals, and sharing knowledge with school staff (Ontario, 2011). These two professionals together play an important role in suicide prevention, identification, and intervention. However, there is little evidence on high school teachers' perceptions of suicide prevention (Ross et al., 2017), which is needed for SMHNs to support high school teachers effectively. For the SMHN to maximize their nursing scope to its full capacity, information is required to understand the needs of the high school teachers in terms of suicide prevention (CHNIG, 2015).

Purpose

The purpose of this generic, exploratory, qualitative inquiry was to identify the perceived learning needs of high school teachers regarding suicide prevention that SMHNs can use in future health promotional strategies. There is a lack of information regarding what the teachers believe they need in terms of education on signs and symptoms of suicide that may manifest in their students (Ross et al., 2017; Whitney et al., 2011). A key role of the SMHN is health promotion and disease prevention, which makes knowing what teachers know and need to know important to plan and implement teacher education (CHNIG, 2015; Ontario, 2011). The findings from this study can be used by SMHNs to support high school teachers and may prepare teachers to engage with youths at risk for suicide and therefore promote positive social change.

Research Question

What are the perceived learning needs of high school teachers regarding suicide prevention?

Theoretical Foundation

The framework that guided my study is a public health model that aligns with the actions of SMHNs who fall under the umbrella of public health services (CHNIG, 2015). The health belief model (HBM) was developed in the 1950s by American public health service workers to support the need for improved disease prevention strategies (Rosenstock, 1974). The HBM carries both behavioral and psychological components that form two main concepts: (a) to avoid illness (or to heal if someone is already ill) and (b) based on the belief that certain actions can prevent or cure an illness (Rosenstock,

1974). The model assumes that every person is unique, and their outcomes rely on their perceptions of the potential barriers or benefits to any given health issue or potential treatment (Rosenstock, 1974). The HBM also assumes that individuals will attempt to prevent illness if they believe they are at risk for acquiring the illness (perceived susceptibility) and the illness had serious or potentially fatal outcomes (perceived severity; Jones et al., 2016; Rosentstock, 1974).

The HBM model has been used in many studies that focus on disease prevention (Janz & Becker, 1984). Examples of the HBM where the results were positive include smoking cessation studies and studies of appropriate condom use where diseases related to unprotected sexual interactions were reduced (Huang et al., 2020; Pribadi & Devy, 2020). Similarly, the use of the prevention pillars of the HBM are applicable in suicide prevention strategies, which would include educating individuals who interact with at-risk adolescents as a means of suicide prevention (CHNIG, 2015).

Mental health nurses are responsible for addressing public mental health concerns through health promotion and illness prevention (CHNIG, 2015; Skundberg-Kletthagen & Moen, 2017). The concept of prevention within the HBM guided my study as I examined the educators' learning needs of suicide prevention while maximizing the scope of the SMHN concerning illness prevention. The SMHN acts to prevent illness, specifically death by suicide, based on the prevalence of youth suicide and its susceptibility. Based on the HBM, the perceived benefits to improve outcomes include SMHNs identifying the learning needs of high school educators regarding suicide prevention that will assist in the development of appropriate suicide prevention training

tailored to their needs. The perceived barriers of the SMHN were explored via understanding the learning needs of educators that will help them confidently and competently engage with youths who are at risk for suicide.

Nature of the Study

This study was a generic, exploratory, qualitative inquiry. The rationale for this approach was due to the fact that I was seeking to understand the high school teachers' learning perceptions on youth suicide regarding suicide prevention (Kahlke, 2014; Patton, 2015). Although suicide can be investigated under an intense and sensitive lens, I aimed to understand what is known regarding suicide prevention and teachers' learning needs. The study involved interviews with various high school educators of NWO. A precise interview guide was created and followed. SMHNs can use the results of this study to identify focus areas that can be used to support the high school teachers and increase their understanding when interacting with youth at risk of suicide.

Definitions

At risk of suicide: At risk for suicide can be defined as an individual experiencing manifestation that predisposes their chances of experiencing suicidal thoughts (Shannonhouse et al., 2016). Suicide risk factors may include but are not limited to isolation, pre-existing mental health concerns, change in character, substance use, and trauma (Ting et al., 2011).

Educator: Educator may be used synonymously with the term high school teacher. An educator is a professional who educates any student between Grades 9 and 12

in a NWO educational institution and is registered with their local regulatory body (U.S. Department of Labor, 2018).

School mental health nurse (SMHN): A SMHN is a nurse positioned primarily in the schools to provide direct and indirect care to the adolescent population, which includes, but is not limited to, providing information to the school board personnel (Ontario, 2020). The SMHN may also be called the school nurse, community school mental health nurse, and the school's mental health and additions nurse. The roles and scope of the nurse depend on their location and to which local health integration network they are employed. All mental health nurses in Ontario have an ethical obligation to advocate for improvements in health care for those with mental health issues (Ontario, 2011; Registered Nurses' Association of Ontario, 2017).

Suicide prevention: Suicide prevention is an umbrella term used to describe any type of information or education on suicide. Suicide prevention can be defined as an act, training, discussion, awareness, or understanding in which suicide and associated behaviors are prevented (Ting et al., 2011).

Suicide: Suicide is intentionally injuring oneself to the point of death (Ngwena et al., 2016). This study directly speaks about youth at risk of suicide.

Youth: Youth may be used synonymously with adolescences and teenagers. The age reference for this group is between the years of 13 and 19 based on their presence within the high schools.

Assumptions

Assumptions, information that is believed to be accurate but cannot be proven, exist in almost every form of any context or circumstance (Simon, 2011). In this study, there are specific assumptions related to the design and phenomenon being studied. Qualitative research assumes reliance on the insider's point of view (emic; Glesne & Peshkin, 1992). Therefore, my first assumption was that participants were honest when verbalizing what learning they require. For this assumption to be valid, I created a confidential and comfortable environment where they feel they can speak freely (Simon, 2011). I also reminded them that their names would not be published in any report.

The second assumption is that vulnerable youth will exhibit behavioral manifestations that the teachers can recognize as risk factors for suicide. The information gathered during the interviews with the teachers revealed their acknowledgment of these risk factors. The third assumption is that all educators want to improve their knowledge and skills on intervening with youth at risk of suicide. Questions asked in the interview revealed these assumptions' truth about wanting to expand their knowledge on suicide prevention in youth. The interviews provided information to assist SMHNs in developing appropriate education to improve their knowledge on suicide prevention.

Scope and Delimitations

A generic exploratory qualitative study was chosen based on exploring the perceived learning needs of educators regarding the prevention of youth suicide. This study aimed to support SMHNs in addressing suicide prevention in the schools they provide service. The scope of this study was limited to the high school educators from

NWO. The high school teachers must reside and work within the boundaries of NWO and speak English. The HBM was used to guide this study, focusing on perceived susceptibility to youth suicide, perceived severity of death associated with the act of suicide, perceived barriers that the educators express, and perceived benefits in which the study's findings can support (Rosenstock, 1974). Although there are clear delimitations to the study, the findings themselves are thoroughly described for readers to contextualize the meaning behind the teachers' experiences (Ravitch & Carl, 2016).

Limitations

Limitations and potential challenges can be related to unreliable internet across NWO. If poor internet reception occurs, I planned to use the phone to conduct my interviews. Another potential barrier related to exploring this concept is the added stress that COVID-19 created. Currently, the educators of high schools across NWO are using a hybrid model, where half of their classes are in-person, and half of their classes are online. This may limit their face-to-face interactions and create a different assessment of how they interact with youth at risk of suicide. I asked them to relate their experiences of interacting with students face to face and on the online platform. The COVID-19 pandemic also restricted conducting face-to-face physical interviews, producing a less intimate bond between me and the participants (Ravitch & Carl, 2016). Due to this potential concern, I was patient and took the time to develop a rapport with the participants at the beginning of the interview. Regardless of these limitations, the virtual avenue allowed me to reach participants in more remote areas, which obtained a broader picture of what the teachers require in terms of education. Further, though participants

were recruited via Facebook, which could alter the trustworthiness of participants, snowball sampling was also used.

Additionally, biases exist in all forms and can sometimes hinder subconscious assumptions (Patton, 2015). I was aware of my own biases regarding what I believe is needed for mental health and suicide prevention education. Since this is an area that is a passion of mine, I reflected on my own biases and preconceptions to reduce twisting the data results to align with my views. Bracketing and journaling were used to assist me in setting aside my personal experiences related to this topic and any preconceived notions I may have had (Patton, 2015).

Finally, the nature of my topic is relatively sensitive. There was a possibility that participants may discuss their experience of someone who has died by suicide. Had this occurred, I would have paused the interview and informed the participants that they could stop the interview if they preferred. I also had a telephone number to debrief off camera if they preferred. This incidence would have required notifying Walden's Institutional Review Board (IRB) for consultation and further direction. Lastly, given that I worked as a nurse within the schools before my current appointments, there could have been teachers whom I have educated in generic prevention and basic mental health first aid. Although I planned to exclude these participants, I could not guarantee exemption because I cannot recall all the names of previous trainees I have educated. To ensure the participants knew my previous role, I included this in the consent form to allow them to decline consent based on their interactions with me. Had there been any names that I did recognize based on educational or pre-existing relationships, I would have informed them

that there was a conflict of interest. My intentions of excluding these individuals were to prevent any skewed results based on any previous relationships.

Significance

For social change to be contextually appropriate, it is essential to look at an issue that will provide or promote a positive change for a specific population or setting (Laureate Education, n.d.). The research focused on what specific learning needs teachers perceive to be required to address youth suicide efficiently. Understanding perceptions and attitudes generate rich data that can be analyzed, acted upon, invoke change, and ultimately influence policies (Ravitch & Carl, 2016). The information in this study is an original contribution to the existing body of literature. Evidence suggests that education regarding suicide prevention drastically decreases suicide and adverse effects associated with early-onset mental health issues (Shannonhouse et al., 2016); however, there is a lack of research on high school teachers' knowledge on suicide prevention in NWO. The results from this study provide a baseline understanding of what perceptions and learning needs are desired from the teachers, which SMHNs can use to support the high school teachers effectively (Ross et al., 2017). The findings further provide actionable information that can be used to identify at-risk youth and intervene appropriately, reducing the risk of suicide in their student population (Ross et al., 2017). For instance, the information in this study can be used to develop and implement curricula on suicide prevention (Ontario, 2011). The goal is to reduce suicide among the adolescent population by filling a gap in understanding what knowledge is required for the teachers to identify at-risk youth best.

Summary

Suicide is one of the leading causes of mortality among the adolescent population. The HBM guided this study by focusing on the perceived learning needs of high school educators regarding the prevention of youth suicide. However, there is a lack of high school teachers' perceptions and knowledge on suicide prevention, affecting SMHN's ability to support teachers in addressing at-risk youth. The results of this study identify information that SMHN can use to develop curricula that can guide high school educators to interact with youth at risk of suicide competently. In Chapter 2, I will present my literature search strategy, justification of selected theoretical foundation, and a thorough literature review of the fundamental concepts of this study.

Chapter 2: Literature Review

Death by suicide is the second leading cause of mortality in young Canadians (WHO, 2017). Because there are teachers who interact with these adolescents regularly (U.S. Department of Education, 2007), the purpose of this exploratory inquiry was to understand the perceived learning needs of high school teachers regarding suicide prevention for SMHNs to support them effectively. The following chapter will discuss the literature search conducted for the study, the theoretical foundation that supports the direction of this study, and the literature that guided this study.

Literature Search Strategy

A review of the literature was completed using the following databases: CINAHL, PubMed, ProQuest Nursing, and the Cochrane Library. The search was limited to English-language articles published from 2011 to the present. In some circumstances, older material was used based on its historical significance. The following keywords were utilized when searching for literature to support my phenomena: *youth suicide, suicide prevention, school nurses, teachers and suicide prevention, and the health belief model*. The topic was expanded, and the following phrases were searched: *high school educators' perceptions of suicide prevention training, high school educator's perception of working with youth at risk of suicide, youth suicide, high school educators engaging with youth at risk of suicide, suicide prevention in schools, mental health nurse scope of practice in schools, mental health nurse providing education in schools, and the health belief model and suicide prevention*. Over 300 studies were found using the search terms. Articles that did not meet the distinctiveness of this study were rejected. A total of 108

articles were deemed appropriate for this study. Given the nature of the phenomena, some secondary sources were utilized from provincial guidelines, health care institutional policies, and government initiatives. These sources were extracted from well-established associations and regulatory bodies (Canadian Mental Health Association, 2020; Canadian Nurses Association, 2011). After reviewing secondary sourced documents, it was deemed that 13 of these reports were appropriate for this study.

Theoretical Foundation

The theoretical framework assists researchers in adhering to guidelines that fit within the specific model or framework utilized (LoBiondo-Wood et al., 2018). In the following section, I will present the HBM. I will discuss the origins of the HBM, its theoretical propositions, how it has been used in previous research, and the rationale behind why it fits this study.

HBM

The HBM was used to guide this study, which dates to the 1950s and was developed by a group of public health service workers to explore why disease prevention techniques often failed and the influences of preventative health behaviors (Rosenstock, 1974). The HBM suggests that health-related behaviors are dependent on sufficient motivation to make health issues relevant based on the belief that someone is vulnerable to a health concern and that abiding by preventative recommendations would have sufficient benefits (DiGiacchino et al., 2006; Rosenstock et al., 1988). These central concepts can be broken down into the following main perceptions: susceptibility, severity, barriers, and benefits (Rosenstock et al., 1988). Perceived susceptibility

proposes that an individual must see the potential in contracting an ailment (Rosenstock, 1974; Jones et al., 2016). The perceived severity refers to an individual's understanding that the ailment has serious or potentially severe consequences on their health (Jones et al., 2016). The perceived benefits refer to the benefits that may come from engaging in the preventative measure, given the severity of the ailment and its potentially serious outcomes (Jones et al., 2016; Rosenstock, 1974). Lastly, the perceived barriers refer to the adverse outcomes of engaging in the preventative measure, such as it being too unrealistic for them to follow through on or perhaps the prevention measure is unfeasible (Jones et al., 2016; Rosenstock, 1988).

Two other concepts that the HBM encompasses are cues to action and self-efficacy (Jones et al., 2016). Cues to action refer to the decision-making process of following through with preventative recommendations (Jones et al., 2016). Self-efficacy refers to an individual's confidence in following through in that preventative measure confidently (Jones et al., 2016). Perceived susceptibility, severity, and benefits were the emphasized concepts of this study. Cues to action and self-efficacy can be potentially utilized after the findings of this study are concluded.

HBM in Previous Studies

The HBM has been used since the 1950s with an emphasis on public health issues. The HBM's focus was derived from individuals' lack of preventative measures (Jones et al., 2016). Prevention focuses on vaccination, antihypertensive regimens, oral hygiene care, and diabetic regimens (Janz & Becker, 1984; Lee et al., 2017). The HBM has been considered a significant framework for explaining the acceptance of health

prevention recommendations (Janz & Becker, 1984). The following paragraphs will discuss studies where the HBM guided their inquiry.

Suicidal College Students Seeking Professional Help

Czyz et al. (2013) used the HBM to guide their qualitative study on examining barriers to professional help-seeking among college students at risk of suicide. Czyz et al. proposed that college students at risk of suicide would seek professional help if they felt they were susceptible and that leaving their untreated thoughts of suicide can lead to severe outcomes. It was also mentioned that these college students would perceive professional help as being beneficial to reducing their thoughts of suicide and that these benefits would outweigh any potential barrier, such as cost. They included the self-efficacy concept in this study, suggesting that behavior increases with an individual's confidence in taking action. They concluded that college students' perceived barriers were time constraints, minimizing their mental health state, and preference for self-help problems. The HBM assisted these researchers in arriving at findings related to the barriers associated with suicidal college students seeking help in hopes that prevention strategies look at these barriers and attempt to create more approachable supportive options.

University Staff Tailored Nutrition Education Program

Abood et al. (2003) conducted a post-test expo facto research study on evaluating a worksite-tailored nutrition education program for university staff workers. The HBM was used to focus on perceived benefits and barriers. This was due to prior research on perceived susceptibility as a significant predictor of behavior when someone feels that

behavior change will provide benefits that outweigh the barriers. They proposed that for change in nutrition behavior to manifest, the perceived benefits of the behavior must offset the perceived financial barriers. The HBM successfully inspired healthy dietary behavior change by increasing nutrition knowledge and promoting the benefits behind making such dietary alterations.

Physicians' Attitudes on Educating their Patients on Motor Vehicle Safety

Domigan et al. (2014) used the HBM to explore physicians' attitudes in educating their patients about motor vehicle safety. The main HBM concepts explored were perceived barriers and benefits associated with this type of prevention measure. They also included the self-efficacy concept as they assessed their confidence in relation to providing education on motor vehicle safety. The results determined that the primary barriers physicians mentioned were time constraints and lack of confidence in assessing their patients' driving abilities. The findings also concluded that physicians do not believe educating their patients on motor vehicle safety will make a difference; therefore, from a HBM perspective, they felt the perceived barriers outweighed the benefits. It is evident in this study that depending on the health concern and its severity, that will then depict the behavior change (Rosenstock, 1974).

HBM Rationale

The assumptions of this theory guided my understanding of the actions of SMHNs. Mental health nurses have a responsibility to address public mental health concerns by means of health promotion and illness prevention (CHNIG, 2015; Skundberg-Kletthagen & Moen, 2017). The SMHN can prevent death by suicide based

on their belief and experience of youth suicide and susceptibility; the perceived risk is possibly severe if the SMHN does not intervene. The HBM assumes that perceived benefits are based on improving health outcomes by taking a specific course of action to reduce the severity or susceptibility of the specific illness (Jones et al., 2017). The perceived benefits of the SMHN include identifying the learning needs of high school educators who engage with youth at risk of suicide, which will assist in the development of appropriate suicide prevention training tailored to their needs. The perceived barriers of the SMHN were explored via understanding the learning needs of educators that will help them to confidently and competently engage with youths who are at risk for suicide. In the future, cues to action and self-efficacy can be explored concerning this phenomenon. Appendix A illustrates a logic model outlining the HBM in relation to this study.

Literature Review Related to Key Concepts

Understanding the depths and characteristics of a concept along with evaluating existing relationships are critical components in unraveling the potential of a phenomenon. Concepts represent a specific notion or symbol that embodies a phenomenon or issue (Reed & Shearer, 2012). These concepts are critical in understanding and exploring a specific issue from a research perspective (Brush et al., 2011). The following sections will discuss the following key concepts related to this study: youth suicide and etiology, SMHNs, suicide prevention in the schools, current suicide prevention education, and the geographical location of this study.

Youth Suicide Prevalence and Etiology

Suicide is the second leading cause of death among the teenage population in Canada (WHO, 2017). Within the lifespan of all Canadians, 29% of deaths by suicide were among those 15–19 (Youth Mental Health Canada, 2018). This represents more than a quarter of the deaths within a 5-year age range compared to the rest of the population (Statistics Canada, 2019; WHO, 2017). Suicidal ideations within the youth population account for 14%, with 5% having a plan to end their life and 3.5% have had a previous attempt to end their life (Canada Newswire, 2017).

Many different factors contribute to the suicidality of youth (Ting et al., 2011). The literature shows that the onset of psychiatric conditions manifest itself in early adolescence (Ontario, 2011). The link between pre-existing mental health concerns, such as depression, has been shown to influence the suicidality and vulnerability of youth (Giletta et al., 2015). Other conditions or situations that interfere with mental health, such as trauma, addictions, and bullying, have been associated with the risk of suicidality (Gabriel, 2014). Youth also find themselves in a period of active brain growth with many developments occurring, such as impulsivity, vulnerability, and motivation (Canadian Centre on Substance Abuse, 2016; Kodish et al., 2016). Along with this, brain development comes physical development from their newly introduced hormones resulting from puberty (Moon et al., 2015). This wide range of developmental changes creates pressure and longing for acceptance among peers (McDonough et al., 2016), making them vulnerable to their peers' influences (DeHaan, 2017). The ripple effect of suicide has no boundaries (Armstrong & Maple, 2016). Suicidal behaviors presented by

peers can augment the suicidal behaviors in others (Henderson et al., 2015; Zenere, 2009). Suicide pacts are also common in remote northern areas (Canada Newswire, 2017; Zenere, 2009). The prevalence and etiology of suicidality in Canadian youth are evident and need attention in the school setting.

Pandemic Related Effects on Youth Suicide

Over the past 2 years, the COVID-19 pandemic has been linked to increased suicide attempts among the adolescent population (Kilgore et al., 2020; Pearson, 2021). The pandemic forced adolescents to stay home and learn virtually to lessen the risk of transmitting or acquiring COVID to or from others (Griffin, 2020), which has caused isolation in youth—a risk factor attributed to suicidality (Brown, 2021; Koriath, 2020). Since the initial global lockdown caused by COVID, suicide attempts among youth have tripled (Brown, 2021). High school teachers face their own anxieties and uncertainties related to COVID as they fear for their own health upon return (Abuelo, 2021), along with the uncertainties of restoring the connection with their students face to face. Therefore, support for these teachers is even more of an issue that must be addressed and understood.

SMHNs

SMHNs have been in the schools of Ontario since 2011, when the Government of Ontario came out with the Open Mind's Healthy Minds initiative, targeting early identification and intervention of mental health in children (Ontario, 2011). Some of the roles of SMHNs are to provide clinical care, health promotion/prevention, consultation,

and education (Ontario, 2020). The priority of the SMHNs' scope depends on that schoolboard's needs, which will be discussed below (Mantynen et al., 2014).

Open Mind's Healthy Minds Initiative

As mentioned, the Open Minds Healthy Minds initiative focuses on early identification and intervention of mental health issues in the younger population, providing access to high-quality services (Ontario, 2011). Another focus was to close service gaps for vulnerable children and youth (Ontario, 2011). To intervene early, the individuals with mental health and addictions issues must be addressed where they currently exist, such as schools (Ontario, 2011). From this, Mental Health and Addictions Nurses were created to provide care within the school settings (Ontario, 2020). Part of the initiative's goals was for health care workers to partner with local organizations to develop targeted education and awareness programs on mental health and addictions issues (Ontario, 2011). The concept of coordinating and assisting in prevention programs falls into the scope of the SMHN (CHING, 2015; Ontario 2020).

Scope of the School Mental Health Nurse

School nurses are in a prime position to coordinate health promotion, education, early identification, and interventions as part of their role (Bartlet, 2015). The scope of SMHNs goes beyond the clinical setting, which is why health promotion and health prevention provides the perfect avenue to educate the high school teachers on such a relevant and ever-progressing health issue of mental health and suicide (Bartlet, 2015; Bohnenkamp et al., 2019; Jonson et al., 2017; Ontario, 2020). To summarize the scope of a public health nurse, which encompasses the SMHN, the critical roles related to this

phenomenon are health promotion, disease and injury prevention, health surveillance, and population assessment (CHNIG, 2015). School nurses can screen for mental health concerns on a school board-wide level (Bohnenkamp & Stephan, 2015). Screening, assessment, and population surveillance for mental health needs of a given school board can be done via research, which allows the nurse to explore the needs of their local population (CHNIG, 2015). The Ministry of Education and Ministry of Children and Youth Services support nurses in participating in school-board level planning related to mental health, which can be viewed as health promotion and disease prevention (CHNIG, 2015). Nurses have the capacity to work with communities, such as school boards, to improve health outcomes while increasing knowledge in others such as teachers (Chaniang et al., 2019). The SMHN has the ability to provide health education and skill development with school staff which also includes consultation and coordination (CHNIG, 2015). Standard education would include informing the high school teachers of potential red flags associated with youth at risk of suicide, while other forms such as formal training on specific mental health conditions would be conducted (Registered Nurses Association of Ontario, 2017). The Ministry of Health and Long-Term Care of Ontario endorses research on health outcomes associated with school-based nurses working to their full scope using evidence-based strategies within a comprehensive school health approach (CHNIG, 2015). The ministry expressed a need to gather local evidence on the effectiveness of comprehensive and holistic models of school-based nursing in Ontario schools which coincides with this study pertaining to gathering local data related to the SMHN and health promotion (CHNIG, 2015).

Related Literature on the SMHN

Lineberry (2018) and their team conducted a qualitative study interviewing various school nurses discussing their impact in the schools and the challenges they faced. A significant part of the school nurses' role was educating school personnel to keep students safe (Lineberry et al., 2018). This supports the role of the SMHN in providing education to teachers, specifically geared towards keeping students safe, in this study's case, from the adverse effects of suicidality. School nurses play an important role in health promotion and disease prevention concerning mental health, explicitly preventing youth suicide (Pestaner et al., 2019; Skundeberg-Kletthagen & Moen, 2017). Public health nurses, such as SMHNs (who have undergone specialized training/education), can assist in health promotion and disease prevention, such as reducing the risk of suicide in youth (Skundberg- Kletthagen & Moen, 2017).

Suicide Prevention in the Schools

The desire for suicide awareness campaigns and training within secondary academic institutions dates back to the early 1990s (Schmidt et al., 2015). Mental health professionals such as nurses and social workers are critical in monitoring and addressing youth at risk of suicide. However, they are not interacting with the students to the same degree as the educators within the schools. Educators are at the forefront of supporting their students within the safe environment of an academic institution (United States Department of Education, 2007). This notion infers an ideal access point for early identification of youth at risk of suicide (Calear et al., 2016; Story et al., 2016). The educators possess the power of building upon an already existing trusting relationship

between themselves and the students. This existing relationship is exceptionally beneficial as the students are more likely to confide in someone they know and trust (Shannonhouse et al., 2016). Another beneficial component of addressing suicidality within the schools is security and structure within these institutions (Shannonhouse et al., 2016; United States Department of Education, 2007). Students are continuously being monitored to some degree, such as monitoring a student's academic performance, attendance, general observation, and behavior (Giletta et al., 2015; Singer, 2017). If a change or decline in a student's academic performance and attendance is altered, the student and their caregivers are notified to understand the root cause of such changes and issues (Giletta et al., 2015; Singer, 2017). Implementing appropriate suicide prevention strategies into the schools can add to the multitude of protective factors that already exist by increasing the educator's confidence and competence in addressing issues related to suicide (Shannonhouse et al., 2016). However, it should be tailored to their needs and be feasible for the school setting (Schmidt et al., 2015).

Related Studies on Academic Institutions and Suicide Prevention

There is a great demand for educational opportunities geared toward educators (Breux & Boccio, 2019). Ross (2016) and their team provided a qualitative study that explored teachers' perceptions of preventing suicide in youth, which yielded results on what specific factors teachers felt played a role in preventing youth suicide and not their learning needs. Whitney (2011) and their research crew conducted a qualitative study analyzing school administrators' thoughts on school-based suicide prevention programs, which found that many principals felt suicide prevention programs were necessary;

however, that depended on the type of education offered. School administration felt that time constraints affected their decision on what type of suicide prevention program to endorse (Fulks et al., 2019; Whitney et al., 2011). Whitney (2011) and their team's findings prove the need to individualize education programs on suicide prevention and mental health awareness that fit the unique needs of that school. Academic institutions desired the opportunity to have suicide prevention strategies implemented within their schools (Mo et al., 2018). It has been stated already that many programs exist, but little evidence has shown the overall efficacy of the programs in relation to the school setting, nor have they been evaluated based on the needs of educators (Mo et al., 2018). Current programs on suicide prevention were universal and not tailored to the teachers themselves (McConnellogue & Storey, 2017). Shannonhouse (2016) and their team conducted a quasi-experimental study on over 100 elementary and secondary teachers on a specific 2-day suicide prevention program which found that the training increased the educator's confidence, competence, and comfort level regarding suicide. Suicide prevention training has been proven to be beneficial (Shannonhouse et al., 2016); however, one that is more feasible and directly related to the needs of the teachers should be explored. Mo et al. (2018) conducted a systematic review on the effectiveness of school-based gatekeeper suicide prevention training programs and that they do have the potential to change educators' knowledge and skills in suicide prevention. However, more research is needed to determine the overall effectiveness of whether these programs change the gatekeeper's attitudes. The development of a standardized evaluation method could be warranted to honestly assess the effectiveness of suicide prevention programs, including unpublished

programs (Mo et al., 2018). Although there are various programs available, there is an urgent need to develop high-quality suicide prevention education geared towards those in direct contact with those at risk (Cerulli et al., 2019). Ahern (2018) and their team conducted a randomized control trial that provided a cost-effective analysis of different suicide prevention programs implemented for schools, concluding that a program designed for youth would be the most cost-effective.

Knowledge of Educators Regarding Youth Suicide

The pathway to understanding one's knowledge on a subject relies heavily on the current resources available. Resources relating to youth suicide prevention are progressing; however, they still require more consideration (McConnellogue & Storey, 2017). In 2007, Westfeld and their team conducted a study analyzing educators' knowledge of high school suicide. In this study, teachers mentioned peer alienation as a primary attribute to their students' suicidality yet failed to mention other critical risk factors such as previous suicide attempts (Westfeld et al., 2007). Shilubane (2015) and their team looked at the teacher's knowledge on high school suicide almost a decade later. Similar to NWO, they examined the rural settings where resources were lacking (Shilubane et al., 2015). Their study concluded that suicide prevention programs should include education on warning signs and strategies to support their at-risk students' emotions (Shilubane et al., 2015). Other studies relating to educators' understandings have shown that most knowledge-based evaluations come from pre-test/post-test studies that evaluate the efficacy of a particular program utilized (Shannonhouse et al., 2016). This information is valuable; however, it cannot be viewed as the only answer to what is

known or unknown as it is evaluating the efficacy of a specific suicide prevention strategy, and it does not explore the teachers' perceptions. Shannonhouse (2016) and their team indicated that although specific training may improve teachers' awareness of red flags, more research is needed to replicate the findings within a larger population. In 2017, Ross and their team analyzed educators' opinions on youth suicide which rendered opinions on factors that can prevent suicide rather than their knowledge strengths or deficits on the subject. It is apparent that high-school teachers view youth suicide as a concern (McConnellogue & Storey, 2017) even if it is not understood. What is clear is that the knowledge level of an educator regarding youth suicide is dependent on the resources available (Whitney et al., 2011) and the experience working with youth at risk. The resources available depend on their academic institution's financial abilities and which programs they can endorse (Whitney et al., 2011). Educators' experience includes the actual interaction with a youth at-risk of suicide and the acknowledgment that they are at risk. Considering one school's level of understanding based on one scale cannot credibly speak to another school that uses a different assessment scale. A standardized evaluation scale assessing one's knowledge level on youth suicide is lacking (Stickl Haugen et al., 2020). With the implementation of such an instrument, school boards can adopt this scale to assess their teacher's knowledge in a standardized manner that can provide data that can be equally measured amongst other teachers and schools. Given this information, there is no baseline understanding of what is known or unknown regarding youth suicide, as many factors come into play.

Suicide Prevention Education

Familiar themes such as educational training, material, and a combination of both have been explored and analyzed. Programming such as educational training sessions, where a group of individuals are taught the signs and symptoms of suicidality and how to intervene, seemed to be the focus of most of the prevention methods analyzed. Handouts and materials with information regarding how to recognize signs and symptoms were explored and generally always used in conjunction with actual human-to-human training.

Current Programs

The first methods of education mentioned in the literature were handouts, brochures, and help cards. These materials offered basic knowledge and noted signs and symptoms to look for, along with some cards offering crisis numbers and support (Pirruccello, 2010; Schmidt et al., 2015). Online programs have grasped some attention, involving virtual learning that can either be mediated by an educator or self-taught (Cramer et al., 2019). There is a need to adapt current programs to virtual methods for greater uptake (Torok et al., 2019). The findings from these online programs have suggested the need to be more individualized based on the participants (Cramer et al., 2019). Guidelines such as the "Manitoba Suicide Prevention Guidelines," "Preventing Youth Suicide Guide," "After a Suicide: A Toolkit for Schools," and the "American Foundation of Suicide Prevention Toolkit" were examples of booklet type guides offered to schools and juvenile institutions on suicide prevention methods (Government of Manitoba, 2011; Harpel et al., 2011; White, 2016). These guidelines and toolkits act as strategies for initiating suicide prevention strategies within an organization (Harpel et al.,

2011). Some of these guidelines were provincial mandates; one was utilized as a post-suicide debriefing strategy, and another option was an information guide (Government of Manitoba, 2011; Harpel et al., 2011; White, 2016). These options generally require facilitation and implementation. These toolkits can perhaps be adapted and utilized by the nurse as a starting point for these educators. Having said that, understanding their unique needs is still vital, and having someone such as the SMHN available to address their concerns and provide education is essential.

Another interesting concept mentioned in the literature was initiating or adopting Mental Health Literacy or curriculum into the schools to increase awareness and knowledge; however, this usually meant it was addressed at a higher level (Schmidt et al., 2014) and not from the input of the educators themselves. The last type of prevention method explored was human-to-human educational sessions on suicide prevention and awareness. "SOS," "SafeTALK," and "ASIST" are examples of such programming where an individual can receive training from a trained professional and receive certification for completion of the program (Bailey et al., 2017). The training and education programs were found to be more effective for gatekeepers and educators than actual handouts (Shannonhouse et al., 2016; Cwik et al., 2016; Schmidt et al., 2015); however, these programs are not precisely tailored to high-school educators specifically (Whitney et al., 2011). Time constraints appear to be a factor contributing to the hesitancy of such programs (Whitney et al., 2011). All in all, the fact that there are a fair bit of suicide prevention initiatives is a step in the right direction. What is required

regarding this study is understanding what type of education or concepts the high school teachers need to address youth at risk of suicide confidently.

Geographical Significance of NWO

NWO differs significantly from the rest of the province. NWO is roughly the size of France and happens to be almost half the size of the Province of Ontario, with less than 2% of the population (North West Local Health Integration, 2020; Statistics Canada, 2019). There are few services for Mental Health (psychologists, psychiatrists, psychotherapists, psychiatric nurses, and social workers) compared to the rest of the province, not to mention the geographical distance between communities (Canadian Mental Health Association, 2020). Many individuals must commute for healthcare appointments, mental health treatments, and hospital/clinic access (Canadian Mental Health Association, 2020). Given the great landmass within NWO, it makes commuting difficult in the winter months.

In comparison to the rest of the province of Ontario, NWO has a higher unemployment rate, lower education level, and lower life expectancy level, which are all factors that have been associated with mental health concerns (Thibeault, 2011; Mokona et al., 2020). Living in rural and remote areas increases the risk factors associated with mental health issues, including potentially higher rates of suicide (Story et al., 2016). NWO has a higher population of indigenous individuals (North West Local Health Integration, 2020). Indigenous individuals are more prone to suicide, substance abuse, and mental health issues, given the intergenerational trauma triggered by colonialism

(Lavoie et al., 2020). Suicide rates among this population are up to six times higher than non-indigenous youth in Canada (CHNIG, 2015; Youth Mental Health Canada, 2018).

Regarding professional development for the educators, NWO does not have the same opportunities as the rest of the province, which is why it is critical and efficient to utilize services such as SMHN to support these educators (Ontario, 2020). These factors play a crucial role in justifying why NWO is targeted for this study. As mentioned, various preventative strategies exist; however, none are specifically tailored to the unique needs of high-school teachers in NWO. Within NWO, the SMHN exists with the ability to provide support to academic institutions.

Summary of Related Studies

Based on the information gathered by the relevant literature on this phenomenon, the gap and focus are based on 1) the lack of data on high-school teachers perceptions and knowledge of suicide prevention within their schools, 2) the need for suicide prevention strategies in schools as the teachers are in a prime position to identify at-risk youth, and 3) the ability that the SMHN can gather information from the high-school teachers concerning their knowledge base and perception of youth suicide that can potentially be used to support the teachers in regard to suicide prevention as this falls within the health promotion scope of the SMHN.

Summary

Using the HBM and an exploratory qualitative study allowed me to explore the perceived learning needs of high school teachers regarding suicide prevention of youth. The role of the SMHN is clearly defined, along with the etiology of youth suicide. There

is a lack of information regarding what the NWO teacher knows regarding youth suicide. The purpose of this study is supported by this lack of knowledge related to what the high-school educators perceive they need in terms of suicide prevention education. Chapter 3 will provide insight into the research design, rationale, role of the researcher, methodology, description of the population, trustworthiness, and ethical considerations. It will include in detail the sampling strategies used, the inclusion and exclusion criteria, and the participant selection method.

Chapter 3: Research Method

The purpose of this generic, exploratory, qualitative inquiry was to explore the perceived learning needs of high school teachers regarding youth suicide and prevention efforts. Exploring their perceived learning needs provided an honest description of what they lacked or desired regarding suicide prevention in addressing youth vulnerable to suicide. The following chapter will discuss the research design, including the methodology, rationale of the design, role of the researcher, a description of the population, trustworthiness, and ethical considerations.

Research Design and Rationale

The phenomenon of interest was the perceived learning needs of high school teachers in NWO regarding youth suicide prevention. The central concepts for this study are the high school teachers of NWO, youth vulnerable to suicide, suicide prevention education, learning needs of the educators, and the role of the SMHN in terms of education and illness prevention. I aimed to answer the research question, "What are the perceived learning needs of high school teachers regarding suicide prevention?"

General exploratory qualitative studies look to understand the perspectives of those who are involved with the phenomena (Cooper & Endacott, 2007). Qualitative increases the scope of nurses by identifying the scope of practice (Streubert & Carpenter, 2011). In the context of SMHNs, part of their scope is to prevent injury and promote health through education; however, how the education will be delivered depends on what is needed (Ontario, 2011). The generic qualitative approach helped explore high school teachers' knowledge regarding suicide prevention. The idea of using a specific study such

as phenomenology may have its place for future research; however, what was needed is foundational information about this specific phenomenon (LoBiondo-Wood, 2018). A generic exploratory approach is used to understand a phenomenon for what it is without formally conceptualizing it, as seen in other qualitative methods (Patton, 2015). Generic approaches can provide a wealth of information by combining open-ended questions and in-depth observation (Patton, 2015).

The approach in this study consisted of intuiting, analyzing, and describing information gained through participants' perceptions (Streubert & Carpenter, 2011). Intuiting involves the researcher becoming submerged in the phenomena without their predisposed opinions and evaluation (Streubert & Carpenter, 2011). The researcher recognizes the essence of the phenomenon being studied based on the data attained through the interviews (Streubert & Carpenter, 2011). For this study, I unraveled the teachers' truths on what they need to better assist youth vulnerable to suicide based on their opinions (see LoBiondo-Wood et al., 2013). Based on the participants' answers, varying categories were created. The information gathered provided a rich data of knowledge and assisted in filling a gap on what exists in relation to educators' learning needs on suicide prevention based on their perceptions.

Role of the Researcher

The role of the researcher in this generic exploratory qualitative study was to be an observer-participant. I was the instrument in this study as I conducted the interviews followed by interpreting the data (Ravitch & Carl, 2016). My role as the researcher also included bracketing, where I put aside any preconceived notions or prejudices to ensure

the interpretation of the results was bias-free and was an accurate description of the participants meaning (LoBiondo-Wood et al., 2018).

I worked as mental health and addictions nurse in various schools. Part of my tasks entailed educating the school board personnel on various mental health and addictions topics. Various other duties such as patient medication administration, monitoring dosages and therapeutic levels, triaging, assessing, referring, and engaging with other health professionals were part of my tasks as well. I had over 8 years of opportunity to see what local issues surrounding mental health and addictions exist within the context of elementary and secondary schools. Early identification of youth at risk of suicide appears to be the most significant protective factor in reducing deaths associated with suicide (McConnellogue et al., 2017; Shannonhouse et al., 2016). I experienced various perceptions educators have expressed in terms of addressing youth at risk of suicide, such as those hypotheticals provided in the previous justification section. Given the lack of information regarding educators' perceptions, attitudes, and experiences related to engaging with youth at risk of suicide, the need for more understanding is necessary. However, this preconceived notion was set aside to gather raw and honest data from my participants, free of my own biases. The use of bracketing assisted me in reducing the risk of inserting my beliefs into the data (Patton, 2015).

I no longer work as a mental health and addictions nurse within the school board; therefore, no conflict of interest exists. I do, however, remain connected to key stakeholders within the school boards, such as the mental health leads and the mental health nurses. These relationships provided me with a wealth of resources needed to

locate participants. This relationship also allowed me access to pertinent data (locally) that may assist me in future research while supporting this issue. Though part of my role also involved educating high school educators, the IRB concluded that those I taught could participate in this study as I am not interviewing them based on how my involvement with them shaped their learning needs, rather what do they perceive to be needed in terms of further education and how it can be delivered based on their experiences engaging with the youth vulnerable to suicide. It is also important to mention that my role as an educator to the educators only existed in a small portion of the educators that reside in NWO; therefore, there is a wide range of teachers with whom I have never interacted.

Methodology

Exploratory inquiry includes direct exploration and analysis of the phenomenon in question with as little bias as possible (Streubert & Carpenter, 2011). Many exploratory qualitative studies focus on purposive sampling to target a specific group that fits a unique criterion (LoBiondo-Wood et al., 2018). The following section will discuss the methodology in detail, including participant selection, recruitment, data collection, and instrumentation.

Participant Selection

Parameters for participant selection were thoroughly established via inclusion and exclusion criteria. The inclusion criteria were high school teachers in NWO, which would allow them to grasp the perceptions of educators working in these rural areas. Although I am bilingual (French and English), the participants must have been able to speak English

for consistency, given that my committee members (those reviewing my data) are English speaking. Additionally, translation of content between languages can risk skewing the meaning behind what someone said. The participants must have had access to the internet, given that I was performing my interviews via ZOOM. The exclusion criteria were any teachers who do not fit within the inclusion criteria and have any pre-existing conflict of interest with me, such as family members who teach high school in NWO or those who have been previously educated by myself in the historical role of a SMHN.

Purposive sampling, where a group of specific individuals with unique characteristics that can provide insight into the phenomenon of this study, was used as the sampling method for this study (LoBiondo-Wood, 2018; Ravitch & Carl, 2015). Convenience and snowball sampling were the two specific methods of purposive sampling used. Convenience sampling was used to target a specific population that may be easily accessible (Ravitch & Carl, 2016). Snowball sampling was used when applicable, where participants recommended other individuals using their own connections to recruit suitable participants (LoBiondo-Wood, 2018). The proposed participant sample size was between 10 and 20 participants based on Patton's (2015) discussion and averages on sample sizes. The sample size was also dependent on the information gathered and data saturation (Patton, 2015). Once no new themes or codes emerged generated by thick and rich data from the participants, data saturation was reached (Patton, 2015). No further recruitment was necessary, and the final sample size was established (Ravitch & Carl, 2016).

Recruitment

The recruitment plan involved Facebook for accessing teachers in NWO. Facebook can reach users globally, which was helpful to reach all those within the geographical span of NWO. There are various Facebook groups designated to teachers of Ontario, some specifically to the unique school boards of NWO I could access. A flyer was shared via Facebook as the original recruitment source, which was then shared via teachers. The flyer explicitly stated the inclusion and exclusion criteria so that potential participants were aware of whether the study applied to them. Along with my contact information, the flyer identified the purpose of the study, what would be asked of them, and their voluntary participation. Appreciation was provided to those who volunteered for the study but did not qualify based on the exclusion criteria when someone connected via the link. For those who qualified, I explicitly stated the purpose of the study, along with the expectations of the study, including that they could withdraw from the study at any point. I explained that the study was confidential, and I revealed any potential risks and benefits associated with their participation. I emailed the informed consent to the qualified participants who accepted to partake in the study.

Data Collection

Given that the nature of this study was to explore the educators' perceptions, semistructured interviews were used. Once consent had been obtained, I scheduled interview dates. Semistructured interviews allowed me to follow a detailed interview guide while allowing the flexibility of permitting relevant information to be shared that is not being specifically asked (Streubert & Carpenter, 2011). I used a detailed interview

guide (Appendix B) to guide my interview but was not limited to those questions explicitly. I conducted my interviews via ZOOM, given the current pandemic-related situation. Although ZOOM is virtual, it still allowed me and the participant to see each other in real-time visually. I recorded the audio of these discussions and uploaded the transcripts upon completion of the interview. Along with the audio transcription, I took notes throughout each interview, including observations (Appendix C).

Instrumentation

Instrumentation in qualitative studies consists of the researcher themselves and the tool they use to conduct the interview (LoBiondo-Wood et al., 2018). I was the primary instrument for this study. I supported my efforts by using a demographic survey that included the age, gender, and years of teaching, an interview guide containing open-ended questions specific to the phenomenon, and an observation/field note sheet that was completed during the interviews. I also created a recruitment flyer based on the relevant inclusion and exclusion criteria and study content. I created the demographic survey (Appendix D) by adapting Liu et al.'s (2012) demographic questionnaire for participants. The interview guide (Appendix B) was adapted from Walden University's (n.d.) Interview guide worksheet. There were seven proposed open-ended questions, one of which had followed up questions to clarify or validate the participant's perceptions. The questions were neutral without any proposition, such as leading questions (Walden University, n.d.). The content of the question was framed in a manner consistent with the expected level of understanding based on the given participant population (Walden University, n.d.). I included a follow-up question for the participants to ensure they felt

they were being respected and listened to (Walden University, n.d.). I opted to omit any sensitive questions that could have rendered complex responses since the phenomenon had to have been handled gently.

Procedures for Recruitment, Participation, and Data Collection

Upon approval from Walden University's IRB (approval no. 08-24-21-1014380), I began disseminating my flyer to the specific Facebook groups for teachers of Ontario (specifically NWO). Teachers interested in partaking in this study and meeting the standards based on the outlined inclusion/exclusion criteria could click on a link that allowed them to sign up voluntarily. Once eligibility was established, and consent was obtained, I scheduled interviews while being mindful of the different time zones of NWO. They were emailed the teleconference link that corresponded with their interview.

I adhered to my interview guide, including obtaining the three demographic questions from my demographic survey. I removed any identifiable factors associated with the participant through a code to protect the participants' identities. I briefly debriefed with my participants immediately after the interview and included the local crisis response number given the nature of the phenomenon. During this debriefing, I asked the participant for permission to provide them with a copy of their transcript to increase data integrity (Walters, 2001). I coded by hand and used virtual transcription/coding software. During the interview's closing, if more participants were required, I would initiate snowball sampling and ask that they pass along my flyer to other potential appropriate candidates. Once data saturation was achieved, I apprehended from conducting any further interviews.

Data Analysis Plan

The data analysis began with immersing myself in the data by listening to the transcript recording and reading the transcripts multiple times over (LoBiondo-Wood et al., 2018; Streubert & Carpenter, 2011). Next, I identified and extracted noteworthy statements from the data (LoBiondo-Wood et al., 2018). I established relationships within the extracted statements, as they became my themes (LoBiondo-Wood et al., 2018). I formulated a description of the phenomenon and their associations pertaining to the themes (LoBiondo-Wood et al., 2018). I then began to synthesize the themes into a reliable description of the phenomenon, creating essence (LoBiondo-Wood et al., 2018; Dahlberg, 2009).

Connection of Data to Specific Research Questions

Since patterns are expected to be seen within the realm of qualitative data, I ensured I had an efficient and effective way of extrapolating pertinent information systematically (Ravitch & Carl, 2016). I analyzed each question on its own as a group with the other transcripts. For example, all the question one answers were looked at together to assess patterns amongst the data. This allowed me to begin the adventure of assigning meaning to the data through coding (Ravitch & Carl, 2016). Coding can be words or expressions that signify what is occurring in the data, but it can also express a predominant analytical idea (Ravitch & Carl, 2016).

Types and Procedure for Coding

The first coding process used open coding, in which I highlighted meaningful sections of the text or field notes based on my observations (Ravitch & Carl, 2016). I

used a combination of highlighters and sticky notes to organize this first-level coding (Ravitch & Carl, 2016). Ravitch and Carl (2016) recommend that novice researchers use code sets, which allow the researcher to start more broadly, followed by narrowing down the codes. When coding my data, I was mindful of; patterns, emotive language, coherency among participants, conflicting comments between participants, concepts not discussed, and any discrepancies such as mistakes (Ravitch & Carl, 2016).

Software

Although I coded by hand during the first phase, I used reputable software to organize and interpret my data. The first software I used to organize my transcripts was ZOOM. I downloaded each audio transcript, which allowed me to view the responses in an organized, numbered line fashion. The second software I used was for the coding process. I used NVivo, which is a computer-assisted analysis software (Dalkin et al., 2021). NVivo has been scrutinized for being somewhat perplexing to use; however, it increases the robustness of qualitative studies (Dalkin et al.,2021). NVivo allowed me to formally apply my codes into the system, which assisted me in looking for any patterns or connections among the data.

Discrepant Cases

Daytner (2006) mentions that excluding contradictory responses can be seen as a researcher trying to promote only information that strengthens the data. When discrepant information arose, I thoroughly analyzed the information (Daytner, 2006) and compared it to what the majority have expressed, as it provided insight into my phenomenon at a deeper level. Once I analyzed the information, I decided whether to include this in my

analysis or simply report the discrepancy found and indicate that I am omitting it from the analysis with the reason.

Issues of Trustworthiness

Credibility

Respondent validation or member checking was used to validate the participants' answers to ensure that what I observed or heard accurately described what they meant (LoBiondo-Wood et al., 2018). This was done in the form of debriefing post each interview. I utilized bracketing when I began the data analysis process, in which I separated my own biases from the data collected to improve the credibility of the data (LoBiondo-Wood et al., 2018). Data saturation typically guides the number of participants required for a qualitative study (LoBiondo-Wood et al., 2018). Failure to reach data saturation jeopardizes the credibility of a study (Fusch & Ness, 2015). The data must become redundant, where no new themes emerge for data saturation to occur (Fusch & Ness, 2015). Fusch and Ness (2015) suggested that the main concepts of data saturation are no new data, no new themes, no new coding, and the ability for the study to be replicated. This study focused on thick and rich data rather than the number of participants. Given that all participants are unique and have their perceptions, some may provide a thick (large) amount of information, while others may provide little but rich information (Fusch & Ness, 2015). There is no set sample size in qualitative research, as data saturation is the depending factor (Patton, 2015). The proposed sample size for this study was between 10 and 20 based on previous dissertations for doctoral studies (Patton, 2015).

Transferability

Qualitative research aims to provide a thorough depiction of the findings, with all relevant procedures, so that the readers can see some version of application to their surroundings in circumstantial contexts (Ravitch & Carl, 2016). Thick description is how the researcher describes their study's setting in writing by exhaustively defining significant contextual factors (Ravitch & Carl, 2016). Correctly describing the study's context, participants, and related experiences allows the readers to contextualize the study's significance (Ravitch & Carl, 2016). Strategies outlined in the credibility section, such as bracketing and ensuring data saturation has been reached (Ravitch & Carl, 2016), were used to uphold my study's transferability.

Dependability

Dependability was achieved using an audit trail where I produced an external audit of the data that the participant can then review, promoting integrity to this study and the findings (Daytner, 2006). Honesty and rapport amongst the participants are essential in capturing raw and accurate data, which was done through prolonged engagement (Daytner, 2006). This study utilized triangulation of qualitative sources and analyst triangulation. Triangulation is an integral part of qualitative research used to reduce bias that inevitably comes from designs containing one method, one observer, and one theory (Patton, 2015). Triangulation of qualitative data sources in this study included comparing observations with interviews (Patton, 2015). Observational data can create different results; therefore, it was crucial for me to attempt to understand these differences (Patton, 2015). I required my committee to vet my analysis and interpretations to ensure I had not

encompassed a biased lens while interpreting the information. The additional set of eyes on the content can be described as a form of triangulation analyst in which other individual reviews the data while verifying that my findings are not prejudiced (Patton, 2015). This process improved the trustworthiness of the study's findings as the data was vetted by more than one set of eyes to reduce bias.

Confirmability

Reflexivity and positionality are other key components that assist in increasing credibility in a study (LoBiondo-Wood et al., 2018). Researchers need to be mindful of their predisposed perceptions or opinions on a phenomenon (LoBiondo-Wood et al., 2018; Patton, 2015). Given my previous employment as a SMHN, I had to put aside preconceived notions regarding what I felt the educators needed in terms of ongoing learning related to suicide. Being self-aware of my own prejudices and positionality on the phenomenon increased the rigor of integrity in this study (Patton, 2015). As mentioned earlier, I adhered to implementing triangulation strategies, researcher reflexivity processes, and external audits (Ravitch & Carl, 2016). I repeatedly challenged my preconceived notions throughout all the stages of this research study (Ravitch & Carl, 2016).

Inter-Coder and Intra-Coder Reliability

I repeatedly listened to the audio of all interviews while comparing them to the transcripts to ensure what I was reading was said. I also reviewed and compared this information to my field notes and had my committee members review my codes to preserve the credibility of my findings and prevent researcher biases. This form of

triangulation analysis improved the rigor and trustworthiness of my findings (LoBiondo-Wood et al., 2018). The limitation to having someone external review the data is that they lack the ability to emphasize the participant's verbatim and tone. Regardless, it is more credible to have multiple eyes evaluate the data than one relatively close person to the phenomenon. This is called inter-coding, where I had another set of eyes review the data (Van den Hoonaard, 2008). Since this is a single researcher, single observer study, I adhered to a systematic coding process to ensure reliable results, referred to as intra-coder reliability (Van den Hoonaard, 2008).

Ethical Procedures

Research studies are predisposed to various avenues of ethical concerns. The IRB seeks to ensure that ethical standards are being fulfilled, such as protecting human participants' rights (LoBiondo-Wood et al., 2018). Starting from the beginning, I had to obtain IRB approval from Walden University. Following the Canadian Nurses Association's (2002) human rights guidelines, right to self-determination, right to privacy and dignity, right to anonymity and confidentiality, right to fair treatment, and right to protection from harm ensured I was ethically appropriate. First, the participants had the right to volunteer and withdraw at any time without feeling penalized. Gathering consent in the form of informed consent was conducted, which outlines any potential risks and benefits to the study (LoBiondo-Wood et al., 2018). Second, the participant's privacy was maintained by applying a specific number or code to the participant's transcript to avoid disclosing their identity (Patton, 2015). When I shared my transcripts and field notes with my committee, I ensured I did not have any identifying information. I reminded the

participants that they could speak freely without the risk of being ostracized or judged. Given the sensitivity of my phenomenon in question, youth suicide, the topic itself generates some potential ethical considerations to avoid adverse outcomes. If someone had disclosed that they had experienced a student or someone familiar to them had died by suicide, I would have debriefed them to ensure they were not triggered. If they were triggered or affected, I would have notified the IRB and completed an adverse events form. NWO has a local crisis response line that is open 24/7 if any issues require immediate professional assistance. I included their information and provided the information to each participant. I hoped that this would not have occurred given the nature of my questions; however, I could not plan for what information is shared once a conversation commences. Lastly, I ensured all my participants were treated fairly with respect and did everything in my ability to prevent any undue harm.

Ethical considerations must be put into perspective when discussing files and information. Another component to ensuring privacy is to prevent anyone else from seeing the data other than my committee and professional second coder. I utilized an external hard drive that was password encrypted to store my files. My documents were uploaded to Walden University's secure blackboard software, which acts as a backup source should, for some unforeseen reason, my hard drive be compromised (as in destroyed). The transcriptions will be kept for the appropriate amount of time (5 years) required by my educational institution, after which they will be permanently destroyed. Any paper copies, such as written field notes, were immediately scanned into my hard drive and then shredded. Ethical considerations regarding the use of Facebook were also

taken into consideration. I adhered to their standards in terms of being a user. Any potential ethical concerns were presented in the flyer and the informed consent form for all potential participants to review.

Summary

A proposed generic exploratory qualitative study has been discussed. Exploratory inquiry is appropriate when seeking to understand a population's perceptions based on a specific phenomenon (LoBiondo-Wood et al., 2018). My study looked at the perceived learning needs of high school educators regarding youth suicide prevention. My role in this study was to be a participant-observer since I have indirect experience related to youth vulnerable to suicide in the high school setting. The participant population was the high school educators of NWO. I recruited my participants via the social media platform Facebook, where I posted my flyer on various Ontario teacher Facebook groups. I conducted semistructured interviews via ZOOM. I hand-coded initially and then used virtual coding software for the formal coding process. Ethical considerations have been discussed and were abided by to prevent any harm to the participants. Moving forward, Chapter 4 will outline my authentic study, including the data collection and analysis portions.

Chapter 4: Results

The purpose of this generic, qualitative, exploratory study was to explore the perceived learning needs of high school educators regarding suicide prevention in NWO. The research question for this study was “What are the perceived learning needs of high-school teachers regarding suicide prevention?” The information produced by the participants can allow SMHNs to tailor education on suicide prevention that can benefit the high school teachers when interacting and identifying youth at risk of suicide. The following chapter will discuss the setting of the study, the participant demographics, data collection and analysis, discrepant cases, and the evidence of trustworthiness. The chapter then presents the results of the study.

Setting

The recruitment platform utilized was Facebook. The recruitment timeline took approximately 1 month. The recruitment flyer had a deadline date on the bottom for transparency among the participants. The setting of the study involved video conferenced interviews via ZOOM. The participants and I met face to face during the opening dialogue of the interview process. Prior to the audio recording, all cameras were turned off to ensure confidentiality and anonymity.

Demographics

A total of 16 consent forms were sent out. However, one individual did not teach between Grades 9 through 12, and another individual did not respond to the informed consent, resulting in a total of 14 consents obtained. A demographic survey was utilized in this study (Appendix D). This information was collected during the interview process

prior to commencing with the phenomenon-related questions. There were three questions regarding the demographics: age, pronouns, and predominant grade taught. Most of the participants were between the ages of 30 and 40 (71.14%), 21.42% were between the ages of 40 and 50, and 7% were 50 years or older. Regarding the participant's pronouns, 62% went by she/her, and 38% went by he/him. Lastly, the demographic encompassing predominant grades taught were primarily "multiple," accounting for 84% of the participants. Most teachers (11 out of 14) float between levels and do not have a predominant grade. High school educators have the ability to move around within their positions, resulting in difficulties in recruiting an explicit group of educators as participants who teach only one predominant grade.

Data Collection

Participants self-screened via the recruitment flyer and emailed their interest in participating to me. Those who met the inclusion criteria were sent the informed consent by email. Once consent had been established by the participants (returned email stating "I consent"), the interviews were scheduled at the participant's convenience. Fourteen participants participated in semistructured; virtual interviews used to explore their perceptions regarding youth suicide prevention. The demographic survey (Appendix D) was completed during the interview process, after which I explained the intent and boundaries of the study. The interview guide (Appendix B) was followed precisely during each interview, with some follow-up questions verifying what was said to be accurate based on their given perceptions or opinions. Following up with verifying

questions allowed the researcher to grasp what was said and allowed me to avoid misconstruing what was articulated (Patton, 2015).

The ZOOM platform provided face-to-face interactions, which allowed me to observe the participants' expressions visually; however, prior to the audio recording, both my and the participant turned off our cameras to maintain a confidential environment. Another important factor related to ZOOM is the ability to rename the participant to avoid revealing their identities. The participants were given a number to replace their names, viewable on the audio recording and the transcript. I reacted and clarified any information when I observed any hesitancy or potential confusion based on their tone, cadence, and pauses. This also permitted me to follow up on certain questions or move on to the next. The links to the interview audio recordings are password secured on my ZOOM account.

The interviews were transcribed using ZOOM's transcription function. Observational notes were taken during each interview (Appendix C), where I captured key points that stood out during the discussion of each question. I reviewed each audio recording twice before comparing the audio to the transcripts to immerse myself in the data fully. I then compared the audio to the transcriptions to ensure that what was said was accurate, as the ZOOM transcription function can capture different words than what was said. I compared the audio recordings to the transcriptions multiple times to enhance the accuracy of the transcripts. I also cross-analyzed my observational notes with the reviewed transcripts to ensure that my notes written were not leaning towards a particular

direction based on my own influences. The participants had agreed to review their transcripts, which also augmented the accuracy of the dialogue on the transcriptions.

The interviews were done throughout August 2021 and September 2021. The interviews lasted between 13 and 32 minutes, averaging approximately 19 minutes per interview. The length of the transcriptions varied between 3 and 10 pages. The discussion pace of the participants appeared to be the primary factor in the differing interview times and their own experiences. I created a table to track all pertinent information such as date consent collected, follow-up email, and the date gift card was sent to ensure I did not omit to follow through on any required task. For example, the follow-up email had essential information such as the crisis response number and was time-sensitive should the interview discussion cause any triggers. After the interviews were conducted, the content was transcribed, read over, and listened to multiple times to fully immerse myself in the data and ensure the transcriptions accurately captured what was said. After the 14th participant, data saturation had been established, and no further interviews were required.

Data Analysis

Qualitative data analysis strives to seek out alternative perspectives (Ravitch & Carl, 2016). It is essential to allow room for the discovery of different perspectives rather than looking at the data in a way that confirms personal beliefs (Patton, 2015). The data analysis process began with bracketing to avoid any undue bias or influence on the interpretation of the data (Patton, 2015; Ravitch & Carl, 2016). Observational notes and handwritten notes were taken during the interviews in which I captured content and concepts that stood out. While doing this, I periodically and methodically highlighted or

underlined any common trends or potential discrepancies. This same process took place while listening to the audio recordings while comparing the recording to the transcripts. Multiple readings and audio listening occurred to ensure that I had immersed myself in the data and that the transcripts were accurate. These were the first steps in the open coding process of my data analysis in which certain sections of the text were highlighted in a specific fashion which can also be considered my "first-level coding" (Ravitch & Carl, 2016). I created a codebook that resulted in various keywords that were categorized by a particular data concept (Appendix E). From this codebook, I was able to generate the emergent themes from the interviews.

After listening to the recordings and reading the transcriptions, I would code line by line, adding keywords, codes, and emergent themes. I then used NVivo version 12.0 to assist me in any additional keywords I may have missed. Each analysis of the individual interviews encompassed the same process. I also read all the responses to each question together, which assisted in siphoning out any similarities or differences. For example, all Question 1 responses were looked at together after thorough individual analysis had occurred using the NVivo software, categorizing them systematically to interpret.

In summary, the analysis process followed Saldana's (2013) coding process of starting with the data, finding common codes (potentially subcodes), which then turn into categories, and then formulating the themes (potentially subthemes. Using Saldana's streamlined codes-to-theory model, the data generated multiple codes and various categories that produced a total of seven key categories resulting in two overarching themes to this study (Appendix E).

The 14 participants had a wide range of experience, some teaching over 20 years, others having experience working within the transition classes, and others working in regular classes. Regarding how the teachers prefer to learn, there was some variation; however, most preferred visual, hands-on, and in-person training. Learning opportunities that enticed the teachers in ongoing professional development were based on the relevance and needs of their student population. Barriers to ongoing professional development unanimously were time constraints. Other participants added barriers such as lack of relevance to their student population and content that was not appealing. All participants were open to the notion of suicide prevention training.

A few teachers had experience in formal suicide prevention training such as Mental Health First Aid and SafeTALK. Of these trained, none were recent. Despite little training provided on suicide prevention, most teachers stated they felt comfortable discussing concepts such as suicide. Many participants mentioned they did not know much in relation to suicide, but a few stated they possessed knowledge recognizing basic red flags such as a change in behavior, though they felt like they required more extensive information on warning signs. A prominent trend that emerged almost immediately was that the participants expressed that they did not know how to approach or address a student at risk. The concept of "knowing what to say" became a solid key concept in the finding of this study. The suggestion of a written script and pathway to execute or address a student at risk was given multiple times. Another common trend was a subcategory of knowing what to say regarding the educator's scope regarding talking to students at risk. Many participants expressed legal implications that could arise and did not know what

they could or should do within their roles as an educator in terms of dialogue with a student at risk. Lastly, the COVID-19 pandemic, which I never mentioned in the interviews, came up multiple times as a current stressor on their student population. They mentioned that because of this pandemic, more training is required as there is an apparent increase in the struggles among their students.

Some teachers had experience in working within the guidance department, which gave them more opportunity to access training given they had fewer time constraints versus those teaching who were tied to their assigned course teaching timelines. This was not significant in the findings as these same teachers, who worked in guidance, expressed they lacked knowledge in certain areas of youth suicide and wanted to know more about the common themes found throughout all the participants. No discrepant cases were noted throughout the study process. The study aligned and followed the proposed study plan explicitly.

Evidence of Trustworthiness

A strategic analysis of the data in qualitative data must be conducted to increase the trustworthiness of the results (Ravitch & Carl, 2016). The following paragraphs will elaborate on the trustworthiness of this study.

Credibility

Establishing a professional rapport is an important factor in ensuring a study has the potential to be credible (Ravitch & Carl, 2016). Establishing rapport began immediately as the flyer was viewed. From here, I was either "friended" on Facebook or messaged asking if they could pass along the flyer or inquiring information about the

study for themselves. I maintained a professional and prompt attitude when receiving these inquiries. I believe my promptness and ability to be flexible to their availability aided in the recruitment. It appeared that many teachers wanted to do the interview as soon as possible as their semesters had just begun. The rapport continued as we connected to obtain consent and to schedule the interviews. During the interviews, I maintained a professional and respectful atmosphere to create an inviting, safe space (Ravitch & Carl, 2016). I followed the interview guide to maintain consistency among the interviews. The demographic questions and warm-up inquiry aided in preparing the participants for the interview questions. I was mindful of my nonverbal gestures and ensured I was listening attentively without distracting my participants. I refrained from asking any leading questions and avoided leading them in any direction. I followed up on some questions in a manner that was not forceful or pressured. I only asked for them to elaborate if they wished to, as I am conscientious of the sensitivity of youth suicide. I immediately debriefed after the interview questions were completed. I included a crisis number that was accessible 24/7 in the event that they experienced any triggers after the fact. I recorded the length of each interview and updated my codebook after each interview. My initial participant goal size was between 10 and 20, depending on the data generated. Data saturation was reached after the 14th interview since there was no new information generated.

After each interview, I asked the participants if it was all right that I contact them via email to validate my findings (Patton, 2015). I was transparent in asking whether they would be open to reviewing the transcript in its entirety and the summary of our

discussion. All participants agreed to review the transcript in its entirety. Therefore, all the transcripts were sent to the appropriate participant to review. Of the 14 transcripts sent out, three participants brought forward minor errors, which were corrected. To enrich the credibility of the results beyond member checking, I also included bracketing in which I methodically put aside my preconceived notions of the phenomenon (LoBiondo-Wood et al., 2018). Prior to interviewing any participants, I wrote down my prejudices on the topic. Bracketing allowed me to mindfully observe and learn from the participants without the influence of my own opinions (Patton, 2015). Having more than one set of eyes review the data is a form of triangulation called triangulation analyst (Ravitch & Carl, 2016). I had my committee members review the transcripts, codes, and themes to validate my findings.

Transferability

Transferability refers to the notion that the findings can be relatable to others (Ravitch & Carl, 2016). I attempted to summarize my results in a professional yet relatable fashion. As mentioned earlier, thick description is dependent on how the researcher describes the information of the study and its findings (Ravitch & Carl, 2016). Demographic information included age, pronouns, and predominant grade taught, was presented (Appendix D). Although the participants were high-school teachers of NWO, the findings of this study can relate to other types of professionals who interact with youth at risk of suicide. It also sheds light on the issue of youth suicide from a systematic lens while also supporting the need for professionals such as SMHN in schools to aid in understanding the red flags associated with suicide. The strategies outlined above, such

as data saturation, triangulation, and bracketing, assisted me in ensuring transferability could be achieved (Ravitch & Carl, 2016).

Dependability

Data stability is an essential factor when looking at the dependability of a study (LoBiondo-Wood et al., 2018). I ensured that I compared the transcripts to the audio recordings to ensure that the information was accurate. I also completed observation records, along with my handwritten field notes. These combined methods ensured the data collected was accurate and reviewed from all angles (audio, visual observations such as nonverbals, and my interpretations). All interviews were conducted in the same fashion and followed the interview guide precisely. Bracketing assisted me in reducing the bias that could have affected the coding process. Using reputable and dependable software such as ZOOM and NVivo aided in the overall trustworthiness of the results.

Confirmability

Confirmability refers to the notion that the results from a study could be similar had there been different participants (LoBiondo-Wood et al., 2018). Although one cannot guarantee the results would be the same, one can follow methods to increase the confirmability of a study, such as reflexivity and triangulation (Ravitch & Carl, 2016). I practiced reflexivity and bracketing to ensure that my biases were set aside during the data analysis section. I must also note that I was mindful of my prejudices prior to interview commencement to ensure I would not lead the participants in the direction I assumed or envisioned. I had my committee vet my interpretations and transcripts and utilized the participants to validate the results of their interviews.

Results

The following section will discuss the study's two themes that were derived from the seven key categories from the interviews with the participants.

Theme 1

Educators prefer ongoing professional development based on a mixture of styles that is relevant and current to their student needs. Educators realize time constraints are a factor preventing them from ongoing training. This theme was based on categories 1 through 3.

Theme 2

Teachers are interested in knowing the legalities and their scope when addressing youth at risk of suicide. However, knowing what to say is required. Although training was limited, teachers stated feeling comfortable talking about suicide and understood basic warning signs. This theme was based on Categories 4 through 7.

Category 1: Type of Learning

Educators prefer to have a mix of learning styles while being trained. One participant stated,

I think I'm more a hands-on kinesthetic type of learner I also do better with in-person discussion versus like video monologues or you know training modules that way and I do need to read my information, so I guess so it's a like a few different things.

Category 2: Enticement to Learning

Focusing on the evolving changes and needs driven by the students in a way that makes the teacher effective and the content applicable to the classroom setting. One participant mentioned,

I've just seen so much change in the education system within even the last 10 years and our students are very different than they were even 10-15 years ago when I started teaching and I want to be able to still be relatable and effective when I'm working with them.

Another participant stated,

So, what entices me for professional development is just the need for up and coming. anything up incoming, learning new strategies learning new techniques. keeping up to date, keeping informed and just bettering myself and I guess the platform and how I help kids.

Finally, one participant said,

it would have to be student need driven, so if there's an area or a need that students are presenting with that, I don't feel adequately prepared to deal with that would entice me to do some professional development in that area

Category 3: Barriers to Learning

Time constraints related to pursuing ongoing learning appear to be the most significant barrier for teachers. Irrelevance was also mentioned and supported the enticement section, where relevance is a critical indicator in wanting to pursue ongoing

learning. One participant said, “A barrier for me is more personal just the business of life responsibilities with home children and such.” Another participant stated,

time. is always a huge factor, it’s just you know, wanting to accomplish so much in a given day or a month or a year or semester, whatever it is. I feel like being allotted time to dedicate to professional development is difficult

Similarly, one participant mentioned,

Not having enough time, or if I have to prep or I’m really busy at that time, sometimes you're teaching multiple classes and there’s not really enough time in the day, sometimes to get everything done that you would like

Category 4: Pre-Existing Training

Many educators had minimal to nil informal training on suicide. Those who were formally trained had roles that extended beyond the average high school teacher such as being a part of a committee within the school that promotes wellbeing or those in the role of guidance. One participant stated, “I don’t think I’ve ever really done any formal suicide prevention like I’ve always been I’ve always given, sort of some strategies kind of here and there.” Another participant expressed, “None because they’ve never been offered.” Lastly, one participant said, “Honestly, I don't think we've experienced that much I remember it coming up in a PD Day, a few years ago that we may be spent an hour or so on it I’m pretty sure It was an online course, but there really hasn’t been that much.”

Category 5: Existing Knowledge on Suicide

Many teachers knew basic warning signs associated to suicide in youth. One participant mentioned, “well, I think we could pick up some signs of like students struggling. So, people withdrawing from classes or their peer groups or anyone experiencing some mental health, maybe so just kind of some warning signs.” Similarly, a participant expressed, “Maybe just signs, you know likes signs if you see a drastic change or just like you know if you notice change in the student or things like even drawings pictures on their assignments or things like that.” Additionally, one participant said, “I have the knowledge ... I have knowledge and being able to recognize people in distress. So, reading social cues of like recognizing the withdrawal or the change in character.”

Category 6: Comfort Level Discussing Suicide

Most educators are comfortable with talking about suicide, those that mentioned discomfort stated it was related to not knowing what to say or what their boundaries are. One participant stated, “I think there needs to be clear and concise communication about what my exact responsibilities are as a teacher in discussing suicide with a student.”

Another participant stated, “I don’t really know my boundaries and what can be discussed with a student.” Further, one participant stated,

I’d like to know the proper approach when a student indicates that they you know either self-harm or have thoughts of suicide what is my legal responsibility but also perhaps signs and symptoms, you know signs that I should be aware of.

Category 7: Desired Content on Suicide Prevention

More training is wanted and possibly a document to guide them. Teachers would like to know what to say and what are the implications of asking a student about suicide. One participant expressed, “I think there needs to be clear and concise communication about what my exact responsibilities are as a teacher in discussing suicide with a student.” Another noted, “just being able to know what to say.” Similarly, one participant expressed, “I guess, even just like sentences, sentences that are safe, that aren't going to make someone feel more in danger or more put on the spot.”

Summary

The purpose of this study was to explore the perceived learning needs of high-school teachers of NWO regarding youth suicide prevention. The above paragraphs included the recruitment of participants, the setting of the study, the participant demographics, data collection and analysis, discrepant cases, and the evidence of trustworthiness. There was a total of 14 participants. This chapter unveiled how the participants were recruited, including the informed consent process, and how the data was collected and analyzed. The interview information was organized by ZOOM and NVivo. My precise interview guide, including the demographic questions, was followed for each interview.

The results yielded that high school teachers wished to learn via a mixture of methods on content that is relevant and current based on what the needs of their students are. Time constraints appeared to be the most significant factor contributing to the prevention of ongoing learning. The teachers were interested in ongoing learning

associated with suicide prevention. However, they were interested in knowing what the legalities are behind asking the students about suicide. The idea of knowing what to say, perhaps in the format of a script, would be appreciated amongst the teachers. The teachers expressed being comfortable talking about suicide and had a basic knowledge of warning signs that are attributed to youth at risk. They did, however, feel that more information or training on warning signs, those that are less obvious, would be beneficial.

The following chapter will present the summarized and interpreted key findings, comparison in literature, the limitations, the implications for positive social change, and recommendations.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic, qualitative, explorative inquiry was to explore the perceived learning needs of high school educators in NWO regarding suicide prevention among the youth they teach. The key findings indicated that educators prefer training based on various styles such as kinesthetic, auditory, and visual. Hands-on material, such as acting out situations, group discussions, and case scenarios, were examples of kinesthetic styles of preferred learning. Listening to a trained professional on the content was another example mentioned, covering the auditory learning method. Watching others act out the scenario of asking or intervening would be the visual style of learning. Overall, participants desired training content to be relevant to their students' needs. Nevertheless, the teachers stated that time constraints were the most significant deterrent to ongoing professional development. Teachers started feeling comfortable talking about suicide despite having little training on the concept. They expressed some basic knowledge about warning signs; however, they wished to know more subtle signs. Teachers stated that the boundaries and legalities of asking a student about suicide were unknown. Those teachers who had previous training on the concept of suicide appeared to either have had roles in positions such as guidance. The following chapter will discuss the interpretation of the findings, limitations, recommendations, and implications.

Interpretation of the Findings

The following section will discuss the findings and interpretations that generated the themes and categories of this study concerning the literature. The first theme indicated that educators prefer ongoing professional development based on a mixture of

styles that is relevant and current to their student needs. However, educators realize that time constraints prevent them from ongoing training, a barrier also mentioned in existing literature (Fulks et al., 2019; Whitney et al., 2011). Further, although there are many available programs on suicide prevention (Shannonhouse et al., 2016), those few teachers from this study who received training mentioned they feel they require refreshers or follow-up training and would benefit from programs specific to their learning needs. This is new information that can be used for future research, program development, and guidelines. Though these results coincide with the literature that supports the need for individualized education that is unique to the needs of those obtaining the training (Whitney, 2011), the teachers in this study also stated a need for professional development that is relevant to their student's needs, which extends the current knowledge regarding what type of learning is desired by high school teachers.

The second theme established that teachers are interested in knowing the legalities and their scope when addressing youth at risk of suicide; however, knowing what to say is required. Teachers feel legally obligated to address youth at risk but require more information on what that entails (McConnellogue & Storey, 2017). Additionally, although training was limited, teachers stated feeling comfortable talking about suicide and understood basic warning signs, but they wanted to know more in-depth risk factors (see also Westfeld et al., 2007). The results from this study share new insights that support previous literature indicating that teachers would like to know what their scope entails and what they can legally say to youth at risk of suicide.

Limitations

The current pandemic required the interviews to be virtual (Hacker et al., 2020), which may be seen as a limitation in that the interviewee and interviewer were not in the same room during the interview (DeFranzo, 2021). However, this allowed me to reach more participants efficiently (without driving to remote locations; Archibald et al., 2019). Another limitation was that the recruitment of the participants was voluntary and could not guarantee that all high school teachers in NWO felt the same way. This may depend on many factors, such as their experiences and education on the phenomenon (Mo et al., 2018). There is also no exact way to measure the truthfulness of the participants' responses (Randall & Pheoniz, 2009). I also anticipated more participants to have volunteered based on their interest in youth suicide prevention; however, many with no experience or training volunteered, which may have influenced the results. Another potential limitation is that northern regions have less reliable internet (Owen et al., 2021), and some individuals may not have volunteered because they were worried their internet would not sustain the virtual meeting. Lacking an alternative method of meeting created inaccessibility and may have affected rural communities from joining. Lastly, the use of Facebook meant I was only reaching those who had a Facebook account, but snowball sampling allowed me to gain other participants through previous participants without Facebook.

Recommendations

Due to potential internet concerns, I should have included an alternative meeting platform on the recruitment flyer so that those with less reliable internet would have

volunteered. Other recommendations for future inquiry should include utilizing more social media platforms to reach more participants (Arigo et al., 2018). For example, Twitter has public feeds (unless the user prevents this function), which means even if one does not have Twitter, they can still be given the link or access the link to the recruitment flyer (Arigo et al., 2018). Looking into other types of social media platforms and understanding their target audiences would benefit future studies (Arigo et al., 2018). Another recommendation could be individually acquiring ethics approval within specific school boards to gather school board-specific data should school boards want individual academic institution information. However, this could render some privacy concerns if the school board is small.

Implications

The following section will discuss the implications related to the fundamental concepts of this study in relation to the findings, including the impact of positive social change. The findings generated from this study were scrutinized using the main concepts of the HBM, which will also be discussed.

Youth Suicide

It is apparent that teachers understand that suicide is a genuine concern within their student body population. Some teachers wished to know more about what to look for and what to say regarding youth at risk, which coincides with the existing literature (Schmidt et al., 2015). Some teachers commented on how the school environment has evolved, and that suicide is clearly a concern and recognized to some degree. The existing literature mentions the effectiveness of teachers identifying at-risk youth since

they monitor them daily (Giletta et al., 2015). However, the findings of this study extend the knowledge of this area as it shows teachers need to understand what these identifiable risk factors are as some teachers still express that they do not understand the imminent risks associated with students who may be suicidal. The findings fill in the gap in the literature regarding what the educators perceive their learning needs regarding suicide prevention are. The findings provide new knowledge in terms of how they want to learn (multiple pedagogical style learning), what about suicide in youth do they want to learn (what to say, how to approach, in-depth warning signs, and legalities of intervening with at-risk youth), and what the barriers to learning are (time constraints). One participant stated, “Students are really struggling and teachers, like myself, that are actually engaged in building relationships with students there’s not like, not everyone is like that, but those of us who are don’t know what to do.” Another said, “I personally have ... probably ... I’ve lost count because there’s been so many, I would guess more than 15 and less than 25 kids that I have personally needed to help in terms of they have presented with extreme risk of suicide.”

Pandemic Related Effects

Teachers have recognized and emphasized that the current COVID-19 pandemic has caused an increase in youth at risk of suicide. They also present the notion that online or virtual learning has increased students' stressors, such as isolation (Brown, 2021). This finding confirms what the literature has mentioned over the past two years in relation to student isolation and increased suicidal behaviors (Pearson, 2021). The findings also provide new knowledge regarding the teachers' perceptions on the mental wellbeing of

their student population in reaction to the pandemic and wanting to know more about suicide prevention. One participant stated, “after the pandemic and after you know everything that’s happened with COVID I think there needs to be a little bit more attention to it [suicide prevention].”

SMHN

The study has provided a variety of avenues that can assist the school mental health nurse in addressing and educating teachers on suicide prevention. Part of the role of the SMHN is to provide education to school board personnel (Ontario, 2020). The results yielded what type of learning the teachers wish to engage in, which involves a variety of pedagogical styles. The nurse can look at tailoring the educational desires (more in-depth warning signs, how to address suicide, and what to say) in a manner that best suits them. The school mental health nurse can work within the interdisciplinary team (CHNIG, 2015) to address the need for scope clarification as the teachers feel there is a gap in understanding the legalities or responsibilities of the teachers when addressing youth at risk of suicide.

Suicide Prevention in Schools

Teachers understand the need to address youth at risk of suicide. The United States Department of Education (2001) emphasize that educators are at the forefront of supporting their students. Educators understand this extensive role clearly, as indicated by one participant:

And we’re the front of all this, like you’re not going to see that at first, but I might. Teachers get overlooked in terms of people don’t recognize that we’re the

frontline of seeing these kids five days a week. You know, sixteen weeks out of the year

Other teachers expressed being the middleman between youth at risk and them obtaining help. It is widely evident that students and teachers have a pre-existing bond supported by the literature and the findings of this study (Shannonhouse et al., 2016). The findings of this study also coincide with the fact that teachers are monitoring the students to some degree in which they have the ability to note any changes in character and performance (Giletta et al., 2015). This study confirms with the literature that suicide prevention within the school setting is warranted and wanted by the educators (Mo et al., 2018).

Suicide Prevention Programs

Two formal training programs were mentioned among the participants: SafeTALK and Mental Health First Aid. Those participants who participated in those trainings found them beneficial; however, they felt the need for refreshers. SafeTALK was appreciated because it reminded everyone that it is okay to talk about suicide and ask directly. Mental Health First Aid was appreciated for its diverse pedagogical format. Both programs had positive feedback in providing them with tools to help identify at-risk youth (Shannonhouse et al., 2016). However, new knowledge can be accepted, as a result of this study, in the fact that although these programs are said to be effective, refreshers or follow-up learning is required based on the participant responses. One participant mentioned,

We did SafeTALK a number of years ago, I think that is something that we should have refreshed, whether it's every second year, or whatever, because I think the more you hear the information that it's okay to straight up ask a kid if they have a plan what their intent is.

Another noted,

I had some mental health first aid it was a three-day course, it is probably the most useful I had because it was all sorts of different learning, and it was like a lot of group discussion and participation but the issue from that is I've never had really any refresher on that.

Those formally trained appeared to have or had different roles that allowed them more flexibility in partaking in training, such as guidance, Gay-Straight Alliance leaders, and those apart of the Natural Helpers Committee. There was mention of informal training; however, that it was not mandatory. The majority of the participants had minimal-informal training on mental health while working as high school educators. All participants expressed interest in ongoing training related to youth suicide prevention that entailed a variety of pedagogical styles (auditory, kinesthetic, and visual). In terms of moving forward with ongoing training related to suicide prevention or any ongoing professional development for that matter relies heavily on time and whether the teacher has the available time allotted or coverage to partake in ongoing training. The idea of training outside the typical workday did not present itself appealing to any teacher.

HBM

This study provided insight into the high school teachers' barriers (and desires) regarding youth suicide prevention. The results yielded from this study have provided additional insight into the existing pillars of the HBM logic model (Appendix A). The perceived barriers mentioned in the HBM Logic Model strived to understand the perceived learning needs of high school educators regarding suicide prevention since the SMHN was unaware of this knowledge. The key perceived barriers from the educator's perspective were time constraints, the unknown legal responsibilities of addressing youth at risk, and not knowing what to say when approaching a youth at risk of suicide. The teachers wanted to know more in-depth warning signs associated with youth at risk of suicide. The cue to action pillar can also be added in terms of future training for educators. The results from this study can initiate new training, adopt pre-existing formal training programs, and initiate the discussion on the need for more suicide prevention training within high schools of NWO. Future researchers might examine the last pillar of the HBM - self-efficacy once formalized training pathways are established.

Positive Social Change

The results of this study can affect the individual (student-teacher) and the organization (suicide prevention programs-what the SMHN addresses) as it directly crosses both pillars through the SMHN educating the teacher, who then supports the students. The results of this study have the potential to impact policy changes in that a school board can look at implementing specific education and guidelines around suicide prevention. Youth suicide is far too common and has only increased since the global

pandemic (Killgore et al., 2020). It is apparent that youth present with personality changes that occur during their timeframe of attending high school that could render a red flag associated with potential suicidality (Kodish, 2016). The school boards of NWO have the privilege of housing SMHNs who can aid in the identification, treatment, and support of the youth at risk; however, they are not able to monitor these students to the same degree as the teachers (Ontario, 2020). Teachers are the first line of contact when interacting and intervening with these youth (United States Department of Education, 2007). The results of this study provide the SMHN with the information required to facilitate education to the educators that directly pertain to their gaps in understanding and identifying youth at risk of suicide. Identifying and understanding what risk factors are associated with youth at risk (Shannonhouse et al., 2016) and what learning styles best suit the teachers can prevent deaths caused by suicide among the youth population.

Conclusion

Youth suicide is a global concern that warrants attention from all disciplines involved with this population. It is evident that teenagers spend most of their time within the walls of academic institutions surrounded by their educators. The findings of this study resulted in teachers wanting to know more about the in-depth warning signs associated with youth suicide. However, they wanted the training in a manner that encompassed various pedagogical styles. The high school educators voiced time constraints, not knowing what to say, and not understanding their legal responsibilities when discussing suicide to be barriers to ongoing learning associated with suicide prevention. In conclusion, the high school teachers of NWO realize that youth suicide is a

concern that must be addressed. These findings can assist the SMHN in supporting and educating the teachers effectively, reducing deaths and adverse effects associated with youth suicide.

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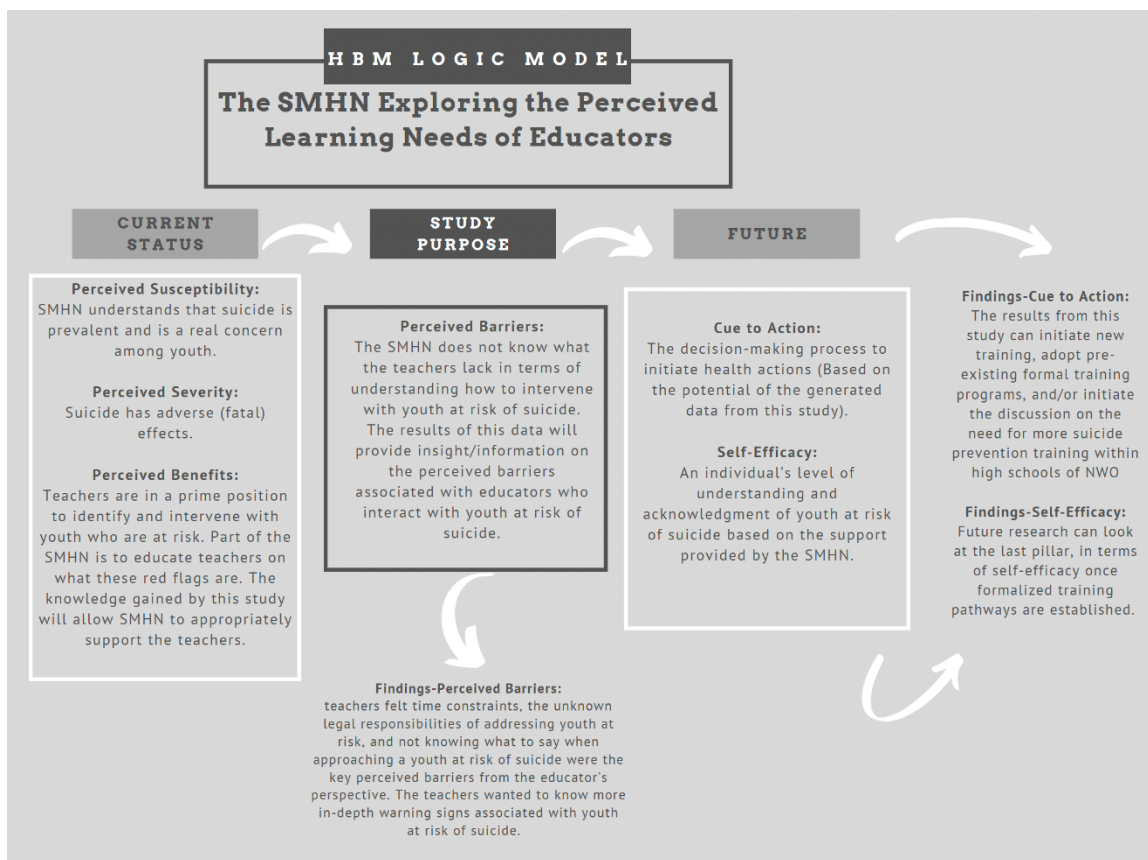
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Appendix A: HBM Logic Model



Appendix B: Interview Guide

Date of Interview:	
Start Time:	
Completion Time:	
Participant ID Code:	
Recording Instrument:	

Hello (Participant) and thank you for volunteering to be a part of this study on the perceived learning needs of high-school teachers regarding suicide prevention. The information gathered from this interview and others alike will assist the school mental health nurse in supporting teachers like yourself, regarding suicide prevention. As mentioned in the informed consent process, this interview will be recorded (audio only) as it will allow me to review our discussion as there could be dialogue, I miss since my hopes are to be fully engaged in this live discussion. Some minor notes may be recorded, however, to fully analyze the data, I require the ability to review the audio transcript. The recording and transcript will be stored in a confidential hard drive. After I have reviewed the audio, it will be permanently deleted. The transcript document will be kept for 5 years as per my university's regulation, and then permanently deleted.

The interview questions have been tailored to explore your learning needs, perceptions, and opinions youth suicide prevention. I am seeking your personal perceptions and opinions. Please do not hesitate to ask me to clarify anything.

As previously mentioned, everything talked about today (including your identity) will remain confidential. Please remember, you have the right to withdraw from this study at any point in time.

Alright, (participant name), are you ready to start?

Research Question: What are the Perceived Learning Needs of High-School Teachers Regarding Suicide Prevention?

Questions:

- 1) Let's begin with what you can tell me about your teaching history.
- 2) Tell me about what type of learning best suits you in terms of professional development?
 - a. Please explain what entices you to participate in ongoing professional development.

- b. Please explain what prevents you from participating in ongoing professional development.
- 3) What types of professional development in relation to suicide prevention have you participated in or wish to participate in?
- 4) Describe your current comfort level discussing concepts such as suicide.
- 5) In terms of youth suicide, what areas do you feel you already possess knowledge in and what knowledge would like to know more about?
- 6) What topics or content related to suicide would make you more comfortable and confident engaging with youth at risk?
- 7) In reflection of this interview, is there anything else you would like to discuss?

Concluding the interview:

(Participant name), thank you again for volunteering to partake in this study! The information you shared will provide insight into the needs of high-school educators regarding youth suicide prevention. As previously mentioned, please do not hesitate to contact me should you have any questions. I have attached the crisis response number should this discussion have caused any triggers. Would you be alright if I send you a summary/transcript of our discussion so that you can review and validate what has been discussed?

Appendix C: Observation Record Sheet

Date of Interview: _____

Participant ID: _____

Question 1 (Opening Question):

Question 2:

A:

B:

Question 3:

Question 4:

Question 5:

Question 6:

Question 7 (Closing Question):

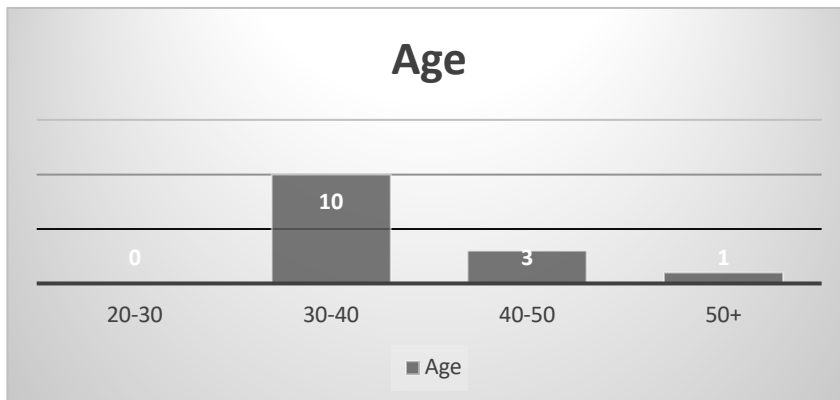
Researcher thoughts and impression of the participants:

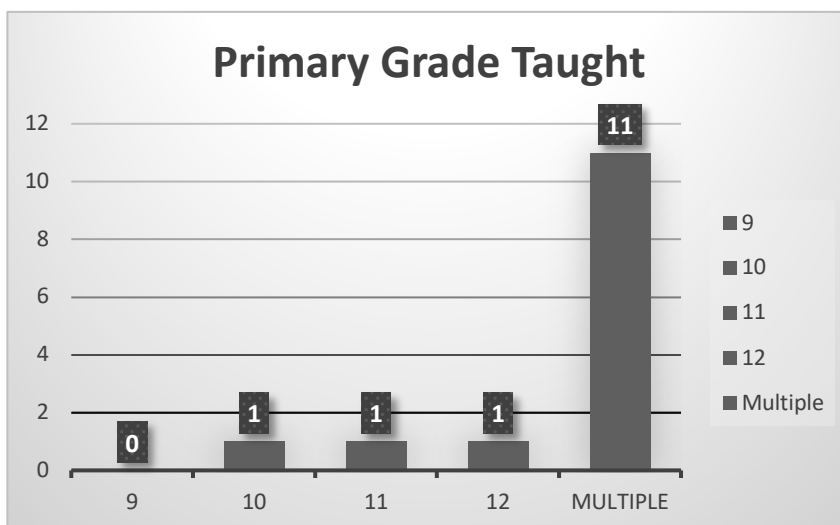
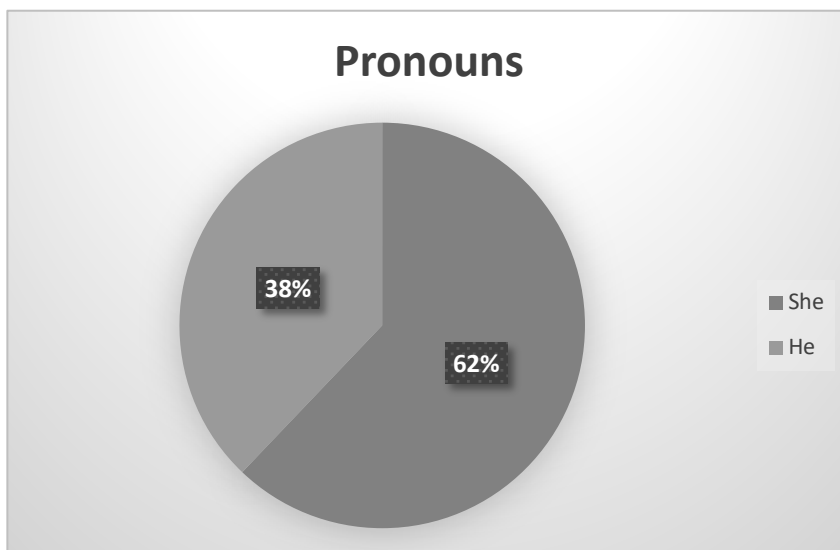
Appendix D: Demographic Survey and Demographics

- 1) Age:
 - a. 20-30
 - b. 30-40
 - c. 40-50
 - d. 50+

- 2) Preferred Pronoun:
 - a. She
 - b. He
 - c. They
 - d. Ze
 - e. Xe
 - f. Not specified

- 3) Garde predominantly taught:
 - a. 9
 - b. 10
 - c. 11
 - d. 12
 - e. Multiple





Appendix E: Codes-to-Theory Model for Qualitative Analysis

Table E1*Theme 1 Table*

Data	Codes	Categories	Themes
Type of learning	Kinesthetic & Auditory; Some Visual	Educators prefer to have a mix of learning styles while being trained	Educators prefer ongoing professional development that is based on a mixture of styles, that is relevant and current to their student needs. Educators realize time constraints are a factor preventing them from ongoing training.
Hands-on learner, I want to be able to try it out, Kinesthetic	Kinesthetic		
Learned best in a group, share experiences	Auditory		
Visual	Visual		
Group setting, being able to try it out	Auditory & Kinesthetic		
Discussions and group settings	Auditory		
Collaboration	Auditory		
Listening to a professional on the topic	Auditory		
Hands on and visual	Kinesthetic & Visual		
Somebody speaking and giving real life experiences	Auditory		
I like to be with people and have a discussion	Auditory & Kinesthetic		
Hands-on, face-to-face learning	Kinesthetic & Auditory		
In-person, group learner	Auditory		
Small groups with a presenter and having discussions	Auditory		
Enticement to learning	Applicable and effective while staying relevant and current	Focusing on the evolving changes and needs driven by the students in a way that makes the teacher effective and the content applicable to the classroom setting	
Relatable and effective	Relevant and current		
Student Needs	Relevant		
Changes and I want to be effective	Current and Effective		
Learning about the incoming, new strategies, keeping informed	Current		

(table continues)

Data	Codes	Categories	Themes
Doing better and evolving, especially student needs and it's important to stay relevant and current	Relevant and current		
the need for up and coming	Current		
Something that is beneficial to the classroom	Relevant and beneficial		
Learning new things	Current		
Based on the gaps within my classroom	Relevance and current		
How I can better reach them	Effective		
Something that talks about the students and is current	Relevant and current		
Student driven	Relevant		
Something that is meaningful and helpful to the students	Relevant		
My teaching style is rooted in I teach people not like not math	Relevant		
Something that can be applied to the classroom	Applicable and effective		
A classroom that is best helping my students to learn, anything that makes the best environment for learning	Applicable and effective		
Barriers to Learning	Time constraints; Subtheme- Irrelevance	Time constraints related to pursuing ongoing learning appears to be the biggest barrier for teachers. Irrelevance is also mentioned and supports the enticement section where relevance is a key indicator in wanting to pursue ongoing learning.	
If it's boring, super long	Time constraints and lack of interest		
Time restrains	Time constraints		
When there is no flexibility, and timing of the day, not having the ability to do it during the school day with no coverage			
Not geared towards the secondary level	Irrelevance		
Not having enough time	Time constraints		
Timing, if it is a whole day training, dry material	Time constraints		
I would say time	Time constraints		
Lack of time during the day and no time after school	Time constraints		
Timing, hard to find time to do training after hours	Time constraints		
Time-constraints, after school I have my own life	Time constraints		
There are not enough hours in a day	Time constraints		
The business of life	Time constraints		
For sure time, wanting to accomplish so much in a given day, being allotted time to actually dedicate to PD is difficult	Time constraints		
Wasting time with stuff that is not needed, training should be to the point and relevant to secondary school	Time constraints and irrelevance		

Table E2*Theme 2 Table*

Data	Codes	Categories	Themes
Pre-existing training	Informal training, minimal, not recent. Some formal training with exception.	Many educators had minimal to nil informal training on suicide. Those who were formally trained had roles that extended beyond the average high school teacher such as being a part of a committee within the school that promotes wellbeing or those in the role of guidance.	Teachers are interested in knowing the legalities and their scope when addressing youth at risk of suicide, however, knowing what to say is required. Although training was limited, teachers expressed feeling comfortable talking about suicide and understand basic warning signs.
Mental Health First aid (was in the role of guidance and had the time to take the 3-day course)	Formal training as a guidance educator		
A discussion of it during a staff meeting	Informal-minimal		
I really can't remember any specific professional development on suicide prevention	Nil		
1 or 2 informal discussions within the 15 years I have taught	Informal-minimal-not recent		
a few years ago that we may be spent an hour or so on it i'm pretty sure It was an online course, but there really hasn't been that much none, none offered	Informal-minimal		
Mental Health First Aid and SafeTALK many years ago, (had training as I worked with students expelled and those in custody)	Formal- <u>had more explicit role with at risk students</u>		
None	Nil		
I don't think I've ever really done any formal Suicide Prevention like I've always been I've always given. sort of some strategies kind of here and there	Informal-almost Nil		
just a generic seminar that we all get as educators	Informal-minimal-not recent		
I had some training when I worked with the GSA's but nothing since then	Formal-worked with the Gay Straight Alliance Club-not recent		
Informal carousals	Informal-minimal		
8 years ago during the new teacher induction program, other than that nothing has been offered to us	Informal-minimal-not recent		

(table continues)

Data	Codes	Categories	Themes
SafeTALK about 5 years ago when I was part of the natural helpers committee	Formal-not recent-worked within a natural helpers committee		
Existing knowledge on suicide	Basic warning signs.	The majority of teachers knew basic warning signs associated to suicide in youth.	
I possess knowledge and in being able to perhaps recognize some signs	Basic warning signs.		
are potentially some maybe some warning signs.	Basic warning signs.		
Maybe just some signs, like a drastic change in the student.	Basic warning signs.		
I have the knowledge like common sense knowledge	Basic warning signs.		
Knowing you can say suicide in front of a person who's suicidal	Knowing you can ask about suicide.		
I have knowledge and being able to recognize people in distress	Basic warning signs.		
None	None		
I feel I have Knowledge from the standpoint of you know I understand that if a kid if a kid expresses that they have you know that they want to kill themselves, for example then you know I know that A key question is, you know, do you have a plan.	Knowing you can ask about suicide.		
I don't really think I know anything about it	None		
Knowledge about suicide, well, I think we could pick up some signs of like students struggling.	Basic warning signs.		
Comfort level discussing suicide	Comfortable, unsure what to say/what boundaries are-resulting in discomfort or lack of confidence.	The majority of educators are comfortable with talking about suicide, those that mentioned discomfort stated it was related to not knowing what to say or what their boundaries are.	
Fairly comfortable	Comfortable		
Open to it, not confident but open to it, 'm not confident in executing support for that student	Comfortable but not confident based on not knowing what to say		
fairly comfortable	Comfortable		
I'm fairly comfortable I try and be cognizant of what I say on the topic when I'm talking especially to students	Comfortable		
Moderately comfortable	Comfortable		

(table continues)

Data	Codes	Categories	Themes
I don't have any issues with it, and I've certainly brought up the topic with students	Comfortable		
Very comfortable, I work with a lot of high-risk students	Comfortable		
I'm fairly comfortable	Comfortable		
I am pretty open to it	Comfortable		
Comfortable	Comfortable		
I'm comfortable myself, however, I do not know my boundaries, that's what is uncomfortable	Comfortable but not unsure of boundaries		
An 8 out of 10	Comfortable		
Fairly comfortable	Comfortable		
It's hard with students because I do not want to upset them based on what I say, 2 or 3 out of 10	Not confident based on not knowing what to say		
I wouldn't say that I'm comfortable just because I don't know what to say.	Not confident based on not knowing what to say		
What knowledge or content is wanted on the topic of suicide	What to say (how to address), training (in-depth signs and symptoms), Legalities (processes and scope), and a document (pathway, guide, script, info sheet).	More training is wanted and possibly a document to guide them. Teachers would like to know what to say and what are the implications of asking a student about suicide.	
SafeTALK or refreshers every 2 years or so that we know we can straight up as a student about suicide	Training		
I'm not confident in executing support for that student	How to address a student at risk		
I would like to know how to address it if students are feeling in a specific way, but even knowing how to talk to students	How to address a student at risk and what to say		
just ways to discuss I'm afraid so for me I would like to just even be able to talk to students who aren't necessarily suicidal but just how to talk to students without the fear of saying something that's triggering or saying something that you know I know this isn't rational but like the fear of planting that seed			
I think there definitely needs to be more education I think they need to ask teachers a little bit more what they need	Training		

(table continues)

Data	Codes	Categories	Themes
So, kind of like a mental health suicide like. info sheet. That I can just. Reference because I don't even know about, I can find it. yeah, figure it out, but it would take some time and sometimes there's not time.	A document (guide)		
What can I disclose how far like just disclosure aspects of all of it? Like who can I talk to like who who can I refer to like just confidentiality with Talking about suicide Who can I talk to. What are the legalities.	Legalities and scope clarification		
I wonder about protocols like I don't know that kind of stuff. like where you stand and kind of. What i'm allowed to say, not to say what I can yeah.	Processes and what to say		
i've been told not to talk about it, so I don't really know What I should be inquiring about it, or what you know. So even that like knowing what to say.	What to say		
I would just have to say seeing and knowing signs and symptoms and then kind of next steps you know what, what, what to do you know, giving just, just having different options or pathways	Training on signs and symptoms, how to address a student and what to say		
just learning more about the process, knowing exactly what we should do just more information, I think, would be. Important	Processes and how to address a student, more information on the topic		
I think there needs to be clear and concise communication about what my exact responsibilities are as a teacher like. The exact path of where to go next.	Scope and legalities of the teacher, next steps		
more in-depth training and the process	Training		
More signs and symptoms, the not so obvious ones, but then knowing more means then you are accountable- then what is my role in that	Training on more in-depth signs and symptoms, legalities		
I don't really know my boundaries and what can be discussed with a student.	Legalities		
And certainly, what is the approach the best approach when speaking to the students to make them feel like they can open up that they can be honest, that I would be someone that they could trust.	What to say and how to address		
Having a script on what to say	What to say and a document		
Knowing what to say	What to say		