# Finding the Missing Pieces: A Phenomenological Study of Elementary Teachers' Experiences with Student Suicidality

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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**Abstract**

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality in North Georgia. The first theory guiding this study was the Interpersonal theory of suicide, developed by Thomas Joiner to explain how risk factors of suicide interact to better understand who is most likely to make suicide attempts. Specifically, it proposes that when a sense of social alienation and perceived burdensomeness occur simultaneously, an individual begins to desire death. The second theory guiding this research was the three-step theory of suicide developed by E. David Klonsky and Alexis May. This theory posits that suicide is dependent upon four constructs: pain, hopelessness, connectedness, and suicide capacity. The aims of this research are to determine how the shared experiences of student suicidality among elementary school teachers compare with current research on suicidality in young children, add valuable insight into suicidal behavior in young children, and uncover additional factors that can inform prevention programs, influence interventions for elementary school students and staff, and potentially decrease suicidal behaviors. Nine elementary school teachers who have had a student(s) display suicidal ideation, make suicide attempts, or complete suicide served as participants in this study. Data collection methods included interviews and reflective journals. Interviews were conducted virtually via Microsoft Teams. The raw data was coded, labeled, and classified into themes. The themes were analyzed and compared to existing literature.

*Keywords*: Suicidality, Elementary students, Elementary teachers, Suicide prevention

## Dedication

First and foremost, I thank my heavenly father for guiding me through this doctoral journey. I have felt his presence throughout, and I know that it is because of his strength, wisdom, and grace that I have successfully completed this process. I thank my husband for supporting this dream, for providing love and encouragement, and having steadfast patience with the long hours necessary to complete this challenging, but rewarding program. To my children, I appreciate your unwavering support and belief in me. Thank you, E. D., for checking in on me constantly while I worked, for giving me loads of hugs, cheering for every accomplishment, and motivating me to do my best. To my mother, thanks for instilling in me a strong work ethic and for always believing I could accomplish anything. To my late father, although you are not here in person to see me complete my doctorate, I know you're with me in spirit, watching with sheer joy and excitement, and are so proud of your "Old Top". Thank you for instilling strength, tenacity, and high expectations in me that helped foster the perseverance to complete challenging tasks. Finally, to my Liberty "statistics sisters," I'm so fortunate to have met such a Godly group of women. It's hard to believe that we've become so close and such an incredible support system for each other during this journey and have only met virtually. I'm so thankful for each member of my "tribe" who has played a part in this amazing opportunity to grow and develop as a scholar.

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To my chair, Dr. Green. I knew from the moment you became my professor in EDCO 770, that you would be the perfect dissertation chair for me. Your kindness, encouragement, advice, and Godly wisdom have guided me successfully through the dissertation process, and I truly appreciate you more than you know.

Dr. Brooks, thank you for serving as my reader. Your valuable input has helped strengthen my study significantly, and your encouragement and belief in my study increased my confidence as a researcher.

May God continue to bless you both!

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## List of Abbreviations

Adverse Childhood Experiences (ACES)

Attention Deficit Hyperactivity Disorder (ADHD)

Interpersonal Theory of Suicide (IPTS)

Posttraumatic Stress Disorder (PTSD)

Three Step Theory of Suicide (3ST)

# Chapter One: Introduction

## Overview

Death by suicide is increasing in children ages 5-11 years at a concerning rate, yet the research surrounding the circumstances of these deaths is limited. (Anderson, 2016; DeVille et al., 2020; Sheftall et al., 2016; Ruch et al., 2021; Weir, 2016). The death of a child is a heartbreaking tragedy that can have a powerful, lasting impact on family members, friends, and members of the community (Stone & Crosby, 2014; Wailing, 2021). These deaths are largely preventable, but because of the complex nature of suicide along with the limited data, especially in children, further study is critical to understand the interplay of factors that lead to suicidal behavior in young children in order to develop effective prevention, intervention, and treatment methods (Marraccini et al., 2021; Ruch et al., 2021). The aim of the current study was to contribute additional knowledge to current youth suicide research and promote a better understanding of this increasing public health concern.

Schools, specifically elementary classroom teachers, are potential key sources of information that could unlock some of the mysteries of child suicide. School is a universal touchpoint for children, from preschool through college. Children spend the majority of their day in school, a setting that significantly influences children's academic, emotional, social, and developmental growth. Teachers play a significant role in this growth, and perspectives of their experiences with student suicidality may contribute valuable insights to the limited research on this phenomenon (Dimitropoulos, 2021; Graham et al., 2011; Sisask et al., 2014).

This chapter is an introduction to this transcendental phenomenological study. The purpose of this qualitative phenomenological study was to explore elementary teachers' experiences with suicidality in their students. In this chapter, an overview of the topic, the

background, historical, social, and theoretical contexts of the research, and the paradigm and philosophical assumptions of the study are addressed. The problem, purpose, and significance of the research are also be presented along with definitions of keywords, phrases, and explanations of guiding research questions.

## Background

Suicide in children and adolescents is a growing public health emergency. Of particular concern is the number of deaths by suicide that have occurred among preadolescent children, 5-11-years of age (Marraccini et al., 2021; Ruch et al., 2021). With the limited data available regarding suicide in elementary-aged children, further investigation is needed regarding risk factors, precipitating factors, and other characteristics specific to young children to fully understand how to identify those who are at risk and provide the interventions they need to prevent suicidal behavior. Investigating the experiences of the classroom teacher could yield critical insight for research regarding suicide in elementary-aged students, given the time they spend with these children and the vantage point from which they observe a child's academic, emotional, social, and behavioral growth.

### Historical Context

The earliest suicide was recorded over 3000 years ago during the time of Egyptian Pharoah Ramses II (Lu et al., 2020; Tondo, 2014). Over the centuries, some suicides were considered heroic, especially in ancient times when deaths were frequently encountered, but most were viewed as offenses toward God and the decedents' families (Tondo, 2014). During the fourth century, most who died by suicide were even denied burial and pre-burial preparation unless the death was considered justifiable, such as in the case of serious illness, heroism, or love rejection (Tondo, 2014).

Ancient Greek philosophers, however, developed an interest in the primacy of reason over feelings. They saw suicide as an aberration from the normal human desire to survive and believed that people have rational control over their emotional sides. In the philosophy of the ancient Greeks, there were those who supported suicide and those who opposed it (Tondo. 2014). Those who supported it recognized that people had the right to take their own lives to avoid suffering on a personal level. Those who denied it did so because they were worried about the impact it could have on society (Laios et al., 2014). During this time, doctors generalized their study of suicide, rather than investigating specific instances. In general, doctors disapproved of suicide and saw it as irrational conduct indicative of the onset of mania and melancholy, two mental illnesses. They believed that the imbalance of humors in the human body's organ of logic would produce malfunction, which would then result in absurdity and, ultimately, suicide, either because of an overabundance of black bile in melancholy or yellow bile in mania (Laios et al., 2014).

Researchers in the 19th century began viewing suicide as a result of an altered mental state (Tondo, 2014). Suicide causes were attributed to emotional delusions for women and to financial difficulties for men. However, it was believed that those who were completing suicide due to shame or to avoid punishment was proof of sanity. A more intense study of suicide began in the 1800s by a Belgian mathematician, Adolphe Quetelet, Italian professor of psychiatry, Enrico Morseli, and French sociologist, Emile Durkheim, who looked for alternative causes outside of the individual. Their work initiated modern psychological, epidemiological, sociological, and medical investigations to explain, understand, and prevent death by suicide.

According to Tondo (2014), similar dichotomous tension exists now between medical perspectives that see suicide as the result of psychiatric illness, namely mood disorders, and

societal causes of suicide that are purportedly linked to environmental variables, across all age groups. The benefit of a psychological-medical approach is that it can result in viable measures meant to stop suicidal behaviors.

**Social Context**

Suicide is a global phenomenon that contributes to 2% of all human mortality (Lu et al., 2020; World Health Organization, 2021), and is now the eighth leading cause of death in the 5-11 year age group, the fifth leading cause of death among 5–12-years of age, and the second leading cause of death in the 10-14 year age group (Huber, 2020; National Center for Injury Prevention and Control, 2022; Ruch et al., 2021; Sheftall et al., 2021). The dramatic increase in cases of suicide across all age groups, but particularly among young children has contributed to suicide being considered a public health crisis.

Suicide impacts not only individuals, but also families, communities, and even entire countries (World Health Organization, 2021). Suicide takes an emotional toll on society, as suicide attempts and suicide deaths cost the United States nearly $70 billion annually in lost productivity and medical costs (Office of the Associate Director for Policy and Strategy, 2022.). Years of life lost, years of productive life lost, and the current economic value of lost production are used to calculate the impact of suicide (Doran & Kinchin, 2020). The economic impacts of suicide in poor, middle, and high-income countries can be crucial in health policy decisions (McDaid, 2016). Such data can help public health care decision-makers comprehend the severity of the negative effects of suicide and the possible gains from funding efficient methods for preventing suicidal behavior (Doran & Kinchin, 2020).

The way that people respond to, and view suicide is influenced by culture and society. Likewise, how individuals conceptualize and experience mental health and mental illness,

whether they seek care, how patients and providers interact, and their response to treatment also depend largely on cultural and societal factors (Goldsmith, 2002). The groups that an individual is connected to can either be helpful or detrimental to a person's mental health, depending on whether they are stifling or liberating. If they are oppressive and stifling, they can increase the risk of suicide, such as when a social group requires complete allegiance and dedication, people lose the ability to choose solutions/options to problems. If interactions with the cultural group are positive and supportive, they can act as a safety net and dramatically decrease the likelihood of suicide.

**Theoretical Context**

Suicide is a complex phenomenon, Researchers and clinicians have struggled to understand the interaction between neurobiological, social, and environmental factors as well as develop effective inventions and treatments (DeBeradis et al., 2018). There is no singular explanation as to why an individual develops suicidal behaviors (Barzilay, & Apter, 2014; Ma et al., 2016). Gaining a better understanding of the risk factors of suicidal behavior in young children is crucial in identifying influences that increase susceptibility in the future (Bilsen, 2018). Advancing suicide theory is one approach to gaining much-needed understanding of this phenomenon as well as preventing suicide.

The first theory guiding this study is the Interpersonal theory of suicide (IPTS), developed by Thomas Joiner. It proposes how risk factors of suicide interact to determine who is most likely to make suicide attempts. Specifically, it suggests that when a sense of social alienation and perceived burdensomeness occur simultaneously, an individual begins to desire death. However, in order for the individual to complete suicide, IPTS posits that the individual must have the capability for suicide (joiner). It is believed that repeated exposure to situations

that cause fear or pain, such as abuse or prior suicide attempts, helps people develop the ability to attempt/complete suicide. The exposure causes habituation, which leads to an increase in pain tolerance and a lack of fear in the face of death. Given that acquired capability develops over time with repeated exposure to significant experiences, it is thought that more distressing and upsetting experiences will result in a higher propensity for suicide (Joiner, et al., 2009).

The second theory guiding this research is the Three step theory(3ST) of suicide developed by E. David Klonsky and Alexis May. This theory posits that suicide is dependent upon four constructs: pain, hopelessness, connectedness, and suicide capacity (Klonsky et al., 2021). According to 3ST, when an individual's life is characterized by pain (usually emotional or psychological, but not necessarily), this can be the first step to suicidal ideation. Then, if the pain is coupled with hopelessness or the feeling that there will be no relief from the pain, this combination can lead to suicidal ideation. Next, the level of suicidal ideation is based on the individual's connectedness, either to a purpose, a job, an identity, or to other people. If a strong connection is present, that is stronger than the pain, it can dissuade an individual from actively pursuing suicide (Klonsky et al., 2021). Finally, suicide capacity in 3ST is the same concept as described in Joiner's Interpersonal theory of suicide.

## Situation to Self

As a school counselor, I have worked with numerous children who have expressed suicidal ideations and made suicide attempts, even in children as young as five years old. Although the instances of suicide attempts and completion are fewer than in adolescents, I have noticed an uptick in suicidal ideation and formulation of suicide plans among elementary students and have had several students hospitalized in mental health facilities. As a researcher and school counselor, I have a strong desire to help prevent youth suicide. My hope for this

study is that the information teachers have gleaned through working with students who have had suicidal behaviors will reveal helpful insight regarding the factors that lead to this phenomenon. Speaking directly with the teachers about their lived experiences with suicidality in their students could be a valuable source of information that has yet to be explored.

Philosophical assumptions and paradigms are essential elements in research design, as they represent the researcher's presumptions, beliefs, and models of conducting a study, as well as the values that inspire the work (Pilarska, 2021). In the current study, the ontological approach will be shown by presenting the differing perspectives and experiences of elementary teachers. Next, the epistemological approach will be displayed by taking direct quotes from the participants as subjective evidence that represents unique lived experiences and perspectives and by forming a relationship with the participants (Creswell & Poth, 2018). Finally, the axiological assumption will be evident in the research results by sharing this researcher's interpretations and values within the data analysis, although bracketed so the participants' experiences will be accurately represented in the data.

The paradigm guiding this research is social constructivism. It posits that subjective and varied experiences influence individuals' understanding of the world (Creswell& Poth, 2018). These views/meanings are formed through social interactions, human activity, cultural background, and personal history (Brau, 2018). In this study, participants' ideas, experiences and meanings will affect their perceptions and viewpoints regarding their experiences with student suicidality.

## Problem Statement

Cases of suicide in children ages 5-11 have been on the rise for the last decade, but there is limited research on suicidal behavior in this age group. Given the amount of time that children

spend at school, elementary teachers who have experience with student suicidality are uniquely positioned to offer their perceptions of this phenomenon that may strengthen the literature; yet to my knowledge, there is no existing research in this area.

Despite the alarming increase in cases, there is a dearth of research that has investigated suicide in young children, including but not limited to risk and protective factors, precipitating factors, and individual characteristics of children who engage in suicidal behavior (Ruch et al., 2021; Sheftall, 2016; Hong et al., 2017). Without a more thorough understanding of this phenomenon, it will be difficult to get to the root of this growing public health emergency and create developmentally appropriate treatments, interventions, and prevention strategies.

Additionally, the data used in previous studies have been gathered from the National Violent Death Reporting System, consisting of narratives provided by coroners, law enforcement, crime laboratories, death certificates, and medical examiners, as well as student suicide report forms and data recorded in the Web-based Injury Statistics Query and Reporting System (WISQARS). Although these sources provide important information needed to piece together the complex puzzle of suicide, they do not provide perspectives of persons who have a personal relationship with these children.

Almost all children are enrolled in school, as there is compulsory school attendance in the United States. Most students attend school for at least six hours per day. Therefore, schools are a prime location to investigate suicidality in children and to implement suicide prevention programs. More specifically, teachers care for these young students while they are attending school and often form close relationships with them. Because of this, teachers' experiences with their students who have displayed suicidal behaviors could help demystify the complexities of this growing phenomenon.

Numerous qualitative and quantitative studies have been conducted on increasing mental health awareness in schools (Adelman & Taylor, 2006, 2010; Bailey, 2010; Cheney, 2014, Climie, 2016; Reinke et al., 2011) and several studies have been conducted that explored teachers' views on supporting children's mental health in schools (Edwards, 2020; Graham et al., 2011; Kerebih et al., 2018). Additionally, qualitative studies have been conducted on teacher perspectives of school-based suicide prevention (Hatton et al., 2017; Martin, 2020; Nadeem et al., 2011; Ross & DeLeo, 2017). However, researchers have overlooked conducting qualitative studies whereby teachers are directly interviewed regarding their personal experiences with elementary students who have exhibited suicidal behaviors.

## Purpose Statement

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality. This study will determine if the teachers' interactions with and observations of these students can provide helpful insights into student suicide in children ages 5-11, years.

Current researchers have overlooked interviewing elementary school teachers regarding their personal experiences with students who have exhibited suicidal behaviors. Considering the number of hours per day that teachers spend with students, coupled with increasing numbers of students ages 5-11 with suicidal behavior, exploring teachers' experiences with these may not only add valuable insight into suicidal behavior in elementary students, but could also lead to the discovery of additional factors that can contribute to suicide reinform prevention programs and influence interventions for elementary school students and staff.

The "ideation to action" theoretical framework of the Interpersonal theory of suicide which posits that social alienation, perception of burdensomeness, and individual capacity to

complete suicide, along with the three-step theory of suicide, which posits that a combination of pain, hopelessness, connectedness, and individual suicide capacity predict suicidal behavior will be used as lenses to view the data collected during the current study as well as the interpretation of results. During the interviews, focus groups, and reflective journals, data will be collected regarding factors associated with the theoretical framework, such as peer relationships, family dysfunction, school involvement, history of trauma, mental health disorders, and protective factors.

**Significance of the Study**

The number of suicide deaths in the 5-11 age group is increasing, as is the need to be able to identify children who are at risk (Carballo et al., 2019). Investigating the experiences of the classroom teacher is critical to further the conversation regarding suicide given the time they spend with these children and the influence they have on academic, social, emotional, and behavioral development. Also, the relationships teachers form with their students can be protective for a student's mental health, considering the factors of hope and connectedness in preventing suicide (Klonsky & May, 2016). However, with the limited data available regarding suicide in elementary-aged children, further investigation is needed regarding risk factors, precipitating factors, and other characteristics specific to young children to fully understand how to identify those who are at risk and provide the interventions they need to prevent suicidal behavior (Marraccini et al., 2021; Ruch et al., 2021). Exploring teachers' lived experiences with students in their classrooms who have had suicidal behaviors could lead to new information regarding the factors above that could contribute new insight to the existing literature.

Most of the research on suicidality in young children has been based upon examination of data from the National Violent Death Reporting System, consisting of narratives provided by

coroners, law enforcement, crime laboratories, death certificates, and medical examiners, as well as student suicide report forms and data recorded in the Web-based Injury Statistics Query and Reporting System (WISQARS). Qualitative studies have also been conducted on teacher perspectives of school-based suicide prevention, but have either utilized surveys, analyzed surveillance data, employed quantitative methods, or focused only on middle and high school teachers (Hatton et al., 2017; Martin, 2020; Nadeem et al., 2011; Ross & DeLeo, 2017). Although these studies provide important information needed to piece together the complex puzzle of suicide, it does not provide information from the lived experiences of teachers who have such a meaningful impact on a child's overall development. To this researcher's knowledge, there have been no studies conducted that have directly interviewed elementary school teachers regarding their experiences with students who have displayed suicidal ideation, attempts, or completion.

This study can potentially add to the literature by reporting the lived experiences of elementary teachers with student suicidality. Given the amount of time teachers spend with their students daily, the information gleaned from the teachers' insights and unique perspectives of their students could give rise to additional information regarding suicide risk factors, and precipitating factors, as well as lead to prevention programs in elementary schools, and effective interventions. This insight could also provide valuable information into the presentation of suicidal behaviors in elementary students versus those in middle or high school. Further, this data could be used to develop professional development and training for teachers to help identify factors that place students at higher risk for suicide, as well as warning signs which could lead to earlier intervention and treatment.

## Research Questions

Research questions are essential to a study. They identify the purpose of the research, the research aims, and guide the research methodology (Creswell & Poth, 2018; Ohio State University Libraries, 2016). They are also open-ended and can evolve during the research process (Creswell & Poth, 2018).

### Central Research Question

The central research question is: What are the experiences of elementary teachers with student suicidality? Teachers are frequently regarded as gatekeepers to mental health assistance for suicidal students (Freedenthal & Breslin, 2009). Teachers have unique insight into the behaviors, thoughts, abilities, and emotions of children and are in a prime position to identify, support, and refer students at risk of suicide, given that they spend more time with them each day than most (Marsh, 2016; Powers et al., 2014). Since school-related factors, such as peer and teacher relationships, academic performance/learning, symptoms of mental health diagnoses, etc. tend to be prevalent within the school setting, gaining insight into potential risk factors and precipitating events within that environment from a child's classroom teacher could contribute to the literature.

### Guiding Question One

The first guiding question is: How has having a student with suicidal behaviors impacted the teacher's view of their role in identifying students at risk of suicide? Buchanan and Harris (2014) noted that following student suicide attempts, teachers in secondary schools experienced shock, anxiety, uncertainty, and fear of how to handle situations involving suicidal students. Researchers have found that most teachers feel that it is at least partially their responsibility to identify suicide risk factors and other mental health concerns in their students (Hatton et al.,

2017; Kerebih et al., 2018; Nadeem, et al., 2011). The current study will examine if directly experiencing student suicidality has affected teachers' views of the role they play in identifying suicidal behaviors in their students. It will also reveal whether their experiences prompted them to desire a better understanding of suicidal risk factors, warning signs, etc., or invoked feelings of fear and discomfort.

**Guiding Question Two**

Guiding question number two is: Based on their experiences with student suicidality, what do elementary school teachers perceive as barriers to identifying elementary school students at risk of suicide? Teachers have daily opportunities to observe mood changes, peer interactions, and academic performance. This direct observation of students gives teachers the opportunity to determine causes for concern and is an ideal vantage point from which to identify and report concerns.

However, research shows that many teachers cite a lack of knowledge and training about basic warning signs for mental health concerns, suicide risk factors, and crisis management (Hatton et al., 2017; Maelan et al., 2020; Nadeem et al., 2011). They also reported feeling fearful of worsening the situation, were worried about legal repercussions, did not know their school's policy for intervening with suicidal students, and/or needed clearly delineated policies on their response to youth who are suicidal (Hatton et al., 2017; Jacobs, 2013; Powers et al., 2014). These studies have been primarily conducted with middle and high school teachers, however. It will be beneficial to determine if the same barriers exist for elementary teachers as well and how their views may be different based on their lived experiences with student suicidality.

## Definitions

1.Suicide – "The act of internationally causing one's own death." (Kedar, 2021 p. 441)

2. *Suicidal ideation* – thoughts, ideas or contemplations about death (Harmer et al., 2022)

3. *Suicide attempt* – "a non-fatal, self-directed, potentially harmful behavior with intent to die" (Nationwide Children's Hospital, n.d.)

*4. Risk Factors* – Factors that increase the likelihood of a person's suicide or suicidal behavior. (*Risk and Protective Factors*, 2021)

*5. Protective Factors* – Factors that reduce the likelihood of a person's suicide or suicidal behavior. (*Risk and Protective Factors*, 2021)

*6. Interpersonal theory of suicide* – A theory of suicide that posits that "suicidal desire is caused by the simultaneous presence of two interpersonal constructs—thwarted belongingness and perceived burdensomeness—and further, that the capability to engage in suicidal behavior is separate from the desire to engage in suicidal behavior." (Orden et al., 2010, p. 575)

*7. Three-step Theory of Suicide* – A theory of suicide that posits that "suicidal ideation develops due to a combination of pain and hopelessness, connectedness is a key protective factor against escalating ideation in those high on both pain and hopelessness, and progression from suicide ideation to attempts occurs when dispositional, acquired, and practical factors create sufficiently high capacity to face the pain and fear inherent in attempting to end one's life." (Klonsky & May, 2015, p. 114)

## Summary

Suicide is a complex phenomenon for which no effective therapies have been developed (Lu et al., 2020). Researchers have discovered several factors that influence suicidal behavior,

but many pieces of the puzzle need to be discovered before successful prevention can be achieved. One source of valuable information and insight could be found in the elementary school setting, where students spend the majority of their day and develop critical academic, social, emotional, and behavioral skills that impact them for a lifetime. Each of these factors can be associated with student suicide. Therefore, directly interviewing teachers regarding their observations of student characteristics may provide additional clues into factors that contribute to suicide.

School is one of the places where a child forms social and emotional connections with peers and teachers and develops skills such as resilience and self-regulation. Each of these factors has been shown to influence suicidal behavior in children. Likewise, teachers play a critical part in their students' lives. Not only do they form relationships with these students, but they have unique insight into students' behaviors, work habits, abilities, emotions, peer relationships, and home lives, all of which have been associated with suicidality in young children. While learning about the teachers' experiences with suicide, the information they provide regarding the factors listed above may uncover previously unknown insights into student suicide. One hope is that the findings from this study will contribute to the limited body of research regarding risk factors, precipitating factors, protective factors, etc. of suicide in young children. Further, the results could potentially inform preventative measures and interventions for elementary school students and training for school staff.

# Chapter Two: Literature Review

## Overview

Death by suicide is a public health crisis that impacts individuals, families, and communities (Stone & Crosby, 2014; Turecki et al., 2019; Wailing, 2021). In 2020, 46,000 people died by suicide, and it is currently the 10th leading cause of death across all age groups in the United States (National Center for Injury Prevention and Control, 2022). The suicide rate among preadolescent youth increased by 276% from 2008-2018, making it the eighth leading cause of death in the 5-11 year age group, the fifth leading cause of death among 5–12-year-olds, and the second leading cause of death in the 10-14 age group (Huber, 2020; National Center for Injury Prevention and Control, 2022; Ruch et al., 2021; Sheftall et al., 2021). Historically, death by suicide prior to the onset of puberty was rare, so the increase in suicide-related deaths among 5-11-year-olds is an especially concerning phenomenon for which researchers have little explanation and limited research (Marraccini et al., 2021; Ruch et al., 2021). There is a great deal that is unknown about how this behavior develops and manifests itself in young children. The current study aims to contribute needed data to the research regarding precipitating circumstances, risk factors, and other characteristics of suicidal elementary-aged students. The hope is that the findings from this research will inform increased identification, prevention, and treatment of child suicidality.

Despite the growing number of children with suicidal ideation, suicide attempts, and deaths by suicide in the 5-11 age group, almost all suicide research has focused on the adolescent and adult population (Horowitz et al, 2020; Ridge-Anderson et al., 2016; Weir, 2016). Further research is needed regarding behaviors and accompanying risk factors to prevent and treat

suicidal ideation and behaviors (Anderson, 2016; DeVille et al., 2020; Ruch et al., 2021; Sheftall et al., 2016; Weir, 2016).

This chapter will explore current research on theories and factors related to suicidality in children including epidemiology, gender, and cultural factors, risk factors, protective factors, and warning signs. School-based suicide prevention will also be examined, along with the elementary teacher's role in suicide prevention.

## Theoretical Framework

Multiple studies have attempted to explain the motivations behind suicidal behavior. Yet, until recent years, there has not been a theory or theories that adequately addressed how thoughts of suicide progress to suicide completion (Klonsky et al., 2016). Some researchers believe that theoretical frameworks that explain suicidal behavior are underutilized, while others believe that study results will not transfer to a real-world scenario (Ayer et al., 2020). Given the minimal effectiveness of preventative programs and approaches to date, the increase in child suicide deaths, and the relative infancy of the field of child suicide, there has been a need for new theoretical frameworks to encourage further research on suicide risk and prevention in children (Klonsky & May, 2015). Understanding risk factors for suicide, such as depression, impulsivity, and hopelessness has been found to help predict suicidal ideation but does not provide sufficient information to determine those who have made attempts from those who have had suicidal ideation with no further progression (Anderson & Happ, 2020; Harmer et al., 2022; Klonsky et al., 2016). This is important to know because most individuals who have thoughts of suicide do not go on to attempt suicide.

Ideation-to-action theories were recently developed to explain how individuals move from ideation, to attempt, to completion. For the current study, the two theories within this

framework that best explain suicidal behavior in young children are the interpersonal theory of suicide and the three-step theory of suicide. Both theories address an individual's capacity to attempt suicide. However, the interpersonal theory of suicide also addresses social alienation, referred to as thwarted belongingness, perceived burdensomeness that a child may feel in negative peer or family relationships, and the capacity of the individual to complete suicide (Joiner, 2005). Additionally, the three-step theory of suicide examines the relationship between pain, hopelessness, and level of connectedness as predictors of suicidal ideation/behavior (Klonsky et al., 2016). This relationship could help explain how a child's perception of these three factors, in conjunction with their underdeveloped emotion regulation and cognitive and impulse controls influence suicidal behavior (Ayer, et al., 2020).

**Interpersonal theory of suicide**

The interpersonal theory of suicide (IPTS), developed by Thomas Joiner in 2005, aimed to provide a theoretical model of suicidal behavior that showed how risk factors of suicide interact and to help better understand who is most likely to make suicide attempts. The theory builds on existing suicide models to explain the phenomena of suicidal behavior more deeply. IPTS proposes that when a sense of thwarted belongingness (social isolation) and perceived burdensomeness occur in a person's mind simultaneously over an extended period, that person begins to desire death (Joiner, 2005; Ma et al., 2016; Van Orden et al., 2016). The progression of suicidal ideation to attempts depends on the capacity of the individual to overcome/disassociate from the fear of death and any pain associated with suicide attempts (Beradelli et al., 2022; Joiner, 2005; Klonsky et al., 2016). For example, events such as previous suicide attempts can desensitize an individual to death by suicide (Jordan et al., 2019). Researchers also found a direct relationship between exposure to provocative and painful events and suicidal intent

(Jordan et al., 2019). Childhood trauma is a risk factor for suicidal ideation in the future because of the thwarted belongingness and perceived burdensomeness that stems from abuse and neglect (Van Orden et al., 2010). Also, in schools, children's peer relationships can provide a sense of belonging and help them develop critical social and emotional skills such as empathy, compassion, teamwork, etc. However, these relationships can also negatively impact the social and emotional development of children if their peers continuously exclude, bully, or tease them (Pepler & Bierman, 2018). Negative peer relationships have been identified as one of the key predictors of suicidal ideation in young children, thus supporting the concept of thwarted belongingness in IPTS (Epstein et al. 2020; Van Orden et al., 2010). Research has also shown that impulsivity is directly associated with increased suicidal behavior in young children (Hadzic et al., 2020; Sheftall, 2021). According to IPTS, impulsivity is also positively correlated with the capability for suicide (Hadzic et al., 2020).

When conducting the teacher interviews, the participants' experiences with student suicidality will be examined through the lens of the interpersonal theory of suicide. The concepts of IPTS, such as thwarted belongingness, perceived burdensomeness, and a student's capability to complete suicide will be reflected in the questions posed to the participants. For example, information will be gathered regarding the teachers' perspectives of the suicidal student's peer relationships and family dynamics to examine if social alienation and perception of burdensomeness could have contributed to suicidal behavior in these elementary school students. Further, questions related to trauma history and previous suicide attempts will be asked to determine the potential for suicide as it relates to IPTS.

**Three-Step Theory of Suicide**

The three-step theory of suicide (3ST) is a theoretical model developed by E. David Klonsky and Alexis M. May in 2015. It is drawn from prior suicide studies and theories, and attempts to clarify the prediction of suicidal ideation, suicidal behavior, and suicide (Klonsky et al., 2016; Klonsky et al, 2021). This theory fits into the ideation-to-action framework and posits that suicide is dependent upon four constructs: pain, hopelessness, connectedness, and suicide capacity (Klonsky et al., 2021). According to 3ST, when an individual's life is characterized by pain (usually emotional or psychological, but not necessarily), this can be the first step to suicidal ideation. Then, if the pain is coupled with hopelessness or the feeling that there will be no relief from the pain, this combination can lead to suicidal ideation. Next, the level of ideation is based on connectedness, either to a purpose, a job, an identity, to family, the community, etc. If a strong connection is present, it can dissuade an individual from actively pursuing suicide (Klonsky et al., 2021).

Therefore, if an individual struggles with pain, but feels hopeful that the pain will improve, then suicidal ideation is unlikely. Likewise, if a person feels pain along with a sense of hopelessness but has a connection stronger than the pain and hopelessness, he or she may feel passive ideation, but it will not progress to a suicide attempt (Klonsky et al., 2021). Finally, even if an individual feels pain and hopelessness and lacks connection, his/her personal suicide capacity facilitates progression to a suicide attempt. The capacity to attempt/complete suicide depends upon dispositional factors, such as level of pain tolerance, acquired factors, such as habituation to fear and pain, and practical factors which refer to the understanding of and access to lethal means (Klonsky et al., 2016). Further, one of the key clinical tenets of suicide risk and future attempts is a history of prior suicide attempts (Alastair et al., 2018; Beautrais, 2004;

Defayette et al., 2020; Lewinsohn, 1994; Ribiero et al., 2016; Shaffer et al., 1996). The attempts are theorized to sensitize an individual to suicidal behaviors, thus building the capacity to engage in these behaviors (Alastair et al., 2018; Bridge, 2006; Spirito & Esposito-Smythers, 2006).

The three-step theory of suicide will be used in addition to IPTS as lenses for the teachers' experiences with student suicidality. A portion of the interview and focus group questions will be framed to reflect the components of 3ST. Specifically, questions designed to assess the students' pain, hopelessness, school connectedness, and disposition will be posed to the teachers. For example, the teachers' perspectives of the suicidal student's mental state, personality, and academic performance could be helpful in determining how students' suicidal ideation progressed to suicidal behavior. Further, questions related to previous suicide attempts and cognitive abilities will be asked to determine if these factors of 3ST could have led to suicidal behavior in these students.

Both IPTS and 3ST appear to accurately explain most suicidal behaviors in young children. Children who have experienced known risk factors including repeated bullying, social isolation, or trauma, particularly complex trauma, may feel a sense of pain and hopelessness or a sense of social alienation and perceived burdensomeness. However, if a child who is being bullied has a strong family connection or purpose, or the child who has experienced trauma feels connected to their school (peers, teachers, counselor, etc.) and their pain does not overwhelm their connectedness, they are unlikely to consider suicide.

## Related Literature

Suicide, by definition, is a fatal act of self-injury in which an individual had some intent to die (Turecki & Brent, 2016). It is a global health concern that affects individuals of all ages, sexes, backgrounds, and geographic regions. Although the epidemiology of suicide is well-

known, accurate risk assessment, interventions, and prevention are lacking, especially in the case of young children (Patel et al, 2019; Westefield et al., 2010).

**Epidemiology of Suicide**

Suicide rates have risen steadily in the United States over the past 10 years, and account for deaths of more youth and young adults than all causes of natural death combined (Joshi et al., 2015; Talley et al., 2022). On average, 130 people complete suicide per day in the U.S. The Centers for Disease Control and Prevention (2021) reported that suicide claimed the lives of approximately 46,000 people (about twice the seating capacity of Madison Square Garden) in the United States in 2020 and there were an estimated 1.2 million suicide attempts.

The pediatric suicide rate has tripled over the past decade, making it the eighth leading cause of death in the 5-11 age group and the second leading cause of death in the 10-14 age group (Centers for Disease Control and Prevention, 2021; Huber, 2020; Ruch et al., 2021). In April 2019, JAMA Pediatrics released a report regarding children under the age of 18 who had visited the emergency room for suicidal ideation and attempts. Researchers showed that the visits more than doubled from 580,000 to 1.2 million, between 2007 and 2015. They were surprised to discover that 43 percent of these visits were by children ages 5-11. This number increased annually by 14.7 percent from 2002-2017. Hospital visits for suicidal thoughts and self-harm in children ages 5-11 more than doubled between 2016 - 2019. By 2019, 2.3 deaths per 1 million youth in this age group were due to suicide (Ruch et al., 2021). According to the Children's Hospital Association, in the first three quarters of 2021, doctors at 38 children's hospitals across the U.S. found that cases of suicide and self-injury had increased by 47% in 5–8-year-olds, and by 182% among 9-12-year-olds than during the same time period in 2016.

Most of the professional literature on suicide and suicidal behavior is focused on adolescents and adults, although multiple studies show that suicidal behavior first emerges in childhood (Bolger et al., 1989; Horowitz et al, 2020; Kessler et al.,1999; Newcomer et al., 2015; Ruch et al., 2021). It has been suggested that the lack of research could be due to misconceptions about young children (Ridge Anderson et al., 2016). Some researchers believe young children do not fully understand the concept of death, they do not know what they are doing when they die by suicide, or that children do not actually die by suicide (Ridge Anderson et al., 2016). However, data shows that young children do plan, attempt, and complete suicide, and these children are six times as likely to attempt suicide in adolescence as their peers (Mishara, 1999; National Institutes of Mental Health, 2021; Tishler et al., 2007). Mazza et al (2011) examined the data from 883 longitudinal study participants in the "Raising Healthy Children" suicide prevention program. It was a retrospective measure of prior suicide attempts that were administered when the participants were 18 and 19 years old. The study found that nearly 40% of these participants made their first suicide attempt in elementary or middle school, with the earliest being when the participants were 8 or 9 years old. This finding corroborates other research that indicates that the earlier the first suicide attempt is made, the higher likelihood of future suicide attempts (Defayette et al., 2020; Ribiero et al., 2016). Due to the early onset of suicidal behaviors, the dramatic increase in rates of suicide in this age group, and the limited amount of data outlining the reasons for this increase, it is important to gain a deeper understanding of the factors contributing to this phenomenon, including suicidal risk, so that suicidal behavior can be identified and addressed before these students reach middle and high school and the threat increases (Sheftall et al., 2021).

**Gender and Cultural Factors**

Often referred to as the gender paradox, most research on suicidality in children and adolescents indicates that males die more often by suicide than females, but females make more suicide attempts than males (Cha et al., 2018; Ducharme, 2019; Kann et al., 2018; Shain, 2016). However, a recent study by Ruch et al (2021), discovered that the suicide rate gap between the two genders among youth, specifically ages 5-11, has been closing steadily due to unknown factors.

Males and females share some common risk factors in all age groups. For suicide attempts, some common risk factors include previous suicidal ideation and attempts, prior mental health disorders, bullying, childhood maltreatment, substance abuse, and community violence (Alastair et al., 2018; Miranda-Mendizabal et al., 2019). For death by suicide, shared risk factors include negative life events, familial history of suicidality, and childhood maltreatment. However, there are also gender-specific differences in suicidal risk factors. Adolescent females are more likely to be victims of dating violence, and have an eating disorder, depressive symptoms, PTSD, bipolar disorder, and/or interpersonal problems, which are all associated with an increased likelihood of suicidal behavior (Miranda-Mendizabal et al., 2019). Males, on the other hand, are more likely to experience parental separation/divorce, a friend's suicidal behavior, display disruptive behavior or conduct problems (Miranda-Mendizabal et al., 2019). Research suggests that females at elevated risk of suicide may be easier to identify due to their willingness to talk about their concerns and seek help, while males tend to avoid seeking support and care to select more lethal means to attempt suicide, such as hanging and firearms (Miranda-Mendizabal et al., 2019).

In the 5-11 age group, over the last 10 years, the highest rates of suicide in children were among black males (Ani, 2021; Bridge et al., 2018; Kann, 2018; Sheftall et al., 2020). Researchers have yet to discover specific reasons for the increase but believe it could point to the possibility of racial bias, increased likelihood of receiving neurodevelopmental disorder diagnoses rather than internalizing disorders, a lack of understanding of the risk and protective factors for suicide that are ethnic-specific, such as the family and community factors that influence a child's mental health in minority and underserved communities, and that black youth are less likely than white youth to receive psychiatric treatment (Holliday-Moore, 2019; Zablotsky & Alford, 2020). Further, researchers feel there is a need for improved mental health care that is culturally sensitive and requires that providers develop an understanding of how symptoms of mental health issues present across various ages, cultures, ethnicities, and races (Holliday-Moore, 2019). A lack of trust in and uneasiness with the health care system, societal inequities, and the stigma and shame that accompanies seeking help for mental health concerns within the African American culture are also factors that could be influencing the increasing suicide rates in preadolescent black males (Aguirre Velasco et al., 2020; Carpiniello & Pinna, 2017).

## Suicidal Risk Factors

Suicide is a complex phenomenon and there is no singular explanation as to why an individual develops suicidal behaviors (Barzilay, & Apter, 2014; Ma et al., 2016). It is such a complicated interplay of neurobiological, psychological, clinical, environmental, and social factors that no singular discipline can adequately address the challenging problem of completely understanding risk (O'Connor & Portzky, 2018; Turecki et al., 2019). Gaining a better understanding of the risk factors of suicidal behavior in young children is crucial in identifying

influences that increase susceptibility in the future (Bilsen, 2018). Sheftall et al. (2016) analyzed surveillance data for suicide deaths for children who died by suicide aged 5-14, from 2003 to 2012 across 17 states in the U.S. When compared to adolescents who died by suicide, researchers discovered that the majority of the 5–11-year-old children were black males (36.1%). They also found that within this age group, most children died at home by suffocation, including hanging and strangulation. In contrast to adolescents who experienced more relationship problems involving boyfriends/girlfriends, they found that young children who died by suicide experienced relationship problems with family members and friends. Additionally, adolescents with mental health concerns were more likely to experience depression, whereas children in the 5-11 age group with mental health concerns were diagnosed with attention-deficit hyperactivity disorder (ADHD).

Sheftall (2016) found differences in the characteristics and precipitating events of suicide in children versus adolescents, indicating the need for appropriate prevention strategies based on the distinct periods of development. In a retrospective study of suicide-related hospital admissions for youth ages 6-18, Marraccini (2021) found that among both children and adolescents, being male and having an affective disorder were common, along with school and family being the most common environmental stressors. They found that children ages 6-11 are much less likely to be diagnosed with anxiety or depression than adolescents ages 12-17 yet are more likely to have a diagnosis of a conduct or behavioral disorder. Sheftall et al. (2021) conducted a study comparing the temperament, clinical characteristics, emotional regulation in children (ages 6-9) with mothers who had a history of suicidal behavior and those with mothers who did not have a history of suicidal behavior. They found that children with a parental history of suicidal behaviors at baseline exhibited greater temperament and emotional control issues than

children of parents without a parental history of suicidal behavior. Among children, ages 6-12, hospitalized for suicide-related concerns, researchers found that most of them were black, male, and had received a trauma and stress-related diagnosis, or were diagnosed with ADHD or another neurodevelopmental disorder, similar to findings by Sheftall (2016).

Developmental factors specific to children, such as how children display suicidal thoughts and behaviors, their intents when expressing them, and their awareness of mortality, may help to explain some of the variations in precipitants according to age (Luby et al., 2019; Tishler et al., 2007). Differentiating between natural curiosity about death and suicidal ideas is crucial since children who present with suicidal concerns may also be learning about death (Scheeringa, 2016). It has been suggested that one key element in determining suicide risk is children's cognitive ability to comprehend death's finality and the concept of suicide (Marraccini, 2021). Immature perceptions of death, concrete thinking patterns, and a lack of problem-solving abilities are thought to increase the probability of suicide attempts (Barrio, 2007).

Research shows that many risk factors are shared by both elementary-aged children and adolescents, such as peer relationship difficulties, mental health disorders, family relationship issues, history of trauma, specific personality characteristics, school problems, and personal and family history of suicide attempts (Bilsen, 2018; Brock & Reeves, 2018; Ong et al., 2020; Ruch et al., 2021; Skaine, 2015; Tishler et al., 2007). However, children 5-11 years old with suicidal behavior, appear to be more significantly impacted by friendship concerns/bullying, impulsivity, emotional dysregulation, and familial conflict than adolescents who are more likely to struggle with depressed mood, romantic relationship issues, and emotional distress (DeVille et al., 2020; Janiri et al., 2020; Luby et al., 2019; Marraccini et al., 2021; Sheftall et al., 2020).

In a 2021 National Institutes of Mental Health Roundtable, prominent suicide researchers convened to discuss preteen suicide risk and risk trajectories. They identified multiple, multi-factor risks among this age group. They found that suicidal thoughts and actions in preteens have been linked to less cognitive flexibility, reduced cognitive control, and decreased ability to create future thinking about subjective experiences. Also, in young people with co-occurring mental and substance use problems, family processes like decreased parental supervision and increased family conflict are significant predictors of poor outcomes in terms of suicide risk.

The panelists considered various instances of social and structural elements that influence mental health as well as risk factors at the community level. They posited that suicide risk can be influenced by trauma, both personal and generational, and family dissolution. There are, however, effective examples of risk mitigation and suicide rate reduction through community involvement, surveillance, and resiliency (NIMH, 2019). The experts suggested conducting studies using extensive/intensive data collection with smaller samples of important populations may be a tactic for figuring out certain risk factors and individual characteristics. They also suggest analyzing contextual and setting-specific results. These factors point to the need for such data collection within the school setting. Risk factors differ in children vs. adolescents and suggest a need for age-specific, developmentally appropriate interventions and suicide prevention strategies (Ong et. al., 2020; Ruch et al., 2021). The school setting has the means to educate young children, ages 5 -11 in suicide prevention strategies.

**School-Related Concerns/Peer Relationships**

School-related concerns are also associated with suicidal behavior. A history of special educational needs, a recent change in schools, expulsion, or suspension, feeling socially isolated,

and high expectations are associated with elevated suicide risk (Bilsen, 2018; Ruch et al., 2021). Academic stress and other school problems are linked to 14% of total suicide cases (Bilsen, 2018).

One of the biggest influences on suicide incidence in ages 5-11 is peer relationships (Ruch et al., 2021). Researchers found that elementary students who are bullied and have few friends are 7 to 24 times more likely to self-harm by the time they are 11-12 years old and 4 to 15 times more likely to self-harm if they experience frequent teasing and social exclusion by other students (Borshmann et al., 2020). This research provides support for IPTS that posits that thwarted belongingness and perceived burdensomeness are predictors of suicidal behavior. It also supports the concepts of 3ST whereby emotional pain coupled with hopelessness that a student may feel if he or she experiences chronic bullying and/or social isolation may lead to suicidality. Van Orden et al (2010) and Epstein et al (2020) also suggest that the strongest and most reliable predictor of suicidal behavior in children is social isolation. These findings indicate the need for targeted, school-based prevention initiatives that focus on building interpersonal and emotional regulation skills beginning in elementary-aged students to decrease suicide rates in this age group as well as in adolescence (Sheftall et al., 2021). There is also an elevated risk of suicide with the loss of important friendships and conflicts with friends. Many of these children also have a history of suicidal thoughts and behaviors as well as prior mental health concerns (American Academy of Pediatrics, 2021; Brock & Reeves, 2018). Elementary classroom teachers' daily observation of peer interactions may lead to some additional insight that could help build and refine prevention strategies. Teachers can see these peer interactions from a unique vantage point and can strategically organize the peer group experiences to encourage positive interactions between peers and disrupt negative ones. They can also incorporate social-

emotional skill building into whole-group, systematic instruction and provide supervised opportunities for students to practice these skills as they gain the understanding and ability to interact optimally with each other (Pepler & Bierman, 2018).

**Mental Health Disorders**

A person's capacity to function successfully in their personal and social lives and ability to regulate their emotions are strongly influenced by their mental health (Galderisi et al. 2017). During childhood, many symptoms of mental health disorders (anxiety, depression) begin to emerge (Borschmann et al., 2020). Studies have shown that at least 20% of children will experience a severe mental health concern in their lifetime (Galderisi et al. 2017; Marsh, 2016) and children who suffer from a mental health disorder are 48 times more likely to complete suicide (Dickerson-Mayes et al 2014). Most individuals who die by suicide have had a mental health condition for a year or longer (Joshi et al., 2015). A study by Ruch et al (2021) examined death records using the National Violent Death Reporting System (NVDRS) of 134 children ages 5-11 who died by suicide to look for warning signs and try to improve strategies for suicide prevention. They found in their study that 31% of the children had a formal mental health diagnosis, namely attention deficit hyperactivity disorder (ADHD) and depression. A history of psychiatric hospitalization was found for 24% of the children, while 78% were being actively treated for mental health concerns. Further, in a study by Dickerson-Mayes et al (2014), researchers found that children and adolescents with psychiatric disorders were 48 times more likely to have suicidal ideation or make suicidal attempts. Therefore, they suggest that special care be taken to identify and treat the underlying psychiatric disorder(s) as early as possible to prevent suicide (Dickerson-Mayes et al., 2014). Additionally, Crawford et al (2019) found that physiological symptoms of anxiety often precede suicide attempts, and deaths and physiological

symptoms associated with anxiety may be a potential risk factor for suicidal behaviors due to the prolonged distress from anxiety. Suicide is considered a way to relieve those symptoms (Crawford et al., 2019).

Thirteen percent of all children between the ages of 8-15 have mental health issues, most commonly, ADHD, mood disorders, and major depressive disorder (Marsh, 2016). In a study by Ruch et al. (2021), researchers examined data from 134 childhood suicide decedents, as recorded by the National Violent Death Reporting System (NVDRS). They found that childhood suicidality progressed over time, especially for children with a history of psychopathology and suicidal behavior. They noted that 31.4% had been diagnosed with ADHD, depression, and co-occurring disorders before their deaths. Of this group, 78.4% were receiving therapy at the time of their deaths and 24.3 % of them showed a history of prior psychiatric hospitalization. Suicidal ideation was reported in 11.9% and attempts were reported in 23.7% of those children. Also, 25.4% of children expressed suicidal statements, wishes, etc. to their peers before their deaths. Additionally, in 10.2 % of cases, the children who completed suicide had been previously exposed to suicide either via a family member, peer, electronic game, or on social media.

Although the Ruch et al. study indicated a high number of decedents were receiving treatment for a mental health condition prior to their deaths, many studies indicate that children with mental health disorders go untreated and undiagnosed, often leading to increased suicide rates (Kaushik et al., 2016; MacDonald et al., 2018; Radez et al., 2021; National Institutes of Mental Health, 2019). Sometimes very young children with suicidal behaviors have no mental health diagnosis before completing suicide and it is through posthumous revelations from family members that conditions are discovered (Heimsch, 2014). Sadly, out of every seven children, one will meet diagnostic criteria for an emotional, mental, or behavioral disorder that needs early

diagnosis and treatment such as ADHD, autism spectrum disorder, anxiety or depression, or disruptive behavior disorder, but go untreated (Polanczyk et al., 2015; Centers for Disease Control, 2022). Untreated mental health disorders can negatively affect a child's ability to achieve, impair cognitive, social, emotional, and academic milestones, as well as their daily functioning (Ghandour, et al., 2019). Educational underachievement, substance abuse, violence, family disruption, problems with physical health, and increased rates of mortality from unintentional injury and suicide are more likely to occur with a mental illness (Kaushik, 2019).

Researchers note that the primary barriers to mental health treatment in children include the stigma of mental illness, long waitlists, delayed detection, multiple help-seeking contacts before appropriate care is obtained, negative perceptions of seeking help for mental health concerns, and a deficit in mental health knowledge (CDC, 2022; Kerns et al., 2014; Radez et al., 2021). With the high number of children with unmet mental health needs, schools are one of the most ideal locations to receive mental health support for these conditions (Powers et al., 2014). Since children are required to attend school regularly, receiving treatment at school would eliminate the need for appointments and solve parents' work/transportation concerns. It would also address the concern of accessibility of mental health providers in low socioeconomic areas as well as with special populations of students where there are significant gaps in providing responsive and effective services, such as children in the foster care system (Kerns et al., 2014).

Classroom teachers spend extended time with their young students like family members do and could be vital in helping to identify indicators of early mental health concerns. They are also in an optimal position to implement preventative measures and combat the stigma and stereotypes associated with mental illness, help-seeking behaviors, and suicidal ideation.

Prevention, early detection, and intervention during childhood can decrease the long-term, potential health/life implications of mental illness (Leasy et al., 2019).

**Trauma History**

A traumatic event is one that is emotionally painful and can overwhelm a person's coping ability (van der Kolk, 2017). It can occur at any life stage, is universal, and can be psychological, physical, sexual, or emotional (Fugate-Whitlock, 2018). Over a lifetime, all individuals will be exposed to events that are considered stressful, such as loss, rejection, and other hardships. Most people have the coping skills and ability to overcome these events without long-lasting effects. However, some instances may arise that cause great fear and psychological distress, such as sexual assaults, natural disasters, and physical injuries that are considered traumatizing. At least 50% of Americans will be exposed to one or more of these traumatic events (Friedman, 2015).

During an event that is threatening to life and limb and is a potential catastrophe, individuals find themselves incapacitated and held captive by a flurry of stress symptoms (Friedman, 2015). When trauma experiences are prolonged, such as with chronic sexual or physical abuse, significant neglect, war zone exposure, etc., they can result in complex trauma. In cases of complex trauma, the stressors are typically interpersonal, inflicted by caregivers, and involve harm or abandonment during a critical time in childhood development (Duffey & Haberstroh, 2020). Studies show that exposure to prolonged or severe trauma negatively impacts normal childhood development and contributes to the development of childhood-onset psychiatric disorders and increased vulnerability to life stressors in adulthood, which increases the risk of suicidal behaviors (De Bellis & Zisk, 2014). Without the proper support and treatment, these stress-laden experiences can lead to a severe mental health condition called

posttraumatic stress disorder and increases the likelihood of suicidal ideation and attempts (Krysinska & Lester, 2010).

Childhood adversity is a prevalent concern among youth worldwide (Perez et al., 2016). It can negatively impact a child's development and produce a variety of negative life effects and maladaptive outcomes, including suicidal behavior (Arain et al., 2021; Perez et al., 2016). These traumatic events are called ACEs or adverse childhood experiences. Neglect, emotional abuse, physical abuse, sexual abuse, family member mental illness, parental separation or divorce, family member incarceration, and direct and indirect exposure to violence are examples of these traumatic experiences. Recently, ACE scoring systems have been updated to include racism, bullying, neighborhood safety, and foster care due to their potentially traumatic impact (Leasy et al., 2019). ACEs are beyond a child's control and may not only disrupt a child's neurodevelopment and cause social, emotional, and cognitive impairment, but also negatively impact a child's physical and emotional health, influence perceptions/perspectives, lead to the adoption of health-risk behaviors, and impact the way that they respond in daily life (Hillis et al., 2017; Leasy et al., 2019). Consequently, the more adverse events a child experiences, the higher the risk of negative emotional and physical outcomes.

The mental/emotional toll can overwhelm a child, and posttraumatic stress disorder (PTSD) can develop as a result. A meta-analysis of studies on childhood maltreatment by Beradelli et al. (2022) found that those who developed post-traumatic stress disorder (PTSD) because of past trauma, particularly from sexual and emotional abuse as children, have a two to four times higher chance of developing suicidal ideation. Additionally, those with PTSD are twice as likely to die by suicide, with the likelihood increasing if there has been a history of attempted suicide, a

family history of mental illness, or if the person comes from an underprivileged background (Fox et al., 2021).

Research by Beradelli et al. (2022) shows that childhood abuse is also strongly associated with hopelessness, dissociative symptoms, and depressive symptoms, all of which raise the risk of suicidal behavior. Janiri et al. (2016) noted that emotional abuse during childhood was strongly linked to mood disorders. It is believed that emotional abuse leads to hypersensitivity to emotional stimuli and inadequate emotional regulation, and consequently a higher incidence of lifetime suicide attempts (Aas et al., 2014; Palmier-Claus et al., 2016). Because of the substantial long-term psychological, physical, and other repercussions that relate to sexual abuse, researchers discovered that it had a direct impact on suicidal ideation, increasing risk two-fold. Physical abuse and emotional and physical neglect also increased the risk of suicidal ideation by 2.5 fold and 1.5 fold, respectively (Angelakis et al., 2019). This exposure to provocative and painful events can spark feelings of hopelessness as well as promote the capability for suicide, as suggested by 3ST (Jordan et al., 2019; Klonsky et al., 2021).

**Family Dysfunction**

Family relationships have proven to be either a protective factor or a precipitating factor of suicidal behavior in young children (Greening et al., 2010). At least half of all cases of child suicide cases involve family factors (Bilsen, 2018). In a qualitative, multistate, population-based study on youth suicide, conducted by Ruch et al (2021), researchers discovered that on the day of suicide, punishment by a parent preceded in a significant percentage of cases. The child and parents often argued over a school-related concern, the child was sent to his or her room, and/or an electronic device was taken away from the child. In a cross-sectional analysis study by Deville et al. (2020), researchers surveyed 9 and 10-year-old children and their caregivers to

assess the prevalence of suicidal behavior, including suicidal ideation, suicidal attempts, non-suicidal self-injury, and the association with family-related factors. It was discovered that there was an increased rate of suicidal ideation and non-suicidal self-injury among children from homes with high family conflict. During the study, children's suicidal behavior was explored. Both children and parents were interviewed. Researchers discovered a significant discrepancy between the child and caregiver reports of suicidal ideation and behavior within these families. The children reported having had suicidal behaviors 75% more instances than their parents said. This showed parental unawareness of their child's suicidality and that children seem to have a deeper understanding of suicide than once believed. It further shows that the disconnect between the child and the caregiver could have led to suicidal ideation and behavior.

**Parental History of Suicide**

Parental history of suicidality is also a significant risk factor for suicidal behavior in their offspring (Bilsen, 2018; Sheftall et al., 2020). Studies show an increased likelihood of early onset of suicidal behavior in children whose parents have attempted or completed suicide. Even when controlling for mood disorders, those with a parental history of suicidal behaviors have nearly a five-fold increase in the likelihood of suicide attempts than those who do not have this parental history (Sheftall et al., 2020). Further, research suggests that the capacity to complete suicide is primarily genetic (Smith et al., 2012). Bilsen (2020) suggests that this could be due to imitation behavior or genetics. Gaining a more thorough understanding of the factors associated with familial transmission of suicidal behaviors can help guide preventative interventions for these vulnerable, high-risk youth (Sheftall et al., 2020).

## Warning Signs

Increased awareness of the warning signs of youth suicide and suicidal behavior is a powerful tool in the fight for prevention. There is a limited amount of data regarding suicide warning signs in children, but the majority of suicide warning signs come in the form of actions, statements, appearances, and feelings (Brock & Reeves, 2018). It is rare for suicide to occur without warning. According to the National Association of School Psychologists (2015), some warning signs include direct and indirect threats of suicide, making a suicide plan, being preoccupied with death, talking about death, or making final arrangements. Adolescents may also give away their most prized possessions and display changes in their behavior, appearance, feelings, and thoughts. Children who are suicidal will sometimes isolate themselves from family and friends, have a decline in grades, experience mood swings, have trouble sleeping, and engage in reckless behavior (Child Mind Institute, 2021). Children and adolescents may make comments like "I do not want to be here anymore.","" Would you miss me if I died?" and "I wish I was dead." They may also write notes or draw pictures expressing their desire to kill themselves (National Association of School Psychologists, 2015). Children and adolescents who intend to kill themselves often have thoughts about the method they intend to use. Adolescents may even post it on social media and express it when talking to friends or family (Ruch et al., 2021).

## Protective Factors

Protective factors are measures that promote resiliency and reduce the likelihood of suicidality despite facing adversity. Some children exposed to trauma, maltreatment, community violence, etc., progress into adulthood without displaying suicidal behavior (Gartland et al., 2019). This is often due to individual, family, and community supports that serve as buffers of

support to these children. In young children, it has been shown that higher levels of parental oversight and a strong, supportive, and warm relationship with caregivers provide protection against suicidal behavior (Janiri et al., 2020; Westefeld et al., 2010). Janiri et al. (2020) posit that when a child feels connected to their families, they are likely to develop healthy attachments and emotional regulation. Additionally, when a positive school connection is established, there is generally a good perception of achievement, and the environment fosters the development of self-esteem, identity, and resilience in children (Janiri et al., 2020).

Resilience is a dynamic and complex process due to constantly changing interactions between individuals and their environment and within themselves (Masten & Barnes, 2018). It can be defined as the ability of individuals to respond successfully to difficulties that endanger their operation, survival, or potential for further development. The most notable factors that promote resilience to adversity and protect children's mental health are parent support, high self-esteem, positive peer relationships, emotional regulation, empathy, cognitive skills, optimism, positive relationships with teachers, and positive academic engagement (Gartland et al., 2019). Additionally, community factors such as community cohesion, cultural identity, and spiritual beliefs also build resilience.

Research suggests that healthy emotional regulation protects against suicidal behavior (Barr et al., 2016; Eisenberg et al., 2010). An individual's capacity to self-regulate has both genetic and environmental roots and stems from the interaction between these two factors (Eisenberg et al., 2010). As newborns, emotion regulation is a function of reflex, which progresses to sensorimotor abilities in infancy and eventually to behavioral control as children (Eisenberg et al., 2010). In the first few years of life, children rely on caregivers almost exclusively to regulate their emotions. Parents who are sensitive and responsive to a child's

emotional reactions and distressing feelings teach children essential lessons about feeling and expressing emotions. It also helps children understand their feelings and how to express/handle them appropriately. Likewise, how parents express their feelings also contributes to a child's ability to express their emotions and control their behaviors (Eisenberg et al., 2010).

Building strong family relationships, restricting access to lethal means such as firearms, drugs, knives, etc., providing a universal routine mental health screening, mental health promotion, and awareness, improving access to mental health care, teaching coping and resiliency strategies, and providing access to crisis hotlines and online help have all been shown to be protective factors against suicidal behaviors (Bilsen, 2018; Ruch et al., 2021).

Additionally, strengthening family relationships (especially between child-caregiver) through family-based interventions could also have a positive impact on preventing childhood suicidal ideation and behavior. Family therapy, such as Family-Based Crisis Intervention (FBCI) and Attachment-Based Family Therapy (ABFT), are examples of potentially helpful, empirically-based therapy models (Ruch et al., 2021). If a child is at risk of suicide, parents and other family members and friends should restrict access to firearms, medications, knives, ropes, etc. Safe storage of these and other potentially lethal items could protect against suicide attempts (Bilsen, 2018; Brock & Reeves, 2018).

Further, universal mental health screenings should occur at the child's pediatrician's office and emergency rooms during every visit to determine a child's suicide risk. Questions like "Have you been having thoughts of suicide?" would be asked in the hopes of identifying more children at risk (Kelley, 2021). It is also essential to increase awareness of not only suicide but mental health concerns in general. Unfortunately, only half of the children in the US receive early mental health screenings for pediatric patients through the Medicaid program. Commercial

insurers often do not cover behavioral health services and interventions for children. New laws requiring private insurers to cover these services are needed to meet children's mental health needs. Further, changing the way we, as a society, speak about mental health can help reduce the stigma surrounding it and as a result, provide increased support for children (Kelley, 2021). Wachino et al. (2021) suggest that integrating effective treatments into the health care system and the educational system is likely to produce the greatest gains in suicide prevention.

**The School's Role in Suicide Prevention**

Schools are on the front lines of student mental health needs and are an important and powerful influence on children's academic, emotional, social, and developmental growth (Epstein et al., 2020; Jones & Kahn, 2017). It is a universal touch point for children from preschool through college and offers daily chances for educators and other professionals to connect with kids and families, identify concerns, and provide resources. No other environment has as much of an impact on a child's mental health and well-being, other than their home *(Fostering healthy mental, 2020)*. Healthy social and emotional development is closely related to a child's success in school and in life, while students who feel a sense of purpose and belonging, can persevere, create goals, and collaborate effectively with peers to solve challenges and optimize their chances of reaching their full potential (*Fostering healthy mental, 2020;* Jones & Kahn, 2017). Also, Marraccini & Brier (2017) found that higher school connectedness was associated with reduced suicidal behavior in students, even in those considered high risk. Studies show that a positive school environment and supportive student-teacher relationships can help build resilience in students from adverse environments and in those who have experienced trauma (Gartland et al., 2019). With so many children from diverse backgrounds (trauma exposure, socioeconomic levels, family history, etc.) being served within the schools, researchers

have suggested that it is an ideal setting to implement suicide prevention programs. Gartland et al. (2019) suggest that building resilience in children is associated with positive outcomes across types and severity of adversity, as well as cultures and socioeconomic levels. As a result, incorporating resiliency training into a school-based prevention program would reach a substantial number of children at an early developmental stage, possibly preventing and ameliorating the development of mental health struggles.

According to Cross-Francis et al (2019), another way to prevent youth suicide is by integrating social-emotional learning in the classroom. They posit that it promotes prosocial behavior, achievement, attitudes about school, others, and self and teacher well-being. They also suggest that the interrelatedness of social, emotional, and academic development is essential for teachers to implement in the classroom for optimized student achievement and that a solid foundation in social-emotional competence contributes to later success and well-being for young children.

Research shows that the etiology of suicide attempts dates back to childhood and therefore suggests a need to investigate this early etiology as well as implement prevention programs accordingly (Newcomer et al., 2015; Ruch et al., 2021; Bolger et al.,1989; Kessler et al.,1999). Therefore, as most at-risk children tend to display signs and symptoms in elementary school, identifying students at risk as early in life as possible could provide the opportunity needed to implement protective therapeutic measures and teach valuable coping strategies. Gijzen et al. (2022) and Klonsky et al (2015) note that school-based programs have shown promising results for increased knowledge and reduced suicidal ideation and attempts in adolescents. Although there is not enough high-quality evidence that suggests that any of the programs implemented reduce suicide rates directly (Rein; 2017; Robinson et al., 2018).

Programs targeting risk factors have been proven, however, to decrease suicidal ideation (Gijzen et al. (2022). Unfortunately, few to no empirically based suicide prevention programs are being used with elementary-aged students, (Rein, 2017).

Another way to promote identification and prevention of mental health concerns before they potentially lead to suicidal behavior is to increase awareness of the risk factors and symptom presentation of suicide and mental health disorders among school staff.

Youth who are suicidal can be drawn to death because they are unable to see an alternative solution to suicide when they are in a severely stressful situation (Joshi et al., 2015). Adolescents are also particularly susceptible to suicide contagion. According to the Centers for Disease Control and Prevention, this phenomenon occurs when exposure to suicide or suicidal behavior by one or more persons causes other people to attempt suicide (Wailing, 2015; Yoshi et al., 2015) According to estimates, between 100 and 200 teenagers complete suicide in groups every year, making up between 1 and 5 percent of all teen suicides (Gould et al., 1990, Hacker et al., 2008; Wailing, 2021).

Although there is a misconception that younger children do not consider, plan, or attempt suicide, data show that around 16% of preteens visiting the emergency department for medical complaints reported past suicidal conduct, with almost 9% of patients reporting suicidal behavior at or before age 10 (Lanzillo et al., 2019). These findings contribute to other research findings that suicidal behavior manifests at an early age, and it is important to identify these behaviors in younger patients in order to prevent them in the future. As research shows the need to target suicide risk factors, such as peer relationships and emotional regulation in young children, school is an ideal location to support and build those skills. An emphasis on a whole-school approach

that promotes resilience, destigmatizes mental health, helps children learn how to avoid risk, and promotes positive mental health would be most effective in the long term (Membride, 2016).

Prevention programs within the school can promote a change in attitude toward suicidal behaviors, have great reach, and produce long-term effects (Gijzen et al., 2021). Feng et al. (2016) suggest that early prevention programs are necessary and should be culturally and developmentally appropriate, focus on self-esteem, depression, and anxiety in youth as well as provide parental education, and bullying prevention resources. Integrating social-emotional learning in the classroom promotes prosocial behavior, achievement, attitudes about school, others, and self and teacher well-being (Cross-Francis et al., 2019). Additionally, teaching coping skills, resiliency, and sense of self, conveying sound education about mental health, and allowing opportunities for open communication target known risk factors of suicidality in children and could promote a decrease in suicidal behaviors (Wasserman et al., 2012).

## Teachers' Role in Suicide Prevention

Teachers are frequently regarded as gatekeepers to mental health assistance for suicidal students (Freedenthal & Breslin, 2009). Teachers have unique insight into the behaviors, thoughts, abilities, and emotions of children and are in a prime position to identify, support, and refer students at risk of suicide, given that they spend more time with them each day than most (Marsh, 2016; Powers et al., 2014). They also have the most consistent contact with students, which allows them time to build positive relationships with students which helps build resilience in students from adverse backgrounds and experiences (Gartland et al., 2019). This also makes them most likely to notice suicide and other mental health risk factors (Nadeem et al., 2011). Teachers can observe mood changes, peer interactions, and academic performance. This direct

observation of students gives teachers the opportunity to determine causes for concern and an ideal vantage point from which to identify and report concerns.

Researchers have found that most teachers feel that it is at least partially their responsibility to identify suicidal risk factors and other mental health concerns in their students (Hatton et al., 2017; Kerebih et al., 2018; Nadeem, et al., 2011) However, many cite a lack of knowledge and training about basic warning signs for mental health concerns, suicide risk factors, crisis management, classroom behavior management (Hatton et al., 2017; Maelan et al., 2020; Nadeem et al., 2011). They also reported feeling fearful of worsening the situation, worried about legal repercussions, did not know their school's policy for intervening with suicidal students, and/or needed clearly delineated policies on their response to youth who are suicidal (Hatton et al., 2017; Jacobs, 2013; Powers et al., 2014).

Since school-related factors, such as peer and teacher relationships, academic performance/learning, and symptoms of mental health diagnoses tend to be prevalent within the school setting, gaining insight into potential risk factors and precipitating events within that environment from a child's classroom teacher could contribute to the literature. Gaining a teacher's perspective of their experience with suicidality in their students may provide evidence for the recent increase in suicide in this age group.

## Summary

Although the prevalence of suicidality in children ages 5-11 has increased considerably over the last decade, there is still a lack of literature regarding the risk factors, precipitating events, and characteristics of suicidal behavior in children (Anderson, 2016; DeVille et al., 2020; Ruch et al., 2021; Sheftall et al., 2016; Weir, 2016). With the increasing number of suicide deaths in the 5-11 age group, there is a great need to be able to identify children who are at risk

(Carballo et al., 2019). The factors that contribute to suicidality in children differ from those in adults. So, being able to predict those who are at risk will help advance prevention and intervention strategies for suicidal behavior.

Elementary-aged children spend at least six hours per day in a school setting. Due to this extended exposure to students, teachers are in a unique position to identify warning signs, offer basic support and preventative lessons, and provide appropriate mental health referrals (Dimitropoulos, 2021; Graham et al., 2011; Sisask et al., 2014). They also have the opportunity to observe a child's behavior, academic abilities, social interactions, and level of emotional regulation. Teachers who have had experience with students with suicidal ideation or behaviors may, through their observations help uncover new potential risk factors, or precipitating factors that will further prevention and treatment efforts in this area. Also, schools are prime locations to implement suicide prevention with a substantial number of children. There is also an opportunity for early identification of additional mental health concerns which could lead to more robust mental health and suicide screenings. Implementing these and other prevention strategies in schools may also reduce the risk of suicide in this age group (Ruch et al., 2021; Sheftall et al., 2016).

Teachers play a critical part in their students' lives and have unique insight into students' behaviors, work habits, abilities, emotions, peer relationships, and home lives, all of which have been associated with suicidality in young children. Their relationship with students can be protective for a student's mental health considering the factors of hope and connectedness in preventing suicide (Klonsky & May, 2016). However, to this researcher's knowledge, a qualitative study investigating elementary teachers' experiences with student suicidality has never been conducted. The study will determine if the teachers' experiences with suicidality can

contribute to the limited body of research regarding risk factors of suicide in young children. It will also investigate whether these insights could potentially inform preventative measures and interventions and contribute to the sparse research on suicidality among elementary school students.

In addition to contributing to the limited pool of research regarding risk factors of suicide in young children, the hope is that the results of this research lead to the development of suicide prevention resources for young children, as well as make appropriate support more readily available to children with mental health difficulties, reduce public stigma surrounding suicide, inform and increase children's knowledge of mental health concerns and pathways to access support. The hope is also to inform teacher and school staff training in the identification of risk factors and warning signs of suicide and mental health disorders. Appropriate referral/intervention methods could also further reduce the risk of suicide.

Youth suicide is preventable (Ehlman et al., 2022 Singer et al., 2019), but research shows that it will require a comprehensive, intentional effort to combat potential risk factors and provide a buffer of support. Since suicide is usually a result of a complex interplay of factors, prevention should be approached through multi-sector and integrated strategies (Ruch, 2021). Limiting access to fatal measures (firearms, other weapons, specific drugs) providing all trauma survivors access to mental health care, especially those from underprivileged areas who might not be able to afford it or have transportation to appointments, the universal implementation of suicide prevention programs beginning in elementary school, and developing a more culturally sensitive method of assessing suicide risk among those populations to help marginalized minority populations overcome reluctance to express suicidal ideation due to stigma are vital to combat suicide (Chu, 2013).

Additionally, with the limited data available for suicide in elementary-aged children, further investigation is needed regarding risk factors, precipitating factors, and other characteristics specific to young children to fully understand how to identify those who are at risk and provide the interventions they need to prevent suicidal behavior. Investigating the experiences of the classroom teacher is critical to further the conversation regarding suicide given the time they spend with these children and the vantage point from which they observe them.

# Chapter Three: Methods

## Overview

The purpose of this transcendental qualitative phenomenological study was to explore elementary teachers' experiences with student suicidality. A phenomenological study focuses on what a shared group of people experience and describes their interpretation of that experience (Creswell & Poth, 2013). Current research has overlooked interviewing elementary school teachers regarding their firsthand experiences with students who have exhibited suicidal behaviors. Considering the number of hours per day students spend with teachers and the increasing numbers of students ages 5-11 with suicidal ideation and behavior, it was essential to explore teachers' perspectives of their experiences with these students. The teachers' experiences could add valuable insight into the reasons for this increase in suicidal behavior and uncover additional risk and precipitating factors that could inform prevention programs, influence interventions for elementary school students and staff, and ultimately decrease suicidal behaviors. This chapter will review the purpose of the study, the research design, and the research questions. In addition, a description of the setting, participants, procedures, data collection, and data analysis will be discussed.

## Design

This study utilized a qualitative research design because of the need to understand the meaning of a complex issue that could only be accomplished through talking to the participants about their lived experiences (Creswell & Poth, 2018). Qualitative research empowers the participants to share their stories and allows them to feel heard. Denzin and Lincoln (2011) describe a qualitative research design as a type of research that uses paradigms to develop a deep understanding of research participants. The current study employed a constructivist paradigm

when interpreting the data. Because it was more intimately tied to human experience, process-based, narrated, and storied data could be provided to the researcher through qualitative research. This paradigm values subjective, human experiences with a phenomenon of both the participant and the researcher (Tomaszewski et al., 2020). It also accounts for the biases of both the participant and researcher. Further, although this paradigm values theory, the theory was used to explain the data gathered from the participants' subjective experiences to support the research questions (Thompson, 2017).

Further, this study was guided by a transcendental phenomenological approach developed by Edmund Husserl. Moustakas (1994) notes that transcendental phenomenology should focus on the experiences of the participants and less on the researcher's interpretations. Bracketing was required to set aside preconceived knowledge and to view/interpret the data non-judgmentally (Sorsa et al., 2015). To that end, this study utilizes elementary teacher interviews where they shared their unique experiences with students in their classrooms who have had suicidal behaviors/ideations. They also described their role in preventing suicide in elementary students, discussed how having students with suicidal behaviors has impacted their view of this role, and shared their perceptions of the barriers to identifying students at risk of suicide. Additionally, teachers were given reflective journals to record their recollections of their experiences with these students during the data collection period. All data collected focused on the teachers' lived experiences. The data collected from the participants was condensed into meaningful quotes and/or statements, then coded into themes (Creswell & Poth, 2018). Therefore, this study's qualitative design with a transcendental phenomenological approach was most applicable.

## Research Questions

RQ 1. What are the experiences of elementary teachers with student suicidality?

RQ 2. How has having a student with suicidal behaviors impacted the teacher's view of his/her role in identifying students at risk of suicide?

RQ 3. What do elementary school teachers perceive as barriers to identifying elementary school students at risk of suicide?

## Setting

The research took place in North Georgia. The district has 106 schools and approximately 106,970 students. The demographics of the student population, as of 2022, were as follows: White, 34.4%, Black, 30.2%, Asian or Pacific Islander, 5.8%, Hispanic/Latino, 24.4 %, and Other, 5.1%. Approximately 40.7 % of students within the district receive free and reduced lunch, and there is a transiency rate of 22.5%. A superintendent and school board guide the policies for the school district. Individual principals and support administration carry out the day-to-day operations of their respective schools.

The school from which the participants were recruited has approximately 400 students. The demographics of the student population as of 2023 are 56.69% White, 23.84% Hispanic, 9.25% Black, 8.52% multiracial, and 1.46% Asian. Further, approximately 36% of the students are on free or reduced-price lunch, indicating a mid/low poverty school. For the confidentiality of the participants, the name of the district and school is being withheld. Pseudonyms were also assigned to each of the participants.

The setting of a qualitative study where data is collected should be a natural setting for the participant (Creswell & Poth, 2018). Seven out of eight of the interviews were conducted in person, but Microsoft Teams was utilized for transcription and recording.

## Participants

When selecting participants, there were two criteria required. Participants had to be elementary teachers currently teaching in grades K-5. The participants must have had experience with students in their classrooms with suicidal behaviors (ideation, attempts, or completion). Nine elementary teachers who met the selection criteria were selected for this study. The initial plan was to recruit teachers from several elementary schools in the Metro Atlanta area. However, after learning about this study, colleagues who happened to work at the same local elementary school signed up to participate in the study. Each participant was assigned a pseudonym to preserve confidentiality.

## Procedures

Upon gaining approval from the Liberty University Institutional Review Board, a screening survey was sent to multiple elementary teachers to determine their interest in participating in the study. Those who were interested were provided consent forms and signed by participants before data collection began. In the survey, teachers were asked for basic demographic information including name (first and last), grade currently teaching, years of teaching experience, highest degree obtained, interest in participation, and experience with a student in their classroom who displayed suicidal ideation, attempts, or completion. All participants who met the eligibility criteria and indicated a willingness to participate were given a consent form to complete.

The consent form outlined the study's purpose, procedures, risks, and limits to confidentiality. All survey participants who signed the consent form and met the eligibility requirements were scheduled for semi-structured, open-ended interviews regarding their experiences with student suicidality. Before conducting the interviews with teachers, however,

the researcher piloted the interview questions with a few colleagues to ensure proper wording and clarity.

Notes were taken throughout the data collection process to continuously review what was being discovered in the data. The participant interviews were transcribed, and writings in reflective journals were analyzed. All raw data were categorized and interpreted into themes. Following data analysis, detailed results and conclusions were reported.

## The Researcher's Role

I have been an elementary school counselor for the past 8 years. Prior to that, I served as a teacher in both middle and elementary school. I have also collaborated with teachers in kindergarten through fifth grades who have had students that struggled with suicidal behaviors and as a teacher, had a student in my classroom who displayed frequent suicidal ideation. Being both a school counselor and former teacher of a student with suicidal behaviors provided credibility with participants, fostered a degree of comfort so that the participants could share their experiences, and assisted with gaining access to the participants to enable an in-depth study. I have no authority or supervision over the teachers, and their participation in this study was entirely voluntary.

As a school counselor, I periodically work with students who have suicidal thoughts and those who have attempted suicide. I have completed safety plans with these students and provided their parents with community contacts, such as therapists and other resources, to address their mental health concerns. My personal experiences with student suicidality and passion for helping prevent it contributed to my ability to recognize themes in the data as well as an understanding of the essence of the teachers' experiences. I was reflexive and articulated my perspectives so that readers could better understand the filters through which data was gathered

and analyzed, and findings were reported (Sutton & Austin, 2015). However, I exercised bracketing of my assumptions and opinions to prevent misrepresenting the participants' experiences or statements (Creswell & Poth, 2018).

During this study, semi-structured interviews were conducted with 8-12 elementary school teachers for approximately one hour each. The interviews were audio and video recorded to analyze inflection, body language, and emotion. The second data collection method consisted of reflective journal entries. Participants were asked to keep a journal of their memories, thoughts, and experiences of student suicidality. This provided additional insight they did not express during the interviews and allowed the teachers time to reflect on their experiences and express their thoughts and feelings without being limited to predetermined questions.

## Data Collection

For the current study, data was collected through interviews and reflective journals. The initial plan included conducting a focus group with the participants, but it was determined after the interviews were completed, that a focus group would most likely yield no new information. Collecting data from more than one source will strengthen and improve the study's overall validity (Carter et al., 2014). Interviews were conducted via Microsoft Teams for the convenience of the participants. Reflective journals were utilized by the participants throughout the study to record additional thoughts regarding their experiences with students. An initial screening survey was also administered to select eligible study participants.

### Interviews

Interviews are valuable to a qualitative study because the participants' answers help to provide an understanding of the phenomenon being studied and the context that influenced their experiences (Creswell & Poth, 2018). Interview questions for this study were semi-structured

and open-ended to provide the respondent the freedom to express themselves openly. The interviews were audio and video recorded using Microsoft Teams, so vocal inflection and body language could be observed in addition to recording the responses. Approximately 18 questions were asked per interview and took approximately 45 minutes to complete. The interviews began with four icebreaker questions to help the participant feel more comfortable and build rapport between the researcher and the participant. The study's questions were designed to collect information regarding the teachers' observation and knowledge of the suicidal student's behavior, peer interactions, family dynamics, academic performance, personality traits, and mental health. Questions were also asked about the teacher's suicide training, self-efficacy in assisting students with suicidal behaviors, opinions about school suicide prevention, and barriers to identifying suicidal students. The questions were also designed using the theoretical lens of IPTS to determine the teachers' experiences and perspectives on the student's social interaction, family dynamics, and school involvement to determine connectedness and potential for thwarted belongingness and social isolation. The lens of 3ST was also used when gathering interview data regarding the teacher's knowledge and insight into the student's trauma history, family dynamics, peer interaction, and mental health history. These factors addressed the student's pain, hopelessness, and outlook on life, three components of 3ST. Acquiring data on mental health history and prior suicide attempts related to the acquired ability to complete suicide, which is relevant to both theories.

Nine elementary school teachers were chosen to participate in the interview process, as data saturation was reached with this number of participants. Taking the time to hear from the participants directly using interviews allowed them to feel heard, empowered them to share their

experiences, and deemphasized the power relationship that can sometimes be present in a research study (Creswell & Poth, 2018).

***Individual Interview Questions***

1. What inspired you to become a teacher?

2. What do you enjoy most about being a teacher?

3. What are your proudest accomplishments as a teacher?

4. What do you feel your superpowers are as a teacher?

5. Describe your experience(s) with a student in your classroom who has had either suicidal ideation, suicide attempts, or has completed suicide.

6. Describe how you knew about the student's suicidal behavior. Did you observe it? Did someone report it? What steps were taken?

7. Looking back, can you remember any specific behavior(s) the student displayed that made you think they could be suicidal?

8. Describe the student's overall mental health, in your opinion. Did they have any diagnosed mental health conditions you are aware of? Trauma history? Previous Suicide Attempts?

9. Describe the student's personality, character traits, behavior, etc.

10. Describe the student's family dynamics.

11. Describe the student's peer relationships. Relationships with teachers? Were they involved in school activities?

12. Describe the student's academic performance.

13. Describe any suicide prevention/intervention training you have received. When? Where?

14. What is your opinion about implementing suicide prevention in the school setting?

15. Describe what you feel a teacher's role/responsibility is in recognizing potential signs of suicide in students.

16. Describe your level of self-efficacy with identifying signs of suicide in students.

17. Do you feel there are any barriers to teachers identifying students at risk of suicide?

18. Is there anything you would like to add or feel we did not cover in today's interview?

Questions one through four are icebreaker questions to help the participant feel comfortable and build rapport. Questions five and six collected information about participants' perceptions of their responsibility in identifying mental health concerns and signs of student suicidality. Studies show that teachers' perceptions of their role in suicide prevention are essential to implementing prevention programs in schools (Hatton et al., 2017). Questions seven and eight were included to determine a teacher's level of self-efficacy in dealing with suicidal behavior in students and the suicide prevention training they have received. This is important because teachers are often the first adults to observe psychological or emotional concerns in children and are often untrained in recognizing signs and symptoms of suicide or mental health disorders (Nadeem et al., 2016). Research has also shown a relationship between a teacher's self-efficacy level and the importance they attach to identifying student suicidality (Appleby, 2016; Haugen et al., 2022).

Questions nine through sixteen gathered information about the teacher's experiences with a student who displayed suicidal behaviors. They were based on significant risk factors for suicide in young children as cited in research, including mental health concerns, prior suicide attempts, family factors, and peer relationships (Bilsen, 2018; Brock & Reeves, 2018; Ong et al., 2020; Ruch et al., 2021; Skaine, 2015; Tishler et al., 2007). These questions explored a student's history of pain, hopelessness, and connectedness, as proposed by 3ST as contributing factors to

suicidal behavior (Klonsky & May, 2015). Further, these questions explored the student's potential for thwarted belongingness and perceived burdensomeness by exploring the student's relationships (ex. family, peer, and school) which are posited by IPTS as contributing factors to suicidal behavior. It also addressed the student's capability for suicide by looking at trauma history, previous suicide attempts, mental health disorders, and personality traits (Chu et al., 2017; Van Orden et al., 2010). This is a guiding concept of both 3ST and ITPS. Due to the sensitive nature of this group of questions, there was a possibility that these questions may have triggered an emotional response. Not only could the teachers have refused to respond to one or more of the questions, but also if they participated and later needed to process their feelings, they could have been provided with free visits to a mental health provider by their school district. Question 17 examined the participant's opinions about implementing suicide prevention within the school. Understanding how teachers feel about suicide prevention programs is crucial to deploying them across a school district with greater success. (Nadeem, 2011). The final question, question 18, allowed the participants to comment on any part of their experience that was not covered during the interview.

Surveys/Questionnaires

A screening survey was administered using Microsoft Forms and delivered via email to teachers to collect demographic information and their experience with student suicidality. They also provided their personal email addresses and signed a consent form if they agreed to participate in the study. Demographic information collected included the participant's name, years of teaching, name of the school where they are currently teaching, grade level, and experience with student suicidality.

### Document Analysis

Participants were asked to keep a reflective journal during the weeks of data collection to share recollections of their experiences with student suicidality. They were asked to record their memories of the student(s)' personality traits, behaviors, work habits, mental health concerns, academic performance, peer interactions, family relationships, and any other factors/characteristics they could recall regarding that student during the research process.

Keeping a reflective journal in a qualitative study is an opportunity to further explore the teachers' lived experiences with student suicidality (Lutz and Paretti, 2019). It is also a way to collect additional data in an unstructured manner, unhindered by structured questions.

## Data Analysis

Qualitative data analysis is a "process of bringing order, structure, and meaning to the mass of collected data" (Marshall & Rossman, 1990). In this study, an analytical framework was used to investigate and understand the essence of the participants' experiences. Several steps were taken to process the research data thoroughly and accurately. First, note-taking (memoing) was employed while conducting the interviews as well as reading the accompanying transcripts and reflective journals to gain an overall understanding of the data. The raw data collected from participant interviews were transcribed verbatim and saved to a local drive on the researcher's personal computer in a digital file. Pseudonyms were used in place of participants' names to protect their identities. This researcher was the only person with access to personally identifying information.

A list of statements was compiled from the raw data regarding their experiences in a process. called horizontalization (Moustakas, 1994). This process was utilized to find meanings within the data and organize it into initial categories or codes. The codes were also labeled and

classified into themes. Analyzing the themes helped find consistencies, specific patterns of meaning, and repeating patterns in the data (Kiger & Varpio, 2020). Careful interpretations of the themes were made and compared to ones found in the existing literature to uncover possible alternative meanings. Finally, a visual representation of the data was presented in a table, and a summary of the essence of the participants' experiences was written.

## Trustworthiness

A study's trustworthiness is based upon confidence in the data, its interpretation, and methodologies used to ensure a study's quality. Trustworthiness is at the heart of sound research and is what helps others accept research findings (Connelly, 2016; Jordan et al., 2015). For this study, member checking, an audit trail and triangulation were completed to ensure trustworthiness in the research. The audit trail consisted of detailed notes about how the data was collected and analyzed. The study findings can be confirmed by reading the methods and data analysis sections and reflecting on the participants' narratives. It also clarifies to the reader the logical path taken to make decisions in the research and makes the study more reliable. Triangulation involves collecting data from more than one source. It corroborates the evidence for a perspective or theme and helps the researcher gain a more comprehensive understanding of the data.

### Credibility

The credibility of a study is the level of confidence in the research findings. Similar to internal validity in quantitative designs, credibility in a qualitative study speaks to the extent to which the observed results accurately represent the participants' experiences (Connelly, 2016). For this study, triangulation, or collecting data using multiple sources was used to establish credibility. Data was collected from interviews and reflective journals. Member checking, or

participant review and validation of data for accuracy through debriefing with expert researchers, will be employed to build additional research credibility (Birt et al., 2016, Shenton, 2004).

**Dependability**

To show dependability in a study, the data should be stable over time, consistent, and repeatable (Connelly, 2016). When a study is dependable, other researchers should be able to draw similar interpretations, findings, and conclusions, based on the data. An audit trail, or in-depth record that explicitly describes data collection and analysis, was employed for this study.

**Confirmability**

Confirmability in qualitative research refers to the confidence that the findings are neutral and based upon the participants' narratives/words and not on the researcher's biases (Polit & Beck, 2014). Direct quotes from the study participants were employed to ensure confirmability. Bracketing of the research was implemented to ensure that personal beliefs did not become barriers to the objectivity of the participants (Butler, 2016). This was accomplished through composing a list of the researcher's personal biases or potential data outcomes prior to data collection to help prevent these from influencing the analysis of the data.

**Transferability**

Transferability is a measurement of whether the results of a study are applicable in other settings or contexts (Polit & Beck, 2014). This study provided a detailed description of the research site, study participants, research methodology, and data collection and analysis to demonstrate transferability. Clear articulation of research methods is essential so that readers can understand what, why, and how the research study was conducted as well as for future study reproduction (Aguinas, 2019).

## Ethical Considerations

Several ethical considerations guided the research design and ensured the participants' protection. IRB approval was obtained to protect the participant's rights and welfare and confirm study ethics. A dissertation proposal defense was also completed and approved by a university committee. Participation in this study was entirely voluntary, informed consent was obtained, and anonymity was exercised for each participant using pseudonyms. Also, all data was kept in a password-protected file for confidentiality, no teacher or student names were used in the report, and no participant-identifying information was revealed in the study or to other parties.

Due to the sensitive nature of this study, there was potential for participants to experience uncomfortable feelings or thoughts while revisiting distressing memories about suicidality in their students. Although the risk was low, to reduce the chance of harm, participants had the right to end their participation at any time, and the teachers were provided access to mental health providers free of charge should they have needed psychological support.

## Summary

In summary, this transcendental phenomenological study explored the experiences of elementary school teachers with student suicidality. IRB approval was sought to ensure the protection of the participants and study ethics. Then, purposeful sampling was used to acquire participants. Participants consisted of currently employed elementary school teachers with direct experience with suicidal behavior in their student(s). Multiple forms of data collection, including interviews and reflective journals were utilized to gather data from the participants and were coded into themes. To ensure the trustworthiness of the data, an audit trail, member checking, and triangulation were implemented. Using these safety measures increased the credibility of the research, ensured ethical consideration of the participants, and promoted transferability.

# Chapter Four: Findings

## Overview

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality. This study provides a detailed account and understanding of elementary teachers' observations of these students. The hope is that this study can provide helpful insights into student suicide in children ages 5-11. This chapter provides an in-depth description of the findings obtained from semi-structured interviews and participant reflective journals. The key findings were analyzed to answer the following research questions:

**Research Question 1:** What are the experiences of elementary teachers with student suicidality?

**Research Question 2:** How has having a student with suicidal behaviors impacted the teacher's view of his/her role in identifying students at risk of suicide?

**Research Question 3:** What do elementary school teachers perceive as barriers to identifying elementary school students at risk of suicide?

This chapter also provides descriptions of participants along with an explanation of three themes and their respective subthemes that emerged from the data.

## Participants

This section presents a description of the lived experiences of nine participants who are current, certified elementary teachers in grades K-5 in the Metro Atlanta Area. Purposeful sampling was utilized to recruit the participants. All nine teachers were female, with one identifying as Hispanic, one as Filipino, and seven as Caucasian. Participants included one kindergarten teacher, one first grade teacher, one third grade teacher, three fifth grade teachers, one English as a second language (ESOL) teacher, one art teacher, and one teacher of gifted

students. The ESOL, Art, and gifted teachers instruct students across all grade levels (K-5) and previously were single-grade level teachers. Their years of teaching experience ranged from 8-30 years, and each of the participants had at least a master's degree.

The participants indicated their interest in the study and provided demographic information through a screening survey via Microsoft Forms. Two qualifiers had to be met to be considered for the study. They had to be currently employed as elementary school teachers in grades K-5 and have had a student or students in their classrooms who have had suicidal ideation, made suicide attempts, or have completed suicide. All nine participants were teachers at the same elementary school in the Metro Atlanta area. Eight out of nine interviews were conducted in person, but Microsoft Teams was utilized for recording and transcribing purposes. Culturally appropriate and gender-specific pseudonyms were used to identify the participants, as well as to protect their identities, according to Liberty University's Institutional Review Board (IRB) guidelines. The table below lists the participants' pseudonyms, grade levels, years in education, and race.

Table 1

*Teacher Participant Demographics*

| **Pseudonym** | **Grade Level** | **Years of Experience** | **Ethnicity** |
|---|---|---|---|
| Maria | K | 8 | Hispanic |
| Gloria | K-5 (Art) | 15 | Filipino |
| Patricia | 3 | 12 | Caucasian |
| Mary | K-5 (ESOL) | 19 | Caucasian |
| Jill | K-5 (Gifted) | 30 | Caucasian |
| Nancy | 4/5 | 19 | Caucasian |

| | | | |
|---|---|---|---|
| Dina | 4/5 | 18 | Caucasian |
| Shelley | 5 | 23 | Caucasian |
| Anna | 5 | 10 | Caucasian |

Before the interviews, a consent form was provided to each participant for their signatures, and all questions regarding the study were answered along with any needed clarifications. The reflective journal activity was also provided, and directions were explained to the participants.

**Maria**

Maria has been a classroom teacher for eight years. She has experience working in kindergarten and first grade and is currently a kindergarten teacher. She spent the first five years of her teaching career in New York and moved to Georgia in 2020, where she continued teaching elementary school. She expressed that she became a teacher because of "the thought of helping children like her sister who struggled with reading." Her favorite parts of being a teacher are "watching a child finally get something that I taught them" and "having the flexibility to help a struggling child learn the content." She expressed pride in her ability to explain concepts in a way that are easy for students to understand. Because of her experience with student suicidal behavior, she expressed that she was "not very confident" with identifying students at risk of suicide. She also said, "I feel like I should learn more…I wish I had more resources for younger kids."

**Gloria**

Gloria is an art teacher for grades K-5. She became an art teacher three years ago after teaching in the classroom for 12 years. She has taught first grade, fifth grade, and now art. She

also co-taught for a few years with a special education teacher in the fifth-grade classroom. She expressed that she became a teacher because she loves children and it provided her with the opportunity to make a positive impact. She shared that she loves seeing the children grasp concepts they didn't know before and especially helping students that struggle. She also feels that she has a gift for creating a safe and positive environment for kids. This feeling carries over to their emotional well-being as well. Gloria noted that although she considers herself "very aware of kids' feelings", it is possible to be dismissive of the signs because of the overwhelmingness of having all of the other things in a day for a teacher."

**Patricia**

Patricia is a third-grade teacher with 12 years of experience. She has worked with students in both the general education and special education population. She expressed how she has "wanted to be a teacher since she was a child." Her favorite aspect of being a teacher is building long-lasting relationships with the students. She takes pride in the success of her students and always tries to make learning fun. She also feels she has the ability to encourage and connect with all learners. Her experience with student suicide has helped her realize that she "is not equipped to identify it" in her students unless they verbalize it or they "come in and are sad every single day."

**Mary**

Mary, an ESOL teacher, serves all grade levels in an elementary school. She has been teaching for 19 years and prior to serving as an ESOL teacher, she taught third grade. She shared that she became a teacher due to prompting by her father. She was initially skeptical about her career choice, but found that she enjoyed building relationships with her students and strived to create ones that last for many years, past elementary school. Although she feels she gets to know her students well, she expressed that she does not feel very confident in identifying signs of

suicide in her students. She also had a great deal of disappointment that she not only missed the signs in her student that she describes in the current study, but "I missed it in my own child."

**Jill**

Jill is a teacher of elementary gifted students in grades K-5. She has taught multiple grade levels over the past 31 years. She expressed that teaching is a passion and a calling and still feels "energized by the job" even after serving in the profession for so many years. She originally became interested in teaching as a child. Her father was in the military, and they moved a great deal. She found that her safe and welcoming space, as well as comfort and stability was always found in the classroom with her teachers regardless of where she moved. She expressed that after becoming a teacher, she appreciated the opportunity to meet the diverse needs of learners. Jill also highlighted the importance of a teacher's role in addressing a student's mental health needs, especially suicidal behavior. She said, "It's extremely important that teachers be aware, know the signs, and know what to do, even when they're not sure…That was always one of the things I was worried about."

**Nancy**

Nancy teaches both fourth and fifth-grade advanced content English Language Arts students. She has been a teacher for the past 19 years and worked in marketing prior to becoming an educator. Her journey into teaching began when she realized in her former profession that what she was doing "really didn't matter." She felt that being a teacher did, in fact, matter and she could help someone. As a result of her experience(s) with student suicidality, she found that "it just makes it more real that it really could happen."

**Dina**

Dina currently teaches 5th grade mathematics (both AC and on level). During her 18 years of experience as an educator, she has taught both elementary and middle school. Prior to becoming a teacher, she worked in a regional youth detention center as an officer and later as a juvenile counselor in a psychiatric hospital. She realized that teaching came naturally to her and that she could have "a greater impact on more youth" if she went into the classroom and used the tools and insights she gained as an officer and counselor. She expressed that her favorite thing about being a teacher is building relationships with the students and she strives to always make the students feel accepted, show them patience and compassion and let them know that she is their advocate. Although she feels more confident than other participants, based on her former position as a youth counselor in a youth detention center, she expressed that "her abilities have gone down a bit and external demands (of a teacher) can kind of get in the way."

**Shelley**

Shelley has 23 years of teaching experience in elementary school. She has taught kindergarten, fourth, and fifth grades, but is currently teaching 5th grade. She shared that she initially just "kind of fell into teaching." She began in kindergarten and found great reward in teaching kids how to read. Building relationships with students is her favorite aspect of being a teacher and is proud of her ability to make engaging social studies lessons. While she loves teaching, she especially enjoys building relationships with students. She believes that relationships are what enable a teacher to be more aware when social, academic, and/or emotional issues are present in students. After her recent experience with student suicidal behavior, she feels that "It (suicidal behavior) is on the rise, and we need to be aware that we don't have enough tools."

### Anna

Anna is a 5th grade elementary school teacher with 10 years of experience. This is her first year teaching fifth grade, as she has spent the majority of her time in first grade. She explained that she has always wanted to be a teacher and "loves seeing the change that I can make in kids academically and socially-emotionally." Of her teaching accomplishments, having the opportunity to make a difference in the lives of children is the thing she is proudest of. She expressed that teachers have a responsibility to be more aware of the mental health needs of students, but is concerned that her "lack of training and not knowing what to look for" could hinder recognizing suicidal behavior in her students.

## Results

The Central Research Question for this study was: What are elementary teachers' experiences with student suicidality? Participants answered interview questions developed from research in the literature review in Chapter Two and were also based upon the research questions. Upon analyzing the data from the interviews and reflective journals, numerous similarities emerged in the participants' responses regarding their experiences with suicidal behavior in their students. These similarities were coded and developed into three themes. Theme One, "Student Stressors and Adverse Experiences" connected to research question one. The second theme, "The Impact of Student Suicidal Behavior on Teachers" referred to research question two, although the subtheme, "lack of preparation" was found to be a subtheme for research question three. The third theme, "Barriers to Identifying Suicidal Behavior in Students" connected to research question three, although research questions two and three shared a common subtheme, "Lack of Preparation."

**Theme Development**

Detailed notes were taken throughout the interview process, noting body language, emotional reactions, tone of voice, and emerging themes (Muswazi & Nhamo, 2013). A list of direct quotes was also compiled based on the experiences of the participants and were coded, labeled, and classified into themes. Then consistencies, specific patterns of meaning, and repeating patterns were identified, and themes were carefully interpreted.

During the data collection process, which included conducting semi-structured interviews and keeping a reflective journal, three primary themes emerged, along with related sub-themes. The themes were: student stressors and adverse experiences, the impact of student suicidal behavior on teachers, and barriers to identifying suicidal behavior in students. Table 4.1 displays the themes and subthemes that were derived from the analysis of the research data.

Table 2

*Study's Themes and Subthemes*

| Themes | Subthemes |
|---|---|
| Student Stressors and Adverse Experiences | Trauma History<br><br>Mental Illness/Mental Health Conditions (personal or family history)<br><br>Emotional Dysregulation<br><br>Family Dysfunction |

| | |
|---|---|
| The Impact of Student Suicidal Behavior on Teachers | Lack of preparation<br><br>Desire for Suicide Prevention/Intervention |
| Barriers to Identifying Suicidal Behavior in Students | Lack of Time<br><br>Lack of Preparation |

***Theme number one.*** The first theme, student stressors and adverse experiences represented the variety of personal characteristics and environmental and psychosocial factors that were prevalent in the participants' descriptions of their students when describing student suicidality. This theme can be further explained through four subthemes: trauma history, mental health conditions, emotional dysregulation, and family dysfunction.

*Subtheme number one.* The first subtheme, trauma history, was reported for six out of nine of the students as described by the participants. Two of the students had experienced physical and/or emotional abuse, one had a history of sexual abuse, and three were abandoned suddenly by a parent.

*Subtheme number two.* The second subtheme was the presence of mental health conditions. Participants reported a diagnosed mental health condition for three out of nine students, a family history of mental illness in two of the cases, and suspected mental health concerns in the other four students. For example, a first-grade student in Maria's classroom had a family history of mental illness. His father and his three half-siblings were diagnosed with bipolar disorder and/or schizophrenia. Maria felt like the student also had a mental health

disorder but was undiagnosed. She noticed that when things went his way, he could be very sweet, but it was almost like "he had a switch." She said, "Something would trigger him out of nowhere and he would just get angry and just start trying to hurt others."

Another example of the presence of a mental health condition was Mary's third-grade student who had a formal diagnosis of bipolar disorder, schizophrenia, and ADHD. She noted that "some days she'd come in and she'd be really quiet and then other days she'd be almost manic, and it could change throughout the day too, sometimes."

*Subtheme number three*. The third subtheme was the prevalence of emotional dysregulation. Each of the students described by the participants displayed varying degrees of difficulty regulating their emotions. According to the participants, several of their students "shut down" when they were having difficulty with academics or were asked to perform a nonpreferred activity and three of the students were either physically or verbally aggressive toward other students or teachers.

*Subtheme four*. The fourth subtheme was family dysfunction. Eight out of nine participants reported varying degrees of dysfunction within their students' families. Two of the concerns included Patricia and Shelley's reports of maternal abandonment. Also, Nancy and Anna reported cases of parental incarceration, while Gloria mentioned constant fighting within her student's home. Other dysfunction included descriptions of divorce and a lack of parental nurturing.

***Theme number two***. *The second theme,* the impact of student suicidal behavior on teachers, refers to the effect that their experiences with student suicide had on them personally and/or professionally. This theme will be further explained using two subthemes: lack of preparation and the desire for a school-wide suicide prevention program.

*Subtheme number one.* The first subtheme, lack of preparation, was reported by all nine participants. They expressed the desire for additional training as a result of their experiences and felt that if they knew what signs to look for in their students as well as how to respond to them, they could be more effective and feel more confident.

*Subtheme number two.* Another subtheme that emerged through data analysis is the desire for a suicide prevention/intervention program. Participants had split opinions on what type of intervention program should be implemented with elementary students. All participants felt that staff needed more training and preparation, but only four out of nine were emphatic about implementing a school-wide suicide prevention program. Another four were hesitant to provide their approval because they felt the students were too young to be introduced to the topic of suicide. However, the same four felt it should be addressed in a small group setting with students who struggled with suicidal behaviors. The final participant felt that a school-wide program with students would encourage them to consider suicide as an option, rather than serving as a deterrent. She noted that "something needs to done" to help prevent suicide, but just was unsure about the solution.

***Theme number three.*** The third theme, barriers to identifying suicidal behavior in students refers to those factors that could prevent participants from successfully recognizing signs of suicide and related behaviors and risk factors. Most participants felt that they lacked sufficient time and knowledge to adequately address the mental health concerns of their students.

*Subtheme number one.* A lack of time was echoed multiple times in the participant interviews. They expressed that there are so many demands placed upon them like lesson planning, grading, standardized testing, meetings, disruptive behaviors etc., that they can often prevent them from recognizing concerns related to mental health in their students. They all

voiced an opinion that teachers play a vital role in their student's mental health needs, but say that even with good intentions, those needs can go unnoticed.

*Subtheme number two.* Lack of preparation was another issue presented as a barrier to identifying suicidal behavior. All participants expressed a desire for suicide training so they could better serve their students. Only two of the nine participants had had formal training, but it had occurred so long ago, that they felt a refresher was greatly needed. Also, only one of the nine participants felt relatively confident that she could identify a student who was potentially suicidal. The other participants said that the signs of suicide would have to be obvious for them to recognize them, such as verbal or written expressions of suicidal ideation or extreme sadness/depression.

**Research Question Narrative**

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality. This study provides a detailed account and understanding of elementary teachers' interactions with and observations of these students. Through analysis of participants' semi-structured interviews and reflective journals, three themes emerged. Theme one was the prevalence of student stressors and adverse experiences in instances of student suicidality and was pertinent to answering research question one. Theme two was the impact of student suicidal behavior on teachers, and it was only pertinent to research

question two. Research from theme three and its subthemes, along with the sub theme "feeling unprepared" from theme two, answered research question three.

**Theme 1 – Prevalence of student stressors and adverse experiences in instances of student suicidality.** This section provides an explanation of the research data that supports research question one. This includes evidence from theme one and its subthemes.

***Research question one.*** *What are the experiences of elementary teachers with student suicidality?* The participants in this study provided an account of their experience or experiences with suicidal behavior in their students. In their descriptions, each participant noted that the student faced at least one adverse experience and/or student stressor. Four subthemes emerged from their descriptions of their experiences: trauma history, personal or family history of mental illness/mental health concerns, emotional dysregulation, and family dysfunction. These subthemes matched many of the suicidal risk factors presented in the literature review.

***Trauma history***

Six out of nine students, as described by participants in this study, had a history of trauma. One student experienced physical abuse at the hands of his mother. As an example, Patricia noted:

> I had a student before. He was raised by a single dad, and his home life was not the most positive. There was a situation where he was taken from his mom because she physically abused him. His mom had taken his head and slammed it on a table. So, she had lost custodial rights and couldn't see him.

There was also a case of sexual abuse, described by Mary that her student had endured from the age of three, until the abuse was revealed in the third grade. Mary shared that the school counselor was in the classroom delivering a lesson and noticed that the student was rubbing her

breasts repeatedly. Concerned, the counselor chatted with the student privately and she revealed that she was being sexually abused by her uncle.

Another major traumatic experience was described by Nancy. Clearly shaken, she shared the following incident regarding her second-grade student:

> A year before entering my class, his mother went to work, and she had a boyfriend, and the boyfriend stayed home and he was the babysitter (for the student and his younger brother). Something happened with the boys, like when the boys were "bad." The boyfriend beat the student's three-year-old brother so badly that he died right in front of the student. It like, gives me chills.

### *Mental Illness/Mental Health Conditions*

Each description provided by the participants revealed either a mental illness or mental health condition in the student, a family history of a mental health condition, or a suspected mental health condition. The conditions presented by the participants varied, and included ADHD, anxiety, depression, bipolar disorder, and schizophrenia. During the interview with Maria, she described a family history of mental illness in her first grade student and observed behaviors in him that made her suspect he could be struggling with it as well. She said: The student's biological father and all of the student's half-siblings (dad's children) had been diagnosed with either schizophrenia or bipolar disorder. He (her student) may be going through something like that (mental illness).

Gloria referred to a marked change in her fifth grade student's behavior that was so significant that she became very concerned that she could be struggling with depression. She reported:

> When I saw her in the younger years, just bright and bubbly and just always in the hall bouncing around. When she would see me, you know she would say Hi, but

> then when she got to me (in fifth grade), so you know, after several years, she got to my class and was a totally different kid. Very reserved…lack of confidence, didn't really associate with a lot of children, very to herself…isolated. And because I had known her before, you could tell that something was wrong. She didn't seem like a child. Like, she didn't seem very good.

An additional example of mental illness was shared in an interview with Mary. The third-grade student she described had been diagnosed with ADHD, bipolar disorder, and schizophrenia. This was the same student who had been sexually abused for at least five years by her uncle. She reported that her student's moods became more unpredictable, in that "some days she'd come in and she'd be really quiet and then other days she'd be almost manic, and it could change throughout the day too, sometimes."

***Emotional Dysregulation***

Every student reported by the participants had difficulty with emotional regulation. From outbursts during class to shutting down or frequent crying when feeling unsuccessful, to being constantly reactive with teachers and peers, the teachers indicated this concern was substantial. Shelley described it in her student as a "roller coaster ride" because "you never knew how he was going to be."

***Family Dysfunction***.

Eight out of nine participants reported considerable family dysfunction in their students' households. There were instances of parental abandonment, several cases of divorce, parental neglect, parent-child discord, and prior suicide attempts by family members. As an example, Nancy noted that after her student's younger brother was beaten to death by his mother's boyfriend, "his home life continued to be unstable." According to Nancy, even after the murder of her

younger son at the hands of a boyfriend, she still allowed her children to be exposed to multiple boyfriends.

**Theme Two – Impact of Student Suicidal Behavior on Teachers.** This section provides an explanation of the research data that supports research question two. This includes evidence from theme two and its subthemes.

**Research Question 2:** How has having a student with suicidal behaviors impacted the teacher's view of his/her role in identifying students at risk of suicide?

Following their experiences with student suicidality, most of the teachers expressed an increased need for training in recognizing signs of suicide and appropriate interventions because many felt unprepared to identify students at risk. Only two out of nine teachers had formal training in suicide risk factors, signs of suicide, or interventions. Mary had been taught how to identify warning signs by a psychologist who had treated her own daughter when she was displaying suicidal behavior. Dina had similar training but had also received formal training in suicide prevention/intervention when she worked as an officer at a juvenile detention center. The other participants reported viewing a short training video provided each year by the school district. None of the participants were provided any training in suicide prevention during their teacher preparation programs.

***Lack of preparation/training***

All nine participants felt that they needed additional training in order to feel more confident in recognizing potential signs of suicidal behaviors in their students. As a result of their experiences with student suicidality, they realized that suicidal behaviors can actually occur in elementary school-aged children and that they, as teachers, have a vital role in identifying

them. They felt that in order for them to take the appropriate intervention steps, more training was needed.

***Desire for /Suicide Prevention/Intervention***

Four of the participants thought a school-wide prevention program for students could be effective as long as it was developmentally appropriate for elementary-aged students. However, four were more hesitant because they were concerned about potential problems that could arise from presenting information about suicide to such young students. Maria, Patricia, Dina, and Anna enthusiastically expressed the need for a school-wide suicide prevention program. Maria shared that she "100%" felt that a program needed to be developed for both students and adults. She noted, "I still have so much to learn, especially the signs and how that looks, like every child is different, especially culturally." She also wanted to know some warning signs she should look out for in her students and some things she needs to implement in her classroom. She also shared:

> I know for me, thinking about suicide was something I couldn't even think about or bring up or anything like that because I had to be lucky with what I had. So, I couldn't like even think about that or think about being sad. But I'm sure other cultures do probably share and can talk about this stuff, but I feel like having it in school would allow everybody to understand what it is and how to talk about it, who to talk to and how to understand it.

Patricia felt that there should be a school-wide prevention program but expressed that "it should be on an elementary level, so addressing more of the emotional needs of children and figuring out what the negatives are in their life and how to bounce back and transition easier."

Gloria, Mary, Jill, and Nancy felt that a school-wide prevention program was not appropriate for all students but thought a more targeted approach should be taken for students who are known to have struggled with suicidal behaviors. Shelley expressed that "something needs to be done," but was worried that teaching all students about suicide would "put things in their heads" that were not there before. In other words, she felt it might introduce children to the concept of suicide as an option they may never have thought of.

**Theme Three: Barriers to identifying suicidal behavior in students**

This section provides an explanation of the research data that supports sub question 2. This includes evidence from theme two and the subtheme, "feeling unprepared," as well as theme three and its subthemes, "lack of time" and "disruptive classroom behaviors."

**Research question 3:** What do elementary school teachers perceive as barriers to identifying elementary school students at risk of suicide?

***Lack of Time.***

One of the primary barriers that hindered participants from identifying elementary school students at risk of suicide was a lack of time. From lesson planning and school and district-level curriculum requirements to standardized testing and dealing with severe behaviors that demand attention, participants commented that teaching could be overwhelming sometimes with all of their responsibilities. Six out of nine participants noted a lack of time as a factor preventing them from meeting the basic mental health needs of their students. They felt that sometimes the social-emotional needs of students ended up being secondary to the exorbitant amount of other responsibilities they have. For example, Jill explained, "We're so busy collecting data on academics that we're checking all the boxes off, you know. Are they on level G in reading, have they mastered their phonics? There are all of those things that we're checking on, but we're never really checking in on their mental health."

Also, Mary noted that some of the children that have extreme or disruptive behavior concerns take time away from the students that are withdrawn and quiet, but who can also be struggling with mental health concerns and/or suicidal thoughts. Mary noted that "since they are not bothering you, you don't put as much effort into them."

### *Lack of preparation/training*

The other barrier identified by participants as a hindrance to identifying suicidal behavior in their students is a lack of preparation/training on this phenomenon. They all felt that additional training would increase their self-efficacy, and as a result, their comfort level with meeting the mental health needs of their students. For instance, Gloria felt that as students get older, "they just don't say anything…they don't even want to talk to us," making it more important that teachers are aware of what is going on with them.

## Summary

In this chapter, the findings of the lived experiences of elementary teachers who have had students with suicidal behaviors were discussed. Through analysis of participants' semi-structured interviews and reflective journals, three themes emerged. Theme one, "The Prevalence of Student Stressors and Adverse Experiences," was evident in answering research question one. Theme two, "The Impact of Student Suicidal Behavior on Teachers," was evident in research question two, but one of the subthemes, "lack of preparation" was also connected to research question three. Theme three, "Barriers to Identifying Suicidal Behavior in Students," was connected to research question three, although research questions two and three shared a common subtheme, "Lack of Preparation."

Theme one," The Prevalence of Student Stressors and Adverse Experiences" in instances of student suicidality, emerged from the numerous participant responses related to student

trauma history, students' mental health diagnoses or parental diagnosis(es), emotional dysregulation, and family dysfunction. Theme two, The Impact of Student Suicidal Behavior on Teachers", emerged from participants' consistent remarks about the lack of preparation and their feelings toward implementing a suicide prevention program for teachers and students. Theme three, "Barriers to Identifying Suicidal Behaviors in Students", occurred from participants' similar responses regarding the lack of time they have to devote to students' mental health needs and the lack of preparation and understanding of suicidal behaviors. They explained that because of school and district-level curriculum requirements, standardized testing, and dealing with serious behaviors that demand attention, the needs of quieter students who may be depressed or withdrawn may be overlooked.

# Chapter Five: Conclusion

## Overview

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality. The problem was a lack of ways that this study could provide helpful insight into suicidality in children ages 5-11. This chapter provides a summary of the study's findings from Chapter Four, a discussion of the results as they relate to the research questions that guided the study, the current literature and theoretical orientation, as well as the theoretical, empirical, and practical implications, limitations, and recommendations for future research. Three research questions guided the current study. They include:

**Research Question 1:** What are the experiences of elementary teachers with student suicidality?

**Research Question 2:** How has having a student with suicidal behaviors impacted the teacher's view of his/her role in identifying students at risk of suicide?

**Research Question 3:** What do elementary school teachers perceive as barriers to identifying elementary school students at risk of suicide?

## Summary of Findings

Nine elementary school teachers from the Metro Atlanta area volunteered to participate in the current study and share their experiences with student suicidality. They participated in semi-structured interviews and completed reflective journals. Upon analysis of the data, three themes and subthemes emerged. The first theme, "Student Stressors and Adverse Experiences," described personal characteristics and environmental and psychosocial factors that participants shared repeatedly in their descriptions of experiences with students having suicidal behaviors. This theme was supported by four subthemes: trauma history, mental health conditions,

emotional dysregulation, and family dysfunction. Theme one, along with the four subthemes, answered research question one, which asked, "What are the experiences of elementary teachers with student suicidality? Participants identified several common factors describing characteristics of these students as well as their experiences with these students. Theme two, "The Impact of Student Suicidal Behavior on Teachers," described how they were affected by their experiences. Two subthemes also emerged for theme two, "Lack of Preparation" and "Desire for /Suicide Prevention/Intervention." This theme and subthemes answered research question two. The subtheme, Lack of Preparation, also helped to answer research question three. Participants expressed that they felt unprepared to respond to suicidal behaviors and did not have sufficient training to identify students at risk of suicide. They all felt like action should be taken to prevent suicide in children but had strong opinions regarding what type of intervention should occur at the elementary school level. The third theme, "Barriers to identifying suicidal behavior in students," along with the subthemes "Lack of Time" and "Lack of Preparation," answered research question three. Participants revealed that they have so many demands placed upon them from the district and state level that focus on curriculum, grading, and standardized testing, as well as disruptive behaviors in the classroom, that the mental health needs of their students can be overlooked.

The intention of the first research question was to gain an in-depth understanding of the teachers' insight into their students with a history of suicidal behaviors. The purpose of exploring this information was to determine what factors teachers have observed in their students that could provide valuable data to the current literature on suicide in young children. Gaining a better understanding of these factors could help explain and predict suicidal behavior.

The second research question explored how having a student with suicidal behaviors has impacted the view of their role in identifying students at risk of suicide. The purpose of this question was to explore teachers' perceptions of their role in suicide prevention. Then, if they felt that they play a role, how has that view changed after their personal experience with suicidal behavior in their students? Their answers to this question provide a glimpse into their value of student mental health needs.

The third research question was designed to determine if the teachers felt that any barriers existed that could prevent them from properly identifying students at risk of suicide. This question was important because it could reveal potential obstacles, as viewed by teachers, that need to be considered in order for them to adequately identify suicidal behavior.

## Discussion

This study was conducted with the possibility of adding valuable data to the current literature on suicidality in young children ages 5-11. Through an in-depth review of available studies on this phenomenon, it was discovered that not only was there a dearth of research regarding the prevalence of suicide in children ages 5-11, but there were no qualitative studies conducted where teachers were interviewed regarding their experiences with these children. Given the amount of time teachers spend with their students, it would stand to reason that they could offer valuable insights and perceptions that could advance the current research on suicidality in young children.

During the current study, participants shared detailed experiences regarding their students with displayed suicidal behavior. They revealed a variety of details regarding the students' home lives, their connections to school and home, academic performance, peer relationships, trauma history, and personal and family history of mental health conditions. They also revealed the

impact that having a student with suicidal behaviors had on the perception of their role in identifying suicidal behaviors in their students, along with any potential barriers to fulfilling this role. The information provided through semi-structured interviews and reflective journals not only revealed themes that answered all three research questions but also aligned with the majority of empirical literature and theories presented in chapter two. A detailed discussion will follow in the upcoming sections.

## Discussion of Findings Based Upon the Theoretical Framework

The theoretical frameworks guiding this study were Joiner's interpersonal theory of suicide (2005) and Klonsky and May's three step theory of suicide (2016). These theories explain the progression from suicidal ideation to suicide attempts and, ultimately, suicide completion (ideation to action).

### The Interpersonal Theory of Suicide

According to the interpersonal theory of suicide, risk factors interact to determine who is most likely to attempt suicide. Specifically, it contends that a person develops a desire for death when they simultaneously feel they are a burden and are socially alienated. It is also thought that frequent exposure to painful or traumatic conditions, such as abuse or unsuccessful suicide attempts, helps people acquire the ability to attempt or complete suicide. Repeated exposure results in habituation, which raises one's pain threshold and reduces the fear of dying. It is believed that living through increased distressing and upsetting experiences will lead to a greater tendency for suicide since it develops over time with repeated exposure to traumatic or painful situations (Joiner, 2000).

In the current study, three out of nine students who displayed suicidal behavior had been abused for several years and/or neglected by a parent while simultaneously having no close

friends at school, which aligns with ITPS. Further, all three of these children were being raised by a single parent because the other parent was either incarcerated or suddenly abandoned the family for other reasons. Interestingly, for the students in the current study, six of those students had close friendships in the school setting, and some even had them with teammates outside of school. However, they had poor family relationships, which could potentially have caused them to feel like a burden and isolated socially from them.

**The Three Step Theory of Suicide**

The three-step theory of suicide, created by E. David Klonsky and Alexis May, is the second theory that informs this research. According to this theory, four factors—pain, hopelessness, lack of connectedness, and suicide capacity are necessary for suicide to progress from ideation to completion (Klonsky et al., 2021). According to 3ST, the onset of suicidal ideation might occur when a person's life is marked by pain (often emotional or psychological). Suicidal ideation might then result from the mix of pain and hopelessness that there will be no respite from the misery. Klonsky and May (2015) suggested that in the case of extended exposure to pain, the individual feels like he/she is being "punished for living." Abuse and neglect could cause feelings of rejection and lack of optimism. Childhood trauma increases the likelihood of developing suicidal ideation in the future (Van Orden et al., 2010).

According to 3ST, the degree of an individual's connection to a goal, a job, to school, an identity, other people, etc., determines the degree of suicidal ideation. Finally, the idea of acquired capability that results in the capacity to complete suicide is present in both theories. The longer someone is exposed to harmful circumstances, like abuse, neglect, trauma, or even suicide attempts by family members, increases an individual's capacity to complete suicide.

In the current study, six out of nine students had a history of trauma consisting of physical abuse, sexual abuse, emotional abuse, witnessing the death of a close family member, or parental abandonment. Given that repeated exposure to provocative and painful events increases the capability for suicide, participants' accounts of trauma in their students coupled with their subsequent suicidal behaviors further support both ITPS and 3ST (Jordan et al., 2019; Klonsky et al., 2021).

## Discussion of Findings Based Upon the Empirical Literature

In the current study, three themes emerged from participant interviews and reflective journals, Student Stressors and Adverse Experiences, The Impact of Student Suicidal Behavior on Teachers and Barriers to Identifying Suicidal Behavior in Students. The majority of the themes and subthemes aligned with findings in the empirical literature, yet there were some notable differences. These differences could exist because most of the current research findings refer to adolescents and adults, rather than to children. Also, this is the first known study to qualitatively investigate the experiences of elementary school teachers with suicidality in their students. Given these circumstances, some differences in findings were expected. The three themes that resulted from the participant interviews and reflective journals, along with their supporting subthemes, will be discussed in detail in this section. A comparison to the current literature will also be explained.

### Student Stressors and Adverse Experiences

The first major theme found within the data was Student Stressors and Adverse Experiences. According to O'Connor and Portzky (2018), suicide is the result of a complex interplay of neurobiological, psychological, and social factors that no one field can sufficiently address the difficult problem of fully comprehending risk. However, in order to recognize factors

that enhance susceptibility in the future, it is critical to understand the risk factors of suicidal behavior in young children (Bilsen, 2018). Current literature suggests significant risk factors of suicide in elementary-aged students include peer relationship difficulties, mental health disorders, family relationship issues, trauma history, specific personality characteristics, school problems, and personal and family history of suicide attempts. The current study corroborates these findings of future susceptibility. The four factors that were most prominent in the current study were mental health concerns, trauma history, family dysfunction, and emotional dysregulation. However, one unique finding in this study, not found in the current literature regarding very young children, is the high level of emotional dysregulation found in these students with suicidal behaviors. It was the most prominent characteristic reported by the participants, as it was noted for all nine students. Current literature investigates this type of dysregulation as a potential risk factor for suicide in older adolescents and adults but to this researchers' knowledge has not been identified as a major risk factor in young children (ages 5-11).

### *Mental Health Disorders*

Galderisi et al (2017) suggested that a person's capacity to function successfully in their personal and social lives and ability to regulate their emotions are strongly influenced by their mental health. In the current study, two out of nine students had a formal mental health diagnosis, and it was suspected by the participants that the other seven students also had mental health concerns due to their affect and/or behavior, such as depressed mood, mood swings, impulsivity, and paranoia. This is significant because many symptoms of mental health disorders begin to emerge in childhood, but can go unnoticed until adolescence (Borschmann et al., 2020). Another notable finding in the current study is the report from participants that several of the

students' parents have diagnosed mental health conditions, indicating a possible genetic predisposition.

### *Trauma History*

Children with a history of trauma, especially in those with PTSD are two times more likely to die by suicide than children without trauma (Fox et al., 2021). Studies show that trauma causes long-term physiological, physical, and emotional repercussions and can directly impact suicidal ideation. Seven out of nine of the students in this study were trauma survivors. One of the most striking examples of trauma, shared by one of the participants, described a third-grade female student who had been sexually abused by her uncle since she was three years old. During this period, she was diagnosed with Bipolar Disorder, ADHD, and Schizophrenia. She began displaying suicidal behavior upon her uncle's arrest. The student expressed suicidal ideation and developed several plans to complete suicide. She made multiple suicide attempts and had to be admitted to an inpatient psychiatric facility. She even indicated to nurses at the time of discharge that she didn't feel she should be released because she still had a strong desire to harm herself. Her story provides evidence to counter current literature that reports that children do not understand or die by suicide.

### *Family Dysfunction*

High family conflict is associated with an increased rate of suicidal ideation and self-harm, as is low parental monitoring (Deville et al.,2020). In the current study, eight out of nine of the students lived in an environment of high family conflict. Participants reported parents using their homes for drug use and distribution, instances of domestic violence, divorce, incessant conflict, and child neglect.

### *Emotional Dysregulation*

Lack of emotional regulation is a known risk factor for suicidal behavior (Cross-Francis et al., 2019). The connection between emotional dysregulation and suicidal behavior has been researched in older adolescents, but rarely in young children. In a study by Zanus et al., 2021, researchers found an association between suicidal behavior and adolescence, likely due to the biological, psychological, and developmental changes that occur during these years, with a special consideration of the functional and structural changes in the brain during this time. Therefore, it is interesting that in the current study, all nine of the elementary-aged students (ages 6-10) also regularly displayed behaviors indicative of emotional dysregulation. Participants described their students as often having poor emotional responses. Their behaviors included verbal and physical aggression (seemingly without cause), self-doubt, extreme sadness and anxiety, perfectionism, withdrawal and emotional meltdowns when faced with difficult tasks, as well as manipulative behavior with friends, and emotional reactivity toward teachers and peers. This finding could be a potential area of further investigation, considering the intense level of emotional dysfunction reported in the students.

**The Impact of Student Suicidal Behavior on Teachers**

Many of the participants expressed their concern with the number of students they have either taught or observed with suicidal thoughts. They shared how perplexed they have felt at how quickly the students turned to suicide in response to seemingly mild frustrations, especially being so young. They mentioned in many of the cases how they never would have suspected the students were considering suicide if they had not verbalized it either to a teacher or to a peer, or if the student had not written a note expressing suicidal thoughts. The participants' reports of suicidal behavior in their students further indicates their intentionality and understanding of suicide.

Additionally, all of the participants felt a sense of responsibility toward the mental health needs of their students but expressed their need for additional training. They also wanted assistance for their students to prevent suicidal behaviors but were divided in their opinions on the type of help they need and how it should be delivered.

### *Lack of Preparation*

Teachers are often regarded as gatekeepers to the mental health needs for suicidal students (Freedenthal & Breslin, 2009). Since they spend many hours per day observing, teaching, and interacting with their students, this places them in an ideal position to identify, support, and refer students at risk of suicide and also makes them most likely to recognize mental health risk factors (Nadeem et al., 2011).

In the current study, participants shared that they do not feel equipped with the tools they need to recognize potential risk factors of suicide in their students. They expressed a feeling of responsibility to identify mental health concerns, but most of them felt ill-prepared due to a lack of training in their teacher preparation programs, subsequent graduate degree programs, and minimal school district preparation. These sentiments corroborate findings in the existing literature where teachers cited a lack of knowledge and training about basic warning signs for mental health concerns, suicide risk factors, and crisis response (Hatton et al., 2017; Maelan et al., 2020; Nadeem et al., 2011). Two of the participants reported they had participated in direct training, one of them from a previous job and the other from a psychologist, when her daughter was displaying suicidal behaviors. However, even they still felt that they needed a refresher course because it had been an extended time since their previous training.

### *Desire for Suicide Prevention/Intervention Program*

All of the participants in the current study expressed a need for additional training in suicide risk, identification and protocol. However, they were strongly divided in their opinions

regarding whether elementary-aged students should participate in a suicide prevention program because of their developmental levels and how introducing the subject matter could affect them. Only four out of nine felt sure about implementing a school-wide suicide prevention program. Another four were hesitant to provide their approval because they felt the students were too young to be introduced to the topic of suicide. However, the same four felt it should be addressed in a small group setting with students who struggled with suicidal behaviors. The final participant felt that implementing a program with students would encourage them to consider suicide as an option, rather than serving as a deterrent. She noted that "something needs to done" to help prevent suicide, but just was unsure about the solution.

To this researcher's knowledge, there is no current literature on elementary school teachers' opinions on implementing a prevention program with the elementary grades. This is important to note because a large portion of the program implementation could lie with the classroom teacher. If the teacher feels apprehensive about supporting such a preventative effort, or they feel it is inappropriate, them it is likely the program would not be implemented with fidelity, if at all.

**Barriers to Identifying Suicidal Behavior in Students**

Current study participants identified potential barriers that could prevent them from effectively identifying suicidal behavior and other potential mental health concerns in their students. They were concerned that the number of students in their classrooms, academic demands, and disruptive behaviors in their classrooms could prevent them from being as attentive to the mental health needs of students, especially "the quiet ones" who do not cause any trouble in class, but who also do not voice any concerns.

### *Lack of Time*

Participants expressed their concerns about the amount of pressure placed upon them by the local school district to fulfill numerous academic requirements as well as other responsibilities such as meetings and district/standardized testing. They expressed that these demands could unintentionally cause a lack of attention to the students' mental health needs. They also mentioned that it is difficult to attend to each student individually and some of them may be overlooked. Each participant seemed well-intentioned and had a strong desire to connect with each of their students but noted the difficulties of the job that sometimes interfere. A couple of participants noted the distraction of students in their classrooms who display extreme behaviors and require an exorbitant amount of their attention. They felt that in addition to requirements related to academics, students with negative externalizing behaviors sometimes prevent them from recognizing needs in their students who "go with the flow" and are more compliant.

### *Lack of Preparation*

As expressed in theme two, participants in the current study expressed their desire for additional training in identifying warning signs, risk factors, and prevention and intervention strategies in order to build their self-efficacy in supporting the mental health needs of their students. Increasing awareness of the risk factors and symptom presentation of suicide and mental health disorders among classroom teachers can be an effective way to promote the identification and prevention of mental health concerns before they lead to suicidal behavior.

## Implications

The following section will show how the findings in the current study could be impactful for current and future research. Theoretical, empirical, and practical implications will be presented and discussed in detail.

**Theoretical Implications**

The Interpersonal theory of suicide proposes that both a desire to die and the capability to do so must be present in an individual to complete suicide. It also posits that the desire to die results when the states of perceived burdensomeness and thwarted belongingness are present simultaneously for an extended period. Then, those two factors, combined with the capability to complete suicide, are how suicidal ideation leads to suicide attempts/completion (Joiner, 2009). There is a dearth of research on ITPS and young children. It is typically discussed in relation to older adolescents and young adults. However, based on the findings in the current study, there is evidence that this theory may apply to this age group as well.

A sense of belongingness can come from feeling like an integral member of a family, a group of friends, or other social circles (sports team, dance team, playgroup, etc.). When an individual feels a sense of alienation from a group, it increases the chance of suicidal behavior. Likewise, when an individual perceives that their existence is somehow a burden to their family, friends, or society, it is also associated with higher rates of suicidal behavior.

In the current study, there are multiple cases of trauma, including physical and sexual abuse at the hands of parents and other family members, parental abandonment, neglect, and witnessing the murder of a close family member. There are also layers of family dysfunction in which the children have experienced their parents' conflicts, observed physical aggression, lived with parents' mental illnesses, and parental drug use. Abuse, trauma, and parental abandonment can lead to a child's feelings of being unsure of their acceptance, place, or worth within the

family and could lead to a child developing suicidal thoughts. These same circumstances could cause them to feel a sense of burdensomeness to their families and that somehow, they are the cause of the negative circumstances (Joiner, 2009).

Several of the students in the current study experienced years of abuse, neglect, and family conflict. This could have led to a negative self-concept and caused them to become so accustomed to the pain, struggles, and conflict, that the thought of completing suicide became a way to end the suffering. It is therefore possible that the negative cognitive schema that appeared to develop in these children as a result of their circumstances, as is the case for eight out of nine of the students reported in the current study could have manifested as feelings of being a burden to their families and a sense of isolation, thus corroborating the components of ITPS.

The Three- step theory of suicide (3ST) is another "ideation to action" framework for suicide that was used to guide the current study. According to Klonsky & May (2016), this theory postulates that the combination of pain (often psychological pain) and feelings of hopelessness lead to suicidal ideation. Then, for those who experience pain and hopelessness, a critical protective factor is connectedness. The connectedness helps to prevent the escalation of the ideation. Finally, this theory considers dispositional, acquired, and practical contributors as facilitators of the transition from thoughts to attempts (suicide capacity) (Klonsky & May, 2015).

In the current study, all nine students experienced the pain of trauma, abuse, grief, divorce, or abandonment, and for several of them, their negative circumstances were prolonged prior to displaying suicidal behaviors. Because of the substantial long-term psychological, physical, and other repercussions that relate to sexual abuse, researchers discovered that it had a direct impact on suicidal ideation, increasing risk two-fold. Physical abuse and emotional and physical neglect also increased the risk of suicidal ideation by 2.5 fold and 1.5 fold, respectively

(Angelakis et al., 2019). This exposure to provocative and painful events can spark feelings of hopelessness as well as promote the capability for suicide, as suggested by 3ST (Jordan et al., 2019; Klonsky et al., 2021).

Most of these students lacked a strong family connection/attachment, which for young children is critical to their development. Research shows that strong family relationships can be a protective factor, but poor family relationships can be a precipitating factor of suicidal behavior in young children (Greening et al., 2010). It is important to note that at least half of all cases of child suicide cases involve family factors (Bilsen, 2018).

Interestingly, three of these students who had experienced trauma/abuse had neither close parental connections nor close friends at school. These cases align with the findings of 3ST that pain and hopelessness can lead to suicidal ideation and therefore corroborate this theory. It also aligns with ITPS in that social alienation and perceived burdensomeness can lead to suicidal ideation/behaviors. Their ideation, however, never escalated to suicide attempts, indicating that either a dispositional, acquired, or practical factor was strong enough to prevent suicide attempts in these students. Further, other students in the current study had poor family relationships but had close friends in the school setting. These students also expressed suicidal ideation, but these behaviors also never escalated to suicide attempts, indicating that either their friendships or another connection was strong enough to prevent the ideation from developing, or there was another dispositional, acquired, or practical factor at play that was protective.

**Empirical Implications**

There is limited research on suicidal behavior in young children (ages 5-11). There are also no known qualitative studies that have investigated elementary teachers' experiences with student suicidality. Investigating the experiences of the classroom teacher is critical to further the

conversation regarding suicide, considering the time children spend in the classroom and the tremendous amount of development that occurs in the school setting. Teachers strongly influence students' academic, social, emotional, and behavioral development and have unique insights into the child's mental and emotional well-being. Additionally, given the importance of hope and connectedness relative to suicide, the relationships teachers develop with their students can be a protective factor for a student's mental health (Klonsky & May, 2016).

By documenting elementary teachers' firsthand encounters with student suicide and allowing them to share their unique perspectives and insights, this study has contributed to the limited body of literature on suicide in young children. Data from the current study along with existing literature could potentially be utilized to build professional development and training for teachers to help identify variables that place children at higher risk for suicide, as well as warning indicators that could lead to earlier intervention and treatment. Research shows that the etiology of suicide attempts dates back to childhood and therefore shows a need to investigate this early etiology, as well as implement prevention programs accordingly (Newcomer et al., 2015; Ruch et al., 2021).

**Practical Implications**

The majority of a child's day is spent in school. Therefore, it is an ideal location to reach a large number of children. Instructing teachers and other school personnel to identify possible indicators of mental health issues/suicide and make the proper referrals to school psychologists and counselors could dramatically improve early detection and treatment. A multi-tiered approach to care for a child's mental health can also include creating a school crisis team to recognize "at-risk" pupils, intervene with them, and offer postvention. (Wachino et al., 2021; National Association of School Psychologists, 2015).

Since having a dysfunctional home life and poor relationships with parents is associated with an increase in suicidal behavior, it is important to make the classroom and school, a safe place to build trust and connection. Teachers should provide a psychologically safe and supportive environment where children can build the resiliency and social-emotional skills necessary to deal with life's challenges. They should also strive to build relationships with their students so they are more aware of differences in their demeanor or behavior, and so students feel safe communicating their concerns.

In the current study, approximately half of the participants felt that elementary students were not developmentally ready to participate in a curriculum/program that discusses suicide directly, but they all agreed that there was a great urgency to help these students develop alternative methods to process their emotions and adverse experiences. Research shows that suicidal youth can be drawn to death because they are unable to see an alternative solution to suicide when they are in a severely stressful situation (Joshi et al., 2015). Because of this and the increase in cases of suicide in elementary-aged students, an initiative to prevent suicide and suicidal behavior must be implemented. A potential solution could be a school-based program that teaches children specific coping strategies, builds resilience, and helps develop a healthy sense of self-worth. This could potentially increase their emotional fortitude and decrease suicidal tendencies. Lessons including sound information about mental health and opportunities for open, safe communication could normalize the conversation about mental health and decrease the stigma that often surrounds it (Wasserman et al., 2012).

In the current study, the participants noted that all nine of the elementary-aged students (ages 6-10) regularly displayed behaviors indicative of emotional dysregulation, including verbal and physical aggression, self-doubt, extreme sadness and anxiety, perfectionism, withdrawal and

emotional meltdowns when faced with difficult tasks, as well as some showing manipulative behavior with friends, and emotional reactivity toward teachers and peers. Due to this finding, it is conceivable that an inability to properly self-regulate could be a potential risk factor suicidal behaviors in young children. Therefore, a focus on teaching/practicing emotional awareness, behavior management, appropriate emotional responses, etc., could help children build proper emotional regulation strategies and skills to help improve their ability to manage future stressful or challenging feelings/situations.

Participants indicated in the interviews that they felt overall unprepared to deal with suicidal behavior in their students. They also indicated a desire for further training. This training should be provided not only to teachers but to all school staff. Each staff member interacts with the children in some capacity. They should all receive training to identify warning signs, risk factors, and prevention and intervention strategies in order to build their self-efficacy in supporting the mental health needs of the students. If each person is aware of potential "red flags", then it is less likely that a struggling student will be missed.

## Delimitations and Limitations

For this study, I made several decisions that helped define the structure of the study. These are delimitations and will be described in this section. Delimitations serve as boundaries in a study to ensure its trustworthiness. Limitations are factors that are outside of the control of the researcher and can affect the outcome of the study. Additionally, several potential weaknesses were also identified and described below.

### Delimitations

The purpose of this transcendental phenomenological study was to explore elementary school teachers' experiences with student suicidality. There is a lack of research that explores the

perspectives and insights of classroom teachers who have had students in their classrooms with suicidal behaviors. Given that students spend a great deal of time in school with their teachers, understanding the interactions with these students from their vantage point could add valuable new data to existing literature. A phenomenological design was chosen because it focuses on a phenomenon shared by a group of people and discovers the essence of that experience (Creswell & Poth, 2013). More specifically, a transcendental phenomenological research design was applied to this study because it emphasizes the participants recollection of events.

A qualitative study design was used for this research. It was beneficial because it focuses on lived experiences and is concerned with the "why" and "how" of the experience and less with "how many" or "how often" as in quantitative research. Further, the research questions which guided this study sought information about the lived experiences, perceptions, and insights of elementary teachers and their experiences with student suicidality. A thorough understanding of these experiences could only be gained from implementing a qualitative design.

All participants in the study were required to be elementary teachers currently working in the Metro Atlanta Area who have had experience with a student or students in their classroom with suicidal behaviors. No further participants were needed due to the study's focus. Also, only teachers in the Metro Atlanta Area were chosen because of the close proximity to my employment and for the convenience of the participants.

**Limitations**

Although the current study provided a detailed account of the participants' experiences with student suicidality, there were a few limitations to address. First, nine participants were used for the study. Although the sample size for this qualitative study was sufficient because the point of data saturation was reached, it may not be generalizable to the general population of

teachers throughout the United States. Additionally, all the participants were teachers from the same school. Like the small sample size, recruiting participants from only one school, in one area of the school district, further limits the generalizability of the study. There was also a lack of diversity in both ethnicity and gender. All of the participants were female and eight out of ten identified as Caucasian. There is a wide range of diversity, socioeconomic status, and other factors in other areas of the school district that could have yielded different results had teachers in those areas been participants.

**Recommendations for Future Research**

To truly describe the lived experiences of elementary teachers with student suicidality, a qualitative research design was the optimal choice. A qualitative study allowed the participants to share their unique perspectives, insight, and interpretations of a particular experience and helped the reader understand the meaning of a complex issue that could only be accomplished through talking to the participants about their lived experiences (Creswell & Poth, 2018). With that said, there are several recommendations for future research that could further enhance the current study. A discussion of these recommendations will be presented in this section.

In the current study, 9 out of 25 elementary teachers in a Metro Atlanta School volunteered to participate in the study based on their experience with student suicide. This indicates that at least 36% of the teachers at a single elementary school have had one or more of their students display suicidal behavior within the past five years. Given this finding, there is reason to believe that suicidality is a more widespread concern that has been reported.

A larger study including many more participants could be developed to ensure better representation of the general population. Quantitative data could be collected from elementary school teachers in kindergarten through fifth grade across the country or on a state or local level,

asking how many of them have had experience with student suicidality as well as the number of students. This number would provide a better idea of how widespread and pervasive suicidal behavior is among elementary-aged children.

Additionally, seven out of nine of the teachers who participated in the current study were Caucasian. A more diverse group of participants may share additional perspectives and insight into their experiences with youth suicidality. It may also be beneficial to compare the experiences of teachers from schools having a low socioeconomic status to those with average SES and then to those with high SES to explore potential differences.

Another recommendation includes investigating the attitudes and perceptions of elementary teachers' views of implementing a suicide prevention program for elementary-aged students on a broader scale. Teacher support is vital to the outcome of any school-based initiative. Based on the results of the current study, feelings are clearly divided.

Further, the findings from the participants' descriptions of the students revealed that each of the students struggled with emotional dysregulation, regardless of mental health diagnosis, or trauma experience. Further study could include conducting a quantitative survey of teachers where they identify behaviors in their students that are indicative of emotional dysregulation in their students with and without suicidality. This measure could help determine if such behaviors could be more closely associated with suicidality in young children.

Finally, it would be interesting to gain a baseline of understanding of teachers' abilities to recognize students at risk of suicide, possibly by being given detailed scenarios and asking them to identify potential behaviors, attitudes, and risk factors that could point to an increased suicide risk. Then, this information could inform the type(s) of instruction necessary to adequately prepare teachers and provide a sense of self-efficacy.

## Summary

Current research has overlooked interviewing elementary school teachers regarding their firsthand experiences with students who have exhibited suicidal behaviors. Considering the number of hours per day students spend with teachers and the increasing numbers of students ages 5-11 with suicidal ideation and behavior, it was essential to explore teachers' insights and perspectives of their experiences with these students in order to gain a better understanding of this phenomenon.

Schools, and specifically teachers, have a significant and powerful influence on children's intellectual, emotional, social, and developmental progress and are on the front lines of student mental health needs (Epstein et al., 2020; Jones & Kahn, 2017). There are daily opportunities for educators and other school professionals to communicate with children and families, identify concerns, and provide resources. School is a universal touchpoint for children from preschool through college. Other than a child's home, no other environment has as much of an impact on their mental health and well-being (Fostering healthy mental, 2020).

A child's performance in school and in life is strongly correlated with their social and emotional development, and children who have a sense of purpose and belonging are more likely to persevere, set goals, and work well with their peers to overcome obstacles and realize their full potential (Fostering healthy mental, 2020; Jones & Kahn, 2017). With the intent to add to current research in this area, this study provided an in-depth look at the personality/behavioral characteristics, mental health history, family factors, trauma history, etc., in elementary students who have displayed suicidal behaviors. Studies show that the etiology of suicide attempts may be traced back to childhood. Therefore, as the majority of children at risk of suicide often begin to display signs and symptoms in elementary school, recognizing them as early in life as possible

can provide the opportunity to apply protective therapeutic measures and teach useful coping mechanisms before they begin to manifest.

The findings from the current study showed the level of investment and interest the teachers showed regarding the well-being of their students. Not only were the teachers clearly willing to support their mental health needs, but they also felt it was their responsibility. They had a strong desire to receive training to better understand suicidality in their students and to identify risk factors and warning signs for increased prevention and more timely intervention.

A teacher's impact on a child's life can be immeasurable. Learning to recognize potential signs and procedures for referring a student for intervention with mental health concerns is an important start. Teachers can normalize conversations with their students about mental health to combat stigmas. Also, they can be more cognizant of a child's background and history, when possible, to be aware of potential concerns. They can also be more intentional in forming relationships with each of their students to provide the feeling of connectedness that they need to further protect them from suicide. However, barriers identified by the teachers, including numerous academic standards, meetings, testing, and problematic behaviors in the classroom, can leave little time to attend to a student's mental health needs. School districts and local schools can assist with eliminating these barriers by prioritizing the mental health of students. They can provide additional training and mental health resources to staff, as well as remove extraneous academic burdens, and provide additional support for disruptive student behaviors that consume excessive amounts of the teacher's time.

Teachers alone cannot stop all suicidal behaviors. Integrating effective treatments into both the health care system and the educational system is likely to produce the greatest gains in suicide prevention (Wachino et al. (2021). Implementing prevention programs in school can

provide students with coping strategies, give them the language and support they need to seek help, and help change the way we, as a society, speak about mental health. These measures can help reduce the stigma surrounding mental health issues and, as a result, provide increased support for children (Kelley, 2021). Youth suicide is preventable (Ehlman et al., 2022 Singer et al., 2019). However, research shows that it will require a comprehensive, intentional effort by medical professionals, school personnel, parents, and society as a whole to combat potential risk factors and provide a path to prevention.

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Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

November 8, 2022

Dionna Doneghy
Richard Green

Re: IRB Exemption - IRB-FY22-23-438 Finding the Missing Pieces: A Phenomenological Study of Elementary Teachers' Experiences with Student Suicidality

Dear Dionna Doneghy, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
**G. Michele Baker, MA, CIP**
*Administrative Chair of Institutional Research*
**Research Ethics Office**

# Appendix B: Consent Form

**Consent**

Title of the Project: Finding the Missing Pieces: A Phenomenological Study of Elementary Teachers' Experiences with Student Suicidality

Principal Investigator: Dionna Doneghy, Doctoral Candidate, School of Behavioral Sciences, Liberty University

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. To participate, you must be currently employed as an elementary school teacher in grades K-5 in the Cobb County School District in North Georgia and have had a student or students in their classroom who have had suicidal ideation, made suicide attempts, or have completed suicide. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

**What is the study about and why is it being done?**

The purpose of this transcendental qualitative phenomenological study is to explore elementary teachers' experiences with student suicidality.

**What will happen if you take part in this study?**

If you agree to be in this study, you will be asked to

1. Participate in one interview, which will be audio/video recorded (45 mins)

The interview will consist of questions regarding your experience(s) as a teacher with students who have displayed suicidal ideation, attempt(s), or completion. The questions you will answer during the interview will be open-ended and the interview will be transcribed, and audio and video recorded using Microsoft Teams, for data analysis purposes only.

2. Participate in one focus group which will be audio/video recorded (45 mins)

You will also be asked to participate in a focus group with the other participants, where you will be asked additional open-ended questions regarding your experiences with student suicidality. Confidentiality is expected of each participant in the focus group but cannot be guaranteed. The focus group will also be audio/video recorded and transcribed using Microsoft Teams for data analysis purposes only

3. Keep a reflection journal (no time requirement) to write any additional or clarifying information you would like to share (memories, insight, observations, etc.) regarding your experience(s) with student suicidality that you did not share during the interview and/or focus group.

4. Participants will also review the researcher's results/data collected during the interview and focus group to ensure it accurately represents the participants' experiences/meaning (15 mins.).

**How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from taking part in the study. However, your participation could benefit society by providing valuable information regarding the experiences of elementary teachers with student suicidality. This data could add to the limited research on suicidality in young children. It could give rise to new data regarding suicide risk factors, precipitating factors, earlier risk identification, protective factors, etc., and could strengthen the understanding of suicidal behaviors in elementary students versus middle or high school students, as the majority of data on this phenomenon covers suicide beginning in adolescence.

**What risks might you experience from being in this study?**

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall prior experiences with suicidality in your students. To reduce risk, I will discontinue the interview/focus group if needed, your participation in any part of the study can be discontinued at any time, and I will refer you to the free counseling services offered to all employees of the Cobb County School District.

**How will personal information be protected?**

The records of this study will be kept private. Your identity will not be disclosed in the study and your responses will remain confidential. The participant interview and focus group will be conducted via Microsoft Teams outside of school hours and off of school property, so others will not easily overhear the conversation. The reflective journals will be kept in a locked filing cabinet at the researcher's home and the key to the cabinet will be locked in a combination safe to which only the researcher has the combination. A pseudonym will be used in place of your name over the course of the study and within the final report to ensure confidentiality. Published reports will not include any information that will make it possible to identify you. I will also be the only one who has access to any identifying information and agree not to disclose it to anyone. Files and recordings will be kept in a password-protected folder on my private computer and will be deleted three years following the completion of the study.

**Is study participation voluntary?**

Participation in this study is completely voluntary. Your decision whether to participate will not affect your relationship with Liberty University or any other college or university. If you

decide to participate, you have the choice not to answer any question or withdraw at any time without affecting those relationships.

**What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from the focus group, will be destroyed and will not be included in the study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Dionna Doneghy. You may ask any questions you have now, If you have questions later, you are encouraged to contact Dionna Doneghy at [redacted] You may also contact the researcher's faculty sponsor, Dr. Richard Green, at [redacted]

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher or supervisor, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher[s] will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the information contained in this consent. I have been given the opportunity to ask questions, and I agree to participate in the study.*

☐ The researcher has my permission to audio and video record me as a part of my participation in this study.

_____

Printed Participant's Name

_____

Participant's Signature Date

## Appendix C: **Interview Questions**

1. What inspired you to become a teacher?

2. What do you enjoy most about being a teacher?

3. What are your proudest accomplishments as a teacher?

4. What do you feel your superpowers are as a teacher?

5. Describe your experience(s) with a student in your classroom who has had either suicidal ideation, suicide attempts, or has completed suicide.

6. Describe how you knew about the student's suicidal behavior. Did you observe it? Did someone report it? What steps were taken?

7. Looking back, can you remember any specific behavior(s) the student displayed that made you think they could be suicidal?

8. Describe the student's overall mental health, in your opinion. Did they have any diagnosed mental health conditions you are aware of? Trauma history? Previous Suicide Attempts?

9. Describe the student's personality, character traits, behavior, etc.

10. Describe the student's family dynamics.

11. Describe the student's peer relationships. Relationships with teachers? Were they involved in school activities?

12. Describe the student's academic performance.

13. Describe any suicide prevention/intervention training you have received. When? Where?

14. What is your opinion about implementing suicide prevention in the school setting?

15. Describe what you feel a teacher's role/responsibility is in recognizing potential signs of suicide in students.

16. Describe your level of self-efficacy with identifying signs of suicide in students?

17. Do you feel there are any barriers to teachers identifying students at risk of suicide?

18. Is there anything you would like to add or feel we did not cover in today's interview?

## Appendix D: **Screening Survey Questions for Research Study**

1. First Name

2. Last Name

3. Grade Currently Teaching

4. Years of Teaching Experience

5. Have any of your students ever had suicidal ideation, made suicide attempts, or completed suicide? (Yes or No)

6. Do you have an interest in participating in this study?

(Yes or No)

7. Please provide your personal email address below if you would like to participate in the study.

## Appendix E: Sample Interview Transcript

**Dina : T**hanks for having me here today.

**Interviewer:** Thank you so much for participating. I'm going to ask you a few questions regarding your experience with suicidal behavior in your students. We'll start with a few icebreaker questions, ok? So, number one, what inspired you to become a teacher?

**Dina :** Well, I've always had a love of learning. I played teacher many of times when I was growing up. My first experience working with youth was in an RYDC, Regional Youth Detention Center. And from there, I went into working at a psychiatric hospital, working in direct care as a counselor with the juvenile population. And throughout my experiences there, through all the trainings and the assessments and the reflections that we did, it became clear to me that one of my counseling styles is actually teaching. It's my counseling style. Every position and every job that I've been in, I've been in some type of a trainer position. And so, just kind of putting all those experiences together and working with the kids, I decided that I wanted to pursue teaching because I would have a greater impact on more youth. If I went into the classroom, because in my treatment center that I was working with at the time, we had about 40 kids, and I worked with about 15 or 20 of them regularly closely. But going into a classroom, I would have an opportunity to see more kids and have a greater impact on them. Plus having the experience with mental health, I felt like going into... I initially started off as a middle school teacher going into a middle school classroom, because I felt that I would have insights and tools to help those students during that period, that really tumultuous kind of period of their life. And I just felt like I had something to offer. I enjoy working with adolescents and pre-adolescents, and it just kind of comes naturally to me.

**Interviewer:** Number two, what do you enjoy most about being a teacher?

**Dina :** The relationships. Getting to know the students, having an opportunity to... there are times that you know that the kids really get it, that you're there for them and that you care about them. And it doesn't have anything to do with the academic material, it's just for who they are. And those moments inspire me to continue to teach and to be in the classroom because I just want to be an advocate, and I want the kids to know that they have an advocate in their lives. So of course, seeing them learn and grow academically is great. But when I see a student mature and feel comfortable and feel accepted, and just to see them just kind of grow on that personal level is the most inspirational for me.

**Interviewer:** Number three, what are your proudest accomplishments as a teacher?

**Dina :** Wow. That's a tough one. I mean, definitely building the relationships with the students, for sure. As far as accomplishments, there's some that are professional, for sure. You know, being a teacher of the year, being asked to do professional development on the county level, getting an award from the Georgia Council for Teachers of Mathematics. So definitely, when my content expertise is recognized, that feels really good, and I definitely feel like that I've accomplished something. That's kind of the professional side. And then there's the personal side, there's the side of what happens in the classroom has definitely - when I hear from... sometimes I hear from the middle school teachers the sixth grade teacher that the students are really well prepared, and then when we hear that the fifth graders are more prepared than some of the other feeder elementary schools, just in general for transitioning, and just being responsible in their classes. And so, knowing that, hearing that I've had a part in preparing the fifth graders for their experiences in middle school is great. I just feel like that's a huge accomplishment. I know that the transition to sixth grade can be really tough.

**Interviewer:** Number four, what do you feel your superpowers are as a teacher?

**Dina :** Patience. But patience and compassion, I think. I don't take it personally when the students don't do my work. I don't take it personally when they're having problems. I know that they're people and that they have their own experiences and challenges and emotions, and that I'm just one part of their day, and so I just try to really stay compassionate. I feel like the students feel like I have a safe environment in my classroom, that I'm a safe person. So, that's probably the biggest - patience and compassion.

**Interviewer:** So now, describe your experience or experiences with a student in your classroom who has had either suicidal ideation, suicide attempts, or has completed suicide.

**Dina :** Well, the first thing that comes to mind is, this is kind of not necessarily the topic you're asking about, but I found out years and years after that a student that I had taught in middle school in seventh grade, that as a high schooler he committed suicide. And that was just devastating, you know? It was really devastating. At the time, in seventh grade; there were no indicators. He had friends and there were no indicators. And so, it was just super surprising that I found out through teachers that I worked with at that middle school on Facebook, so that was hard.

Surprisingly, a lot of the students that I have the most experience (with suicidal behaviors) have been fifth graders, more so than middle schoolers. And I think that it could be that in middle school, the kids hide it better. And you also have so many more kids. You have over a hundred kids, and they're not as forthcoming with the adults in their lives; they're more focused on their peers. But in fifth grade, I've seen it more, I've heard about it more. And of course, fifth grade is more recent than my middle school experience as well. But we found notes that a student had written that she wanted to kill herself. And so, that was something that we turned in to the counselor, and the counselor started investigating, meeting with the student, and met with the parents. And then I've had another student that would say it. She would say it a lot. She would say it to adults, or she would say it to other kids. And then, of course, the other students will tell us that she said it.

**Interviewer:** Okay. So let's focus on that student for a moment because I want to get some more information about that particular student that would say it a lot. And so this was a fifth grader, right? Was the fifth grader, female or male, African-American, Caucasian or Hispanic?

**Dina :** Caucasian, female.

**Interviewer:** So tell me, how did you know about the student's suicidal behavior? And did you observe it? Did someone report it? And what steps were taken?

**Dina :** So this student, she would just wear her emotions on her sleeve. She was in my homeroom, and this is before we compartmentalized, and so I had the students all day long. And so, as soon as she walked in the door, you could tell what kind of mood she was in. She was kind, and athletic, she was very up and down. It was, either she was in a really good mood and silly, or she was really down and almost depressed. I mean, it definitely looked like there may have been some type of mental illness there, or at least I know that in her family life, her mother was a source of her stress. And so, you could tell that she had had a fight with her mom or something before she came to school.

She would get really down on herself. She would say that she was stupid, and she would just put her head down, and she wouldn't want to work. And then if you would try to have a conversation with her, a lot of times that she would, initially, her first reaction was always to say she was stupid and she couldn't do it, and she didn't want to be there. And then sometimes she would say, I just wish I wasn't even alive. So, she would say that to the teachers. I was the general ed teacher. She was not a student with disabilities, but she was in the classroom with other students with disabilities. And so, there was a co-teacher as well. There was a special ed teacher in the

room as well. Then, we also had an EIP teacher that would push in for part of the day. So, she would say it to either one of us at any given time.

**Interviewer:** Okay. So, often, would you say it was daily, many times during the week?

**Dina :** It was probably once a week or once every two weeks. She would not always cycle that deep when she was in a bad mood, but she was in a bad mood several times a week.

**Interviewer:** Okay. And then what would happen, what steps would be taken when she would say something like that?

**Dina :** So we would notify the counselor. We would call the mom.

**Interviewer:** Okay. Do you know if she ever received any treatment - outside therapy?

**Dina :** So she had received treatment in the past but she was not currently seeing a counselor. Mother would always say, "Oh, I'll get her back into counseling." But to my knowledge, the mother never did. And the counselor that we had at the time, not our lovely counselors that we have now, just believed the mom when the mom said that she would get her back in the counseling. But this happened multiple times a year.

**Interviewer:** Got it. So looking back, can you remember any specific behavior or behaviors the student displayed that made you think they could be suicidal, other than saying it?

**Dina :** Well, she often appeared depressed, because she would have a very flat affect. Often, she was unmotivated to do any work. She didn't even really have close friends, but she was very attention-seeking. And she would do things for attention, but she didn't seem to have any relationships with any substance. She just didn't have any close relationships, which is always a red flag. And she also appeared to be more emotionally advanced according to... well, I don't want to say emotionally advanced, but she was exposed to things that other kids her age had not been exposed to.

It was very obvious that she had knowledge of adult topics that other students had not. She did mention that sexuality was something that she had mentioned that she may have been gay or bisexual. So she definitely had some, and I'm not saying that students at age can't know that. I do feel like they can, but it was one of those things that I felt like she sometimes would say things or do things for attention. Another teacher told me that the same student undressed herself in the bathroom when she was in first grade, so there were just a lot of concerns. In front of everybody, she undressed herself and was parading around in front of the other students in the restroom in first grade. There were a lot of signs that pointed to she had perhaps been exposed to things that there may have been trauma. I mean, I knew there was trauma in her life with her mother. Her relationship with her mother was not stable, and there was a lot of strife there. Her mother would say things to put her down about the way she looked, or about the way she acted. So, I knew that her, just emotional stability outside of school was not stable. So, there were other things that made me concerned about her.

**Interviewer:** Okay. Did she live with dad?

**Dina :** Dad was not in the picture, so she lived with her mother and...

**Interviewer:** I thought maybe from the trauma and everything, wanted to make sure that she wasn't taken from mom or anything. Describe the student's overall mental health. In your opinion, did she have any diagnosed mental health conditions you're aware of, trauma history or previous suicide attempts?

**Dina :** So I think I kind of touched on maybe all of those except for the suicide attempts. I don't think that she ever when the counselor talked to her that she didn't have a plan, and she had not attempted it in the past. So, no suicide attempts that I'm aware of. Mental health, I definitely think that she had some. If not, her behavior kind of looked a little bipolar, but I mean, I'm definitely not qualified to make that diagnosis, but definitely some depression, if not bipolar as well, because she did have those periods where she could be almost manic at times. Like the attention seeking and just saying things and doing things that were kind of far out. Maybe even, I mean, it could have been borderline personality, I'm not sure. But I definitely feel like there was something there. And as far as the trauma, I mean, nothing was ever confirmed. Of course mother would never admit to there being any, but I know there was a lot of fighting in the home. And like I said, mother was very critical. She put her down, talked down to her, made her feel less than. I know that she came in frequently having been told that she was less-than before she ever walked in the door.

**Interviewer:** Number nine, describe the student's personality, character traits, behavior, et cetera. Now, I have some of that, but like, just personality in general, character traits.

**Dina :** Sometimes it was kind of hard to really know her true personality because she was always - I felt like she was always reactive. I don't know that she was ever - I mean, I felt like she was as comfortable as she could be at school based on everything. But I really felt like she was just really just kind of reactive and just kind of in survival mode. Like, I don't know that I necessarily know what her true... I mean, she did have a good sense of humor, so she could definitely make us laugh, but I don't know how much of that was attention-seeking. She was behind academically, so that made things challenging. I think that sometimes some of her behaviors could have been to compensate for her weaknesses. But I think that she did not... it's really hard, like I said, I talk about her personality because it was so...

I mean, I felt like I was able to reach her some because she did not respond to any of the other teachers. They did not approach her from an emotional aspect. It was all task-oriented. They just wanted to focus on the task, and she wouldn't respond. She couldn't do the task until her emotional needs were met. And so if her emotional needs weren't met by her mom because they got into a fight on the way in, like, I had to find a way to meet her emotional needs to make her feel that she was accepted and wanted before she performed academically. But as far as personality, I mean, she had a sense of humor. She definitely was a risk-taker. I don't know, I just felt like it was really hard to know who she was on the inside. I felt like she was just in survival mode. I mean, she didn't feel liked. You know what I mean? She didn't feel liked by the kids. She didn't feel liked by her mom, so I just thought she wasn't necessarily comfortable. I don't even know if she knew who she was yet. She had low self-esteem.

**Interviewer:** You've told me a lot of this, but the next question is, describe the students' family dynamics, and I know her situation with her mom. Was there anything you wanted to add, like, did they live in poverty… anything like that?

**Dina :** I don't think they lived in poverty. She had some support from her dad, but I know there was a grandfather in the picture, and so the student spent some time with the grandfather. The grandfather had horses or something, and so there was some extracurricular. It seemed that her mother was more concerned about the horses than she was her though. Sometimes her mother seemed more concerned about the horses than her. But I don't think there was poverty, a single mom situation, but I think she had support from her father. But those were the only two adults that I know of that were in her life.

**Interviewer:** So describe the student's peer relationships. And you did touch on that already. Relationships with teachers, and was she involved in any school activities?

**Dina :** She was not involved in school activities. I don't think she was. No, she wasn't involved in any school activities. She didn't really have any friends. She would talk about things like having boyfriends and girlfriends, and talk about things with the other students that they weren't comfortable talking about, so she kind of pushed them away. And then with teachers, you know, she was pretty confrontational. Like I said, she wouldn't do anything that was requested of her unless she felt like it. Luckily I had her all day. Like with this schedule where I had the kids and I switched classes, I don't know that I would have the time before she had to move on to the next class.

**Interviewer:** She was there at the right time with the right person. So, number 12, describe the student's academic performance.

**Dina :** So she had a lot of missing assignments. She didn't do her work very often. She was below in math. With reading and language arts, it was more natural to her. But her math, she was below with her math. She had some deficiencies there.

**Interviewer:** Describe any suicide prevention or intervention training you have received?

**Dina :** Well, I received suicide prevention intervention training at the RYDC when I worked there with the juveniles, in the juvenile justice system. That was more about what to do to keep them physically safe so they couldn't hurt themselves. It wasn't about the intervention because we were just officers, like we weren't counselors. And so, it was really about just what to look for when someone went on suicide protocol, like what do we do for suicide protocol? And then when I worked at the treatment center, it was a little more in-depth. But once again, because they lived there, a lot of it was focused on the physical environment - how can we keep the physical environment safe so that they can't physically do it?

So as far as how to approach the youth, it still wasn't - because that was kind of left up to the clinicians - to the therapists, so we weren't given like training on, you know, other than just how to keep them safe. Like, what would we do for suicide protocol…that sort of thing. And we did have multiple students, and I haven't talked about that, so I wasn't a teacher at the time, but we had multiple students there or multiple children there that had suicidal ideations that we had put on suicide protocol. And since they lived there, it's actually in some ways, you felt more comfortable because you could structure their environment because they lived there. Where, as a

teacher, it's so much harder because you do what you do here, but then you send them home, and you can't control what's going on there.

You can't take away their shoelaces. You can't like make sure that they don't have all these other things in their rooms. So in some ways, it felt a little less intimidating to deal with it in that structure because we felt like we had more control. Whereas as teachers, we have our suicide precautions training, it's a video that we watch, and we'll talk about it in a staff meeting, the counselors will come in and we have that one training a year. So, sometimes I wonder if I'd not had that extra background working with juveniles through the juvenile justice system and then in psychiatric care, if I would feel as prepared as I do now, because I still don't feel 100% prepared. It still feels so scary.

**Interviewer:** So then, what is your opinion about implementing suicide prevention in the school setting, especially the elementary school setting?

**Dina :** I mean, I think it would be great. I think that with anything, you've just got to make sure it's age-appropriate.

**Interviewer:** Okay. Number 15, describe what you feel a teacher's role or responsibility is in recognizing potential signs of suicide in students? What do you think the role of a teacher is?

**Dina :** Well, as a teacher, we're constantly observing. We're constantly observing our students. And so, just making sure that we keep an eye on all of our students, and then if we see something, a student that looks like they may be struggling socially or emotionally or family dynamics-wise, I feel like a teacher should give a little extra observation to that. So definitely, I think that we're with them the most out of anybody else at the school. And so, I think that observing, and part of that is listening, listening for what they're saying or what they're not saying, like just paying attention. And then of course, if we see or hear anything, that we communicate, we communicate it to the counselors, to the administration, and move forward with communicating with the parents, if that's something that the team thinks. But definitely, I don't think that any level of intervention is too much when we're talking about these types of things. So as a parent, I would want to know if someone were concerned about my student.

**Interviewer:** Okay. All right. So describe your level of self-efficacy with identifying signs of suicide in your students.

**Dina :** I think my abilities, like everything's kind of gone down a little bit since we've started switching classes and I don't get as much time with the students. I don't get to see them all day long. And I think that sometimes teachers can get - that I can get focused on the content. And sometimes, there might be a couple of days that I don't always have my radar up. I mean, I feel like I have a pretty good ability, but that external demands can kind of get in the way, and that I don't always have the time to get to know the students as well. Did you want a rating, like on a scale or anything?

**Interviewer:** No, just your thought on it. Like, do you feel like you're good at it? Do you feel pretty good, but could use some assistance?

**Dina :** Yeah, I'm pretty good, but I mean, I don't think I'm the best, you know what I mean? Like I said, I don't always take the time from instruction to be able to home in on the peer relationships and that sort of thing.

**Interviewer:** So, do you feel like there are any barriers to teachers identifying students at risk of suicide? Like within the county, within the school, within the grade level…

**Dina :** I mean, I don't think that there's concrete barriers, you know what I mean? Like, there's nothing that you could point to and say this person or this policy. But I do, like I said, like the time, like the amount of content, curriculum that we're teaching, that the demands on all of the teachers. I mean, in some ways I feel like this test and this test, this required assessment from the county, and this required… I feel like there's just so much on our plates that, like I said, those external factors that get in the way of student-teacher relationships, like there are pressures that teachers face that can distract them from those student-teacher relationships. And so, I think that's the informal barrier.

I do feel like sometimes with the divisive concepts, that talk, and let's not do CRT, and let's not do social emotional learning and that sort of thing; I think that it makes it riskier for teachers to talk to students about things. Because especially when you're talking about, even in fifth grade I mean, we have students younger than fifth grade that have a gender identity that's different than what they were born with. And if we can't have discussions about gender identity, if that's something that... I understand not showing up and asking a student, but if we are afraid to respond to something that we might see because of the divisive concepts law, because of all the pushback…I feel like that State law and then the county's policy on that, and then also, the removal of "No Place For Hate" from our schools, I feel like is another thing that teachers I think are in kind of the holding pattern. We don't really know what we can talk about and what we can't talk about. I do feel like that that gender identity, that race relations…all of those are things

- those hot topics are things that are very intertwined, that are very related to suicide, you know, suicidal rates and things like that, so I just feel like that's a barrier.

**Interviewer:** And then the last question, is there anything you would like to add or feel we didn't cover in today's interview?

**Dina :** I don't think so.

**Interviewer:** If you think of anything else, anything related to what we talked about, if you'll jot it down on the reflection journal, I'll get it from you, like I said, by the 30th. If you don't think of anything, that's fine, but just like I said, if something sparks with this particular student that you talk to me about, or with any more thoughts about barriers or anything, any of the questions. If you think, "Oh man, I should have told her this," then jot it down for me because I'll include it in my discussion results. Yay, thank you so much. That was awesome.

**Dina :** You're welcome.

**Interviewer:** I really appreciate it.