

**Development of a School-Based Education and Awareness
Programme to Support Adolescents with Suicidal Ideation**

by

CHÉRIE DREYER

Submitted in accordance with the requirements
for the degree of

DOCTOR OF PSYCHOLOGY

in the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF P. R. RISENGA

DATE: November 2023

DECLARATION

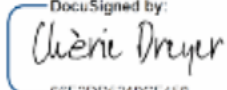
NAME: Chérie Dreyer
STUDENT NUMBER: 41977432
DEGREE: Doctor of Psychology

**DEVELOPMENT OF A SCHOOL-BASED EDUCATION AND AWARENESS
PROGRAMME TO SUPPORT ADOLESCENTS WITH SUICIDAL IDEATION**

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

DocuSigned by:

66E2D12621BCE458

Miss Chérie Dreyer

22 September 2023

Date

Abstract

Yearly, approximately 800,000 individuals across the globe succumb to suicide. Suicide ranks as the fourth leading cause of death among older adolescents, particularly those aged 15 to 19 years. Approximately 60% of adolescents who experience suicidal ideation ultimately end up attempting suicide, with over 86.1% doing so within the first year after they begin to contemplate suicide. These findings underscore the urgent need for effective prevention and intervention strategies to reduce the incidence of suicidal behaviour among adolescents. It is crucial that teachers and peers remain vigilant in identifying and addressing risk factors for suicidal ideation and that evidence-based interventions are readily available to those in need. This phenomenological research study aimed to explore the experiences of adolescents with suicidal ideation and identify various risk factors such as depression, mental health, bullying, substance abuse, family history of suicidal behaviour, social-environmental factors, and the impact of the COVID-19 pandemic that may have contributed to suicidal thoughts and behaviour in adolescents. Furthermore, the researcher aimed to determine the markers that teachers and peers can use to detect suicidal intentions in adolescents. Utilising the data gathered from the interviews the primary purpose of this study was to develop a school-based education and awareness programme for supporting and educating adolescents experiencing suicidal ideation. This study was conducted at a high school in Tshwane, South Africa, with a target population of 14–18-year-olds with past suicidal ideation. The participants were chosen by purposive sampling, as well as their voluntary agreement to participate in the study. The data were collected using semi-structured interviews. A qualitative research method was used to gather and investigate data on the participants' encounters with suicidal thoughts and behaviours. The data gathered in this research underwent analysis and interpretation using Hycner's explication process. This strategy enabled the identification of six overarching themes and eleven subthemes.

The findings indicated slight differences when contrasted with existing academic literature, emphasising that alcohol and drug misuse are prominent risk factors for the emergence of suicidal ideation in adolescents. This research study found that interpersonal conflict in family and social interactions impacts the probability of suicidal ideation in adolescents, emphasising its importance as a key risk factor.

Keys/Concepts: *adolescents, alcohol, and substance abuse, bullying and victimisation, COVID-19, depression, psychosocial, suicide.*

Acknowledgements

I would like to express my profound gratitude and sincere appreciation to the following:

To our Heavenly Father: Many times, when I was about to give up hope for the future, You were there to support me. The consistent and attentive focus on my requirements and timely critical assistance have been remarkable. Father, thank you so much.

I would like to extend my gratitude to Professor P.R. Risenga, my supervisor, for her invaluable expertise in providing direction, continuous assistance, reassurance, inspiration, patience, and honesty throughout my academic journey. I could not have achieved this task without your constant encouragement and support.

To my dear, beloved daughter, I thank God for granting me the purpose of existence through your presence. You hold a special place in my life, making it meaningful and fulfilling. I deeply love and cherish you with all my heart.

To my very special mother, the tragic event of your suicide has catalysed my pursuit of academic knowledge in psychology. It has instilled within me a steadfast desire to assist individuals, particularly children, who may grapple with suicidal ideation. Daily, I experience a sense of longing for your presence.

I would like to express my gratitude to Dr Beba Papakyriakou for providing editing services for my thesis.

I would like to extend my sincere appreciation to the educational institution's principal, parents, and staff members for affording me the privilege of spending time at your school and for providing me with access to the students in this study.

I wish to convey my deep appreciation to the participants for their invaluable contributions to this study. I would like to acknowledge the children's willingness to share their personal experiences, life stories, and emotional struggles, which were crucial to the success of the study.

Dedication

This study is devoted to the memory of my deceased mother, Janey Dreyer.

Table of Contents

Declaration.....	i
Abstract.....	ii
Acknowledgements.....	iv
Dedication.....	vi
Chapter 1: Introduction	1
1.1 Introduction and Orientation.....	1
1.2 Background of this Study.....	1
1.3 Aim of this Study	4
1.4 Objectives of this Study	5
1.5 Research Questions.....	5
1.6 Significance of this Study	6
1.7 Theoretical Framework.....	7
1.8 Definition of the Key Terms	8
1.9 Summary of the Methodology	10
1.10 Outline of the Thesis.....	10
1.11 Conclusion	12
Chapter 2: Literature Review	11
2.1 Introduction.....	13
2.2 Forms of Suicidal Ideation.....	16
2.2.1 <i>Passive</i>	16
2.2.2 <i>Active</i>	16
2.3 Prevalence of Suicidal Ideation in Adolescents.....	16
2.3.1 <i>Suicidal Ideation: A Historical Perspective</i>	16
2.3.2 <i>Suicidal Ideation: A Global Phenomenon</i>	18
2.3.3 <i>Suicidal Ideation: A South African Overview</i>	19
2.4 Misconceptions and Misunderstandings about Suicidal Ideation in Adolescents	21
2.5 The Public Health Implications of Suicidal Ideation in Adolescents	23
2.6 Psychosocial Risk Factors Contributing to Suicidal Ideation in Adolescents	24
2.6.1 <i>Socio-Demographic Factors</i>	25
2.6.2 <i>Depression, Mental, and Emotional Health</i>	26
2.6.3 <i>Bullying and Victimisation</i>	30

2.6.4 <i>Alcohol and Substance Abuse</i>	36
2.6.5 <i>Family History of Suicidal Behaviour</i>	43
2.6.6 <i>Social-Environmental Factors</i>	46
2.6.7 <i>COVID-19 Pandemic</i>	49
2.7 Theoretical Frameworks	51
2.7.1 <i>Interpersonal Theory of Suicide (IPS)</i>	51
2.7.2 <i>Integrated Motivational-Volitional Model (IMV)</i>	56
2.8 Suicide Prevention Programme Methodology	57
2.9 Conclusion	64
Chapter 3: Research Methods and Design	65
3.1 Introduction.....	65
3.2 Philosophical Assumptions.....	65
3.2.1 <i>Ontology</i>	66
3.2.2 <i>Epistemology</i>	67
3.2.3 <i>Axiological</i>	68
3.3 Interpretivist Paradigm.....	69
3.4 Qualitative Research	71
3.5 Phenomenological Research Design.....	74
3.6 Research Methodology	78
3.6.1 <i>Population and Sample Selection</i>	78
3.6.2 <i>Study Population</i>	79
3.6.3 <i>Sample and Sampling Methods</i>	80
3.7 Method of Data Collection.....	82
3.7.1 <i>The interview schedule</i>	83
3.7.2 <i>Semi-structured Interviews</i>	84
3.8 Data Analysis	84
3.9 Measures of Ensuring Trustworthiness.....	88
3.9.1 <i>Credibility</i>	89
3.9.2 <i>Transferability</i>	90
3.9.3 <i>Conformability</i>	91
3.9.4 <i>Dependability</i>	91
3.9.5 <i>Appropriateness</i>	92
3.9.6 <i>Reflexivity</i>	94
3.10 Ethical Considerations	95

3.10.1 <i>Autonomy</i>	97
3.10.2 <i>Nonmaleficence</i>	99
3.10.3 <i>Beneficence</i>	99
3.10.4 <i>Justice</i>	100
3.11 Conclusion	100
Chapter 4: Presentation of the findings, interpretation, and discussion	101
4.1 Introduction	101
4.2 Participants' Description	101
4.3 Presentation of the Findings	107
4.3.1 <i>Biographical Information of the Participants</i>	107
4.4 Themes	108
4.4.1 <i>Presentation and Discussion of the Themes and Sub-Themes</i>	108
4.4.2 <i>Disclaimer</i>	108
4.5 Discussion and Findings	109
4.5.1 <i>Theme 1: Sub-Theme 1: The Participant's Experience with Suicidal Ideation</i>	109
4.5.2 <i>Theme 1: Sub-Theme 2: Type of Suicidal Behaviour</i>	117
4.5.3 <i>Theme 1: Sub-Theme 3: Self-Harm</i>	120
4.6 Theme 2: Bullying and Victimization	122
4.6.1 <i>Theme 2: Sub-Theme 1: The Influence of Bullying on the Participant</i>	123
4.6.2 <i>Theme 2: Sub Theme 2: Victimization</i>	125
4.7 Theme 3: Alcohol and Substance Abuse	127
4.7.1 <i>Theme 3: Sub-Theme 1: Alcohol and substance Abuse</i>	127
4.8 Theme 4: Family and Friend's History of Suicidal Behaviour	131
4.8.1 <i>Theme 4: Sub-Theme 1: Suicidal Behaviour Within the Family and Friends</i>	131
4.9 Theme 5: Social-Environmental Factors	134
4.9.1 <i>Theme 5: Sub-Theme 1: Relationship with Parents, Siblings, and Peers</i>	134
4.9.2 <i>Theme 5: Sub-Theme 2: History of Verbal, Emotional, and Physical Abuse</i>	141
4.9.3 <i>Theme 5: Sub-Theme 3: The Early Loss of a Parent</i>	145

4.10 Theme 6: COVID-19 Pandemic.....	147
4.10.1 Theme 6: Sub-Theme 1: Occurrence of the COVID-19 Pandemic.....	147
4.11 Conclusion	150
Chapter 5: Development of a School-Based Educational and Awareness Programme to Support Adolescents with Suicidal Ideation.....	151
5.1 Methodology Used to Develop the Educational Programme	151
5.1.1 Investigating.....	151
5.1.2 Planning programme activities.....	152
5.1.3 Developing materials.....	152
5.1.4 Piloting and revising materials.....	153
5.1.5 Implementing.....	153
5.1.6 Evaluation.....	153
Chapter 6: Summary, Recommendations, and Conclusions	197
6.1 Introduction.....	197
6.2 Summary of the Chapters.....	198
6.3 Discussions of Findings	200
6.4 Limitations of this Study.....	205
6.5 Implication for Theory and Research	207
6.6 Implications for Practice and Policy, Suggestions for Future Studies.....	209
6.7 Summary & Conclusions	210
6.8 Critical Self-Reflection	212
References.....	215
Appendices.....	243
Appendix A: Gauteng Board of Education Ethical Clearance.....	243
Appendix B: Interview Schedule	245
Appendix C: Letter for Permission to the School Principal	248
Appendix D: Parental Consent to Participate in this Study	251
Appendix E: Participant Information Sheet.....	253
Appendix F: Participant Consent to be Interviewed.....	257
List of Figures	
Figure 1.1: Potential mediators between suicidal thoughts and behaviours and bullying victimisation, perpetration, and victimisation.....	32
Figure 2.1: Concentric circles represent an individual's level of social support.....	45

Figure 3.1: Suicide Risk Model	55
--------------------------------------	----

List of Tables

Table 1: Personal Details of Participants	101
Table 2: Themes, Sub-themes, and Categories	108
Table 3: The Participant's Experience with Suicidal Ideation: Depression, Mental and Emotional Health, and Attempted Suicide.....	110
Table 4: The Participant's Experience with Suicidal Ideation: Type of Suicidal Behaviour	118
Table 5: The Participant's Experience with Suicidal Ideation: Self-Harm.....	121
Table 6: Bullying and Victimization: Bullying.....	124
Table 7: Bullying and Victimization: Victimization.....	126
Table 8: Alcohol and Substance Abuse: The Influence of Alcohol and Substance Abuse on the Participant	128
Table 9: Family History of Suicidal Behaviour: Suicidal Behaviour among Family and Friends.....	132
Table 10: Social-Environmental Factors: Relationship with Parents, Siblings, and Peers.	135
Table 11: Social -Environmental Factors: History of Emotional and Physical Abuse.....	142
Table 12: Social-Environmental Factors: Early Loss of a Parent.....	146
Table 13: COVID-19 Pandemic.....	148

Chapter 1: Introduction

Depression is such a cruel punishment. There are no fevers, no rashes, no blood tests to send people scurrying in concern, just the slow erosion of self, as insidious as cancer. And like cancer, it is essentially a solitary experience, a room in hell with only your name on the door.

—Martha Manning

1.1 Introduction and Orientation

This chapter presents an analysis of this study and its broader contextual framework. Furthermore, this chapter covers a detailed description of the research topic, the reasons for the investigation and an in-depth explanation of the key terminologies. Finally, a brief overview of the following chapters is provided.

1.2 Background of this Study

The act of suicide is a complex and multifaceted phenomenon that affects individuals on various levels and remains not fully understood. Suicide involves a range of human emotions, psychological traits, and religious beliefs, making it a multi-layered subject matter. According to the World Health Organisation [WHO], (2019) a staggering 800,000 individuals lose their lives to suicide annually on a global scale. Suicide is the primary or secondary leading cause of death among individuals in multiple countries (Gaynor et al., 2023).

According to statistical data, globally suicide ranks as the fourth most common cause of mortality among individuals in the age group of older adolescents, specifically those aged between 15 and 19 years (World Health Organisation, 2021). Global data for this age group was accessible from 90 nations, which are part of the 130 WHO member states (WHO, 2021). The average suicide

rate for this age group, according to the most recent statistics, was 7.4 per 100,000 adolescents. In South Africa, the number of suicides among adolescents is greater than that of older adults (Shilubane et al., 2023). Furthermore, suicidal conduct among adolescents is often underreported, particularly in rural areas (Woolf et al., 2015). Based on data from a demographic study on adolescent suicidal behaviour in South Africa, over 22% of black adolescents in the nation reported having suicidal thoughts or attempting suicide (Thornton et al., 2019).

Adolescents undergo significant changes during their developmental stage, encountering physiological changes, evolving relationships with peers and parents, and navigating the school environment. This period can be a vulnerable one as it challenges their sense of self (Povey et al., 2022). During adolescence, suicidal thoughts and attempts increase significantly, especially at around 12 years of age (Grosselli et al., 2022). The risk factors associated with suicide are complex and varied, including factors such as alcohol misuse, childhood abuse, negative attitudes towards seeking help, impediments to receiving care, and the availability of suicide methods (WHO, 2021). It is crucial to note that self-harm is alarmingly common among young individuals, serving as a significant warning sign for future occurrences of self-harm or even potential suicide (Gaynor et al., 2023).

Throughout history, suicide has been surrounded by a pervasive social stigma, which persists in contemporary society (Nathan & Nathan, 2020). This enduring stigma is mainly experienced by individuals affected by suicide loss or those who have survived a suicide attempt. Stigma refers to the negative treatment of an individual because of their inherent characteristics or attributes, which can result in exclusion, marginalisation, and discrimination. Self-stigma occurs when one internalises these societal beliefs, leading to harmful outcomes (Nathan & Nathan, 2020). Overall, stigma creates negative social situations that can have harmful effects. Commonly held preconceptions about suicide include notions of emotional weakness, seeking attention, self-centeredness, feigning illness, and

moral transgressions (Nathan & Nathan, 2020). Individuals who commit or die by suicide are frequently perceived as lacking faith, either due to insufficient prayer or weak devotion to God, or as betraying their family and others by selfish or self-centred actions (Nathan & Nathan, 2020).

Prevention of youth suicide elicits widespread support from various stakeholders, including parents, policymakers, and young individuals who are affected. Educational institutions can contribute positively towards suicide prevention as they provide a regular and substantial opportunity for direct engagement with many adolescents. Research indicates that although teachers may not always be directly engaged in addressing adolescent suicide, they can have a significant impact on students and may play a crucial role in preventing suicide by offering support and resources before, during, and after a suicide (Shilubane et al., 2023). School-based prevention programmes are often regarded as among the most critical suicide prevention strategies for adolescents (Grosselli et al., 2022). In South Africa, there are very few programmes dedicated to preventing suicide. The two that exist were created and are managed in certain regions by the South African Depression and Anxiety Group (SADAG). The first programme is an instructional class about depression and suicide, while the second is an audiobook designed to de-stigmatize suicide (Shilubane et al., 2023). In a study conducted by Shilubane et al. (2023) it was found that schools receive government materials to educate students outside the classroom. However, no instructional documents on mental health, signals of suicidal behaviour, or suicide prevention were obtained. During a research study conducted by Shilubane et al. (2023) teachers were asked what information they gave to students whose friends committed suicide, the teachers said that they told the deceased's classmates that they could not change the past, so they should accept it and go on. The school administration demonstrated a lack of ability to handle a crisis. Furthermore, in South Africa, there is limited information on school management's efforts to prevent suicide among adolescents (Shilubane et al., 2023). Woolf et al. (2015) cite that the absence of a national suicide prevention plan in South Africa,

inadequate knowledge of local risk factors, ignorance of the sociocultural context, and a shortage of adolescent psychiatric referrals make it difficult for school counsellors to prevent suicide among adolescents.

This study investigated the risk factors that may contribute to the onset of suicidal ideation in adolescents to develop a school-based education and awareness programme aimed at supporting young people experiencing suicidal ideation. Risk factors such as sociodemographic factors, depression, mental and emotional health, bullying and victimisation, alcohol and substance abuse, family history of suicidal behaviour, social-environmental factors, COVID-19 pandemic were further examined during the interview process. After exploring the risk factors contributing to suicidal ideation in adolescents, an education and awareness programme was developed to support adolescents who experience suicidal ideation. Research suggests that implementing an audiovisual course to increase learners' knowledge of suicidal thoughts and coping abilities may be useful (Shilubane et al., 2023). The proposed school-based educational and awareness programme is aimed at providing adolescents who may experience suicidal thoughts with essential knowledge and assistance, to mitigate suicidal thoughts and behaviour. Furthermore, the researcher endeavoured to explore the cultural stigma associated with suicide to foster a more empathetic and understanding environment for those who may be grappling with suicidal thoughts. Through the distribution of the education and awareness programme, the researcher aspires to make progress towards improving adolescent's mental health and general well-being.

1.3 Aim of this Study

This study aimed to develop a school-based education and awareness programme to support adolescents with suicidal ideation. A comprehensive outline of the programme was developed leveraging the insights and analysis derived from the qualitative research.

1.4 Objectives of this Study

1. Explore participants' daily lives and examine their perceptions of the risk factors that contribute to suicidal ideation and behaviour.
2. Establish which prevention and awareness strategies can be started to minimise suicidal ideation in adolescents.
3. Examine the indicators that can be used by adolescents, peers, and teachers to identify suicidal ideation and behaviour in adolescents?
4. Develop a prevention and awareness programme that can be distributed to educate adolescents, peers, and teachers about suicidal ideation.

1.5 Research Questions

The following research questions guide this study:

1. Which psychosocial risk factors (i.e., depression, mental and emotional health, bullying and victimisation, alcohol and substance abuse, family and friend's history of suicidal behaviour, social-environmental factors, and the COVID-19 pandemic) contribute to suicidal ideation in adolescents?
2. How to establish which prevention and awareness strategies can be started to minimise suicidal ideation in adolescents.
3. Teachers and peers can use which indicators to identify suicidal tendencies in adolescents?
4. How to develop a school-based education and awareness programme designed to inform and educate adolescents, peers, and teachers about suicidal ideation?

1.6 Significance of this Study

Suicide awareness is an effort to proactively raise awareness about suicidal behaviour. Its objective is to lessen societal stigmas and uncertainties surrounding suicide by increasing statistical and sociological awareness of the issue. Additionally, it aims to encourage constructive dialogue and involvement in suicide prevention. Given the recent prominence of suicide in adolescents as a topic, the findings of this study sheds light on the characteristics of adolescents who experience suicidal thoughts and behaviour, as well as the factors that may contribute to suicidal ideation in adolescents, such as depression, mental and emotional health, bullying and victimisation, alcohol and drug abuse, a family or friend's history of suicidal behaviour, social and environmental factors, and the COVID-19 pandemic. This study is important since it focuses on the urgent health problem of how suicidal thoughts affect adolescents.

In South Africa, there are few programmes devoted to preventing adolescent suicide. This study can enhance educational policies that address the needs of adolescents who exhibit signs of suicidal ideation. Educational institutions are poised to offer invaluable guidance on managing suicidal ideation and behaviour, which can benefit several adolescents. The particular significance of this study lies in the development of a school-based educational and awareness programme to support adolescents with suicidal behaviour. The educational and awareness programme was created to help overcome the stigma surrounding discussions about suicide, identify symptoms of suicidal thoughts, and provide practical advice and recommendations for managing suicidality in schools. The researcher believes that the One-Life suicide awareness programme will provide peers and educators with knowledge on the markers that may be used to detect suicidal tendencies in adolescents. The findings of this study provide valuable insights for guiding and informing adolescents, peers, and teachers about the risk factors that contribute to suicidal thoughts and behaviour. This educational and awareness programme

will be the first of its kind designed exclusively for South African adolescents dealing with suicidal ideation.

1.7 Theoretical Framework

The difficulty in recognising suicide risk, especially among high-risk groups such as adolescents necessitates more research into suicidal behaviour models that might help forecast risk, contribute to risk formulation, and prevent adolescent suicide. Many risk factors are associated with suicidal behaviour, and different theories have been developed to incorporate these factors. However, only a few theories can explain the complex nature of suicidal behaviour. One such theory is the interpersonal theory of suicide (Joiner, 2007). The Interpersonal-Psychological Theory of Suicidal Behaviour is a significant endeavour to explain the aetiology of suicidal behaviour. The interpersonal theory of suicide seeks to explain why individuals engage in suicidal behaviour and identify those who may be vulnerable to it (Joiner, 2007). This theory consists of three distinct components (thwarted belongingness, perceived burdensomeness, and hopelessness) that contribute to suicide attempts. According to the theory, the combination of feeling disconnected from others (thwarted belongingness) and feeling like a burden to them (perceived burdensomeness) increases the likelihood of suicidal thoughts. However, having suicidal thoughts alone is not enough to result in suicide.

The interpersonal theory of suicide assisted the researcher in offering novel perspectives on or approaches to the problem of suicidal ideation in adolescents. The theory provided the researcher with many lenses through which to see challenging issues and social problems, focussing their attention on various facets of the data and providing a framework for conducting the investigation.

Reasons for selecting the interpersonal theory of suicide:

- The interpersonal theory of suicide (IPTS) is regarded one of the most significant theories of suicide.
- The interpersonal theory of suicide is one of the most extensively researched modern theories on the emergence of suicidal thoughts and behaviour.
- The interpersonal theory of suicide is a multifaceted theory that draws on the contributions of previous theories while also attempting to establish a complete and inclusive framework.
- The interpersonal theory of suicide has proved to have particular usefulness in describing suicidal behaviour in the child and adolescent communities, as well as clinical populations.
- There is compelling empirical evidence to support the linkages between suicide and numerous factors connected to the interpersonal theory of suicide's notions of thwarted belongingness and acquired capacity to self-injure.
- This theory acknowledges that suicidal behaviour is difficult to carry out since it goes against our fundamental biological need for survival.
- The IPTS has been extensively studied in literature reviews, whereas evidence supporting competing theories is still in the early stages of accumulation (Klonsky et al., 2018).

1.8 Definition of Key Terms

The primary terminology used in the investigation is explained and examined as follows:

Suicidal Ideation

The term suicidal ideation (SI) is commonly used to refer to various thoughts, desires, and fixations related to death and suicide (Harmer et al., 2023). This study employed the conceptual notion of suicidal ideation, as referenced.

Suicide

Suicide is the act of intentionally causing one's death.

Adolescence

Adolescence is a period of development that occurs between the ages of 10 and 19, signifying the shift from childhood to adulthood. Adolescence, which starts in biology and ends in society, falls during the second decade of life. The word 'adolescents' in this research shall denote persons aged between 14 and 18 years of age.

Substance Abuse

Substance use disorder (SUD) is a complex illness where individuals continue to use substances compulsively despite its negative impact on their physical, psychological, and social health. People with substance use disorder show an increased focus on consuming certain substances such as alcohol, tobacco, and illegal narcotics. Severe substance use disorders are often known as addictions (Colon-Rivera & Balasanova, 2020). This research has embraced the conceptual notion of substance misuse.

Bullying and Victimization

Bullying behaviour includes intentional and aggressive conduct that is recurrent over time, characterised by an unequal distribution of power between the victim and the perpetrator (Tarafa et al., 2022). Bullying victimisation refers to sustained and recurrent exposure to harmful behaviours by one or multiple individuals within a student's social environment. An adolescent can be classified as a victim of bullying when subjected to verbal abuse, physical assault such as kicking or hitting, threats, receiving derogatory notes, being confined to a room, and experiencing social isolation (Tarafa et al., 2022).

COVID-19 Pandemic (SARS-CoV-2)

The SARS-CoV-2 virus is responsible for the onset of Coronavirus (COVID-19), an infectious disease (WHO, 2020). According to the World Health Organisation (WHO, 2020), most individuals who contract the virus will encounter a respiratory illness of mild to moderate severity and will recuperate without requiring specialised medical intervention. This study has adopted the conceptual definition of the COVID-19 pandemic.

Psychosocial

The term 'psychosocial' relates to the psychological and social dimensions of an individual's existence regarding the interconnectedness of an individual's cognitive processes, emotional responses, and actions with the social environments in which they occur (Hasa, 2023). In this study, the researcher used the term 'psychosocial' in its conceptual meaning, as it was referenced.

1.9 Summary of the Methodology

This study employed a qualitative method that entailed a comprehensive review of the existing literature and a descriptive phenomenological research design. The literature review established a foundation for the study by scrutinising previous studies on the topic and identifying various risk factors that contribute to suicidal ideation in adolescents. Interpretive phenomenological analysis was used to acquire a deeper understanding of the participants' experiences. The research was conducted at an educational institution in Tshwane, South Africa, with participants aged between 14 and 18 who reported suicidal ideation. Participants were selected purposively and with their informed consent. The data were collected through semi-structured interviews and subjected to analysis using Hycner's (1985) explication procedure. The analysis revealed six main themes and eleven subthemes. Chapter three of this study fully explains the approach.

1.10 Outline of the Thesis

The following discourse pertains to the content of the chapters included in this thesis.

Chapter 1: Introduction

Chapter one serves as an introductory section for readers. It provides a descriptive explanation of the research issue, an overview of the research itself, definitions of key terms, limitations of the study and a summary of what readers can expect to find in the following chapters.

Chapter 2: Literature Review

This chapter includes a detailed overview of the research problem, the many categories of suicidal behaviour, and the prevalence of suicidal behaviour historically, globally, and specifically in South Africa. The fallacies around suicidal conduct in adolescents will be reviewed as well as the health consequences of suicidal behaviour among adolescents. Next, we will investigate and assess the risk factors that contribute to suicidal ideation in adolescents. Moreover, an overview of two key theoretical frameworks will be presented. The chapter will conclude with a discussion on the methodology of suicide prevention programmes.

Chapter 3: Research Methods and Design

Chapter three comprehensively explains the research strategy and methodology used in this study. This section includes details on the theoretical framework utilised, the process for selecting the population sample, the methods used for data collection and instrumentation, the approach taken for data analysis, and the overall research design.

Chapter 4: Presentation of the Findings, Interpretation, and Discussion

Chapter four gives an overview of the participants, aimed at providing the reader with a contextual understanding of each participant's current circumstances. The discourse and evaluation of the results will also be presented, considering the existing literature.

Chapter 5: Development of a School-based Prevention and Awareness Programme to Support Adolescents with Suicidal Ideation

In chapter five, a presentation is provided on the school-based prevention and awareness programme designed to support adolescents who experience suicidal ideation. The methodology used to develop the educational programme will be further addressed. The educational and awareness programme's development included six steps: investigating, planning programme activities, developing material, piloting, and revising materials, implementation & evaluation.

Chapter 6: Summary, Recommendations, and Conclusions

Chapter six provides a detailed overview of the current study. It includes a summary of the findings, conclusions drawn from the results, limitations of the research, and recommendations for future investigations.

1.11 Conclusion

The following chapter examines the fundamental epidemiological parts of suicidal ideation among adolescents.

Chapter 2: Literature Review

There's a girl who smiles all the time to show the world that she is fine. A boy who surrounds himself with friends wishes that his life would end. For those who say they never knew, the saddest leave the least of clues.

–Lang Leav, 2016

2.1 Introduction

Every 40 seconds, someone worldwide commits suicide, and up to 20 times that amount attempts suicide yearly (Mathew et al., 2021). Each suicide attempt comes with the risk of further attempts with greater potential for lethality, considerable mental anguish, permanent physical harm, and death. Suicide, most likely results from a combination of biological, psychological, and social factors (Mathew et al., 2021). Research indicates that suicide and suicide attempts have a profound emotional and psychological impact not only on the relatives and friends of those who have died by suicide but also on those who have survived a suicide attempt (Mathew et al., 2021). Understanding suicidal behaviour and suicide attempts continues to be among the most challenging issues facing society and healthcare professionals.

Suicidal ideation (SI) is a general phrase that encompasses many thoughts, desires, and fixations related to death and suicide (Harmer et al., 2023). It is an umbrella term covering various thoughts, desires, and ideas around suicide and death. Suicidal thoughts and actions can be classified into three categories: suicide ideation, which pertains to the contemplation of engaging in activities to terminate one's life; suicide plan, which involves the formulation of a detailed strategy outlining the desired method of death; and suicide attempt, which includes engaging in potentially harmful actions to explicitly cause one's death (Bano et al., 2019).

According to the World Health Organisation (2021) suicide ranks as the fourth most common cause of mortality among the 15–29-year-old age group. The manifestation of suicidal ideation significantly correlates with age, with the typical age of onset ranging between 10 and 15 years (Voss et al., 2019). Research indicates that suicidal thoughts and actions are much more common during adolescence than before puberty (Esposito-Smythers et al., 2019). Suicidal thoughts in adolescents are associated with a 12-fold increase in the probability of suicide attempts by age 30 (Bilsen, 2018).

Adolescent suicidal behaviour has been linked to a complex interaction of genetic, psychological, cognitive, and social factors, with early adversity posing unique risks (Clüver et al., 2015). Risk factors such as traumatic childhood experiences, unfavourable living conditions, alcohol or substance abuse, risk-taking behaviour, stressful life events, and negative family or peer dynamics have increased adolescent suicidal behaviour (McCallum et al., 2022). Mental illness is among the most common risk factors for suicidal thoughts and actions. A higher risk of suicide in adolescents has also been linked to depression, anxiety, and substance addiction (Hink et al., 2022). Furthermore, scholarly literature established connections between a familial background of either a fatal or nonfatal suicide attempt and many unfavourable clinical consequences. These consequences include suicidal and self-harming behaviours, substance misuse, diverse psychiatric diagnoses, and admissions to psychiatric hospitals (Geulayov et al., 2014; McManama O'Brien et al., 2015).

The stigma surrounding suicide continues to be a significant barrier to prevention efforts. Due to the subjective experience of distress and societal stigma associated with engaging in suicidal behaviour, individuals who have survived suicide attempts often endure an enormous psychosocial burden (Hanschmidt et al., 2016). There is a widespread belief that suicidal threats and gestures are attention-seeking or manipulative actions that prevent people from approaching suicidal ideation and attempts with the seriousness of the potential act in mind (Hanschmidt et al., 2016). Kennedy et al.

(2018) explained that while the stigma around suicide may not prevent someone from committing suicide, it may discourage them from seeking help to prevent it.

Research has provided valuable insights into the risks and protective factors associated with suicidal thoughts and behaviours (Bilsen, 2018). However, there remains a gap in research regarding the near-term precursors of suicidal ideation (Czyz et al., 2018). We must understand the risk factors associated with adolescent suicidal ideation to develop effective education and prevention methods for vulnerable individuals. Suicidal ideation is typically one of the earliest suicidal behaviours to emerge; thus, intervening before suicidal ideation is critical to decreasing the number of attempted and completed suicides among adolescents (Lensch et al., 2018). In addition, knowing the phenomenology and aetiology of suicidal thoughts is crucial for risk assessment and suicide prevention (Shahtahmasebi, 2015). Recognising the risk factors for suicidal thoughts will help to identify adolescents at risk of committing suicide.

Using a phenomenological research approach, the researcher gained a deeper understanding of the subjective experiences of adolescents who encounter suicidal ideation. During the interview process, the researcher carefully recorded detailed and comprehensive accounts related to the topic. This study revealed that certain risk factors were significantly associated with suicidal ideation in adolescents. This information was used to develop an educational programme aimed at raising awareness and promoting mental health in educational institutions, particularly for adolescents exhibiting suicidal thoughts and behaviour.

2.2 Forms of Suicidal Ideation

In the following discussion, the researcher will provide a more detailed analysis of the diverse manifestations of suicidal ideation.

2.2.1 Passive Suicidal Ideation

Passive suicidal ideation occurs when people have suicidal thoughts but are not actively planning suicide. These individuals do not have a specific plan or intention to die. However, they may believe that life is not worth living and that everyone would be better off if they died. Passive suicidal ideation has been identified as a significant indicator of suicidal risk because of its strong correlation with heightened levels of depression and suicidality (Harmer et al., 2023).

2.2.2 Active Suicidal Ideation

Active suicidal ideation occurs when people have recurring thoughts of harming themselves and have plans to commit suicide. They may begin to prepare for suicide by amassing weapons or stockpiling medications. Suicidal ideation is a powerful predictor of committing suicide (May et al., 2015). Adolescents with active suicidal ideation continue to experience suicidal thoughts and feel despondent. When suicidal thoughts become active, the individual will begin planning a suicide attempt. Active suicidal ideation is defined in this study as the intention to commit suicide.

2.3 Prevalence of Suicidal Ideation in Adolescents

Next, the researcher will explore the historical, global, and local prevalence of suicidal ideation, offering comprehensive and in-depth insights into the topic.

2.3.1 Suicidal Ideation: A Historical Perspective

The word 'suicide' originates from the 1650s Modern Latin *sui* ('self') and *caedere* ('to kill'). Suicide is often described as death caused by injuring oneself intending to die. To date, we have no means of accurately predicting when the first suicide occurred, the driving forces behind it, or when the idea of suicide was first thought up. The earliest documented instances of suicide in human history date to around 3,000 years ago. Suicide was forbidden and viewed as evil in ancient Greece and

Egypt. In the event of an individual's death by suicide, their remains would be abandoned in the wilderness and left to the animals (Da-Yong et al., 2020).

In 1637, the English clergyman John Sym published *Life's Preservative Against Self-Killing*, the first known book about suicide. In 1790, a clergyman named Charles Moore published *A Full Inquiry into the Subject of Suicide*, a two-volume work on suicide. Moore's book focussed on gambling and suicide in response to an increase in suicides in Denmark following the implementation of the number lottery (Goldney et al., 2008). Moore was the first to raise the possibility of genetic factors in depression and suicide, claiming that melancholy affects successive generations of the same family (Goldney et al., 2008). During the first few decades of the 19th century, there was a significant shift in European attitudes towards suicide. This shift was thought to be due to the suicide of Lord Castlereagh, the second Marquis of Londonderry, in 1822. In the eyes of the public, Castlereagh was a powerful and successful politician. Castlereagh committed suicide because of a melancholy illness, but the public did not deny him a funeral, as should have been the case (Goldney et al., 2008). John Bucknill and Tuke's *Manual of Psychological Medicine*, published in 1858, includes a history, nosology, descriptions, statistics, diagnosis, pathology, and treatment of insanity, as well as an appendix of cases. For many years, this manual was the standard psychiatric textbook. Suicidal monomania, melancholia, delusions, and hallucinations were the four types of suicides described by Bucknill & Tuke, (1858).

In 1892, George Savage published critical reviews of suicide research in England. Savage admitted that suicide could occur when "no other signs of insanity" exist (Goldney et al., 2008, p. 83). "In some cases of mild emotional disorder, there may be a desire to pretend to commit suicide," he continued (Goldney et al., 2008, p. 83). This formulation was created approximately seventy years before the 'cry for help,' Suicidal intent is expressed through a cry for help hoping to receive

assistance or be rescued. "All melancholic patients must be considered suicidal until they are fully known," Savage added (Goldney et al., 2008, p. 83). Savage further noted that self-mutilation was used to relieve stress. Furthermore, "waves of depression occur in many neurotic but otherwise sane people, which frequently lead to suicide," according to Savage (Goldney et al., 2008, p. 83). Savage's research was noteworthy because it revealed that suicide could be deliberate, or impulsive and that egoistic and altruistic motivations could both be involved.

2.3.2 Suicidal Ideation: A Global Phenomenon

Every year, close to 800,000 people throughout the world take their own lives (WHO, 2021). It is of particular interest that suicide is not a problem limited to rich nations; instead, it is a predicament that impacts individuals across all regions of the globe. In 2019, low- and middle-income nations accounted for over 77% of global suicides, according to recent statistics published by the World Health Organisation (WHO, 2021).

Recent research indicates a notable shift in the prevalence of suicide among youth in recent decades. Suicide rates among adolescents aged 15-24 rose by around 200% from the 1950s to the mid-1990s. There was a decrease in rates throughout the 1990s, followed by an increase in the early 2000s (Rosston, 2022). The ratio of suicide attempts among adolescents is 25:1, which is significantly higher than the ratio among seniors, which is 4:1 (Gebbia & Moutier, 2021). It is also expected that the suicide rate will continue to increase. Research indicates that it is unusual to have suicidal thoughts before age 10, but that number dramatically increases between 12 and 17 (Nock et al., 2013). The rareness of completed suicides before puberty and the infrequency of suicidal ideation and depression among young children may be attributed to a lack of exposure to drugs and alcohol.

2.3.3 Suicidal Ideation: A South African Overview

South African youth (those aged 10-19 years) are a vital demographic for the continent's future economic and social development. Investing in adolescence yields benefits across three-time frames: the adolescent period itself, stages of adulthood, and future generations (Phukuta & Omele, 2020). Therefore, upholding ideal health during adolescence is crucial because it significantly determines the probability of future achievements in both procreation and adulthood. The prevailing belief that adolescents have good health is a commonly held notion despite the limited understanding of the actual health status of this demographic (Phukuta & Omele, 2020). In South Africa, the transition from childhood to adulthood is fraught with many difficulties for teenagers. Many adolescents experience mental health problems, childhood pregnancy, alcohol and substance abuse, HIV/AIDS, sexually transmitted illnesses, malnutrition, and non-communicable diseases (Phukuta & Omele, 2020). According to research, risk factors with a direct influence on an individual's health during early adulthood tend to continue throughout their entire lives (Phukuta & Omele, 2020).

The prevalence of suicide in South Africa varies, with reported rates ranging from 100,000 to 25 per 100,000 individuals, depending on the specific sampling methods and research methodologies employed (Mars et al., 2014). The extent of suicide research in Africa is believed to be constrained, potentially attributable to inadequate systematic data collection practises. Furthermore, less than 10% of African nations, have provided their mortality data to the World Health Organisation. Consequently, the existing suicide data that are accessible and published predominantly originate from limited-scale studies conducted in diverse regions of Africa (Mars et al., 2014). Despite implementing national preventive plans and programmes in various countries, South Africa remains deficient in such initiatives. Insufficient financial allocations for healthcare, including mental health, have resulted in limited availability of services in numerous low- and middle-income nations. Few

continuous initiatives and activities focus on suicide prevention on a sufficient scale to minimise the number of lives lost to suicide (Shilubane et al., 2013).

The available statistics on suicide in South Africa understate the true scope of the issue and may result from insufficient police training and thorough documentation of individual instances. In addition, medical professionals lack access to funds, sources, and opportunities for specialised forensic training (Shilubane et al., 2013). In addition, mortality rates may be subject to underreporting, misclassification, or intentional concealment due to religious and cultural sanctions. (Shilubane et al., 2013).

A South African research study conducted among adolescents from 16 high schools found a suicide attempt prevalence rate of 14.8% (Alabi, 2022). According to research, in 2008, 20.7% of high school pupils considered suicide in the previous six months, and 16.8 per cent planned to commit suicide (Shilubane et al., 2013). Half of South Africa's population comprises children and adolescents. Because there are around 5,670 secondary schools in the country, the school setting provides an ideal social context for gathering information about suicidal thoughts in adolescents (Shilubane et al., 2013).

Suicidal behaviour is associated with increased exposure to various factors, including depression and emotional health, social and family circumstances, and traumatic life experiences (Carballo et al., 2020). Suicide is never the result of a single cause; therefore, the multidimensional nature of suicidal risk and multiple risk factors must be investigated. Moreover, this study examined the relationship between depressive symptoms and suicidal ideation, considering variables such as gender and age, mental and emotional well-being, experiences of bullying and victimisation, alcohol and substance misuse and familial history of suicidal behaviour.

2.4 Misconceptions and Misunderstandings about Suicidal Ideation in Adolescents

Anticipating and preventing suicide poses a formidable obstacle for healthcare professionals (Rice & Sher, 2013). In recent years, there has been a growing recognition of adolescent suicide as a significant social and health issue. Nonetheless, many healthcare practitioners who regularly interact with adolescents lack adequate training (Rice & Sher, 2013).

Below is an examination of common misinterpretations and fallacies about suicidal ideation and conduct among the adolescent population:

- The significance of suicidal behaviour among adolescents is often undervalued by clinicians, who tend to underestimate its frequency.
- Most adolescents with suicidal ideation do not ask for help. Additionally, research indicates that adolescents seek help from peers rather than parents or experts when obtaining support (Rice & Sher, 2013).
- The contagion phenomenon involves the transmission of suicidal behaviour or ideation from one or more individuals to others, resulting in an increased likelihood of suicide attempts or completion (Rice & Sher, 2013). The critical role of contagion in adolescent suicidal behaviour is often overlooked or underestimated by clinicians.
- A statistically significant excess of suicides has been linked to nonfictional newspaper, radio, and television coverage of suicide. It is essential to consider the influence of the Internet, informational dissemination, and its effect on suicidal teenagers (Rice & Sher, 2013).
- It is vital to educate practitioners on the increased risk of suicide attempts or completion among individuals acquainted with someone who has committed suicide (Rice & Sher, 2013).
- There is a common misunderstanding that directly questioning adolescents regarding their suicidal tendencies is a comprehensive means of assessing the risk of suicide (Rice & Sher, 2013).

- There is a frequent misconception that young individuals who experience nonpsychiatric illnesses do not require evaluation for suicidal inclinations (Rice & Sher, 2013).
- Adolescents experiencing distress, depression, and suicidal ideation show physical symptoms and may not disclose their emotional state to healthcare providers. Healthcare providers should not depend only on self-reported information from individuals at risk of suicidal behaviour. Healthcare practitioners must have the ability to assess the likelihood of suicide by considering all pertinent data (Rice & Sher, 2013).
- Medical professionals and trainees must comprehensively understand the indicators of suicidality. It is essential to enable them to identify adolescents at a heightened risk of suicide, even when they present with non-psychological symptoms (Rice & Sher, 2013).
- There exists a commonly held misconception that the suicide risk among adolescent males is comparatively lower than that among adolescent females (Rice & Sher, 2013). Research indicates that adolescent females show a higher frequency of suicidal ideation and attempts than their male counterparts. However, it is noteworthy that males are more prone to suicide than females (Rice & Sher, 2013).
- A misconception exists regarding the correlation between self-injury and suicide among individuals who engage in self-harm. It is crucial to emphasise that self-injury should not be conflated with a suicide attempt
- Although self-injury is distinct from suicide attempts, individuals who engage in self-injurious behaviour may exhibit heightened susceptibility to suicidal ideation and attempts (Predescu & Sipos, 2023).
- Both self-injury and suicide indicate an individual's inability to manage and cope with emotional distress effectively. Both groups experienced common emotions such as hopelessness, despair, and being overwhelmed. The clear similarity lies in both involving self-inflicted harm, and the primary distinction lies in the intention (Hack & Martin, 2018).

- It is widely believed that most adolescent suicides occur suddenly and without warning signs. However, some also observed that many adolescents showed indications or hints to others before trying to take their own lives. The indicators associated with potential adolescent suicide encompass a variety of symptoms, including but not limited to depressed mood, substance abuse, diminished interest in previously pleasurable activities, reduced levels of activity, decreased attention, distractibility, social isolation, withdrawal from social interactions, alterations in sleep patterns, changes in appetite, morbid ideation, and verbal and written cues (King, 2020).
- Not all adolescents who exhibit suicidal behaviour suffer from a mental illness. Although many adolescents may attempt or complete suicide because of a mental disorder, it is essential to note that not all cases involve individuals suffering from mental disorders (King, 2020).

2.5 The Public Health Implications of Suicidal Ideation in Adolescents

There is a widespread consensus that suicide is a preventable phenomenon on a global scale. Suicide is commonly recognised as a matter of public health; however, in terms of prevention, it is categorised within mental health (Shahtahmasebi, 2015). Although significant research has been conducted on the topic, it is only recently that an official recognition of the intricate nature of suicide has been made (Shahtahmasebi, 2015).

Medical professionals and trainees must receive education regarding the fact that suicide ranks among the leading causes of mortality in adolescents globally. The incidence of mortality resulting from suicide shows a consistent upward trend during adolescence (Cha, 2018). The prevalence of non-lethal suicidal behaviour heightens the public health significance. In the context of suicidal behaviour, some have observed that for each completed suicide, many adolescents, ranging from 100 to 200, have attempted to end their own lives (Bachmann, 2018). Conversely, in the elderly

population, the rate of suicide attempts is comparatively lower, with four attempts being made for every completed suicide (Bachmann, 2018).

Hospitalising individuals with psychiatric conditions can offer essential services that ensure safety and stabilisation while managing acute psychiatric symptoms and heightened suicide risk (Czyz et al., 2016). Despite discharge, a considerable proportion of adolescents still encounter outcomes related to suicide, such as rehospitalization, visits to emergency departments, persistent suicidal ideation, and recurrent suicidal behaviour (Czyz et al., 2016). Rates of rehospitalization among adolescents are considerable, ranging from 19% to 28% within six months, 38% within one year, and up to 43% within 2.5 years following discharge (Czyz et al., 2016). In addition, expenses linked to psychiatric hospitalisation may encompass economic burdens, persistent social disapproval, and adverse effects on the patient's self-concept and aspirations (Czyz et al., 2016).

The prevalence of readmission to hospitals, especially in cases related to suicide, underscores the persistent nature of psychiatric emergencies following discharge and prompts inquiries into the efficacy of hospitalisation and current post-discharge support measures (Czyz et al., 2016). While outpatient services are commonly provided to adolescents after discharge, research suggests no significant correlation exists between receiving these services and improved suicide-related outcomes, such as a decreased likelihood of suicide attempts or a reduction in suicidal ideation (Czyz et al. 2016).

2.6 Psychosocial Risk Factors Contributing to Suicidal Ideation in Adolescents

In the next section, the researcher will discuss various psychosocial risk factors associated with suicidal ideation in adolescents. These factors include but are not limited to socio-demographic factors, depression, mental and emotional health, bullying and victimisation, alcohol and substance

abuse, family history of suicidal behaviour, socioenvironmental factors, and the influence of COVID-19 on suicidal ideation.

2.6.1 Socio-Demographic Factors

Research indicates that every two hours a young person under 25 takes their own life (Buchman-Schmitt et al., 2014). The common means of suicide include hanging, firearm, and explosive usage, drowning, leaping from significant heights, ingestion of tranquillizer tablets, consumption of agricultural chemicals, pesticides, and other toxic substances, and self-mutilation (Shilubane et al., 2015). The implementation of these techniques shows significant variability contingent on the extent to which they are utilised in diverse social and cultural contexts.

According to Bilsen (2018) the ratio of males to females in Europe and North America ranges from 4:1 to 1.5:1 in the Eastern Mediterranean and Western Pacific. According to a study conducted between 1960 and 1980, the suicide rate among boys between the ages of 15 and 24 climbed at a significantly higher rate than that of their female counterparts (Maris, 1985). However, female adolescents are three times more likely to attempt suicide than their male counterparts (Gunn et al., 2018; Miranda-Mendizabal et al., 2019).

The higher incidence of male suicide compared with female suicide can be attributed to the more straightforward availability of firearms and other potentially lethal substances. Research indicates that males show a higher propensity than females to engage in suicide through highly dangerous or irreversible means (Miranda-Mendizabal et al., 2019). Males exhibit a decreased tendency to participate in safeguarding actions, such as seeking aid or creating robust social support systems these behaviours are higher among females. However, empirical studies suggest that females are at a higher risk of reporting suicidal ideation, with a prevalence rate of two to three times that of

males (Miranda-Mendizabal et al., 2019). The observed disparities suggest that further investigation is necessary to discover potential variations between genders about the risk factors associated with suicide.

2.6.2 Depression, Mental, and Emotional Health

Mental health disorders significantly contribute to the global illness burden and have important clinical and public health implications. In addition to decreasing people's quality of life, mental health disorders can impose substantial monetary and social costs. Depression, for instance, is a pervasive mental disorder that affects millions of people of all ages and is the leading cause of disability worldwide (Phukuta & Omele, 2020). Suicidal behaviour is uncommon without a mental disorder, and it has been discovered that 90% of people who commit suicide have some psychiatric disorder (Bantjes et al., 2016). Furthermore, suicidal behaviour has been closely related to psychiatric conditions, depressive disorders, and post-traumatic stress disorder (Bantjes et al., 2016). Children and adolescents who engage in suicidal behaviour may also have other psychiatric conditions, such as externalising disorders, bipolar disorder, psychotic disorders, affective dysregulation, and eating disorders (Carballo et al., 2020).

Borderline personality disorder [BPD] and major depressive disorder have been identified as diagnoses linked strongly to suicidal behaviour. Major depressive disorder is associated with interpersonal problems such as avoidance, social isolation, and submissiveness. Depression is a condition linked to elevated morbidity and mortality levels and has a detrimental impact on an individual's social, occupational, and physical functioning. Research indicates that major depressive disorder is linked to a fivefold increased risk of suicide attempts as opposed to risk factors such as gender, age, race, and socioeconomic status (Carballo et al., 2020).

Borderline Personality Disorder is a complex, multifaceted mental disorder characterised by a constellation of symptoms, including identity diffusion, interpersonal difficulties, and chronic instability, often accompanied by intense emotional and impulsive dysregulation (Bozzatello et al., 2019). Furthermore, individuals diagnosed with BPD often encounter challenges such as difficulty maintaining stable relationships, instability in self-perception, a black-and-white perception of reality, and sensitivity to criticism (Lazarus et al., 2014; Salzer et al., 2013).

According to research, many clinicians experience anxiety when diagnosing borderline personality disorder in children (Sharp & Fonagy, 2015). This hesitancy has been attributed to apprehensions regarding social disapproval and the belief that self-identity development is not yet fully understood among children (Sharp & Fonagy, 2015). Additionally, clinicians have highlighted the difficulty of distinguishing borderline characteristics from the typical developmental course of adolescents (Sharp & Fonagy, 2015). However, personality disorders typically do not manifest abruptly in adulthood. Instead, there exist early indications and processes that render individuals susceptible to personality pathology, which are often observable during youth, particularly in adolescence. A borderline personality disorder is a developmental disorder typically emerging during adolescence (Sharp & Fonagy, 2015).

Potential Risk Factors for Developing BPD in Adolescents:

- Studies have revealed that individuals diagnosed with BPD show alterations in brain regions linked to emotions and impulse management (Bozzatello et al., 2019; Pandey, 2013; Sharp & Fonagy, 2015).
- Research has indicated that environmental factors, including childhood abuse and neglect, maltreatment, sexual abuse, and parental separation or loss, are linked to the emergence of

borderline personality disorder among adolescent and adult cohorts (Bozzatello et al., 2019; Sharp & Fonagy et al., 2015).

- Children of parents with severe mental health conditions, such as depression, substance abuse, or antisocial personality disorder, are more susceptible to developing BPD (Bozzatello et al., 2019; Sharp & Fonagy, 2015).
- The aetiology of BPD may involve genetic influences, as shown by the presence of biological risk factors that are likely inherited (Bozzatello et al., 2019; Sharp & Fonagy, 2015).

Regrettably, the identification and management of BPD are often postponed because of the underestimation of specific symptoms and the reluctance of clinicians to diagnose BPD in younger populations (Bozzatello et al., 2019). Although the significance of an early diagnosis in enhancing the long-term prognosis of BPD is widely acknowledged, this matter has not been extensively investigated, and many inquiries remain unresolved (Bozzatello et al., 2019).

Numerous factors exert an influence on mental health, whereby the greater the exposure of adolescents to risk factors, the more pronounced the potential negative impact on their mental well-being. Adolescents who experience mental health conditions are particularly susceptible to various negative outcomes, including social exclusion, discrimination, stigma (which may hinder their inclination to seek treatment), academic challenges, engagement in risky behaviours, physical health issues, and violations of their human rights (Mancinelli et al., 2022; WHO, 2021). According to the World Health Organisation (WHO, 2021), there is an estimated prevalence rate of 14% for mental health issues among individuals aged 10-19 years globally. However, it is essential to note that these conditions often go undiagnosed and untreated.

Depression, anxiety, and behavioural problems are the primary contributors to disease and disability in the adolescent population. Depression is a chronic and debilitating disorder that usually onsets during the developmental stages of childhood or adolescence. Based on scholarly investigations, young individuals who engage in suicidal behaviour show a background of prior suicide attempts and indications of depression. (Herres et al., 2019). Adolescents are more vulnerable to developing depressive symptoms, with estimates placing the prevalence of major depressive disorder between 8% and 20% before age 18 (Johnson et al., 2018). Research indicates that depression significantly contributes to suicidal thoughts. Among individuals diagnosed with major depressive disorder (MDD) or dysthymia in clinically referred samples, 85% had suicidal thoughts, 32% attempted suicide in adolescence or early adulthood, and 2.5%–7% died by suicide (Mermon et al., 2018). In addition, an adolescent's development, connections with peers and teachers, and family life are all negatively affected by depression. Studies have found that depressed adolescents have a pessimistic outlook on their lives, communities, and futures (Malhotra & Sahoo, 2018). Although depression is strongly associated with suicidal behaviour in the general population, it is not consistently present. This proposition implies that suicidal conduct results from multiple factors that interact (Carballo et al., 2020).

Adolescence is crucial for laying the groundwork for a lifetime of positive psychological and social practices. This set of wholesome routines includes learned coping, problem-solving, interpersonal skills, and effective emotion. However, the World Health Organization reports that certain adolescents are at an increased risk for mental health problems because of their environments, social stigmas and exclusions, or lack of access to adequate services and support (WHO, 2021). Several demographic groups can be identified, such as adolescents who live in humanitarian or precarious environments, people with persistent illnesses, those with autism spectrum disorders, intellectual disabilities, or other neurological conditions, orphaned adolescents, adolescents who care

for young children, adolescents who become self-caregivers as parents, and those who have experienced early marriage (WHO, 2021). In addition, children from broken families (such as those with divorced or absentee parents) are more prone to experience emotional and psychological difficulties later in life (Anderson, 2014).

More research is needed to develop empirical data to inform pragmatic treatments to enhance mental health outcomes for depression and suicidal behaviours throughout adolescence, as this is often the onset age for these conditions (Phukuta & Omele, 2020). Due to limited cultural awareness of adolescence and a lack of data on teenage growth and development, adolescents face several psychosocial obstacles during the coming of age. These stresses can exacerbate anxiety, depression, and other mental health problems (Phukuta & Omele, 2020). Empirical evidence suggests that adolescents who suffer from depressive disorders and other mental health problems are more likely to engage in risky behaviours such as having multiple sexual partners, engaging in sexual activity without protection, and abusing substances. These adolescents are more likely to have low educational attainment, be unemployed, and die by suicide (Phukuta & Omele, 2020).

Because the researcher is not a clinician, she could not determine if a particular adolescent was suffering from depression or any other mental health issue. However, the researcher asked the participants if they had ever been diagnosed with depression or any other mental condition. In addition, the researcher inquired about any history of mental health disorders in the individuals' families. Chapter four will cover the study results.

2.6.3 Bullying and Victimization

Bullying is widely acknowledged as a negative and stressful experience that can affect a child's or adolescent's health, happiness, and growth (Arseneault, 2018). Abusive behaviour by a

parent or teacher is not considered bullying. Although the terms ‘bullying’ and ‘peer victimisation’ are sometimes used interchangeably, there is a significant difference between the two (Arseneault, 2018). When two people of almost equal strength argue or fight, it is not bullying; it is peer victimisation. The power imbalance between bullies and their targets is a defining characteristic of bullying. Peer victimisation and bullying can occur at any age, including adulthood (Arseneault, 2018).

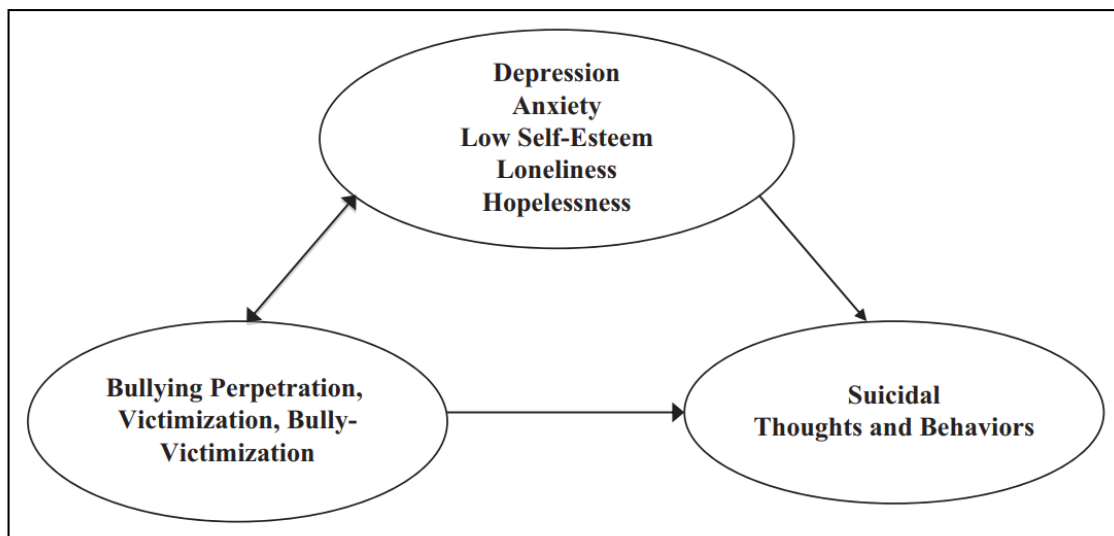
Bullying is a subtype of hostile conduct and aggressive behaviour in which an individual or a group often attacks, degrades, and rejects a relatively powerless person (Baiden & Tadeo, 2020). Bullying victims are a demographic group that shows a lower likelihood, as indicated by statistical data, of engaging in retaliatory actions as a response to harassment or other manifestations of peer abuse. The victim is often more vulnerable than the perpetrator. Bullying is deliberate and usually repeated over time, with a power imbalance between the victim and the bully. Furthermore, bullying is classified into two types: physical bullying (beating, kicking, pushing, and blocking someone) and verbal bullying (teasing, threats, sarcasm, and spreading rumours) (Najafi et al., 2017). Research indicates that victims of bullying are more likely to experience anxiety, low self-esteem, loneliness, and hopelessness, all of which have been linked to an increased risk of suicide (Hong et al., 2015).

Adolescent bullying is a significant public health issue; it is pervasive in various settings and often has harmful outcomes. Bullying occurs most often in schools, although it can also occur in other settings, such as the neighbourhood or between siblings at home (Arseneault, 2018). Between 10% and 30% of children and adolescents participate in school bullying as victims, bullies, or bully-victims. The term 'bully victims' refers to a small but distinct group of children who are both bullies and victims of bullying. Bullying and suicidal behaviour have a significant correlation, according to research, but other factors like depression and criminality frequently

mediate this correlation (Hertz & Donato, 2013). Adolescent males have a greater tendency to engage in school bullying (both as victims and as offenders). In contrast, girls are just as likely, if not more likely, to engage in cyberbullying (Hinduja et al., 2015). Numerous risk factors, including gender, ethnic minority membership, low socioeconomic status, overweight status, learning disability, and poor social skills, can have an impact on becoming a victim of bullying (Alavi et al., 2015).

Figure 1.1

Potential mediators between suicidal thoughts and behaviours and bullying victimisation, perpetration, and victimisation (Hong et al., 2015, p.381).



Note. The graph illustrates the reciprocal relationship between psychological traits and bullying engagement (i.e., perpetration, victimisation, or both). Psychological factors may affect bullying participation or serve as a risk factor.

Cyberbullying, or electronic bullying, is defined as any conduct by individuals or groups that often sends threatening or violent messages to cause harm or distress to others (Hinduja & Patchin,

2019). Cyberbullying differs from traditional forms of bullying in that it can occur at any time, from any location, seven days a week, and can be perpetrated often by an individual or a group. Because of cyberbullying's topography, its perpetrators can behave more viciously, more frequently, for more extended periods, and with more incredible savagery (i.e., the humiliation that occurs in the classroom is extended to online publications) (Baiden & Tadeo, 2020). Cyberbullying can transmit fear of public humiliation beyond the classroom context and reach large audiences (such as those who watch YouTube videos). In addition to classroom bullying, these acts they fear may have long-term detrimental consequences for the victim (Baiden & Tadeo, 2020). Research studies have indicated that the estimated prevalence rate of cyberbullying can be as high as 60%, despite significant heterogeneity in the prevalence estimates (Brochado et al., 2017).

The phenomenon of cyber victimisation is frequently seen among adolescent individuals. Since the emergence of the Internet, cyber victimisation has become typical via email, instant messaging, social media, and mobile phones. Bullying at school and cyberbullying can occasionally occur together. Teenagers in the US sample who had found cyberbullying also experienced school bullying at a rate of 88%. Adolescents who have experienced cyber-victimisation are at a heightened risk of exhibiting suicidal ideation and attempting suicide, a matter of significant concern (John et al., 2018).

The existing body of scholarly research has established a positive relationship between cyber-victimisation and suicidal inclinations among adolescent populations, as shown by the findings of John et al. (2018). John et al. (2018) conducted a meta-analysis to investigate the associations between involvement in cyberbullying and suicidal tendencies among individuals aged below 25 years. The results suggest a meaningful correlation between experiencing cyber victimisation and having suicidal thoughts.

The cyber-victimisation-suicidality link may be explicable through the interpersonal theory of suicide (Sheffler et al. 2021). According to this theoretical framework, thwarted belongingness, and perceived burdensomeness, two primary interpersonal risk factors, may elevate the likelihood of experiencing suicidal ideation or a desire to commit suicide (Fanchen Meng et al., 2022). The experience of cyber-victimisation is a particular type of interpersonal stress that may prompt feelings of loneliness, social withdrawal, and low self-esteem among adolescents (Fanchen Meng et al., 2022). These outcomes are the central elements of thwarted belongingness and perceived burdensomeness. It is plausible that heightened levels of perceived burdensomeness and thwarted belongingness may be linked to an increased risk of suicide among adolescents, particularly in the context of cyber-victimisation (Fanchen Meng et al., 2022).

The deleterious effects of bullying on physical health can manifest both immediately and over extended periods. Such consequences may include physical harm and enduring conditions such as headaches, sleep disturbances, and somatization. It is imperative to recognize and address the negative physical impacts of bullying to mitigate the potentially devastating outcomes. Victims often have low self-esteem and negative attitudes towards themselves and their circumstances and feel lonely and socially isolated. Victimization, bullying, and bullying victimisation have been shown in studies to increase levels of depression, self-harm, and suicidal ideation in adolescents (Najafi et al., 2017). As for the effects, studies have often discovered that being the target of bullying in person or online can lead to various maladaptive emotional, psychological, behavioural, and even physical issues (Hinduja & Patchin, 2019). Bullied youth are more likely to experience depression or anxiety, lower academic success, a sense of belonging lessness at school, poorer social and emotional adjustment, more difficulties making friends, worse interactions with their classmates, and more loneliness. Over the course of an academic year, individuals subjected to bullying are more prone to experiencing a range of negative emotional and physical symptoms, including heightened levels of

stress, feelings of hopelessness, increased anxiety, and gastrointestinal discomfort (Hinduja & Patchin, 2019).

Maslow (1943) observed that everything seems less important than safety. Feelings of safety, belongingness, and receiving love and affection are all examples of psychological security (Maslow, 1943). Individuals with a diminished sense of psychological security may experience feelings of isolation and rejection, leading them to show withdrawal behaviours, perceive the external environment as threatening, and direct their focus inward. Based on emotional security theory, individuals may experience a compromised state of psychological security when they encounter interpersonal circumstances characterised by hostility and aggression. Additionally, Cummings and Miller-Graff (2015) suggested that inadequate levels of psychological security can lead to maladaptive behaviour. Psychological security plays a vital role in explaining the relationship between adverse interpersonal environments, such as peer victimisation, and negative outcomes, such as suicidality (Davies et al., 2016).

Adolescents whom peers have victimised may have compromised psychological security. During adolescence, individuals emphasise peer relationships more and are more receptive to joining peer groups than other connections. However, being victimised by peers makes a person unpopular among their peers, which may cause them to feel alone and perceive their situation negatively. As a result, individuals may feel psychologically insecure (Cummings & Miller-Graff, 2015). Moreover, when victims of peer victimisation feel incapable or impotent to defend themselves, their sense of fear is heightened. Psychological insecurity increases the likelihood of suicidality among teenagers. People who lack confidence may assume that the world is rife with unpredictable or unmanageable dangers. These feelings may cause individuals to have a pessimistic outlook on the future, increasing the likelihood of suicidal behaviour (Cummings & Miller-Graff, 2015).

Prevention of bullying is crucial for reducing suicidal ideation and behaviour in adolescents and other psychological disorders. Identifying the risk characteristics that can predict the onset of bullying can enhance the design of interventions for bullying prevention and treatment. It can aid in identifying adolescents who may become bullies or victims (Alvarez-Garcia et al., 2015). Participants in this study were asked about their previous experiences with bullying or victimisation. In chapter four, the researcher will discuss the findings.

2.6.4 Alcohol and Substance Abuse

Since the 1990s, South Africa has seen a substantial increase in the trafficking and consumption of illegal drugs and the associated problems (Hamdulay & Mash, 2011). Hamdulay and Mash (2011) assert that globalisation and political and social transformation have resulted in the alteration of trade regulations and an upsurge in the transnational movement of goods and individuals. It may have contributed to the increased availability and supply of illicit substances. According to Hamdulay and Mash (2011) the reduced cost of illegal drugs has increased accessibility and availability to adolescents.

Alcohol has been associated with over 60 distinct causes of mortality on a global scale (Youssef et al., 2016). The abuse of alcohol is associated with widely recognised adverse effects on both physical and mental health. The psychopharmacological impact of alcohol consumption can lead to reduced inhibition, heightened aggression, and compromised cognitive abilities. Consumption of alcohol may pose a potential risk of suicidal tendencies among adolescents. According to Youssef et al. (2016) the theory of alcohol myopia posits that the consumption of alcohol in the short term can limit an individual's focus on immediately noticeable stimuli, potentially leading to a reduction in inhibitory impulses.

Furthermore, Youssef et al. (2016) found that the state of disinhibition induced by intoxication can enhance suicidal ideation and escalate the probability of impulsive suicidal behaviour. The coexistence of substance abuse and psychiatric disorders seems to be the norm rather than the exception (Mann et al., 2012). Acute intoxication increases the likelihood of suicidal behaviour in individuals who are already vulnerable. It is attributed to the exacerbation of impulsive tendencies, intensification of depressive thoughts and suicidal ideation, impairment of cognitive faculties, diminished capacity to identify alternative coping mechanisms, and decreased resistance to self-harm (Carballo et al., 2020).

Using alcohol and illegal drugs is one of the most pressing issues in modern society, particularly in developing nations such as South Africa, where almost one-third of the population is classified as 'youth' and where alcohol consumption is one of the highest in the world (Bezuidenhout, 2018; Morojele & Ramsoomar, 2016). Due to widespread social instability, poverty, and unemployment in South Africa, many young adolescents are exposed to alcohol and illicit substances within their families and communities (Khan & Singh, 2014). A study conducted by Bezuidenhout (2018) found that many youngsters as young as 10, are addicted to illegal substances such as marijuana, cocaine, heroin, methamphetamine, and mandrax. Furthermore, 33% of the respondents indicated they could obtain cannabis within an hour, and 25% stated the same for ecstasy, cocaine, and heroin. In a study by the University of South Africa (UNISA), 2,281 pupils in Grades 7, 10, and 11 from public schools in Pretoria South Africa, were interviewed. It was found that 25% of respondents reported inhaling glue, petroleum, paint thinners, or other solvents; 27% reported taking mandrax, ecstasy, heroin, or similar narcotics; and 22% reported using cocaine (Bezuidenhout, 2018).

In a study conducted by Morojele & Ramsoomar (2016), 31.5% of current drinkers engaged in excessive or binge drinking, with a prevalence of 5.6% for alcohol use disorder and 2.4% for

alcohol dependence between South African adults and their adolescent counterparts. Reddy et al. (2011) reported that a little under half of secondary learners or high school students reported having used alcohol at some point in their lives, with 13% claiming to have had their first drink before age 13 and approximately 13% of students admitted to using marijuana (dagga) at some point. In comparison, 10% of students admitted to having used illegal narcotics such as methamphetamine (tik) or methaqualone (Mandrax) (Reddy et al., 2011). Maserumule et al. (2019) conducted quantitative cross-sectional research on 314 students at three secondary schools in Limpopo province. They found that 53.8% of the sample consumed alcohol, and 65.5% reported associating with classmates who drank. Alcohol dependence was also identified in 25% of the patients. Yuodelis-Flores & Ries. (2015) found that traumatic life events can double the likelihood of developing alcohol use problems. Youssef & Ries, (2016) conducted a study that revealed that patients with a history of alcoholism had a higher incidence of suicide attempts. Persistent alcohol intake results in a state of low mood, thereby increasing the probability of suicidal tendencies. Alcohol usage is strongly associated with an increased risk of suicidal thoughts, attempts, and fatalities in both young people and adults (Rizk et al., 2021). Furthermore, alcohol intoxication is associated with increased lethality of suicide attempt techniques, which increases the likelihood of suicide deaths. Individuals who abuse opioids are 14 times more likely to die by suicide than the overall population (Rizk et al., 2021). Simultaneous use of alcohol and opioids may greatly increase the likelihood of fatal overdoses caused by respiratory depression (Rizk et al., 2021).

Adolescents often resort to drugs and alcohol to relax, fill their free time, and deal with their frustrations. Substance experimentation is more common among young people who grow up where substance misuse is shared or who were raised by parents or older siblings who abuse alcohol or illegal drugs because they may see such behaviour as 'normal' or 'acceptable' (Bezuidenhout, 2018). When caretakers or older siblings use and abuse substances such as alcohol and opioids, a similar risk

emerges because this could place youngsters at risk for addiction and, eventually, criminal behaviour. Furthermore, communities with high rates of alcohol and drug consumption provide attractive opportunities for criminal activity. These include producing and distributing illegal narcotics, theft, violence and increased adolescent and adult gang-related behaviour (Bezuidenhout, 2018). It is common for individuals with adjustment disorder to engage in concurrent substance abuse. Frequent alcohol and drug abuse increases suicidal ideation, school dropout rates, sexual promiscuity, youth gang membership, youth misconduct, and impulsive and aggressive behaviour.

Suicidal ideation and behaviour have been linked to stimulants, particularly cocaine/crack amphetamines and opioids, such as heroin and prescription opioid abuse (Youssef et al., 2016). According to Rizk et al. (2021) individuals with addiction issues exhibit a significantly higher likelihood of engaging in suicidal behaviour, with a 14-fold increase in risk compared with their counterparts of similar age and gender.

Other commonly used substances among adolescents

Heroin is an opioid narcotic derived from morphine, a naturally occurring substance extracted from the seed pods of opium poppy plants cultivated in Southeast and Southwest Asia, Mexico, and Colombia (National Institute on Drug Abuse (NIDA) 2022). Heroin can be inhaled, smoked, or injected. The body rapidly converts heroin into morphine and attaches it to opioid receptors in the brain, causing the user to experience a pleasurable sensation or "rush." Heroin is exceedingly habit-forming, and regular heroin users often develop tolerance, requiring higher and more frequent dosages to achieve the desired effects (NIDA, 2022). Possible long-term effects include collapsed veins, infection of the heart's lining and valves, abscesses, and pulmonary complications (NIDA, 2022).

Marijuana refers to desiccated *Cannabis sativa* or *Cannabis indica* leaves, flowers, stems, and seeds. The plant has tetrahydrocannabinol (THC), a psychoactive compound that can cause impairment or alterations in cognitive function, and other active compounds, such as cannabidiol (CBD). Cannabidiol (CBD) does not induce impairment, thus lacking psychoactive effects resulting in altered states of consciousness (Carvalho et al., 2022). Cannabis, commonly called marijuana, is a globally regulated substance widely utilised and common in youth culture. It is often adopted at a younger age than other drugs (Carvalho et al., 2022). Individuals commonly consume marijuana by inhaling hand-rolled cigarettes, also known as joints, or using water pipes, commonly called bong. Blunts, which are cigar tubes partially or entirely refilled with marijuana, are also used to consume the drug (NIDA, 2022). When a person smokes marijuana, THC immediately enters the bloodstream through the lungs. The substance is distributed to the brain and the rest of the body via the circulatory system. Delta-9-tetrahydrocannabinol (THC) exerts its effects by binding to receptors located on brain cells that typically respond to endogenous cannabinoids (NIDA, 2022). Endogenous compounds are involved in the typical growth and operation of the brain.

The use of marijuana leads to the overstimulation of brain areas that contain a high density of receptors that respond to endogenous cannabinoids. This phenomenon results in a sensation commonly called 'high' (NIDA, 2022). In South Africa, cannabis is the most often used substance, with an estimated 5 to 10% of adolescents using it. According to Hamdulay and Mash (2011) there has been a gradual increase in prevalence rates at the beginning of the 21st century. Cannabis use is strictly governed in South Africa; only individuals over 18 years old can consume it privately. Although the private consumption of cannabis for recreational purposes has been legalised, several parts of its production, processing, storage, transportation, and distribution are still considered illegal. According to research, extensively using cannabis by adolescents has been linked to a heightened likelihood of depression, experiencing suicidal thoughts, and attempting suicide during the early

stages of adulthood (Silins et al., 2014). Despite a limited understanding of the health implications of marijuana consumption, research indicates that the adolescent brain develops until age 25 (Schauer et al., 2020). Tetrahydrocannabinol, the psychoactive constituent of marijuana, has been found to affect the developing brain (Schauer et al., 2020). Increased frequency of cannabis consumption and earlier onset of usage have been linked to heightened deficits in cognitive processes such as concentration, acquisition of knowledge, and retention of information, which could hinder one's academic accomplishments (Schauer et al., 2020).

Compared with other ethnic groups, a greater incidence of cannabis consumption is seen among male individuals living in urban areas, students of colour, and White students. Evidence shows that the early start of cannabis use increases the risk of several adverse outcomes, including cannabis dependence, early school dropout, and psychosis. In addition, the adverse effects associated with the consumption of cannabis encompass a range of issues such as social, interpersonal, and legal complications, cognitive decline, respiratory tract infections, and addiction in about 10% of individuals who use cannabis (Hamdulay & Mash, 2011).

Cocaine is a highly potent stimulant that induces addiction, derived from the foliage of the coca plant indigenous to South America (NIDA, 2022). For thousands of years, individuals living in South America have masticated and consumed coca leaves (*Erythroxylon coca*), which serve as the origin of cocaine because of their stimulating properties (NIDA, 2022). In its illicit form, cocaine is a finely ground, crystalline white powder. Illicit drug vendors often adulterate their products with substances such as cornflour, talcum powder, or flour to enhance their financial gains (NIDA, 2022). It is also possible to combine cocaine with other substances, such as amphetamines or synthetic opioids, such as fentanyl. Co-administration of synthetic opioids with cocaine poses a significant hazard, mainly when individuals who consume cocaine are unaware of the presence of this perilous

additive (NIDA, 2022). During the early 1900s, purified cocaine served as the primary active part in many tonics and elixirs developed to treat various medical conditions. Before synthetic local anaesthetics, surgeons used cocaine to induce analgesia. However, research has shown that cocaine is a powerfully addictive substance that can change brain structure and function if used repeatedly (NIDA, 2022).

Scholarly investigations have shown a positive correlation between the consumption of substances, particularly alcohol and cannabis, and a heightened probability of suicidal behaviour (Yuodelis-Flores & Ries, 2015). In a study conducted by Yuodelis-Flores & Ries, (2015) it was found that 40.0% of individuals with a history of substance abuse attempted suicide. Most drug use disorders are linked to a higher risk of suicide. Individuals with alcohol dependency and drug users have a much higher risk of suicide, with a 10–14 times larger likelihood compared to the general population (Esang & Ahmed, 2018). Approximately 22% of suicide fatalities include alcohol intoxication (Esang & Ahmed, 2018). Additionally, a research revealed that opiates were detected in 20% of suicide cases, marijuana in 10.2%, cocaine in 4.6%, and amphetamines in 3.4%. Alcohol and opioids are the drugs most strongly linked to suicidal behaviour (Esang & Ahmed, 2018).

According to the research conducted by Basith et al. (2021) research revealed that alcohol use disorders raised the likelihood of adolescents being hospitalised for suicide behaviours. Carballo et al. (2020) found that consuming substances such as tobacco and cannabis may increase the likelihood of suicidal behaviour, primarily when used with alcohol, which is a commonly observed practice. Furthermore, the co-occurring use of substances has been noted to increase the toxicity of specific pharmaceuticals, consequently amplifying the mortality rate of overdose as a method of self-harm. During the interview, the researcher asked about the individual's potential history of substance abuse, specifically alcohol or drug abuse. The researcher examined whether individuals in their family or

social circle had consistent substance abuse tendencies. The findings will be presented in chapter four of this study.

2.6.5 Family History of Suicidal Behaviour

Suicide bereavement and postvention literature often emphasise the risk of future suicidal behaviour in those who have seen a suicide death. Research indicates that suicidal behaviour significantly increases in families with a history of completed suicides (Maple et al, 2017). Knowing someone who has attempted suicide, whether they are a biological relative or not, increases the likelihood of suicidal conduct and distress in the exposed individual. Patients with a family history of suicide are estimated to be three times more likely to have attempted suicide than those without a history, despite any psychiatric illness (Rodante et al., 2016). This pattern is also known as suicide suggestion or suicide contagion (Mueller et al., 2014). Furthermore, over at least three decades, reports have shown that exposure to suicide may increase an individual's suicidal behaviour, most often in copycat suicide deaths or clusters (Maple et al., 2017).

Suicidal ideation in adolescents is associated with a family history of suicide attempts, which can lead to teen suicide. Studies on the suicidal behaviour of parents and offspring support this phenomenon, suggesting that suicidal behaviour can be transmitted within families (Chae et al., 2020). Furthermore, research indicates that having a suicidal friend or family member is positively associated with an adolescent's suicidality (Bukuluki et al., 2021). Suicide attempts by role models may trigger the development of suicidal ideations in adolescents (Abrutyn & Mueller, 2014). Adolescents are influenced by the values and behaviours of their peers. Suicidal behaviour has been hypothesised to be modelled and vicariously learned from family members as potential coping strategies and problem-solving skills (Rodante et al., 2016). Exposure is powerful for normalising

drastic and deviant behaviours such as suicide. Suicidal behaviour in the family may habituate family members, potentially increasing the likelihood of future attempts (Rodante et al., 2016).

Pitman et al. (2014) found that, when compared with family members exposed to other types of death, several characteristics are present in families exposed to suicide, which increase the risk of suicide attempt and death. A review conducted by Haw et al. (2013) discovered that the characteristics include being male, adolescent, having a family history of suicide, having an unfavourable familial background, and having a history of mental illness. Pre-exposure variables may influence how a child will react to losing a parent and how they will deal with loss in the long term. One aspect is their historical bond with the deceased family member (Hua et al., 2020). Child outcomes after parental death are likely to be influenced by several factors, including the child's pre-existing functioning levels (such as grief responses, internalising, and externalising problems), coping mechanisms, self-image, interpersonal relationships, and elements of the family environment (such as parenting style, parent mental health issues) (Hua et al., 2020).

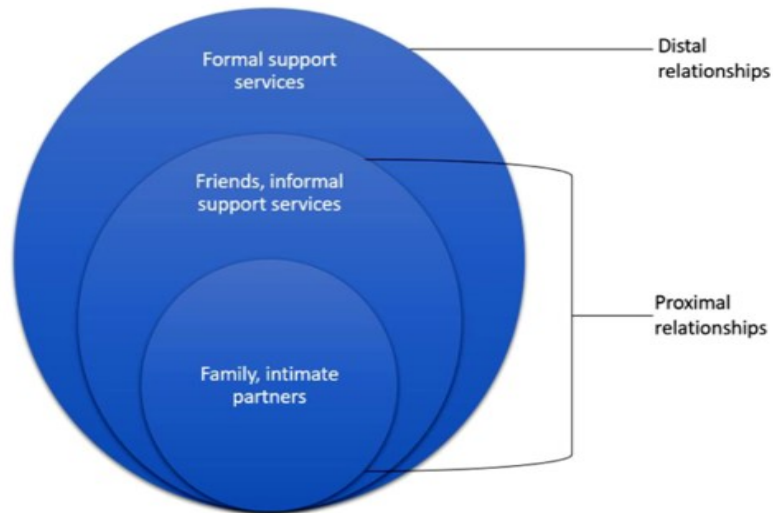
According to various studies, a family history of psychopathology and suicidal behaviour is a risk factor for suicidal adolescents (Maple et al., 2017; Steinhausen et al., 2006). Suicidal behaviour is passed down through families in both biological and psychological ways. Moreover, Pitman et al. (2014) stated that the actions of individuals exposed to suicide may be affected by social and psychological factors even if they are not genetically related to the index suicide death. Research has found that the children of suicide attempters show more extraordinary cluster B features and impulsive aggression (Lopez-Castroman et al., 2014; Rajalin et al., 2013). According to a study conducted by McGirr et al. (2009) there is a high correlation between familial aggregation of suicide and the co-occurrence of impulsive aggressiveness and cluster B personality disorders (such as BPD).

Social support and integration are necessary at all stages of recovery. How much an individual benefits from it may depend on the type and quality of the relationships they develop and the feelings, behaviours, and values they share. This conclusion can be further understood using a model of concentric circles (see Fig. 2), which represents the relationships inside the bereaved person's 'inner circle' and the ones they often prioritise while seeking help during their grieving. When grieving adolescents want to express their difficult emotions, receive support in their sorrow, and get advice on making sense of the loss, they may turn to their surviving parents or guardians more often than their peers.

In addition, surviving parents and guardians are more likely to be viewed as models or grieving children, and how they show resilience and growth after a loss might encourage those qualities in their children. More often mentioned than official supports, such as mental health services, therapeutic therapies, or training programmes, are informal supports and peer ties that are farther away from the person's close circle. A person who has lost a loved one to suicide may need to feel a strong identity with the individuals they turn to for support (Hua et al., 2020). During the interview, individuals were queried about the historical patterns of behaviour exhibited by their relatives or acquaintances. The findings will be deliberated upon in chapter four.

Figure 2.1:

Concentric circles represent an individual's level of social support (Hua et al., 2020, p. 14).



2.6.6 Social-Environmental Factors

Families are an integral part of youth development, and youth learn and form their views and values within families. Family participation seems essential for helping problematic adolescents change their lives. The circumstances of social learning impact a child's behaviour. Parents and other individuals frequently exert a significant impact on a child's behaviour during the early stages of their development. Children's straightforward developmental needs are met by their immediate family when they are young. Nevertheless, the influence of peers experiences a substantial increase during adolescence (Schlagbaum et al., 2021). A developing interest in relationships outside the family is a hallmark of middle childhood. In adolescence, as youth try to meet more complex psychosocial demands, they turn to friends and peers for further help. Peers influence behaviour directly and indirectly through reinforcement, imitation, and social pressure. Adolescent behaviour may be affected by peer influence in both negative and positive ways (Schlagbaum et al., 2021).

Adolescents who experience suicidal ideation tend to associate with peers with similar depressive and suicidal tendencies. However, it is worth noting that having a social support system can serve as a safeguard against suicidal behaviour for both male and female youth. Family involvement can mitigate suicide risk through help-seeking behaviour (Panesar et al., 2020). More

specifically, a favourable parent-child relationship has been linked to increased informal help-seeking for suicidal ideation and behaviour, thereby potentially reducing the incidence of completed suicides (Panesar et al., 2020). Adolescents' academic success, decreased health risk behaviours, and emotional well-being have all been linked to positive peer impact. Negative peer pressure has been linked to internalising, depressive symptoms, drug usage, deviant and aggressive behaviour, eating disorders, and suicidal ideation and behaviour (Quigley et al., 2017).

Multiple psychological, biological, and environmental elements exert influence on suicide. According to a body of studies, a key element in deciding whether teenagers might attempt suicide or have suicidal thoughts is how much social support they feel they receive from their parents and friends (Miller et al., 2015). In general, higher suicidal thoughts and a higher risk of actual suicide attempts have been linked to lower levels of perceived parental and peer support (Miller et al., 2015).

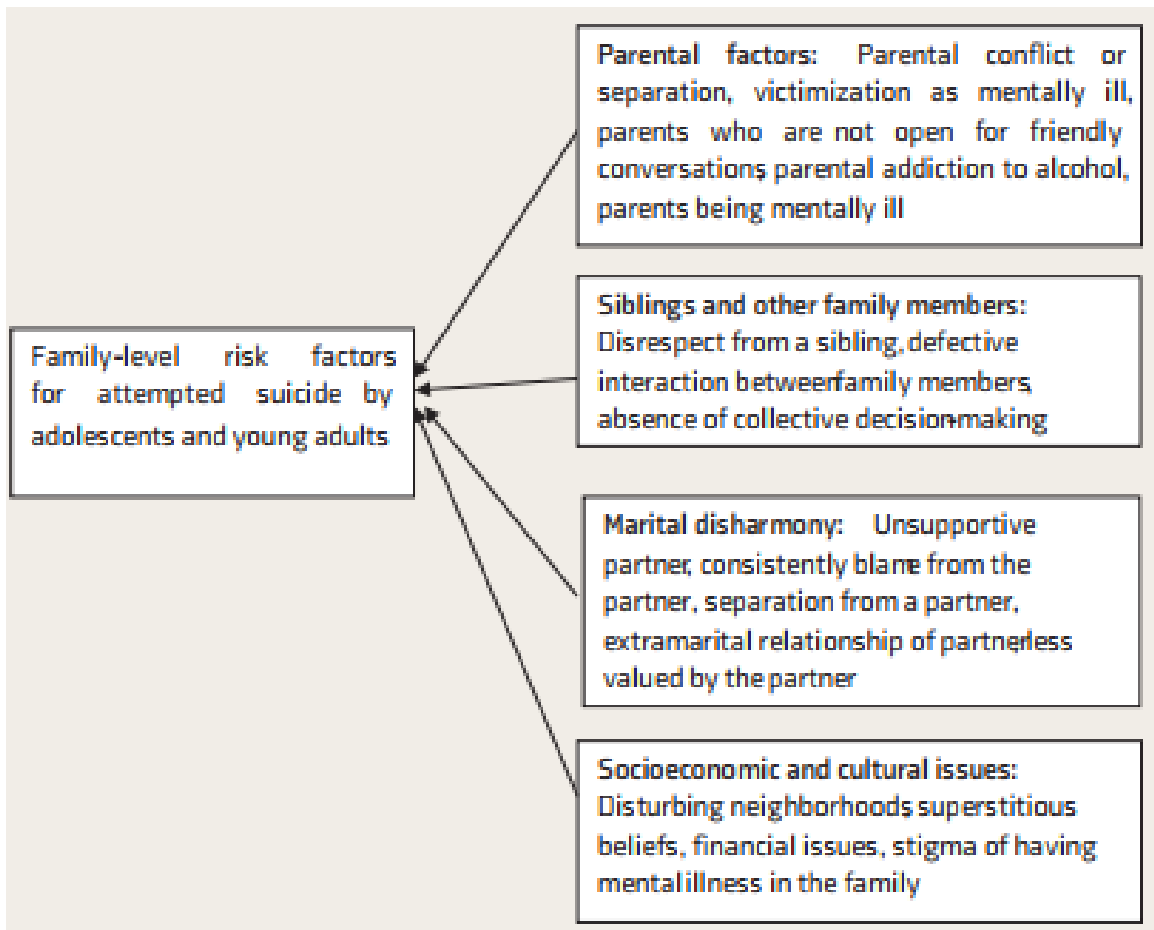
According to earlier studies, both one's physical and mental health might deteriorate when one does not have adequate social connections (Gunn et al., 2018). A breakdown in communication between an individual and his or her significant connections and an individual's incapacity to cope with the rigours of life, is represented by the act of a person choosing to take his or her own life voluntarily (Gunn et al., 2018). Conflict within the family has been linked to suicidal conduct. Several variables might increase the likelihood of an adolescent considering or attempting suicide, including discord in the family, stress on the parents, a lack of adult support outside the house, physical abuse by a parent, elopement, and living apart from both parents (Carballo et al., 2020).

According to interpersonal theory, one of the most prominent suicide theories, low belonging, and high burdensomeness in adolescents significantly affect the individual's desire to die (Van Meter et al., 2019). In addition, adolescents who lack social support may be more prone to drug misuse

issues, sadness, mental illness, and suicidal ideation (Rankin et al., 2018). Parental psychopathologies, such as depression, antisocial behaviour, and drug misuse, are essential predictors of teenage suicide, according to research. In addition, a lack of family coherence, separation among family members, and complex communication are all associated with an elevated risk of suicidal thoughts in teenagers (Ruiz-Robledillo et al., 2019).

Figure 3:

Framework Depicting Risk Factors (Mathew et al., 2021, p. 115).



A healthy and intimate relationship with one's parents is one social support system identified as a protective asset for adolescents, minimising the probability of problematic behaviour (i.e. alcohol and substance abuse and aggression) (Gwin et al., 2021). In addition, social support may inhibit

suicidal thoughts in adolescents. During the interview, the researcher asked about the participants' social support networks, which included their relationships with classmates, teachers, and friends, as well as their familial connections. The answers to the questions will be discussed in chapter four.

2.6.7 COVID-19 Pandemic

Psychological symptoms and suicidal behaviours have markedly risen in adolescents over the last decade, emerging as a critical public health concern. The COVID-19 pandemic in recent years has caused interruptions and restrictions in the lives of adolescents, including school closures, which could have had different effects on their mental health and propensity towards suicide (Pillay, 2023). Because COVID-19 is a new disease, few studies have explored children and adolescents' suicidal behaviour during the COVID-19 pandemic. The Coronavirus 2019 (COVID-19) pandemic resulted in a severe global health disaster. Due to COVID-19, many countries have experienced national school closures. This situation had a global impact on children and adolescents. During the lockdown, parents were asked to home-school their children while they worked from home, and social contacts were severely restricted. The lockdown inflicted pressure on adolescents and their families and may have affected their emotional and mental health. During the pandemic, Erbacher (2020) identified common emotional and behavioural changes in adolescents. These symptoms include sleep issues, unfounded fears, anger, resentment, losing interest in activities, isolation from others, increased drug and substance abuse, and disruptive and disrespectful behaviour. Kirič et al. (2022) discovered an increase in children and adolescents requiring emergency psychiatric help for suicidality and suicide attempts during the COVID-19 pandemic in Slovenia. In a study conducted by Goto et al. (2022) it was found that suicide rates among adolescents were slightly higher in 2021 compared to pre-pandemic levels. Multifaceted factors, such as mental health disorders and strained social interactions, contributed to the rise in suicide rates (Goto et al., 2022). An analysis of global literature on adolescents' mental health during the COVID-19 lockdown period has revealed several challenges

adolescents faced. The study found that psychiatric conditions such as post-traumatic stress disorder, depression, anxiety, and grief-related disorders have worsened (Pillay, 2023). Symptoms of loneliness, despair, self-harm, and suicidality have been linked to depression and anxiety. Additionally, challenges have been observed in performing everyday activities, fluctuations in mood, unusual behaviours, symptoms resembling psychosis, and physical pain such as stomach aches. Food and sleep disturbances were also reported (Pillay, 2023).

In South Africa, most of the population is economically vulnerable. An increased risk of developing mental health issues, including depression and anxiety disorders, is linked to poverty, poor household income, and a lack of resources, such as enough and nutritious food. The COVID-19 pandemic exacerbated the problem, creating further unemployment and food shortages in South Africa. DUBY et al. (2022) reported that mental health difficulties are most likely to develop during adolescence, especially among young women and girls in South Africa. According to a South African study conducted by Pillay (2023) fear was identified as the primary concern affecting adolescents. Fear might have significant consequences for the mental health of adolescents. Fear is considered one of the six universal emotions and is likely to be the most prominent emotion experienced by those facing challenges. Other investigations have shown that anxiety, despair, stress, post-traumatic stress disorder (PTSD), and sorrow can have a detrimental influence on the mental health of adolescents during the COVID-19 lockdown. The study indicated fear, tension, anxiety, and family relationships as significant challenges faced by South African adolescents during the COVID-19 lockdown. Moreover, the results suggest that some challenges are unique to gender, age, and educational stages (Pillay, 2023). We need to comprehend the impact of COVID-19 on the mental health of adolescents and its potential role in influencing suicidal thoughts and conduct.

2.7 Theoretical Frameworks

To say that people who die by suicide are lonely at the time of their deaths is to begin to approximate the truth rather than saying the ocean is wet. Loneliness, alienation, isolation, rejection, and ostracism - this is better still, but it does not capture it fully. It is impossible to capture the phenomenon fully in words because it is so beyond ordinary experiences, much as it is difficult to conceive of what might be beyond the edge of the universe.

–Thomas Joiner, 2007

2.7.1 Interpersonal Theory of Suicide

The interpersonal theory of suicide (IPTS) has significantly advanced scientific and clinical knowledge of suicide and associated illnesses in the last ten years. Joiner (2005) introduced the interpersonal theory of suicide, which was elaborated by Van Orden et al. (2010) and Joiner and Stanley (2016). The interpersonal theory is a significant advancement beyond preceding suicide theories, as it focuses on interpreting the rationale behind why most individuals who contemplate suicide do not proceed with a suicide attempt. The theoretical framework also proposes discrete routes through which suicidal ideation and non-lethal and lethal suicidal behaviours manifest (Joiner & Stanley, 2016).

Joiner's interpersonal theory of suicide has been proposed as a model to comprehend and address empirical inquiries regarding the aetiology and occurrence of suicidal behaviour (Joiner et al., 2009; O'Connor, 2011). The interpersonal theory of suicide presents a theoretical framework that can be subjected to empirical testing and provides a comprehensive account of the complex interplay between individual psychological processes and external risk factors contributing to suicidal behaviour (Barzilay et al., 2015). According to the interpersonal theory of suicide, suicide is contingent on the volitional desire and the capability to execute the suicidal behaviour. Sheffler et al. (2021) posit that if an individual experiences two discrete psychological conditions over a prolonged

duration, they may cultivate a proclivity towards suicidal ideation. The two psychological states are perceived burdensomeness and a sense of social alienation or thwarted belongingness. Interpersonal hopelessness has recently been added, which refers to an individual's belief that their perceived burdensomeness and thwarted belongingness cannot be remedied (Sheffler et al., 2021).

Suicidal outcomes are distinctly and significantly related to perceived burdensomeness, thwarted belongingness, and hopelessness regarding improving these interpersonal states, previously described as four constructs in interpersonal theory (Sheffler et al., 2021). However, the potential for self-inflicted injury does not show the capacity for escalation (Sheffler et al., 2021). According to the theoretical framework, the function is restricted to that of a moderator. Sheffler et al. (2021) state that it seems unlikely that characteristics such as fearlessness or increased pain tolerance are strongly associated with suicide. However, the simultaneous presence of an increased tendency towards suicide and the ability to perform suicidal actions, such as suicide attempts or deaths, may result in the manifestation of suicidal behaviour (Sheffler et al., 2021). The theoretical framework comprises four primary hypotheses that pertain to the fundamental causal mechanisms that lead to suicidal conduct. According to the initial hypothesis of the theory, passive suicidal ideation is triggered by the experience of either complete perceived burdensomeness or thwarted belongingness. The co-occurrence of these states results in a heightened susceptibility to suicidal ideation compared with their occurrences. This phenomenon persists even after accounting for robust covariates, such as the intensity of depressive symptoms (Joiner et al., 2009).

The theory's second hypothesis posits that the development of an active desire for suicide depends on the perception of the combined states as stable and unchanging, or hopeless. Furthermore, the hypothesis is informed by the existing literature on the correlation between emotions of hopelessness and suicidal tendencies (Sheffler et al., 2021). As described by Sheffler et al. (2021) the

concept of burdensomeness pertains to an individual's mere existence exerting a certain level of pressure on their familial, social, or communal network. As per the IPTS, individuals who perceive themselves as burdensome believe that they are threatened not only by their perceived lack of worth but also by those in their immediate social environment (Sheffler et al., 2021). Specific individuals may hold a firmly established conviction that their presence burdens themselves, others, and society, resulting in the belief that their death carries more significance than their ongoing existence (Sheffler et al., 2021). This state is characterised by a sense of accountability, whereby an individual believes their passing would be more useful to their family than their survival. Additionally, this state is marked by self-disparagement, which refers to a profound aversion or disdain for oneself (Van Orden et al., 2012). Thwarted belongingness describes the emotional state of individuals who experience a sense of alienation, disconnection, and lack of social integration within their familial and social networks (Joiner & Stanley, 2016). According to the IPTS, experiencing loneliness and the absence of mutually supportive and compassionate connections can result in a sense of unfulfilled belongingness (Joiner & Stanley, 2016). Cacioppo and Cacioppo (2014) cited the human species' inherent necessities and inclination towards social affiliation. It is imperative to satisfy this fundamental requirement to mitigate various adverse health outcomes.

Hopelessness, although it encompasses several ideas, represents a prominent state of despondency (Joiner & Stanley, 2016). As per the IPTS, the interpersonal factors mentioned earlier evaluate the idea of hopelessness. This implies that the perception of insurmountable thwarted belongingness and perceived burdensomeness can lead to a wish to end one's life (Joiner & Stanley, 2016). Feeling hopeless is a significant indicator of suicidal ideation and suicide mortality (Joiner & Stanley, 2016).

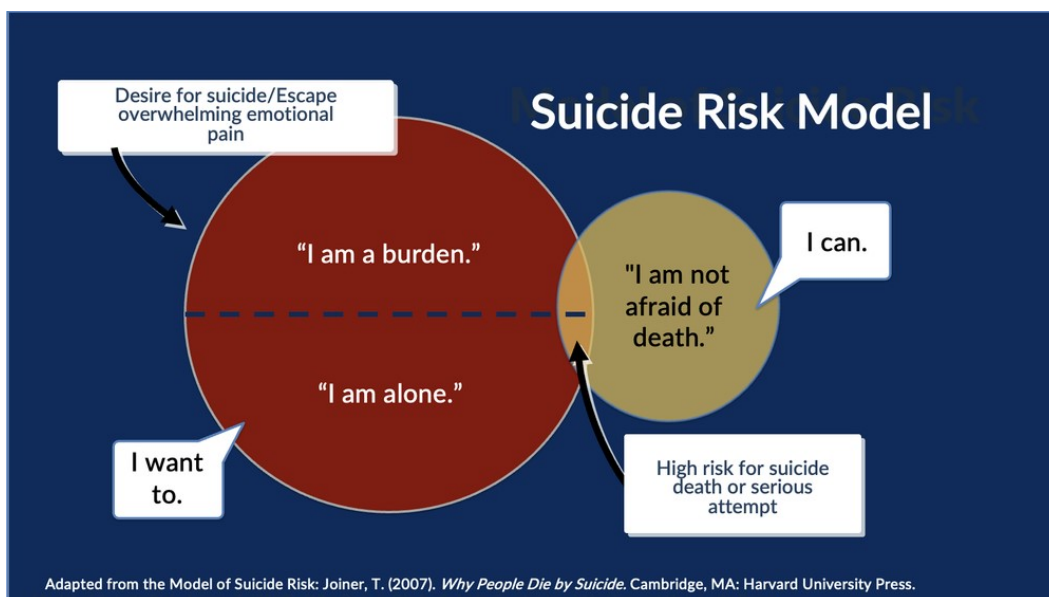
The simultaneous presence of perceived burdensomeness and thwarted belongingness is associated with suicidal ideation and behaviour. According to the theoretical framework, individuals who exhibit suicidal ideation, engage in suicidal attempts, and eventually succumb to suicide have mistakenly converted their self-loathing emotions into feelings of expendability (Van Orden et al., 2012). From the theoretical perspective, suicidal conduct poses a challenge due to its inherent contradiction with the innate human drive for self-preservation. Although emotions such as feelings of being a burden and rejection may trigger suicidal ideation, they do not necessarily lead to a suicide attempt. Individuals who exhibit the most severe levels of suicidal ideation may not necessarily manifest suicidal behaviour (Sheffler et al., 2021). As per the IPTS, a fundamental distinction exists between individuals who only experience suicidal ideation and those who attempt or succumb to suicide (Sheffler et al., 2021). The key distinguishing factor between ideation of suicide and actual suicidal conduct is that not all individuals who desire to end their lives can do so (Sheffler et al., 2021). For some individuals, executing the task is excessively challenging, distressing, and often involves intense physical agony. Individuals capable of confronting and surmounting these obstacles have a complex attribute known as suicide capacity (Sheffler et al., 2021).

According to the third hypothesis of the theory, the progression from suicidal desire to suicidal intent depends on the individual possessing the necessary levels of fearlessness towards the physical harm, injury, and fatality that may result from suicidal behaviour. Manifesting suicidal behaviour requires the capacity to endure physical discomfort, as it is a painful experience. This implies that translating suicidal ideation into suicidal behaviour demands a certain level of tolerance for physical pain (Sheffler et al., 2021). The ability encompasses several factors, such as an inherent genetic inclination, an increased lack of apprehension towards mortality, an increased capacity to endure discomfort, and familiarity with, comprehension of, and availability of this specific technique (Sheffler et al., 2021). Consequently, a third criterion must be present, namely the attainment of the

ability to inflict fatal self-harm, where the individual exhibits no apprehension towards pain, mortality, or suicidal ideation (Sheffler et al., 2021). According to Joiner et al. (2009) the ability to engage in lethal self-injury is a learned behaviour that arises from repeated exposure to painful experiences, such as physical abuse or earlier suicide attempts. This process leads to a decrease in the fear of death and an increase in the individual's tolerance for physical pain. Individuals who have made previous suicide attempts are more likely to engage in attempts because of the potential for habituation to the distress and anxiety associated with self-inflicted harm. Joiner (2007) found that individuals with a history of suicide attempts show more severe manifestations of suicidal behaviour compared with those who have not attempted suicide. According to Joiner's (2007) research, individuals who have made multiple suicide attempts have the greatest acquired capability to perform suicide due to their growing familiarity with the associated sensations of pain and fear (Sheffler et al., 2021). According to the theory's fourth hypothesis, severe suicidal behaviour is contingent on both the desire to die by suicide and the capability to do so.

Figure 3.1

Suicide Risk Model (Joiner, 2005, p. 156).



Limitations of the interpersonal theory of suicide

- Joiner asserts that the IPTS will not only explain all suicides globally but also the circumstances in which they take place. This can only occur if individuals are deprived of their contextual background (Hjelmeland et al., 2019).
- Perceived burdensomeness and thwarted belongingness may exist in individuals periodically, depending on their current circumstances. According to Joiner in order for suicide to occur, perceived burdensomeness and thwarted belongingness must be present at a high level for a defined duration, overlapping with each other throughout an undetermined timeframe and to a given degree. This lack of specificity renders the hypothesis untestable (Hjelmeland et al., 2019).
- Perceived burdensomeness and thwarted belongingness may significantly contribute to certain individuals' suicidal tendencies. Perceived burdensomeness and feeling integrated with others may not coexist to the extent necessary to lead to suicidal thoughts. If you believe no one cares about you, how can you see yourself as a burden to them? (Hjelmeland et al., 2019).

2.7.2 Integrated Motivational-Volitional Model (IMV) of suicidal behaviour

Another popular theory is the integrated motivational-volitional model (IMV) of suicidal behaviour. The IMV, introduced in 2011, employs a framework similar to the IPTS. The IMV claims that suicidal behaviour is caused by a complex interaction of motivational and volitional phase elements (De Beurs et al., 2019). The motivational phase elements comprised defeat, captivity, and a lack of social support. Volitional phase components, on the other hand, impact the transition from suicidal ideation (intent) to suicidal behaviour. These include exposure to suicide, fearlessness about death, and impulsivity. The IMV model conceptualises entrapment as the primary cause of suicidal thoughts, and empirical evidence supports the paradigm's continuous expansion (De Beurs et al., 2019). Several research has revealed that one particular type of entrapment, internal entrapment

(defined as being imprisoned by pain generated by internal thoughts and emotions), is more strongly connected to suicidal ideation than external entrapment (i.e., being unable to escape external events/experiences) (De Beurs et al., 2019).

According to the IPTS, the bilateral interaction of perceived burdensomeness and thwarted belongingness directly leads to suicidal thought, while the IMV model states that entrapment and defeat are the primary components that result in suicidal ideation (De Beurs et al., 2019). Psychological theories are necessary to comprehend the mechanisms that support the development of suicidal ideas and the progression from ideation to suicide attempts (De Beurs et al., 2019). They will guide the development of psychological methods to address suicide ideation when it first occurs, as well as lowering the likelihood of a suicide attempt. The IPTS emphasises the significance of interpersonal needs, leading to a deeper understanding of the connection between relationships with others and suicidal behaviour (De Beurs et al., 2019).

The interpersonal theory of suicide provides a testable and consistent explanation for suicidal behaviour, and the interaction between individual risk factors and intra-individual dynamic systems is addressed in theory (Joiner, 2007). The researcher contends that to comprehend the rise in adolescent suicides, it is necessary also to understand the interconnected risk factors that contribute to suicidal ideation in adolescents.

2.8 Suicide Prevention Programme Methodology

Each way to suicide is its own: intensely private, unknowable, and terrible. Suicide will have seemed to its perpetrator the last and best of bad possibilities, and any attempt by the living to chart this final terrain of life can be only a sketch, maddeningly incomplete.

–Kay Redfield Jameson, 1999.

Suicide within a school community is a profoundly saddening event that often elicits feelings of surprise and bewilderment among the school and the wider community. Numerous questions are typically raised in the aftermath of such an event. Suicide is often perceived as disconcerting by the general populace, leading to a tendency to blame the individuals affected and, consequently, causing their loved ones to bear the brunt of societal stigma. Consequently, a considerable proportion of individuals within the school environment refrain from openly discussing suicide. School-based initiatives to prevent adolescent suicide are one of the most effective approaches to addressing this issue.

Prevention of adolescent suicide in the school context offers school counsellors several challenges and prospects for intervention. School staff are increasingly receiving the ‘gatekeeper’ role in dealing with suicidal pupils, and many institutions recognise that suicide challenges are often unavoidable (Shilubane et al., 2013). Most adolescents consider the school atmosphere secure, stable, and multi-supportive (Johnson & Parsons, 2012). Within this secure and stable atmosphere, school counsellors and staff often interact with adolescents and have been able to create meaningful, important connections with them (Johnson & Parsons, 2012). Teachers are in a prime position to recognise the early warning signs of suicidal behaviour in their pupils because of the open communication channels established through students' everyday contact with classmates, writing, and overall behaviour towards school employees (Shilubane et al., 2013). These interactions may let personnel recognise and intervene with adolescents with significant health difficulties, such as suicidal ideation and behaviour (Johnson & Parsons, 2012). Suicide prevention programmes may help reduce the number of suicidal incidents and behaviours at school (Shilubane et al, 2013).

There are five main school-based suicide prevention programme types: education or awareness, gatekeeping; peer leadership; and skills training programmes (Katz et al., 2013). Students are familiarised with the signs and symptoms of suicide through education or awareness programmes (Surgenor et al., 2016). Gatekeeper training enables natural aid providers (e.g., teachers and school workers, among others) to detect signs and symptoms of suicidal ideation in adolescents and respond appropriately (Surgenor et al., 2016). While students are more inclined to confide in their peers, peer leadership training allows students to assist by preparing them to react correctly and direct individuals with concerns to a dependable adult. By enhancing protective variables such as coping, problem-solving, decision-making, and cognitive abilities, skill training programmes try to prevent suicidal behaviour indirectly. Screening or assessment programs examine all pupils, identify those at elevated risk, and propose additional therapy (Surgenor et al., 2016).

School officials are concerned that educating children about suicide may lead to contagion. However, research has shown contagion does not occur when knowledge is presented effectively through suicide prevention programmes (Walrath et al., 2015). Walrath et al. (2015) discovered that suicide prevention initiatives decrease adolescent mortality rates without increasing the risk of suicide. Ryan and Oquendo (2020) stated that school-based suicide prevention programmes were more effective in mitigating suicidal ideation and attempts than community-based and healthcare-based interventions.

The researcher aimed to develop a suicide prevention and awareness programme for schools, utilising and incorporating Strunk et al.'s (2014) steps to LAST methodology.

- Suicide awareness and prevention programmes can be included in health classes.

- Throughout the training programme, it is possible to recognise the principal risk factors linked to suicidal ideation among adolescent individuals.
- Exploring more risk factors, such as psychological and personality disorders, is a possible option.
- The risk factors for depression linked to physical illness, familial pressures, diminished self-worth, sexual orientation, social/peer stressors, traumatic experiences, violence, and bereavement can be imparted to students, along with effective coping strategies.
- Students are instructed on identifying indications of depression, suicidal thoughts, and substance abuse using authentic narratives of other young individuals who have faced these challenges.
- Adolescents who observe peers who share similar characteristics triumphing after seeking help, or discussing their mental health concerns are more likely to develop a sense of self-efficacy and perceive themselves as capable of achieving comparable accomplishments.
- Instructing adolescents on anger management and conflict resolution skills may enhance their ability to communicate effectively with family members.

Strunk et al. (2014) developed the Surviving Teens programme, which utilises the Steps to LAST methodology to address the needs of adolescents vulnerable to suicidal ideation and behaviour. The recommended steps to address personal distress are:

1. Let someone know what your troubles and concerns are.
2. Ask for help, and support from others.
3. Share and express your feelings and emotions.
4. Tell and seek help from a responsible adult.

Steps to LAST to aid adolescents experiencing distress and difficulties:

1. Look and listen for signs of depression or suicidal ideation and behaviour.
2. Ask targeted questions about suicide.
3. Show support, emotional encouragement, and assistance.
4. Tell a responsible adult who can offer adequate support.

School-based suicide prevention programmes that use educational or awareness-based curricula equip students to identify signs of suicidal ideation and behaviour in themselves and their peers. Most individuals who succumb to suicide show one or more indicators of distress before engaging in suicidal behaviour (Strunk et al., 2014). Regrettably, indications of severe depression, encompassing warning signs, often remain unacknowledged. Adolescents seldom perceive suicide as a commonly overlooked problem. Furthermore, adolescents who are at risk initially disclose their issues to peers rather than to parents or other authority figures (Strunk et al., 2014). The significance of acquainting oneself with the warning signs of suicide and the proper measures to take with friends who display such signs cannot be overstated (Strunk et al, 2014.). Additionally, friends must have a heightened understanding of these matters to address them effectively.

The period between 10 and 19 years is associated with the highest elevation in the likelihood of experiencing suicidal ideation, plan, or intent (Bilsen, 2018). Consequently, a highly persuasive argument exists for prioritising suicide prevention as a topic within educational institutions (Bilsen, 2018). Interventions implemented in schools to mitigate suicidal behaviours must be considered a universal goal (Bilsen, 2018). The educational institution provides a conducive setting for discussions on suicide and efforts to augment protective factors and attachment bonds, significantly mitigating suicidal ideation and self-inflicted harm (Nakhid-Chatoor, 2020).

The dissemination of the fallacy that suicide prevention programmes started in schools may have adverse effects due to the possibility of inducing suicidal tendencies in students is an imprudent act that impedes the progress of prevention initiatives (Bilsen, 2018). Educational practitioners must have precise information in their efforts to mitigate suicide among adolescents. The objectives of suicide prevention and awareness initiatives are to enhance comprehension and favourable outlooks regarding depression, promote conduct that motivates individuals to pursue treatment, eliminate social stigma, engage parents and educators, and intensify school and community partnerships to bolster the mental well-being of students.

The stigma surrounding suicide remains a significant barrier to prevention efforts. Many people who survive suicide attempts endure severe psychological and social repercussions because of the emotional anguish and guilt associated with those attempts (Hanschmidt et al., 2016). However, the widespread belief that suicide threats and gestures are attention-seeking or manipulative prevents individuals from confronting suicidal thoughts and attempts while considering the gravity of the potential act (Hanschmidt et al., 2016). According to a warning issued by Kennedy et al. (2018) the stigma associated with suicide may not stop someone from taking their own life but may stop them from seeking help.

When examining individuals who experience suicidal ideation and considering the constraints of both domestic and global data collection methods in accurately documenting instances of suicide that go unreported, it becomes clear that official suicide rates only represent a fraction. This highlights the need for increased attention to this multifaceted problem (Bilsen, 2018).

2.9 Conclusion

The literature review made it clear that suicidal ideation in adolescents is a global epidemic affecting many adolescents. Furthermore, the literature described the most common psychosocial risk factors for suicidal ideation in adolescents and their causes and effects. Based on the literature review, it is evident that there is a significant research gap regarding adolescent suicidal ideation in South Africa. There is currently a lack of educational and awareness programmes in South Africa that specifically address the needs of adolescents struggling with suicidal thoughts. In addition, educational institutions often hesitate to address the topic of suicide, resulting in a scarceness of appropriate support and care for adolescents struggling with suicidal thoughts. This study aimed to identify specific psychosocial risk factors that contribute to the development of suicidal ideation in adolescents. The research data were used to develop a school-based prevention and awareness programme to prevent suicidal ideation in adolescents.

Following this, we will examine the study's research methodology and design.

Chapter 3: Research Methods and Design

To understand suicide, we must understand suffering and psychological pain and various thresholds for enduring it; to treat suicidal people (and prevent suicide), we must address and then soften and reduce the psych ache that drives it.

–Edwin S. Schneidman, 1993.

3.1 Introduction

This chapter takes us through the philosophical assumptions, the phenomenological research design, and the method of this study. The qualitative viewpoint was utilised to describe the qualitative method of investigation and the concepts of reliability and validity. The research approach, participant selection, data collection, and data analysis will each be discussed.

The primary purpose of conducting this study was to explore and describe the risk factors that contribute to suicidal ideation in adolescents and investigate methods to prevent and minimise the rate of suicidal ideation. The study aimed to use the research data to develop a school-based educational and awareness programme to support adolescents with suicidal ideation.

Before examining the research methods utilised in this study, it is important to review the research objectives that guided this study:

1. Explore participants' daily lives and examine their perceptions of the risk factors that contribute to suicidal ideation and behaviour.
2. Establish which prevention and awareness strategies can be started to minimise suicidal ideation in adolescents.

3. Examine the indicators that can be used by adolescents, peers, and teachers to identify suicidal ideation and behaviour in adolescents?
4. Develop a prevention and awareness programme that can be distributed to educate adolescents, peers, and teachers about suicidal ideation.

3.2 Philosophical Assumptions

The term 'paradigm' was introduced by American philosopher Thomas Kuhn in 1962 to refer to a particular philosophical mode of thought (Kivunja & Kuyini, 2017). The term 'aetiology' originates from the Greek language and refers to studying the causes or origins of something. In academic studies, the term 'research paradigm' is sometimes used interchangeably with 'theoretical framework'. According to Guba et al. (1994) paradigms refer to entire belief systems or worldviews that affect a researcher's choice of research epistemology, ontology, and methods. The concepts of ontology, methodology, and epistemology aim to provide an alternative perspective and answer to observed phenomena. Ontological assumptions often lead to epistemological assumptions, which in turn presuppose certain beliefs about human nature. Epistemological assumptions describe the nature of knowledge, while methodological assumptions seek to understand the approach to studying the subject. According to Palagolla (2016) each philosophical premise attempts to convey observations uniquely.

Furthermore, the researcher's worldview encompasses their way of thinking, school of thought, or shared beliefs that shape the meaning and interpretation of research data (Kivunja & Kuyini, 2017). The choice of a research paradigm is intrinsically linked to the researcher's beliefs regarding the world they inhabit and aspire to inhabit. The researcher's worldview consists of abstract beliefs and principles that influence their perception and actions within their environment (Kivunja & Kuyini, 2017). The philosophical assumption of the study comprises four fundamental

components: epistemology, ontology, methodology, and axiology (Lincoln & Guba, 1985). A thorough understanding of these components is crucial as they are the underlying assumptions, beliefs, norms, and values upheld by each paradigm (Lincoln & Guba, 1985).

3.2.1 Ontology

Ontology is the metaphysical branch concerned with the essence of being. Ontological viewpoints are various perspectives on the nature of existence and its characteristics. Realism and relativism are two different ontological stances (Pesso, 2019).

Realists hold the belief that there are things that are independent of the mind, and that our knowledge and comprehension should strive to correspond with this external reality (Pesso, 2019). Realism is based on the premise that an objective reality exists regardless of human opinions and beliefs. Put simply, objects exist independently of our subjective perceptions or views. Realists under the quantitative or objectivism paradigm of inquiry think that reality in the social world exists outside and that information about it can be gathered via observable things and occurrences. Information can only be properly digested and comprehended via objective interpretation. The epistemological attitude in this paradigm is positivist, where the researcher preserves objectivity by keeping a distance from the subjects to prevent prejudice. This paradigm's technique necessitates a quantitative approach to investigation (Pesso, 2019).

Relativism is the belief that reality is dependent on the observer or the context in which it is seen. It posits that objective facts or values do not exist, just subjective interpretations of reality. Relativism suggests that truth or reality may vary amongst individuals. Moreover, relativism is the concept that reality is dependent on viewpoint. Relativist belief in the existence of various conceptions of realities, experiences, and social interactions shape these realities. The relativist

approach argues that each individual has their own perspective on reality that is deemed valid. Relativism is the ontological viewpoint in a qualitative or subjectivist research paradigm (Pesso, 2019).

This research supports the relativist view that different perceptions of realities, experiences, and social interactions influence the individual's realities.

3.2.2 Epistemology

The relationship between reality and the researcher is epistemology. Epistemology is a branch of philosophy that centres on the fundamental nature of human knowledge and understanding. Furthermore, an epistemology is a philosophy that deals with how knowledge is acquired and understood. Epistemological assumptions influence the theoretical viewpoints, technique, and procedures used in research projects. Researchers' ideas about what can be learned (ontology) and how to approach gaining knowledge (epistemology) influence the choices made in designing a study (Hiller, 2016).

Positivism is a philosophical theory that solely acknowledges observable or quantifiable experiences as evidence for study, leading to results seen as positive or absolute facts about reality. Researchers investigate people as objects, assuming that the reality of their experiences can be objectively analysed, including their interpersonal and social interactions. Critiques of positivism arose from the recognition that human beings are fundamentally distinct topics of study compared to the objects and processes of the natural world (Hiller 2016).

Constructivism is a viewpoint that sees human reality as not objectively existing to be found, but rather as created by humans via their interactions and perceptions of the environment and each

other. Meanings arise from the reconstructions of our experiences of factual reality. Constructivism focuses on understanding things using interpretative processes, contrasting with objectivist research epistemologies. The procedures aim to clarify meanings rather than provide explanations of causes and consequences seen from a distance and then described later (Hiller, 2016).

This study will support the constructivist perspective, which focuses on the meanings and processes through which individuals interpret their experiences. These processes are internal, context-dependent, unpredictable, and not governed by natural laws.

3.2.3 Axiological

Axiology is a philosophical field that examines assessments of worth. Axiology originates from Greek and refers to 'value' or 'worth'. Axiology examines the impact of a researcher's own values on every aspect of the research process.

The purpose of an objective study is to provide an accurate and truthful representation of reality that is independent of the participants involved in the research. Although this is a fundamental approach to conducting research, it is important to note this distinction. Objective research often follows natural science methodologies, such as experiments or surveys. It aims to create general principles that can apply to similar events in different circumstances (Hiller, 2016).

Phenomenological research is commonly referred to as subjective research. This type of research is centered on exploring individual experiences and emphasizes the importance of personal perspectives and interpretations. Subjective research often depends on data collected from direct observations of events or through unstructured or semi-structured interviews (Hiller 2016).

This study aligns with the phenomenological method which focuses on examining individual experiences and personal viewpoints.

The research employed an interpretivist research paradigm, as discussed below.

3.3 Interpretivist Paradigm

The two primary phenomenological frameworks consist of descriptive and interpretive phenomenology. Both the interpretive and descriptive methodologies entail a researcher's expectation of receptiveness towards the participants' accounts of their personal experiences (Guba & Lincoln, 1982). Descriptive phenomenology pertains to the explication of the essence of an experience. Interpretive phenomenology is also called hermeneutic phenomenology, and hermeneutics refers to the systematic and rigorous examination of the nature and interpretation of meaning. The interpretivist paradigm is often linked with constructionism, naturalism, and qualitative methods (Elshafie, 2013).

Heidegger (2008) introduced the requirement of hermeneutical rationality in Husserl's phenomenological method. Heidegger's philosophical idea of 'Dasein' posits that the way humans exist in the world is characterised by the manifestation of interdependence and interconnectedness within their experiences (Pham, 2021). Researchers can comprehensively understand participants' experiences by engaging with their world, examining their process of constructing meaning, and analysing their habitual ways of existence (Pham, 2021). It requires a constant oscillation between the researcher's preconceived notions and their interpretations of the data (Pham, 2021). The concept of Dasein can be understood as the conscious action of being thrown into an open space where the meaningful existence of objects can occur, acknowledging that the world is constantly present and cannot be evaded (Pham, 2021). The statement suggests that the world is already known to us

whenever we come across anything, and it is only through our existence that we can comprehend or attribute meaning to it (Heidegger, 2008).

The research employed an interpretivist research paradigm for investigation, with a significant emphasis on phenomenology. The interpretivist paradigm does not aim to achieve generalisation and acknowledges its impossibility due to its foundation in respecting individuality. Guba and Lincoln (1982) noted that within this paradigm, differences hold equal, if not greater, interest than similarities. The interpretivist paradigm utilises qualitative research techniques focusing on an individual's beliefs, motivations, and reasoning (Kivunja & Kuyini, 2017). The interpretive approach seeks to uncover latent social forces and frameworks (Cohen et al., 2017). The construction and transmission of knowledge and meaningful reality depend on interactions between individuals and their environment within a social context (Cohen et al., 2017). Hence, comprehending the social realm necessitates adopting the perspective of engaged individuals (Cohen et al., 2017).

According to interpretivists, individuals have a consciousness and are not simply reactive to external stimuli but rather complex and nuanced beings (Kivunja & Kuyini, 2017). The interpretivist perspective rejects the idea that a solitary, objectively verifiable reality exists independently of our sensory experiences (Kivunja & Kuyini, 2017). It asserts that individuals are active agents in their interpretations of social phenomena. Individuals have diverse methods of perceiving and understanding a shared objective reality. Individuals interact socially and assign meanings and names to various societal phenomena (Kivunja & Kuyini, 2017). According to Kivunja & Kuyini, (2017) interpretivists aim to grasp occurrences by uncovering the significance humans attribute to their conduct and the surrounding environment. According to the interpretivism paradigm, there is no one reality. It also needs an epistemological framework that makes sense of how different people understand their own experiences (Kivunja & Kuyini, 2017).

Willis (2007, p.583) describes interpretivism as “accepting and seeking multiple perspectives, being open to change, practising iterative and emergent data collection techniques, promoting participatory and holistic research, and going beyond the inductive and deductive approach.” Furthermore, Thomas (2003, p.6) cites that interpretivists typically promote qualitative methods due to their alignment with the interpretive paradigm and how it “portrays a world in which reality is socially constructed, complex, and ever-changing.” The interpretive paradigm's emphasis on respecting the individual's privacy follows the researcher's desire to protect the confidentiality and anonymity of the participants during the research process and when presenting the results (Cohen et al., 2017).

The study employed a qualitative research design, which will be discussed next.

3.4 Qualitative Research

We think we listen, but very rarely do we listen with real understanding and true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know.

—Carl Rogers, 1980.

The philosophical foundations of qualitative research were established by Kant in the 18th century, when he argued that we could comprehend reality by concentrating on how people interpret sensory stimuli (Constantinou et al., 2017). Qualitative research is characterised by many research methods, making it challenging to apply a universal definition (Johnson et al., 2020). Qualitative research has many different approaches and ways of doing things that come from different intellectual and academic traditions and are often based on different philosophical assumptions (Vasilachis de Gialdino, 2009). However, qualitative research primarily collects stories, descriptions, and narratives of participants' experiences. Additionally, the qualitative approach is used to comprehend individuals'

beliefs, attitudes, behaviours, and interactions. Qualitative research is about interpreting and comprehending language and its significance, whereas quantitative research is centred on numerical data and statistical analysis (Antwi & Hamza, 2015). Quantitative research is characterised by its objective approach and results in logical or numerical outcomes (Antwi & Hamza, 2015).

Qualitative research prioritises the interpretation of observed phenomena within a particular environment and with a carefully chosen group of individuals rather than seeking to generalise findings from a sample to a larger population (Johnson et al., 2020). In qualitative research, the sampling method is purposeful rather than random, to include the best participants in the best setting to answer the research question (Johnson et al., 2020). The researcher uses a qualitative methodology to gather unstructured and evolving data, which is then analysed to identify recurring patterns or themes (Cambell, 2014). A qualitative researcher uses a systematic approach to gather, arrange, and analyse interview data obtained through conversing with the participants (Grossoehme, 2014). The qualitative findings comprise written or spoken descriptions of an individual's lifeworld that mirror the range of their encountered realities (Erlingsson & Brysiewicz, 2013). Qualitative researchers are not impartial observers who record data without engaging with participants; instead, they affect and are influenced by the data they collect (Grossoehme, 2014). The act of conveying the researcher's biases and comprehending their impact on data collection and analysis is imperative (Grossoehme, 2014).

Qualitative research is distinguished by its use of natural settings, incorporation of various interactive and humanistic methods, prioritisation of emergent data over predetermined data, and interpretive perspective (Cambell, 2014). Qualitative research describes local observations and occasionally presents novel hypotheses and theories. Furthermore, qualitative research is employed when there is limited knowledge regarding a particular topic or phenomenon and a desire to explore

and gain further understanding. Often, it is used to comprehend individuals' experiences and articulate their perspectives (Antwi & Hamza, 2015).

Qualitative research is an investigative approach that aims to acquire comprehension and insight into the human sciences, intending to uncover individuals' thoughts and emotions (Antwi & Hamza, 2015). In qualitative research, which adopts a subjective approach, the researcher is actively engaged in the research process. Qualitative research methods are especially suitable for investigating sensitive topics where individuals may be reluctant to discuss these topics within a group setting (Johnson et al., 2020).

The starting point of qualitative research studies involves identifying a research problem (Johnson et al., 2020). The researcher then addresses the issue by formulating a well-defined research question that plays a pivotal role in determining the most suitable research methods, whether qualitative or quantitative (Johnson et al., 2020). If a study involved obtaining detailed and descriptive insights into a specific phenomenon that is not well understood, the researcher would likely choose to utilise the qualitative research method (Johnson et al., 2020).

This study used a qualitative research method. This approach enabled the researcher to collect and analyse non-numerical data to gain a deeper understanding of the ideas, perspectives, and lived experiences of adolescents experiencing suicidal ideation. During the interview phase, the researcher used an interview guide to pose semi-structured open-ended questions, which facilitated participants' candid disclosure of personal experiences. The researcher's primary focus was to explore the interview responses of adolescents regarding various experiences in their lives. The adoption of the qualitative research methodology allows the researcher to develop empathy towards the adolescents'

perspectives and gain a deeper understanding of the subjective encounters of those who have experienced suicidal ideation.

The qualitative design used in this study was descriptive phenomenological research, as described in the next section

3.5 Phenomenological Research Design

Phenomenology focused on "being" itself, the lived world of human experience, its unceasing ambiguity, and its ever-deepening complexity.

¬Edmund Husserl 1859 - 1938

Phenomenological research is a qualitative method that gathers personal accounts of lived experiences related to a particular human phenomenon (Flynn & Korcusk, 2018). Phenomenology endeavours to comprehend and depict the fundamental nature of a phenomenon as it presents itself in our daily existence (Van Manen, 2017). According to Qutoshi (2018, p. 215), “Phenomenology as a philosophy and a method of inquiry is not limited to an approach to knowing; it is rather an intellectual engagement in interpretations and meaning-making that is used to understand the lived world of human beings at a conscious level”.

Phenomenology is a robust research approach and is among the most often employed qualitative research methods. Cresswell et al. (2018) state that this form of research is used to explore domains with limited knowledge. Phenomenology is an area of study that focuses on examining ‘phenomena’ (Smith, 2018). The main thing it looks at is how things show up in our subjective experiences and the mental processes we use to understand and value those experiences (Smith,

2018). Phenomenological researchers aim to reveal the fundamental nature of participants' lived experiences (Flynn & Korcuska, 2018).

Furthermore, phenomenology aims to uncover the essence and meaning of our experiences and perceptions by exploring what we have experienced and how we have experienced it. The phenomenological structure finds its philosophical origins in the literary contributions of René Descartes (1596–1650), David Hume (1711–1776), Immanuel Kant (1724–1804) Edmund Husserl (1859–1938) and Flynn and Korcuska (2018). While the origins of phenomenology can be traced back to the contributions of various philosophers, it is widely acknowledged that Husserl played a pivotal role in establishing phenomenology as a prominent philosophical approach in the 20th century (Groenewald, 2004).

The term 'Phenomenology' is utilised in various fields such as counselling, psychology, psychiatry, social work, and couple and family therapy (Hanna et al., 2017). However, its current interpretation and application in these disciplines differ significantly from its original philosophical meaning (Hanna et al, 2017.). After Husserl, philosophers incorporated hermeneutics or the art of interpretation, to aid in the process of phenomenological introspection and examination and elucidate lived experience (Ray & Locsin, 2023). The method of inquiry that centres around the interpretation of phenomena, known as phenomenological-hermeneutics, has emerged as a significant aspect of the meaning-giving process (Ray & Locsin, 2023). This approach involves being present in the world but not necessarily influenced by it, as Husserl suggested. It involves exploring the meaning behind how phenomena manifest themselves to us (Ray & Locsin, 2023).

Researchers employ phenomenological research methods to uncover the fundamental nature of participants' lived experiences. This approach involves setting aside preconceived notions of a

phenomenon to investigate the experiences of those involved (Flynn & Korcuska, 2018). Remember that the phenomenological approach is an all-encompassing method in which the researcher is involved in the whole process from the start and not just when the data is being analysed (Bevan, 2014).

Phenomenology examines various parts of human experience, including perception, thinking, memory, imagination, emotion, desire, and volition (Smith, 2018). Additionally, this field explores bodily awareness, embodied action, and social interaction, including linguistic engagement (Smith, 2018). Phenomenological research aims to describe the importance of experiences for individual subjects. Phenomenology involves categorising, depicting, interpreting, and examining structures of experience that align with our personal experiences (Smith, 2018). Lived experiences refer to an individual's comprehension of their understanding of the world, which is acquired through direct and personal involvement (Creswell & Cresswell., 2018). According to Creswell & Cresswell (2018) an individual's perception of a particular phenomenon is imbued with meaning by their lived experiences, which accurately represent their life. Researchers use phenomenological research to learn more about the basic features of a phenomenon by looking at it from the point of view of people who have experienced it.

This study adopted a descriptive phenomenological design. The goal of descriptive phenomenology is to show how people experience things, mainly the parts of life that happen before we think about them or make predictions about them. The goal is to identify the source of meaning as it is directly perceived and experienced (Ray & Locsin, 2023). A researcher who uses the phenomenological approach aims to give a thorough account of a person's subjective experience as they perceive it rather than interpreting it through a theoretical lens (Bevan, 2014). As Ray and Locsin (2023) cites, descriptive phenomenological design is based on the attitude of epoché, which means

letting go of assumptions and looking at data without bias. Additionally, the reduction process, which involves structured reflection, is utilised to comprehend, and illuminate meaning through reflection and discover and seek an understanding of standard and unique themes (Ray & Locsin, 2023).

The Main Characteristics of Phenomenological Research in this Study

- The descriptive phenomenological research design is used to depict a phenomenon accurately.
- To accurately capture the phenomenon's essence and focus on the participant's experience, the researcher had to set aside their attitudes, beliefs, and presumptions while conducting phenomenological research.
- The primary objective of qualitative phenomenological research is to uncover the significance of experiences in people's lives and how they have been found.
- Phenomenological research entails an initial objective depiction of individuals' lived experiences, followed by a reflection on the description of existing theories of the phenomenon.
- When performing phenomenological analyses, it is imperative to utilise a unique method that enables a comprehensive understanding of phenomena with no scientific biases or preconceived notions.

The researcher's goal in conducting a phenomenological investigation was to acquire a deeper understanding and examine the inherent intricacies of the phenomenon. In phenomenological research, participants are requested to articulate their experiences as they subjectively perceive them. While participants may write about their experiences, interviews are primarily used to collect data. The aim was to uncover how adolescents with suicidal ideation comprehend their lives, experiences, and perceptions of the world and scrutinise the risk factors that significantly affect their development

of suicidal thoughts. The goal of this study was to determine potential risk factors linked to suicidal ideation. This was accomplished by analysing data obtained from interviews to identify shared factors that contribute to the prevalence and occurrence of suicidal ideation.

The researcher extensively investigated the unique experiences of adolescents dealing with suicidal ideation, acknowledging the subjective nature of their struggles. Each participant's experiences were meticulously analysed and evaluated. The goal of this study was to gather data to develop a school-based education and awareness programme designed to support adolescents dealing with suicidal thoughts and behaviours.

3.6 Research Methodology

Research methods are the techniques used by researchers to investigate reality and refer to the research design, approaches, techniques, and methods used to establish a particular phenomenon (Kivunja & Kuyini, 2017). The total domain of methods encompasses various parts, such as the collection of data, choice of participants, use of instruments, and analysis of data. To summarise, the method outlines the reasoning and sequence of the organised steps taken during a research endeavour to understand a research issue (Kivunja & Kuyini, 2017). When formulating a research proposal, it is imperative to reflect on the method by contemplating the following question: What strategies can be employed to obtain the requisite data, knowledge, and comprehension to address the research question and make an academic contribution? (Kivunja & Kuyini, 2017).

3.6.1 Population and Sample Selection

The term 'research setting' refers to the physical, social, and cultural environments in which a study is conducted. The researcher established communication with multiple secondary educational institutions in the Tshwane region. The choice of educational institutions was contingent upon the

feedback principals and governing bodies provided. Only one school in the Tshwane district indicated they were interested in participating in the study. The research was conducted at a secondary educational institution in Tshwane, South Africa. The interviews were conducted with the participants at the location of their educational institution.

Gatekeepers in research can grant or deny access to a specific group, typically considered vulnerable. Gatekeepers are representatives of institutions whose purpose is to safeguard and help the people they are responsible for. The gatekeeper is responsible for determining whether the planned research harms the public they serve, not just the direct participants. However, only some gatekeepers are official employees of a company or organisation. Some participants' family members, such as the parents of a child participant, may serve as gatekeepers. An essential first step to guaranteeing ethical qualitative research is to enter a research project with the gatekeeper having identified ethical considerations as a paramount desire to protect the participants.

In this study, the Department of Education, the school principal, and the parents or guardians of the adolescents acted as gatekeepers. Their perceptions of the advantages and disadvantages of participation influenced the cooperation of gatekeepers. If gatekeepers believed a project would benefit them, they were more willing to cooperate. The researcher ensured that they built a positive relationship with the gatekeepers. Furthermore, the researcher made sure that the gatekeepers understood the benefits and risks of this study.

3.6.2 Study Population

A study population is a specific group the researcher is most interested in. For any research involving human subjects, it is essential to specify the study population to establish the criteria for study eligibility (Eldredge et al., 2014). Applying research findings to other relevant populations will

start with the study population. A clearly defined study population will help ensure the overall validity of the research findings. This study's target and accessible population was adolescents between 14 and 18 with a history of suicidal ideation. This study allowed adolescents from all cultural and ethnic backgrounds to participate.

3.6.3 Sample and Sampling Methods

According to qualitative research specialists, determining the appropriate number of participants is a complex matter that cannot be answered definitively. The sample size depends on various epistemological, methodological, and practical factors (Vasileiou et al., 2018). Qualitative research typically uses small sample sizes to facilitate the comprehensive case-oriented analysis integral to this mode of investigation (Vasileiou et al., 2018) Sandelowski (1995) suggests that the appropriate size of a qualitative sample should be such that it allows for the emergence of a 'novel and intricately detailed comprehension of the phenomenon' while also facilitating 'in-depth analyses focused on individual cases' within the qualitative data. In other words, the sample size should be balanced enough to provide a comprehensive understanding of the phenomenon while also enabling the researcher to conduct in-depth analyses of individual cases. Sandelowski (1995) asserts that a qualitative sample has the potential to be too large. The extensive sample size impedes the thorough and context-specific examination that is the fundamental purpose of qualitative research (Sandelowski, 1995). The participants in the research must show both accessibility and eagerness to participate and the ability to express and reflect on their individual experiences (Johnson et al., 2020).

Inclusion Criteria for this Study

- Adolescents between the ages of 14 and 18 years.
- Adolescents who were articulate and fluent in English.
- Adolescents who have experienced suicidal ideation during the past five years.

- Adolescents from all ethnic and cultural backgrounds.

Exclusion Criteria for this Study

- Adolescents under the age of 14 years.
- Adolescents who are not articulate and fluent in English.
- Adolescents with no prior experience of suicidal ideation.

The research study employed purposive sampling as a sampling technique. Qualitative researchers use purposeful sampling to intentionally select participants who can offer comprehensive and intricate insights and detailed and nuanced data about the phenomenon under investigation (Creswell & Plano Clark, 2011; Vasileiou et al., 2018).

Creswell and Creswell (2018) assert that a phenomenological inquiry requires meticulous interviews with a maximum of ten participants. The study achieved data saturation after interviewing six adolescents. Determining the proper sample size in qualitative research is a subjective decision based on the researcher's knowledge and experience in evaluating the value of the data gathered, the research method and sampling approach utilised, and the intended research outcome (Sandelowski, 1995).

The point of data saturation will determine the precise sample size. The term "saturation" is a commonly employed idea within the realm of qualitative research, particularly in qualitative interviews. In qualitative research, saturation is when no new information or insights are gained from conducting more interviews (Guest et al., 2006). While data saturation is often used to denote an adequate sample size, it is not universally applicable to all research designs (Johnson et al., 2020).

Specific qualitative research methodologies allow for an infinite continuation of data collection if the phenomenon being studied persists indefinitely (Johnson et al., 2020).

3.7 Method of Data Collection

A phenomenological research design allows researchers to use diverse data collection methods. The principal data collection method in qualitative research is comprehensive individual interviews. Through a flexible interview structure and additional questions and prompts, the method frequently involves direct interaction between the researcher and the participant. Phenomenological inquiries are commonly characterised by broad, open-ended research questions, providing participants ample space to express their viewpoints comprehensively.

This study gathered empirical evidence via semi-structured interviews and conversational exchanges with study participants. The methods enabled the researcher to conduct semi-structured interviews with individuals who exhibited suicidal ideation, allowing the researcher the liberty to expand upon the predetermined set of questions following each participant's responses. Despite this approach, the researcher had to focus on the research inquiries and abstain from influencing the participants. In addition, the researcher had to cultivate a positive relationship with the participants and exhibit compassion to reach an in-depth understanding of their encounters.

Phase 1: The researcher analysed published and peer-reviewed scientific articles to understand the risk factors that contribute to suicidal ideation in adolescents. Document analysis is commonly employed as a method of triangulation alongside other qualitative research methods. It involves using a combination of methodologies to study the same phenomenon (Denzin, 2009).

Phase 2: The researcher gave interested students information about this study and a consent form that their parents or legal guardians had to sign for the student to participate in the study.

The researcher obtained signed consent papers from parents or legal guardians before properly explaining the research protocol to participants. The purpose, engagement, and freedom to leave were communicated to the participants. Additionally, participants were informed of the expected duration of the interview, what was expected of them, how the interview would flow, and what questions would be asked. Participants were made aware that they could refuse to answer questions or discuss topics. The researcher also assured participants that their interview data would be kept confidential, identifying information would be removed, and pseudonyms would be used throughout the study. Lastly, participants were informed they could end the interview if they had any questions or wanted to leave the study.

3.7.1 The interview schedule

Research questions are questions that your study aims to address. Your research topic serves as the foundation and starting point for your study's design. Developing research questions involves using current trends, state-of-the-art studies, and technology advancements in the study area (Barroga & Matanguihan, 2022). Effective research questions are precise and need a thorough exploration of literature and a profound comprehension of the issue under investigation. The researcher formulated descriptive research questions to better understand and acquire insight into the phenomenon of suicidal ideation in adolescents. The researcher wanted to understand the real-life experiences of adolescents who have experienced suicidal thoughts and behaviour.

Appendix B of this thesis contains a copy of the interview schedule utilised during the participant interviews.

3.7.2 *Semi-structured Interviews*

The researcher employed semi-structured interviews as a data collection method with the study participants.

Semi-structured interviews are a commonly employed method for gathering information about an individual's subjective experiences, opinions, and motives, as opposed to objective facts or observable behaviours (Busetto & Gumbinger, 2020). Semi-structured interviews are a form of qualitative research that involves a predetermined set of questions yet offers flexibility for both the interviewer and interviewee to deviate from the script and provide more elaboration. This approach enables a more comprehensive exploration of underlying reasoning.

During the interview, the researcher noted the participant's body language and the atmosphere. The researcher asked the participants a predetermined set of open-ended questions during the one-on-one interview phase to encourage them to give long, detailed answers. The researcher could still add to the questions or ask follow-up questions based on the participant's response. Six adolescents with a history of suicidal ideation were interviewed. With the participants' permission, the interviews were recorded and transcribed for the researcher to analyse the data at a later stage.

3.8 Data Analysis

The analysis of data is a necessary step after the collection of information through in-depth interviews. The researcher utilised the explication process developed by Hycner (1985). It was suggested by Hycner (1985) that the term 'data analysis' should not be used because it usually means 'breaking down into pieces,' which could mean losing sight of the whole thing. Explication, as defined by Hycner (1985) pertains to examining the constituent elements of a given phenomenon. Maintaining the integrity of the entirety of lived experiences is a crucial part of the phenomenological

approach, which prioritises the exploration of the essence of such experiences from the perspective of the individuals involved.

Phenomenologists are reluctant to concentrate excessively on procedures (Groenewald, 2004). Hycner (1985) asserts that imposing a method on a phenomenon would be unjust to the phenomenon's integrity (Groenewald, 2004). However, it is imperative to establish specific protocols, especially for inexperienced researchers (Groenewald). The data were analysed using Groenewald's (2004) simplified rendition of Hycner's (1985) explicitation procedure.

The explication procedure is divided into five steps or phases

1. Bracketing and phenomenological reduction.
2. Delineating units of meaning.
3. Clustering of units of meaning to form themes.
4. Summarising and validating the interviews.
5. Extracting general and unique themes from all the interviews and making a composite summary.

3.8.1 Bracketing and Phenomenological Reduction

Bracketing is an essential step in qualitative phenomenological research. The term 'bracketing' refers to 'mind mapping' or 'phenomenological reduction,' which means refraining from passing judgement (Moustakas, 1994, p. 162). Researchers acknowledge that the personal accounts provided by study participants regarding their personal experiences are considered valid and truthful with no moral judgement (Finlay, 2011). The primary emphasis is placed on interpreting the situation as presented through the individual's perspective (Finlay, 2011). During this process, the researcher thoroughly examines the interview recordings and transcripts, remaining receptive to any emergent

meanings arising from the research data. To conduct rigorous research, the researcher needs to maintain objectivity by distinguishing between their personal experiences, interpretations, and theoretical notions. Evaluative assessments must be avoided to ensure the integrity of the research (Groenewald, 2004).

According to Husserl (1977), the process of reduction, also known as epoché, is a profound self-reflective practice in which the researcher temporarily sets aside the ordinary, unquestioned reality and any associated interpretations, intending to allow the phenomenon to reveal itself in its fundamental nature. The bracketing process was used to distinguish the underlying assumptions and biases from the essential parts of the phenomenon under investigation. This approach facilitated an extensive comprehension of the phenomenon as the study participants experienced it.

3.8.2 Delineating Units of Meaning

The researcher completed the transcription of the research data and bracketed her presuppositions to avoid inappropriate subjective judgements during the "delineating the process of meaning" phase (Hycner, 1985, p. 282). The researcher should strive to achieve a thorough understanding of the entire interview, also known as gestalt (Hycner, 1985). This process entails repeated listening to the entire audio recording and multiple readings of the transcription (Hycner, 1985). The text is segmented into smaller parts called meaning units. A unit of meaning comprises interconnected elements through their content or context. The text communicates a singular, overarching meaning (Erlingsson & Brysiewicz, 2013). The units of meaning have the potential to vary in size, ranging from a few words to several sentences or even paragraphs (Erlingsson & Brysiewicz, 2013). The researcher must meticulously examine every word, phrase, sentence, and paragraph in the transcript and nonverbal cues to elicit the participant's overall meaning. It will set a framework for developing distinct units of meaning and common themes (Hycner, 1985). During this

process, the researcher considers the literal content, the frequency with which a particular meaning was mentioned, and how the meaning was expressed. (Groenewald, 2004).

3.8.3 Clustering of Units of Meaning to Form Themes

The researcher began the process of ‘clustering units of relevant meaning.’ After compiling a list of relevant meaning units, the researcher must determine whether any relevant meaning units naturally cluster together to elicit a common theme or essence. Through the meticulous categorization of significant units, the researcher was able to effectively identify and isolate crucial subjects, resulting in the creation of clusters of themes.

3.8.4 Summarising and Validating the Interviews

During this phase, the researcher carefully examined the interview transcript data once more and condensed the conversation into its essential components, highlighting common themes that emerged (Groenewald, 2004). After doing a validity check, the researcher had a conversation with the Head of Discipline about the emerging themes. The researcher did not discuss the emergent themes with the participants because alternative research studies advise against participant verification since there might be some unintended consequences, such as divergent interpretations (Varpio et al., 2017).

3.8.5 Extracting General and Unique Themes

After completing the preceding procedures, the researcher identified recurring themes common in the majority or entirety of the interviews while also considering any distinctive variations that may have existed (Hycner, 1985). The interviews were analysed, and common themes were identified and grouped to represent overarching themes. Efforts were made to avoid grouping themes that showed

substantial dissimilarities. According to Hycner's (1985) research, identifying themes exclusive to a particular interview is significant in providing counterpoints to the phenomena under investigation.

The researcher concludes the explicitation process by creating a comprehensive summary that incorporates all the interviews. According to Hycner (1985), the summary should capture the phenomenon's fundamental nature under investigation and depict the world in a general sense as perceived by the participants.

3.9 Measures of Ensuring Trustworthiness

The pillars that support the research process are rigour and relevance. "Without rigour, research is worthless, turns into fiction, and loses utility" (Morse et al., 2002, p. 14). In qualitative research, rigour is a technique for building trust and confidence in a study's findings, and it allows the researcher to establish consistency in her methods and accurately represent the population being studied (Johnson et al., 2020).

Trustworthiness pertains to the authenticity, quality and truthfulness of the outcomes derived from qualitative research (Cypress, 2017). It refers to the level of trust or confidence that readers place in research findings (Cypress, 2017). Due to the different ontological and epistemological foundations of qualitative research compared to quantitative research, the standards for ensuring quality are unique. Guba and Lincoln (1989) developed criteria for achieving quality in qualitative research during the 1980s; instead of rigour, they focused on developing trustworthiness by determining credibility, transferability, confirmability, and reliability.

3.9.1 Credibility

The idea of credibility involves the inquiry into the trustworthiness and reliability of a source or information. Credibility seeks to answer the following question: Does the conclusion derived from the study show plausibility and persuasiveness? Credibility refers to the extent to which research outcomes can be considered trustworthy and precise. To enhance the credibility of the research, the researcher may utilise various techniques such as extended engagement, persistent observation, triangulation, and member checking. Member checking involves presenting research results to study participants to determine whether the findings accurately reflect their lived experiences. The credibility of a study is established by accurately portraying participants' lived experiences such that individuals who have undergone similar experiences can readily identify with the interpretation presented (Johnson et al., 2020).

Furthermore, the researcher employed theory triangulation. Theory triangulation involves integrating numerous theoretical frameworks or views to improve the depth and validity of the research. A theory-driven qualitative analysis involves analysing and interpreting data to create research results and provide a comprehensive theoretical explanation. It is a top-down approach to analysing data (MacFarlane et al, 2011). The researcher evaluated two distinct theories: integrated motivational–volitional model of suicidal behaviour and the interpersonal theory of suicide.

- The researcher precisely outlined the study questions and goals to direct the procedure of theory triangulation in an audit trail.
- The researcher chose theories deliberately based on their relevance to the study issue and their ability to provide unique viewpoints.
- The researcher conducted a detailed comparative analysis to gain understanding of the relevant concepts. To do this, the researcher needed to familiarize herself with the

fundamental principles, assumptions, and analytical frameworks of each theory to recognize their similarities and differences. By following this approach, the researcher could ensure that her research was well-informed and accurate, and that she had a thorough understanding of the concepts under investigation.

- Comparative analysis is a process of systematically examining and contrasting different theoretical viewpoints. Researchers compare hypotheses, highlighting their similarities, differences, strengths, and limitations. This method helps researchers gain a comprehensive understanding of the phenomena being studied by exploring the intersections and divergences of multiple hypotheses.

3.9.2 Transferability

Transferability refers to the degree to which the findings of a given research investigation can be extrapolated to broader populations, contexts, or environments. By depicting the participants' conduct, encounters, and environment, the qualitative researcher can enhance the transferability of the findings and guarantee that the participants' actual experiences hold significance for individuals outside the study. A strategy to ensure transferability is comprehensively depicting the researched population, encompassing geographical limits and demographic features (Johnson et al., 2020). In this study, the researcher demonstrated transferability by using thick description, which includes providing sufficient information about the location, participants, and techniques used to gather data. Transferability can be achieved when a detailed description offers a comprehensive picture of a condition that may be applied to others' circumstances, often with the approval of the local stakeholders (Stahl & King, 2020).

3.9.3 Conformability

Conformability is how much other sources can verify or support the research results. To reach confirmability, researchers must show a transparent and replicable process that directly connects the outcomes and the conclusions (Moon et al., 2016). Conformability can be ensured by being open and honest about every step of their research, from the initial planning to creating and disseminating the research findings. Conformability means that the research data accurately represents the information provided by the participants and that the researcher did not create the interpretation of the data (Polit & Beck, 2012). In order to establish conformability in this study, the researcher implemented an audit trail. This involved a qualitative researcher documenting the entire data collection, analysis process, and data interpretation. Documenting raw data, field notes, transcripts, and a reflexive diary aids researchers in organising, connecting, and cross-referencing data, facilitating the reporting of the research process, and establishing a clear audit trail. The researcher noted the unique and interesting topics discovered during data collection, recorded reflections on the coding, justified the decision to combine codes, and explained the significance of the themes.

3.9.4 Dependability

We use 'dependability' rather than 'reliability' in qualitative research. The term 'reliability' in research pertains to the extent to which the results of a study can be replicated in similar circumstances. Dependability refers to the consistency of findings. Dependability asks, "Can we get the same results if we observe the same thing twice?" It is epistemologically illogical to have a criterion of reliability for qualitative research using multiple paradigms; hence, consistency is essential (Leung, 2015). In qualitative research, a margin of error can be acceptable under certain circumstances. Specifically, if the method and epistemological logistics used in the research consistently produce data that are ontologically identical but may vary in richness and ambience within similar dimensions. In that case, a margin of error can be considered acceptable (Leung, 2015).

This means that while the data collected may not be the same each time, it is still considered valid if it reflects the same underlying ideas and principles. It is essential to maintain consistency in the method and logistics used to ensure the validity of the data collected, even if a margin of error is present (Leung, 2015).

As for dependability, these inquiries may be raised: Based on the provided description, would it be possible for a competent researcher to carry out a comparable research endeavour? To what extent is it possible to replicate this research undertaking? If the research were replicated, would the outcomes and analyses be consistent? (Rose & Johnson, 2020). Joppe (2000, p.1) defines reliability as: “the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.” The researcher established dependability through the utilisation of a voice recorder and interview notes, providing transcripts for verification, and peer-reviewing the approach with her supervisor. Dependability requires researchers to guarantee that the study process is rational, traceable, and fully recorded.

3.9.5 Appropriateness

Some researchers in qualitative research have contended that ‘validity’ does not apply to qualitative research. In qualitative research, validity is a crucial element that speaks to the suitability of the methods, procedures, and data used to address the research question. This encompasses a range of considerations, including whether the research question is well-suited for achieving the desired outcome, whether the method is appropriate for addressing the research question effectively, whether the design aligns with the chosen methods, and whether the sampling and data analysis methods are fitting for the research context. Ultimately, ensuring validity is fundamental in ensuring that qualitative research yields reliable and meaningful findings (Leung, 2015). For those seeking to forge

genuine connections with participants' thoughts and emotions, qualitative research is the preferred method.

Unlike quantitative research, which focuses solely on numerical data, qualitative research takes a more personable approach, aiming to comprehend participants' feelings, viewpoints, and beliefs. It was developed specifically to delve deeper into participants' experiences, providing a more comprehensive understanding of their thoughts and emotions. The suitability of research methods depends on the phenomenon under study, considering its scale, context, the state of theory and knowledge, the availability of reliable measurement equipment, and the intended use of the data to be collected. It is important to select a proper research method to ensure that the data collected is reliable and can be used effectively to draw correct conclusions.

To ensure the appropriateness of this study, the researcher took several measures. First, the researcher kept detailed records of her research process, including how the researcher arrived at the conclusions. This allowed for transparency and ensured this study was replicable. Second, the researcher made sure that her interpretation of the interview data was consistent and transparent, by following a rigorous method and clearly explaining her thought process. These measures helped to avoid any potential biases or misinterpretations of the data. Furthermore, the researcher did literature control by comparing the present study findings to prior research. This allowed the results to be contextualised within universal scientific knowledge without influencing it. Finally, in chapter five, the researcher comprehensively analyses the interview data, which describes the researcher's findings and their implications. In this study, the researcher aimed to understand the risk factors that contribute to suicidal ideation from the participants' perspective. The researcher used specific quotes from the participants' comments to support the researcher's findings and give them more credibility. The

researcher also included brief biographies of each participant to provide context and a better understanding of their lives.

Throughout the study, the researcher maintained constant communication with her supervisor, who tracked her interview schedule, transcripts, and thesis. This collaboration allowed for alternative interpretations and improved the study's credibility. This continuous cooperation allowed for alternative interpretations and strengthened the study's appropriateness.

3.9.6 Reflexivity

Reflexivity is the deliberate examination of your own subjective perspective as a qualitative researcher to see how it may influence your study results. Reflexivity involves questioning the basis of one's knowledge before, during, and after doing a research. Researchers can use a reflexive journal to document the daily logistics of their research, methodological decisions, and personal reflections on their values, interests, and insights (Lincoln & Guba, 1985). Reflexivity involves analysing one's own assumptions, beliefs, and judgements to see how they impact the research process. Reflexivity is the discipline of examining and challenging our identity as researchers and how it influences our work. It plays a key role in discussions about objectivity, subjectivity, and the fundamental principles of social scientific research and knowledge creation (Jamieson et al., 2023). This is a personal log for researchers to record their thoughts, emotions, observations, and reflections throughout the study process. The diary included contemplations on engagements with study participants, choices about data gathering and processing, interpretations of results, and the researcher's emotional responses to the research. The researcher also analysed her feelings in the critical self-review at the conclusion of Chapter 6.

3.10 Ethical Considerations

The researcher obtained ethical clearance from the Research Ethics Committee of the College of Human Sciences at the University of South Africa. The researcher then requested permission from the Gauteng Department of Education to conduct this study. Following ethical clearance from the Gauteng Department of Education, the researcher-initiated contact with Tshwane-based schools via electronic mail, wherein the principals were informed of the intended research study.

In developing research protocols, researchers must consider the prospective ethical dilemmas that may emerge throughout the study (Sanjari et al., 2014). These may include but are not limited to informed consent, confidentiality, data collection and analysis, the dynamics between the researcher and the participant, and the dissemination of conclusive findings (Sanjari et al., 2014).

Permission to Conduct the Research Study: Ethical Considerations and Principles Followed

- The researcher met with the principal and deputy principal to discuss the study's methodologies and plans after getting school consent.
- The researcher asked the principal if teachers or social workers might help identify depressed or suicidal participants to include in this study.
- This study included all 14–18-year-olds, regardless of culture or ethnicity.
- The researcher thoroughly explained the research method to participants after getting signed consent from their parents. This study's participants were informed of their goals, risks, benefits, and right to withdraw without prejudice.
- The researcher ensured participants understood the study's objective, aim, setup, researcher's identity, participant role, and any dangers.
- The researcher detailed the interview process, including time, expectations, interaction flow, and question types.

- Participants gave informed consent before the researcher recorded the interviews. The researcher said the recording was private and only the supervisor and researcher could access it. The researcher explained to participants why the audio recording was necessary for transcription and subsequent referencing of interview material. The researcher asked participants to sign a consent form for interview recording.
- The researcher enabled participants to refrain from replying to specific questions or discussing specific topics.
- The researcher safeguarded individuals from discomfort, embarrassment, and stigma.
- The researcher assured participants that interview data would be securely stored, with unique identifiers eliminated and pseudonyms used exclusively.
- The researcher advised participants of the option to omit relevant interview items throughout the interview stage.
- The researcher advised participants they might end the interview procedure to seek clarification or withdraw from the study.
- The researcher stated participants could obtain debriefing services if needed. Before the interview, the Unisa clinic and Lifeline Pretoria were considered resources.
- See the attached Department of Education's ethical clearance certificate.

Ethical issues in all types of research concern doing good while avoiding harm to participants. Ethics is one of the most critical issues in qualitative research, and concerns about reliability and validity can be reduced if the research study is conducted ethically (Waheed et al., 2020). The researcher is the most crucial person in qualitative research because of the direct involvement with humans in the study, which may affect both the participants' and the researcher's personal and professional lives (Poole et al., 2004). According to Kopelman (2004) inconvenience, discomfort, embarrassment, and stigmatisation are risk factors that could arise in qualitative research and

compromise the confidentiality, respect for people, privacy, nonmaleficence, social utility, self-esteem, justice, and other psychological parts. When conducting research, the qualitative researcher must uphold the children's rights, dignity, and safety, which presents complex ethical challenges (Mishna et al., 2004).

According to the National Institutes of Health (2014) there are three primary principles for the acceptable ethical conduct of human-participant research. These principles include justice, beneficence (and its opposite principle, nonmaleficence), and respect for people and their autonomy. To show adherence to these principles, the researcher must obtain participants' informed consent, safeguard their anonymity and confidentiality, abstain from using deceptive methods when designing the research, and grant participants the freedom to leave the study. (Mishna et al., 2004). The researcher in this study adhered to all the principles.

3.10.1 Autonomy

Autonomy (or respect for participants) refers to the ability of competent participants to make their own decisions while being recognised and respected. According to Capron (1989) participants' rights to information about the study, to decide whether to participate and to withdraw at any time are all considered respected by participants. Participants have the right, as autonomous individuals, to accept or refuse to participate in a research study.

Throughout the research process, the participants were treated with the utmost respect, which helped establish their autonomy. Before the interview process began, the participants were given a consent form that authorized the audio recording of the interview. Furthermore, the researcher provided each participant with a letter of information about the study. It was clarified to all participants they had the right to withdraw from the study at any point during the process.

Participants must be informed about study project expectations and responsibilities to obtain informed consent. The researcher explained the study's purpose, participants' roles, the researcher's name, and how the results will be used and published. The participant must be adequately informed, comprehend the request, be legally capable, and consent voluntarily. Research with adolescents under 18 requires documented parental agreement (Moolchan & Mermelstein, 2002). Most participants in this study were 18 and didn't need parental consent. Other students took parental consent letters home to sign. After parental approval, the researcher had to respect the adolescents and ask about their interest in the study. Participants were excited about this study.

The researcher was required to tell participants about the study's objective, nature, risks, rewards, and ability to withdraw (Mishna et al., 2004). They also knew how the data and findings would be used and where they would be stored and publicised (Jokinen et al., 2002). The informed consent form explained the research study's purpose and process, privacy and confidentiality rights, the researcher's role, and sample questions.

Research participants can withdraw. The potential subjects must be informed that they can decline study participation or revoke permission at any time without consequence (World Medical Association, 2022). Participants are not obliged to provide the researcher with a reason for withdrawing. Mishna et al. (2004) stated that recognising ethical issues in qualitative research with children and adolescents helped researchers prepare for difficult and ambiguous research. The researcher must periodically review her ethical commitments and prepare for unexpected challenges during the research process.

3.10.2 Nonmaleficence

To protect the privacy and independence of adolescent participants, the researcher followed strict guidelines (Jokinen et al., 2002). The personal information of the participants was kept confidential throughout the research. Participants had the option to request that certain interview data not be used (Wiles, 2013). The study included the use of pseudonyms and anonymization to ensure anonymity, and the researcher securely stored and removed all unique identifiers from participants' data.

3.10.3 Beneficence

Beneficence is an ethical principle of doing good for others while avoiding harm. The researcher must act to benefit the participants while promoting their safety and welfare. The beneficence principle covers the participant's right to be free from harm and discomfort and to be shielded from exploitation. Exploitation protects any information participants provide during the research study (Johansen et al., 2008).

To ensure the beneficence of the study, all interviews were conducted at the participants' school in a secluded space to prevent interruptions. To protect the participants' privacy, the researcher replaced their names with numbers, which were used in Chapter four of the study. During the interview, if the participants showed signs of becoming emotional, the interviewer immediately terminated the session. The emotional participant was given ample time to compose themselves and talk about something else before continuing with the interview. The researcher made sure that the participants said they were ready to continue before resuming the interview. This allowed for a safe and comfortable environment where participants could express themselves without feeling pressured or uncomfortable.

Avoid Deceptive Practices When Designing the Research

Deceptive practises include concealing the research study's scope and aim, the researcher's goals, research setup, identity, participant role, and potential risks.

3.10.4 Justice

The justice principle refers to fairness and equal sharing. Participants may be treated fairly and have their privacy respected. The requirements and the research question should guide the study's selection process, and no group should be excluded. The sample should also represent the target population. Participants who decline to participate in the research study should be treated fairly and without prejudice by the researcher (Owonikoko, 2013).

During the study, every participant was treated fairly and with no bias. The students were informed that a researcher would conduct this study, and they had the option to participate or decline. The only requirement for exclusion was that the participants had experienced suicidal thoughts and were between the ages of 14 and 18. Participants had to be able to communicate clearly in English.

3.11 Conclusion

This chapter explains this study's methodologies, phenomenological design, and paradigm. The qualitative perspective described dependability, validity, and the qualitative study method. This chapter further contains participant selection, data collection, and analysis. The findings, interpretation, and discussion of this study are presented in the following chapter.

Chapter 4: Presentation of the Findings, Interpretation, and Discussion

4.1 Introduction

Chapter three elaborated on the research design and the method used for data analysis. This chapter describes and analyses the research outcomes of the research study. Furthermore, this chapter has been partitioned into three sections.

To begin, a brief depiction of the participants is provided as a short profile to help with the reader's comprehension of the present and past circumstances of each individual involved. Next, the six prominent themes are delineated. The interviews' sub-themes have been grouped to denote a broader theme while emphasising individual differences. The following is a comprehensive synthesis of the results obtained from all the interviews, which incorporates both verbatim excerpts and summaries to provide a framework for the emergence of the themes. This summary captures how the participants perceived the overall experience. After this, an examination is conducted of the body of literature for all the themes and sub-themes that surfaced from the analysis of the data.

4.2 Participants' Description

Table 1 displays the personal information of all participants, including their race, age, and current grade level.

Table 1

Personal details of the participants

Participant Number	Age	Race	Grade	Gender
Participant # 1	15	Black	10	Male
Participant # 2	18	Black	11	Female
Participant # 3	18	Black	12	Female
Participant # 4	18	Black	11	Male

Participant # 5	17	Black	12	Female
Participant # 6	15	Black	9	Female

4.2.1 Participant # 1

The first participant in this study was a 15-year-old male student in the tenth grade. The participant displayed a keen interest in the fields of athletics and hockey. The participant lived in a household comprising both biological parents and an older sister. According to the participant, he maintained a positive rapport with his sister, although he did not consistently seek her support during challenging circumstances. He did not engage in comprehensive discussions with her. The researcher asked about the participant's aspirations for the forthcoming years, to which he simply expressed a desire to lead a fulfilling existence. When asked about his post-school aspirations, he was inclined towards culinary pursuits or potentially engaging in athletic activities. During the interview, the participant said he encountered no significant challenges during that period that led to feelings of suicidality, and he reported being in a stable mental state.

4.2.2 Participant # 2

The second participant was an 18-year-old female enrolled in Grade 11. The participant began her educational journey at the age of eight. The participant said that upon completion of her academic obligations, she typically engaged in the act of travelling from her educational institution to her home on foot. The participant retrieved her sibling's infant from her educational institution, after which she engaged in leisure activities such as viewing content on the social media platform TikTok or dedicating time to scholarly pursuits. The participant lived in the same household as her aunt, whom she called her mother, as well as her deceased brother's infant child and one of her siblings. Both of the participant's biological parents had passed away. The participant lost her mother in Grade three after losing her father during her preschool years. On her maternal and paternal lineages, she had a

brother and an older sister. On her maternal side, she had two brothers and one sister. The deceased individual was, in fact, the offspring of her aunt.

Nevertheless, the participant verified that she referred to her aunt as ‘mother’ and her uncle as ‘father’ and acknowledged that she considered their children to be her siblings. After returning home from school, the participant enjoys television shows and cooking. The participant had a strong inclination towards interior design and expressed her aspiration to pursue a formal education in this field after completing her academic studies. When asked about her emotional state on the day of the interview, she responded that she lacks certainty and approaches each day as it comes. She experienced both positive and negative days intermittently. The participant could not discern whether a given day would be favourable or unfavourable. The participant displayed heightened emotional responses during the interview, prompting the researcher to temporarily halt the interview until she indicated her readiness to continue.

4.2.3 Participant # 3

The third participant was an 18-year-old female enrolled in Grade 12. She said she liked to listen to music, watch shows on television, and enjoy cooking. After returning home from school, she typically engages in sleep as a means of recuperation due to fatigue resulting from academic responsibilities. According to the participant, she did not engage in any athletic activities within the school setting. Participant Three lived in a shared household with both her maternal and paternal figures, cohabiting under the same roof. Additionally, they come with four siblings. Two of the siblings were born from earlier relationships that the mother and father had before their marriage. The participant did not establish a close relationship with the two older siblings resulting from the parent's previous relationships. The participant conveyed that the two siblings were significantly more advanced in age and that she had infrequent encounters with them.

However, the participant had a positive relationship with her younger sister, who lived in the same household. When queried about her association with her younger brother, she said that he recently entered the stage of adolescence and described him as being excessively overwhelming. Participant three indicated that she did not discuss her issues with her younger sister, although they maintained an open line of communication on other topics. She expressed awareness of her parents' support and said that their relationship was satisfactory. When queried about her emotional state on the day of the interview, she revealed waking up with a sense of depression and conveyed a less-than-satisfactory weekend experience, further indicating a heightened level of stress about their academic pursuits. After inquiring about the frequency of her experience with anxiety and stress, she acknowledged a tendency to engage in excessive rumination. Additionally, she complained about her academic performance in her final year of high school. The participant expressed concern regarding her prospects as she found herself uncertain about her career aspirations.

4.2.4 Participant # 4

The fourth participant was an 18-year-old male in the 11th grade. The participant displayed a keen interest in the sport of cross-country and acknowledged intermittent engagement in the activity. The participant shows a preference for engaging in physical activity, solely when experiencing a state of motivation. He participated in a talent showcase where he assumed responsibility for the choreography of a dance performance. According to the participant, he received the Mr Personality award during the talent show in the preceding year. The participant lived with both his paternal and maternal parents, as well as two elder siblings, within the same home. When asked about his post-matriculation plans, he expressed a lack of intention to pursue higher education at a university. The participant held a strong belief in his ability to achieve financial prosperity through the trading of shares before he completed Grade 12.

The participant expressed his belief that acquiring certain skills during his educational journey would lead to significant wealth accumulation before he completed schooling. When asked about his emotional state on the day of the interview, he expressed a desire for increased solitude. According to the participant, he was neither exhibiting signs of happiness nor displaying signs of sadness. He could not identify a reason for individuals to undermine his position or status. The participant claimed that he had made a conscious decision to remain joyful despite circumstances in which he might feel enraged by others. The participant declared that he has spent many days experiencing depression, which can be regarded as a futile use of time.

4.2.5 Participant # 5

The fifth participant was a 17-year-old female in Grade 12. The participant was actively involved in various athletic pursuits, including athletics, netball, softball, and cross-country. She enjoyed engaging in physical activities to occupy her time. The participant has three siblings, consisting of two sisters and a brother younger in age. According to the participant, she endeavours to fulfil the role of a responsible older sibling by imparting discipline and moral guidance to her younger siblings.

Additionally, she stated that their relationship was satisfactory and possessed no inherent positive or negative qualities. The participant expressed an interest in the fields of politics and psychology, particularly focusing on utilising these disciplines to help others. The participant would often find solace in the companionship of her friends during challenging and arduous circumstances. Still, she perceived that their support was no longer consoling, resulting in her feeling excluded and consequently refraining from seeking their advice. The participant expressed the arduous nature of disclosing personal matters to her parents. Typically, she engaged in conversations with them primarily centred around academic matters, her requirements, and prospects. She could not engage in

substantive discussions regarding actual issues with them. The participant expressed a strong aversion towards her mother during her formative years, suggesting a strained relationship characterised by a lack of compatibility and mutual understanding. The parents showed a high degree of strictness, imposing a complete prohibition on their daughter's independent outings. The individual referred to her mother, who had assumed the responsibility of selecting her attire until she reached the ninth grade. The participant further recounted an occurrence in which she experienced molestation by a relative. According to the participant, the recollection had qualities reminiscent of a dream-like state while simultaneously evoking a strong sense of reality. The participant lacked certainty regarding the molestation. The participant experienced a strong sense of realism associated with the memory yet could not seek clarification from others regarding the actual events that happened.

4.2.6 Participant # 6

Participant six was a female adolescent, aged 15, in the ninth grade. During the interview, the participant exhibited a profound state of depression. The participant verified her involvement in javelin and hockey activities within the school setting. The participant cohabitates with both her maternal and paternal parents within the same household, alongside an elder and younger sibling. According to the participant, she lacked a substantial connection with her siblings and typically maintained a sense of distance from them. She experienced a heightened propensity for irritation and annoyance with her siblings. The participant's sibling, a male, is nine years of age, and it is expected that the participant assumes the responsibility of caring for him. Additionally, the participant has a sister who is 21 years old and attending a university. When asked about her post-school intentions, she expressed a lack of contemplation due to the many distractions in her life. The participant acknowledged a supportive social circle at school yet expressed a reluctance to seek assistance when faced with challenges. She experienced a sense of mistrust when it pertained to individuals in a broad sense. The participant endured apprehension regarding the potential dissemination of her issues to

others if she confided in her friends. The participant acknowledged experiencing frequent worry and stress due to academic responsibilities and unsatisfactory grades. The participant expressed a sense of mental distress and revealed having contemplated self-inflicted harm by striking her head against a tree in the past. Furthermore, the participant verified that she engaged in self-inflicted physical harm as a coping mechanism to alleviate internal distress.

4.3 Presentation of the Findings

The analysis examined the biographical data of the participants. The data included key demographic information such as age, gender, race, and academic level. This information was scrutinised to derive meaningful insights and conclusions.

4.3.1 Biographical Information of the Participants

To maintain confidentiality and mitigate the potential infringement of participants' privacy, all personal information about the participants was treated as confidential, and pseudonyms were used throughout the entire procedure. Where a specific individual, such as a parent, teacher, friend, or sibling, was referenced, a pseudonym was assigned to ensure anonymity.

4.4 Themes

The analysis of the participants' responses identified six themes and eleven sub-themes.

4.4.1 Presentation and Discussion of the Themes and Sub-Themes

Table two displays the themes and sub-themes derived from the semi-structured interviews conducted with the six participants. Next, an analysis of the themes is presented.

Table 2*Themes, sub-themes, and categories*

Themes	Sub-Themes
1. Experience with suicidal ideation	1.1 Depression, mental and emotional health, and attempted suicide. 1.2 Type of suicidal behaviour 1.3 Self-Harm
2. Bullying and victimisation	2.1 Bullying 2.2 Victimisation
3. Alcohol and substance abuse	3.1 The influence of alcohol and substance abuse
4. Family and friends' history of suicidal behaviour	4.1 Suicidal behaviour among family and friends
5. Social-environmental factors	5.1 Relationships with parents, siblings, and peers 5.2 History of verbal, emotional, and/or physical abuse 5.3 Early loss of a parent
6. COVID-19 pandemic	6.1 The occurrence of the COVID-19 pandemic

The next section provides a comprehensive analysis and examination of the themes and sub-themes. Every section begins with a tabular representation of the primary overarching theme, accompanied by its corresponding sub-themes and excerpts extracted from the interviews in which these themes were identified. Following the presentation of each table, the excerpts are subjected to analysis and interpretation.

4.4.2 Disclaimer

The passages in the ensuing discourse show a plethora of grammatical inaccuracies, which indicate that English serves as a secondary or tertiary language for most of the participants.

4.5 Discussion and Findings

The analysis explores the outcomes of this study alongside the recurring themes and verbatim excerpts derived from the interviews.

4.5.1 Theme 1: Sub-Theme 1: Experience with Suicidal Ideation

The initial theme of this study focused on the participants' experiences with suicidal ideation. Within this theme, three sub-themes were explored: the participants' experiences with depression and their emotional and mental health and attempted suicide; their engagement in premeditated or impulsive suicidal behaviour; and their involvement in self-harm activities such as cutting or burning. These sub-themes will now be discussed and analysed.

This first sub-theme delves into the impact of depression and mental and emotional well-being, on adolescents who encounter suicidal thoughts and have also engaged in suicide attempts. According to existing literature, suicide rates have sharply risen in recent years, and it is now one of the major causes of mortality globally. About 90% of people who die by suicide have a diagnosable psychiatric condition, making mental diseases one of the most significant risk factors for suicide attempts and completion (Nock et al., 2013). Depression plays a role in connecting psychosocial and behavioural risk factors with suicidal thoughts. Research indicates that individuals who experience difficulties in managing anger, have low self-esteem, perceive high-stress levels, and have unfulfilled academic aspirations are more likely to be at -risk for suicide (Shilubane et al., 2015).

The provided excerpts from the interviews indicate that all six candidates experienced depression or other forms of mental or emotional health issues. Because the researcher lacked the expertise of a clinician, she could not make diagnoses about depression or any other mental health condition. Nevertheless, all six participants unequivocally affirmed experiencing symptoms of

depression within the past year. It was declared by all six participants that they had been involved in either a single suicide attempt or multiple attempts. This finding aligns with the extant literature, which posits that depression is a mediating factor in linking psychosocial and behavioural risk factors to the manifestation of suicidal ideation.

Table 3

The Participant's Experience with Suicidal Ideation: Depression, mental and emotional Health, and attempted suicide

Theme 1: The Participant's Experience with Suicidal Ideation		
Sub-Theme 1.1	Category	Excerpts from the interviews
Depression, Mental, and Emotional health, and attempted suicide	Experience with depression, mental and emotional health, and attempted suicide	<p>Participant 1: "I went to hospital, and I had to go to rehab." "I overdosed on painkillers. No it was the situation with my mom it kind of like just popped up."</p> <p>"It was early in the morning; I woke up and started having problems with my parents. Then I felt it was enough."</p> <p>Participant 2: "I don't know just I take it day by day, sometimes it is good days, sometimes it is bad days and I guess today is an okay day, but I can never say how exactly I feel. I don't know. There is a lot that goes on in my mind and I can't seem to focus on certain things, so it messes me up"</p> <p>"There are people I could talk to, but I can't seem to bring it out I would rather just keep it to myself and ignore it by listening to music or sleep it off."</p> <p>"It only started when my mom said all those things it was the time when I came home late, she was mad and said all that I walked away and I was on my way to my friend's house it was very dark, I think it was at 11 at night, I was walking to my friend's house and on the way, I begged God that I get kidnapped actually. And it never happened and the next morning I just prayed about that he would take my life."</p> <p>"I think it is cause my biggest fear is death cause I always think about what happens after that. I have not completed; I have not done the things that I want to accomplish in life. I think that day I was just very angry."</p> <p>Participant 3: "I was diagnosed with depression and anxiety." "It was after I tried to commit suicide. I overdosed on pills. It was paracetamols I don't know random pills."</p> <p>"From what I remember on the day that I actually took the tablets was after I had an altercation with my mom. After the</p>

	<p>altercation, I felt I was tired of everything that is when I took the pills.”</p> <p>Participant 4: (Referring to suicide attempts) “There are so many incidents aye I had way more than like five.”</p> <p>“So I decided hey weed, then I did weed, and I was high, and I was like okay now it is time to kill yourself because this was the most major one out of all the attempts. I decided jik, so jik is a corrosive base it will burn you from the inside if you don’t die from the shock you will die from the melting of your organs. So I drank jik, but I took sips because I could not drink all of it because it is shit. It was really burning my mouth. But then I spit it out after two sips, and I ended up vomiting and then I drank some milk because milk is a neutralizer for it. Then I went outside I got a lighter right? Thoughts... then I went and lit a door, a door by my room I lit it I was like okay I will die of suffocation and my body will just burn inside the house. I just ended up burning the house down.”</p> <p>“I am not scared of dying I am scared of how I am going to die. As long as it is not painful.”</p> <p>“The sole reason I wanted to die was to traumatize people, to show people it was their fault that I died. To traumatize them - that is what I wanted to do.”</p> <p>“I don’t remember all the reasons why I tried to commit suicide, all I know is that it always has something to do with thinking about wow I feel alone, I feel alone, alone, alone. Mainly anytime I wanted to die was because I felt alone and that people sucked, and life sucked I felt I hated people, I don’t want to live, I don’t want to be here. Who said I had to be born.”</p> <p>Participant 5: “Many times. Where I live everything is accessible, so I was saving up my lunch money because we get R5 every day. So on one Friday, I decided to go buy a small poison by the shops and then I kept it with me, I kept it with me the whole weekend.”</p> <p>“I wanted to drink it, but I think I have always been scared of death, what if I am not really dead? Cause one thing I am scared is, that I am scared, I have claustrophobia I don’t like small spaces. What if I they think I am dead and I am not and I am stuck in a coffin or get buried alive? I do want to die but I am so scared of death.”</p> <p>(The participant’s mother to the participant) “If you want to kill yourself just kill yourself. I am not going to beg you to stay. If you feel like you cannot stand me pack your things and get out of my house or kill yourself. Because I have other kids you are not my only child, I am not going to be worried about you. You are not the first and definitely not going to be the last so kill yourself.”</p> <p>Participant 6: “I was depressed, and I was sad actually because the definition of depression is just beyond that. I was</p>
--	---

	<p><i>so upset about the things that happened in the past and it just kept on coming back to me.”</i></p> <p><i>“It went overboard because a month ago I went to hospital because I overdosed. I drink a whole container of Panado. I was tired of school, I was tired of trying, I had just given up.”</i></p> <p><i>“No it the second time, the first time I did not go to hospital I just overdosed a few pills and went to school.”</i></p> <p><i>“Those thoughts just every time they keep coming back like in some moments if I have a bad grade or something happens and I am just feeling so sad, it just keeps on coming back.”</i></p> <p><i>“I feel like I am a slow learner and I just wanted to be like other people.”</i></p>
--	---

Participant 1: The participant stated that he has made a solitary attempt at suicide. The participant reported experiencing familial difficulties on a particular morning during the weekend. The participant determined that he had reached a threshold and ingested an excessive amount of allergex, which he called analgesic medication. The participant told his parents of his overdose, prompting them to transport him to an emergency care facility. Following the incident, the participant was admitted to a rehabilitation centre. He stated that at the rehabilitation facility, he saw many individuals who were in a more unfavourable state than him. According to the participant, he reported being prescribed medication; however, he discontinued its use due to its perceived lack of efficacy.

Participant 2: The participant said she was experiencing cognitive overload and finding it challenging to concentrate, which was negatively affecting her performance. As per the participant, she has access to friends with whom she could actively engage in conversation during challenging circumstances. However, she faced difficulties in effectively articulating her emotions, leading her to internalise her feelings. The participant expressed her tendency to disregard her emotions or alleviate them through sleep. She expressed that even in her relationships with peers with whom she maintained a strong emotional bond, she encountered difficulties in openly discussing matters that caused her distress. The researcher asked about her stress and anxiety levels, to which she affirmed that she consistently harboured concerns regarding her academic responsibilities and familial matters.

On August 9, 2020, the participant's sibling succumbed to an asthma attack within her family home. According to the participant, she was at home with her friend and sibling at the time of the occurrence. The participant's sibling entered the room by forcefully kicking open the door, expressing difficulty breathing. According to the participant, she and her sibling swiftly went on to the kitchen area, where they tried to locate her brother's asthma inhaler, but without success. Her brother experienced a sudden loss of consciousness and convulsive movements, indicative of a seizure, causing his collapse onto the floor. The participant expressed a state of immobilisation and a lack of knowledge regarding the proper course of action. Her sibling had died. Following the death of her sibling, the participant expressed an inability to go to school for three months. Additionally, she experienced confinement within her living quarters and harboured apprehension towards entering the kitchen, the location of her brother's passing. The participant's mother held her daughter solely responsible for the death of her son, asserting that had the daughter not had a friend over, they could have concentrated and prevented the tragic death of her sibling.

After conducting a further inquiry into her personal experiences regarding suicidal ideation, she affirmed that she had only experienced a singular episode of such thoughts within the previous year. During an intense argument with her mother, the latter expressed her desire for the participant to be abducted and killed. That evening, she expressed her plea to the divine entity, beseeching God to terminate her existence, as she found herself overwhelmed by fear and unable to undertake such an action on her own. The participant additionally verified that her mother instructed her to prepare her belongings and vacate their home. According to the participant, she sought help from her educational institution.

Uhm, she basically told me that I should pack my things and leave, and she blames it on my friend and I, that if I was not with my friend, he would have still been alive because I would have been more focused. It doesn't make sense.

When questioned about prospective contemplation of suicide, she expressed apprehension towards engaging in suicidal behaviour due to their uncertainty in the post-mortem state. Additionally, she affirmed her determination to meet her goals rather than succumbing to mortality. According to the participant, she had undergone a form of counselling that was facilitated by the school after the sudden death of her siblings. However, she noted that her friend who was present during her brother's incident also participated in the counselling sessions. Most of the conversation was initiated by her friend, while she expressed her emotional distress, suggesting her inability to confide in others during that period:

It was with me and my friend because she also went through that whole thing because I am not used to talking about how I feel she did most of the talking. I would just sit there and agree and agree.

Participant 3: When asked about the participant's mental health disorders, she confirmed that she had been diagnosed with depression and anxiety. The participant reported receiving medication, which resulted in a numbing effect, causing her to experience a diminished range of emotions, including a reduced sense of profound sadness and intense happiness. The participant experienced a lack of emotional response. The participant confirmed her engagement with mental health professionals, namely a psychologist and psychiatrist, during her stay at a psychiatric hospital. This admission occurred after her suicide attempt and lasted for 21 days. When queried about her suicide

attempt, she responded by revealing that she had ingested an excessive amount of paracetamol and various indiscriminate tablets accessible within her home.

The participant expressed a limited ability to recall the events that happened on that particular day. The participant recalled that she ingested the tablets, experienced somnolence, and abstained from attending school for several days. The participant's mother sought the help of a general practitioner, who referred the participant to a psychiatric hospital. Furthermore, she said that the psychiatric hospital was a good experience for her mental health and that the classes they provided were helpful. Additionally, she established social connections within the clinic setting and expressed a newfound sense of camaraderie with individuals facing similar challenges. The participant expressed that during her time at the psychiatric hospital, she encountered no contemplation of self-harm, and she acknowledged the gravity of her actions. The participant experienced a heightened sense of perceptiveness regarding the potential outcomes resulting from her behaviour.

After questioning the participant regarding the day of her overdose, she expressed recollection of engaging in a conflict with her mother, although unable to recall the specific subject matter of the altercation. The participant experienced a sense of fatigue and ingested the tablets. The participant stated that consuming the tablets was an impulsive choice; however, she was experiencing depressive symptoms before the occurrence. The participant experienced the unfortunate loss of her grandfather while concurrently grappling with the dissolution of a romantic partnership. The participant expressed a sentiment of lacking support from her peers and feeling overwhelmed by academic responsibilities.

These circumstances culminated in her resolution to attempt suicide. The participant expressed a sense of existential despair, stating that she had lost her sense of purpose in life and no longer harboured any desires or aspirations. Her suicide attempt took place about three months before

the interview. She perceived a lack of parental support during the period of her grandfather's death. The participant expressed that was her first encounter with mortality, and her parents conveyed that such occurrences are commonplace and should not cause excessive distress.

Following the consultation with the psychiatrist at a psychiatric hospital, the participant was prescribed medication. The participant expressed her apprehension regarding the medication's tendency to induce drowsiness, prompting her decision to stop using the antidepressants. She stated that they were compelled to ingest sleep-inducing medication during the night-time, resulting in daytime drowsiness. After concluding the interview, the researcher asked if she still would entertain the possibility of self-harm. In response, she conveyed her inability to provide a definitive response. The participant acknowledged that she lacked established coping mechanisms and was uncertain about navigating potential future tragedies or episodes of depression.

Participant 4: The participant expressed that in September 2022, he had planned for his suicide to take place on a particular day. Following the discovery of his son's engagement in marijuana consumption, the father embarked on a journey to the Eastern Cape region. The participant, along with his older brother and sister, remained at their home. On the designated day, the participant's sister was occupied with work-related tasks while their brother went to a social gathering. The participant engaged in the consumption of cannabis and ingested a household cleaning product known as jik. The participant reported experiencing a sensation of burning and exhibited symptoms of vomiting. The participant ignited the door of his room to succumb to the toxic fumes. According to the participant, he stated that the intensity of the fire became excessively high, prompting him to evacuate through the window of his bedroom successfully. The individual ultimately destroyed the home through fire. He was admitted to a rehabilitation centre and was diagnosed with major depression and marijuana addiction.

Participant 5: The participant obtained a toxic substance from a retail establishment in the township (an urban area characterised by an African American population) deliberately to terminate her own life. Nevertheless, her fear stemmed from the possibility of surviving and enduring confinement within a coffin. The participant did not show fear towards death per se instead expressed apprehension towards being alive, while others mistakenly believed her to be deceased.

Participant 6: The participant confirmed that she experienced the onset of depressive symptoms due to academic underperformance and dissatisfaction with her romantic relationship. The participant acknowledged that she experienced symptoms of depression beginning in the seventh grade. The participant's mother observed her emotional distress and asked about her feelings. However, the participant expressed reluctance to be forthcoming and honest with her mother due to fear. The participant perceived being enrolled in a class with high academic achievement, which led to a heightened sense of embarrassment due to her subpar grades.

4.5.2 Theme 1: Sub-Theme 2: Type of Suicidal Behaviour

Sub-theme two pertains to the categorization of suicidal behaviour exhibited by the participants, specifically distinguishing between impulsive and premeditated forms of suicidal behaviour.

Many theoretical frameworks about suicidal behaviour have posited a clear correlation between impulsivity and self-harm. Impulsive individuals show a greater propensity for engaging in impulsive actions, which contributes to elevated levels of suicidal behaviour (Auerbach et al., 2017). Moreover, according to Joiner's theory (2005) there exists an indirect relationship wherein individuals with impulsive tendencies are more prone to engaging in suicidal behaviour due to the influence of impulsivity. Impulsive individuals are prone to a higher likelihood of encountering distressing and

provocative stimuli, and adolescents are susceptible to engaging in risky and impulsive behaviours due to a range of biological and developmental factors. Emotion-relevant impulsivity, characterised by a lack of control over reactions in response to emotions, has been identified as a robust indicator of problem behaviours and suicidal tendencies (Auerbach et al., 2017).

Based on the interview excerpts, 50 per cent of the participants acknowledged that their suicide attempts were characterised by impulsivity and did not end their lives. 34 Per cent of the participants confirmed that their suicidal attempts were premeditated, suggesting that they had engaged in past planning or contemplation of such actions over an extended period.

Table 4

The Participant's Experience with Suicidal Ideation: Type of Suicidal Behaviour

Theme 1: The Participant's Experience with Suicidal Ideation		
Sub-Theme 1.2	Category	Excerpts from the interviews
Type of suicidal behaviour	Premeditated or impulsive suicidal behaviour	<p>Participant 1: <i>"The suicide attempt was impulsive."</i></p> <p>Participant 3: <i>"Taking the tablets were impulsive, I just lost purpose of living, I just didn't want anything anymore."</i></p> <p>Participant 4: <i>"So, I planned this day. After they had caught me for smoking weed, they decided to go to the Eastern Cape."</i> <i>"Jaa when it comes to suicide when I thought about killing myself, I always thought of a plan, I even had a suicide letter, when it comes to the slitting of wrists, I had suicide letters planned out for specific people, family some of my friends and yeah."</i></p> <p>Participant 5: <i>"I think when I took action it was something that was always in the back of mind. Cause before the incident where she hit me there were many before that, where I felt like one of us have to go. Because I cannot deal with you. I cannot stand you. I am afraid of death maybe you are the one that is supposed to go."</i> <i>"I remember I would sit outside and wait for a shooting star just to wish death on her. That is how much I hated her. I would sit outside for 5 hours waiting for a shooting star."</i></p> <p>Participant 6: <i>"I just went straight ahead."</i> <i>"I don't want to feel the pain I have right now, it is just hurting me a lot."</i></p>

Participant 1: The participant claimed that before the first incident of attempted suicide, he had not entertained thoughts of self-harm. According to the participant, the act of suicide was primarily impulsive, lacking extensive premeditation or prolonged contemplation.

Participant 3: The participant stated that consuming the tablets was an impulsive choice; however, it is worth noting that she had been experiencing depressive symptoms before the occurrence.

Participant 4: The participant had meticulously strategized each of his suicide endeavours and had not engaged in impulsive acts of self-harm.

Participant 5: The participant acknowledged her contemplation of suicide on multiple occasions, emphasising these thoughts were not impulsive but premeditated. The individual engaged in devising a plan for self-inflicted mortality and experienced persistent suicidal ideation over an extended period.

Participant 6: The participant affirmed she had not engaged in any premeditation or deliberation regarding her suicide attempt. She stated that her decision to consume the tablets in excess was impulsive. According to the participant, depressive episodes were infrequent and typically accompanied by concurrent ideation of self-harm. The participant affirmed her ongoing contemplation of suicide.

4.5.3 Theme 1: Sub-Theme 3: Self-Harm

Sub-theme three pertains to the involvement of suicidal adolescents in self-harming behaviours. According to the existing body of literature, self-harm is a subject of remarkable concern within the population of children and adolescents.

Significant variables contributing to self-harm and suicide encompass genetic susceptibility and many psychiatric, psychological, familial, social, and cultural elements (Hawton et al., 2012). The start of self-harm behaviours often manifests during the period between 12 and 14 years of age, with an increase in prevalence seen during middle adolescence. The suicide attempt can be seen as an expression of a deep desire for connection, particularly among adolescents. However, it is important to note that individuals do not engage in self-harm to cause harm to themselves but rather to convey their profound desperation or to teach a lesson to those around them (Shilubane et al., 2015). The correlation between self-harm and exposure to adverse life events is a significant determinant. The methods of self-injury exhibit a diverse range, encompassing various actions such as self-cutting, jumping from elevated surfaces, and self-battery. However, self-cutting is widely recognised as the prevailing form of self-harm among adolescents (Hawton et al., 2012). A remarkable proportion of adolescents who engage in self-harming behaviours do not seek help before engaging in such behaviours. The majority of individuals who partake in self-harming behaviours refrain from seeking medical assistance, indicating that this practice remains hidden. Adolescents have expressed concerns regarding confidentiality and stigma as significant obstacles that hinder their willingness to seek help for suicidal ideation (Hawton et al., 2012).

According to the interview excerpts 50% of the participants acknowledged their involvement in self-harming behaviour, specifically through the act of cutting. This aligns with the literature, which asserts that self-cutting is the predominant method of self-harm among adolescents. None of

the participants sought any form of help before engaging in self-harm through the act of cutting. All the participants who partook in self-cutting behaviour experienced adverse life events. This aligns with existing evidence that asserts that unpleasant life circumstances play a substantial role in self-harm.

Table 5

The Participant's Experience with Suicidal Ideation: Self-Harm

Theme 1: The Participant's Experience with Suicidal Ideation		
Sub-Theme 1.3	Category	Excerpts from the interviews
Self-Harm	The participant's engagement in self-harm, i.e. cutting/burning etc.	<p>Participant 3: <i>"There was a time at school where I felt so overwhelmed by everything that I cut myself with a scissor; then my business teacher saw the cuts, and she brought me Mr B, and that is when I started talking to him about everything."</i></p> <p><i>"It does; cutting just helped me release the emotional pain that I was experiencing; I just felt better after I cut myself."</i></p> <p>Participant 4: <i>"I slit my wrists, this was in like Grade 7 (showing his wrists to me), it was also in late Grade 7, this was like Grade 7 going to Grade 8 when it was December holidays, this was last year, this was last year these three 1,2,3, were on the same day and here I stabbed myself going after the vein aaaaand I just burned myself." (showing all of the scars on his arms).</i></p> <p><i>"Ja, those were the T & E's and the A's, those were the emotional pains (referring to letters he cut into his arms). Ja, these were emotional pains, like I cried before I decided to cut myself."</i></p> <p>Participant 6: <i>"I cut myself. I started doing it this year. My blade was taken away. I cannot use a scissor. I use the little sharpener blades. And then my mom caught me, and she took them away and flushed them down the toilet."</i></p> <p><i>"I felt relieved; it was a little bit painful, but I didn't care. I continued cutting. Then I got obsessed and didn't care what people said, and I just cut in front of them."</i></p>

Participant 3: The participant verified that after an argument with her acquaintances, she experienced such a profound sense of distress that she resorted to self-inflicted laceration using a pair of scissors within the educational institution's lavatory. One educator saw the incident and initiated

an exchange with the participant to discuss the incident. The participant acknowledged that she had engaged in self-harming behaviour since the eighth grade and disclosed that her parents were cognizant of this fact. The participant reported that her most recent self-harm incident occurred in February 2023. She attributed this behaviour to various factors, experiencing difficulties within her social circle and being emotionally drained by her former romantic partner before their breakup. The participant said the actions of others had a detrimental impact on her mental well-being. Additionally, she revealed that engaging in self-harm temporarily alleviated the emotional distress she experienced, resulting in an improved emotional state.

Participant 4: The participant acknowledged a self-harm habit. The individual exhibited around seven prominent scars on his arms, in addition to having sustained burn injuries. He acknowledged his engagement in self-harming behaviours as a response to emotional distress.

Participant 6: The participant verified that she self-harmed by cutting her arms. The participant started self-inflicted lacerations as a coping mechanism in response to experiencing feelings of sadness and anger. *“I started when I felt so distressed and sad and angry, sort of like in mixed feelings, thinking about the past and what happened, and this year was stressing me out.”*

4.6 Theme 2: Bullying and Victimization

Theme two centres around bullying and victimisation, encompassing two sub-themes. The initial sub-theme covers the phenomenon of bullying, while the following sub-theme centres around victimisation. This sub-theme delves into the ramifications of bullying on adolescents who experience suicidal ideation.

4.6.1 Theme 2: Sub-Theme 1: The Influence of Bullying on the Participant

According to the literature, bullying is a substantial public health concern due to its widespread occurrence and detrimental effects. According to research findings, some have observed that children in the middle school age group show a higher propensity for engaging in bullying behaviour compared to their counterparts in high school (Hertz & Donato, 2013). Verbal bullying is more common than physical or cyberbullying and tends to last longer, often spanning a year or more rather than just a few months (Hertz & Donato, 2013). Among all parties (bully victims, bully-perpetrators, and victims), increased mental discomfort (feelings of sadness, hopelessness, anxiety, tension, or pressure) and a history of self-harm during the previous year increased the risk for suicide (Hertz & Donato, 2013).

According to the interview excerpts, all six participants acknowledged that they experienced instances of bullying either during their primary school or high school years. 34 Per cent of the participants experienced victimisation rather than bullying, as the perpetrators were the same age as the victims. The participants still exhibited a lack of comprehension regarding the distinction between bullying and victimisation. According to existing literature, a greater proportion of the participants reported experiencing bullying during primary school compared to high school. Additionally, some observed that the participants experienced a higher frequency of verbal bullying compared to instances of physical or cyberbullying, which aligns with extant literature. Each participant in this study reported experiencing various negative emotions such as sadness, unhappiness, discomfort, or anxiety because of the bullying they endured.

Table 6

Bullying and Victimisation: Bullying

Theme 2: Bullying and Victimization		
Sub-Theme 1.1	Category	Excerpts from the interviews
Bullying	The influence of bullying on the participant	<p>Participant 2: “In primary ja, I was bullied. My first year in primary school, I was in grade 4. But my mom handled that. I had very short hair, and I had a car accident when I was younger and I had like a chipped tooth that was very sensitive to me, so everybody was like talking about it and coming into my face and telling me about it and I just, I am a very sensitive person and it got to me like very badly.”</p> <p>Participant 3: “I was bullied in primary school, it was more emotional because in primary I was bullied more for my skin colour because I was too dark, I was bullied because uhm, there were two primary friends I had that were more attractive or just stuff like that. I was pointed out to be ugly by people, I was skinny and all of that. All of those issues really contributed to my mental health like growing up, and my self-esteem was very low.”</p> <p>Participant 4: “Primary school, more emotional bullying, at some time, the bully did want to get physical. At some point I did fight the bully, I won, I have never lost a fight.” “People only laughed at me, the only time it stopped when was when the bully left the school. He was my peer until I failed, he moved on.”</p> <p>Participant 5: “There was this boy, his name was William, and he was a bully. He was in Grade 5, and I was in Grade 2. He was a big man, and he used to take people’s lunch, and he took my lunch as well. And I told my cousins, and they said we are not going to come to school and fight him for you, we are going to teach you how to fight.”</p>

Participant 2: The participant said during her time in primary school, she experienced bullying perpetrated by older peers due to her short hairstyle and a chipped tooth. The participant expressed her heightened sensitivity and conveyed that the remarks made by the older children were profoundly distressing. However, she confirmed that her biological mother intervened and successfully resolved bullying at school.

Participant 3: When queried about bullying, she affirmed that she experienced bullying during her time in primary school, specifically from older female students, because of her darker skin complexion. According to the participant, she expressed that her acquaintances had aesthetic appeal, while she perceived herself as unattractive. Additionally, she mentioned that students within the

educational institution made remarks about her slender physique and lack of physical attractiveness. According to the participant, the experience of being bullied hurt her self-esteem, leading to a persistent sense of inadequacy in terms of her perceived physical attractiveness.

Participant 5: The participant experienced bullying during her time in primary school. The perpetrator would confiscate the victim's lunch. The participant was instructed in fighting strategies from her cousins, using these skills by striking the bully in response to his attempt to confiscate her meal. As a result, the boy stopped his bullying behaviour towards her.

4.6.2 Theme 2: Sub Theme 2: Victimisation

This subtheme explores the effects of victimisation on adolescents who experience suicidal ideation. Based on the extant corpus of scholarly literature, peer victimisation, also known as peer aggression, includes aggressive attacks perpetrated by individuals within one's peer group (Peng et al., 2020). Based on the interpersonal theory of suicide proposed by Joiner (2005) interpersonal challenges, such as peer victimisation, serve as precipitating factors that elevate the likelihood of suicidal tendencies. The experience of being subjected to hostility and aggression from peers can result in individuals experiencing feelings of rejection or alienation. The absence of crucial social networks can result in significant distress, potentially heightening the likelihood of suicidal behaviour (Peng et al., 2020).

Thirty-four per cent of the participants experienced victimisation from their peers. The phenomenon of victimisation aligns with existing scholarly literature, which suggests that individuals who face hostility and aggression from their peers may encounter emotions of rejection or alienation. Both participants expressed a sense of alienation from their peers, perceiving that they were met with opposition or faced indifference in their social interactions.

Table 7*Bullying and Victimization: Victimization*

Theme 2: Bullying and Victimization		
Sub-Theme 1.2	Category	Excerpts from the interviews
Victimization	The influence of victimisation on the participant	<p>Participant 1: <i>“I was bullied, but then I also started fights.”</i> <i>“Calling me names. In Grade 8, it was okay, my friend, but then in Grade 9, he switched up. I was the person that was good to him.”</i> <i>“It was kind of like everyone was against me.”</i></p> <p>Participant 6: <i>“This year and last year. I made a joke about being on drugs, and the class took it too literal, and then I started going home early, and I blamed myself because it was my fault to say that in the first place.”</i> <i>“They stopped when the teachers figured out, they were busy talking about me.”</i> <i>“It felt like no one really wanted to be with me, or they were just acting like backstabbers.”</i></p>

Participant 1: In the eighth grade, the participant reported experiencing instances of peer victimisation, which the participant referred to as bullying. The participant established a friendship with a fellow student; however, the nature of their relationship deteriorated. According to the participant, he was subjected to derogatory remarks for one year. Additionally, he experienced a pervasive sense of opposition from others. Physical altercations ensued between the participant and his classmate, resulting in disciplinary action being taken by the school administration. In the ninth grade, the bullying stopped, and the participant reported adopting a strategy of ignoring the perpetrator. The participant expressed a lack of understanding regarding the origins of the bullying.

Participant 6: The participant perceived that individuals were engaging in discussions about her and participating in derisive behaviour due to their perceived inadequacy in English ability. The participant experienced ridicule from her peers at school due to their alleged romantic interest in someone, a claim she vehemently denied. Seeking guidance, she confided in her mother, who advised her to disengage from the children, a suggestion that proved unhelpful in alleviating her distress.

4.7 Theme 3: Alcohol and Substance Abuse

The third theme's focus revolves around alcohol and substance abuse, including two sub-themes: the participant's engagement in alcohol and substance abuse, as well as instances of alcohol and substance abuse involving family members or friends.

4.7.1 Theme 3: Sub-Theme 1: Alcohol and Substance Abuse

The next subtheme explores the impact of alcohol and substance abuse on an adolescent experiencing suicidal ideation. Extant literature has shown that chronic consumption of alcohol is associated with the development of depression by elevating the likelihood of engaging in suicidal behaviours (Youssef et al., 2016). The idea of alcohol myopia posits that the consumption of alcohol in the short-term limits one's ability to focus attention on stimuli that are not immediately salient (Youssef et al., 2016). This may impede the ability to inhibit certain impulses. Intoxication-induced disinhibition can potentially enhance the emergence of suicidal ideation and elevate the probability of impulsive translation of such thoughts into actual suicidal behaviour (Youssef et al., 2016).

Individuals between the ages of 15 and 24 show the highest prevalence of mood disorders and suicidal ideation throughout their lifespan. Additionally, this age group is the largest demographic of cannabis users globally, suggesting that adolescence is a critical stage characterised by increased susceptibility to the co-occurrence of mental health disorders and substance abuse issues (Bolanis et al., 2020). There exists an association between cannabis use during adolescence and depression and suicidal ideation (Bolanis et al., 2020). Furthermore, the consumption of cannabis is associated with an increased prevalence of depressive disorders, particularly among individuals who use the substance every week (Carvalho et al., 2022).

Among the six participants, only one individual acknowledged regular alcohol consumption. Nevertheless, he employed alcohol as a medium for blending it with codeine syrup, to which he had developed a dependency. The remaining participants collectively reported consuming alcohol on only one or two occasions. Three of the six individuals (50%) were already 18 years old and eligible to consume alcohol. Hence, the researcher contends that the individuals did not show a desire to conceal their increased frequency of alcohol consumption.

Fifty percent of the participants acknowledged their engagement in drug consumption for over six months. One participant showed an addiction to codeine, while another participant showed an addiction to marijuana. Additionally, one participant used marijuana and a variety of tablets and medications, often lacking knowledge of their specific names.

Table 8

Alcohol and Substance Abuse: The Influence of Alcohol and Substance Abuse on the Participant

Theme 3: Alcohol and Substance Abuse		
Sub-Theme 1.1	Category	Excerpts from the interviews
Alcohol and substance abuse	The influence of alcohol and substance abuse	<p>Participant 1: “Any alcohol, codeine syrup. I done it like a couple of times. Made me feel kind of sleepy. At the end of the day, it is just a substance.”</p> <p>“It was probably months like five or six that I took it. You mix the codeine with alcohol. I was micro-dosing.”</p> <p>“There is wine in the cabinet, but they are good (referring to his parent’s alcohol use).”</p> <p>“Yes, they do drink alcohol, and they do marijuana (referring to his friend’s alcohol and substance abuse).”</p> <p>Participant 2: “Yes, when we go out, we have like a glass or two or special occasions, but only this year when I turned 18.”</p> <p>Participant 3: “In December last year, I just chugged down a lot of alcohol because I just wanted to escape from, I just wanted to forget.”</p> <p>Participant 4: “Marijuana and ganja JA! I plan on that getting high. Space cakes and stuff like that. I eat an animal, go home, eyes are red, and they ask me why my eyes are red, and I know</p>

	<p><i>they are not gonna take this thing of I am tired, no! Because they, they found out at one time.”</i></p> <p><i>“When I was depressed, yes, sure, I was trying to feel better, and yeah, I remember especially I remember the days when I used to smoke Marijuana just to get high just because I didn’t feel good and I thought about it, and I was like Joh I used to smoke because I was in pain because even when I got the relief I just sat and thought wow it is all gone! I don’t think of all this pain.”</i></p> <p><i>“I don’t know why anyone would drink alcohol. It is disgusting.”</i></p> <p><i>“He recently stopped after such a long time (referring to his father’s alcohol consumption). I am actually shocked! He used to be like addicted to alcohol like an alcoholic. He has been clean this whole year.”</i></p> <p><i>“Most people that I know are jingers, some don’t like either of those or most are stoners.”</i></p> <p>Participant 5: <i>“So I think I was in Grade 9 when I started doing drugs and I was just severely depressed, and I am like I didn’t believe in this God thing, and I am like listen this man aint God if you were really here you would have helped me somehow. So I never really believed in it when I was younger.”</i></p> <p><i>“So when I was introduced to Marijuana, Milant and certain other drugs I found them very comforting as well. So when I took this pill, I felt much comfort and lighter.”</i></p> <p><i>“As time goes by, they are not helping me more. You go from taking one pill to five. And then from five to taking ten. The more you take the pill you feel like the effect is less so every time you take the pill you take like one extra to make the effect more. It went up to me taking six pills every day. And I did not want to die. The higher you go the more risk you have of dying.”</i></p>
--	---

Participant 1: Upon questioning the participant regarding his patterns of alcohol and substance consumption, the participant acknowledged engaging in a practise of combining cough syrup containing codeine with alcoholic beverages for almost six months. According to the participant, the observed effect of the substance was limited to inducing drowsiness without offering substantial resolution to his issues. The participant showed reluctance to explain the habit, merely stating that he had stopped engaging in it. He acknowledged that his friends engaged in habitual alcohol consumption and marijuana use.

Participant 2: When questioned about alcohol and substance abuse, the participant affirmed consumption of alcohol, exclusively on special occasions or during social outings with her friends. She asserted that her parents, too, consumed alcohol only during social gatherings. The participant and her family and friends did not engage in substance abuse.

Participant 3: When questioned regarding substance and alcohol misuse, she acknowledged an occurrence that occurred in December 2022, during which she consumed a random assortment of alcohol in large quantities. This behaviour was motivated by her friend's assertion that consuming alcohol would result in emotional numbness. The participant verified that she had never engaged in the consumption of any substances, and the occurrence involving alcohol occurred on a single occasion.

Participant 4: The participant acknowledged engaging in regular marijuana use while expressing a strong aversion towards alcohol and abstaining from its consumption. According to his account, the participant's father had a long history of alcohol addiction but stopped drinking at the start of 2023. The two elder siblings partook in the consumption of alcohol, exclusively during social gatherings. According to the participant, his father's inebriation only resulted in nonsensical speech, with no discernible impact of his father's alcohol consumption on other parts of his life.

Participant 5: The participant engaged in substance abuse alongside a friend for two years. After accompanying her mother to the church, she experienced a sense of solace and reassurance. Furthermore, she discontinued her drug intake, whereas her friend faced difficulties in stopping drug usage. The individual experienced a strong sense of duty to help her friend overcome substance abuse.

Yet her friend showed an inability to stop consuming drugs. Even though the participant's friend continued to engage in drug use, she maintained their friendship.

4.8 Theme 4: Family and Friend's History of Suicidal Behaviour

The fourth thematic analysis explores the familial background of suicidal tendencies, encompassing one specific sub-theme centred on suicidal behaviour within the family unit.

4.8.1 Theme 4: Sub-Theme 1: Suicidal Behaviour within the Family and Friends

This sub-theme will examine the effects of familial suicidal behaviour on an adolescent experiencing suicidal ideation.

Based on scholarly literature, the presence of a familial background characterised by completed suicide is a noteworthy and influential determinant in the manifestation of suicidal tendencies (Rodante et al., 2016). According to estimates, those with a family history of suicide are three times likely to attempt suicide compared to those without such a family history, despite any underlying psychiatric conditions. Moreover, it has been seen that those who have been exposed to a family member's suicide attempt are more likely to show an elevated propensity for engaging in suicidal behaviour (Rodante et al., 2016). In a study by Swanson & Colman, (2013) he found a significant association between exposure to suicide and the likelihood of experiencing suicidality. Both forms of suicide exposure examined, namely the experience of a schoolmate's suicide and personal acquaintance with an individual who died by suicide, were significant predictors of suicidality (Swanson & Colman, 2016).

However, some observed that a schoolmate's suicide exerted a more pronounced impact. This could be attributed to the loss of a peer having a more significant impact on young individuals compared to losing an adult with whom they have a close relationship (Swanson & Colman, 2016).

According to Joiner (2005) increased exposure to certain behaviours, such as suicide attempts or completions, through social relationships can lead to greater acceptance and perceived feasibility of engaging in this behaviour. This heightened exposure may contribute to the erosion of innate barriers that people have against self-harm.

Thirty-four per cent of the participants reported having close acquaintances who experienced depression and made several suicide attempts. One of the participants' siblings attempted suicide by consuming methylated spirits. Determining with absolute certainty whether the participants' exposure to their sibling's suicide attempt could have potentially influenced his suicidal ideation posed challenges. Based on the interviews, the individuals expressed feelings of helplessness and fear over the potential suicidal tendencies of their acquaintances.

Table 9

Family History of Suicidal Behaviour: Suicidal Behaviour among Family and Friends

Theme 4: Family History of Suicidal Behaviour		
Sub-Theme 1.1	Category	Excerpts from the interviews
Suicidal behaviour among family and friends	Impact of suicidal behaviour in the family and friends of the participant	<p>Participant 1: <i>“I am not too sure because my sister almost died because of drinking spirits. But then the hospital came, the ambulance.”</i></p> <p>Participant 2: <i>(Referring to her friend) “She is very suicidal; every time she wants to do something, she would always call me, so we are there for each other, we both have similar family problems in a way.”</i></p> <p><i>“It scares me, that is one thing for sure, and sometimes I am not even there with her physically, so I am like, what if she does something and I am not there, and I am not able to do anything about it? it is gonna come back and mess me up so I think it is just a bad thing but it is also helpful to me cause every time I am able to talk to you and make you calm down it makes me feel better.”</i></p> <p>Participant 4: <i>“No one committed suicide, my uncle died in rehab because he got addicted to crystal meth. He also started off with weed.”</i></p>

		Participant 5: <i>“It is really hard because you are trying to help them. When it actually happens, you are going to feel more guilty than sad.”</i>
--	--	---

Participant 1: The participant said his sibling had received a diagnosis of depression, although he was uncertain about his own condition. His sister had tried to end her life by consuming mentholated spirits.

Participant 2: The participant expressed uncertainty about any instances of depression or suicidal ideation among individuals from their biological parents' lineage. The familial disapproval towards her aunt and the absence of contact with her biological parent's relatives have persisted since the deaths of both her biological parents. The participant's closest friend displayed suicidal inclinations, and she asserts that her friend was grappling with profound emotional distress. The participant expressed concern regarding her friend's suicidal ideation, acknowledging her lack of knowledge on how to effectively address the situation.

Participant 4: None of the participants' immediate family members have experienced death by suicide; however, the participant has many acquaintances who have tried to take their own lives.

Participant 5: The participant had an acquaintance who tried to engage in self-harm to end their own life. The participant experienced a sense of inadequacy in her efforts to help her friend. Furthermore, she experienced an overwhelming feeling of deficiency in responding to the inquiries of the parents regarding the underlying issues afflicting her friend. The participant expressed her intention to help the parents, although she acknowledged her limited knowledge regarding the underlying factors contributing to her friend's suicide attempts.

4.9 Theme 5: Social-Environmental Factors

The fifth theme looks at how social and environmental factors affect people. It has three sub-themes: the dynamics of relationships with parents, siblings, and peers; a history of physical, verbal, or emotional abuse; and the experience of losing a parent.

4.9.1 Theme 5: Sub-Theme 1: Relationships with Parents, Siblings, and Peers

This sub-theme will investigate the impact of interpersonal conflict within relationships involving parents, siblings, and/or peers on adolescents at risk of suicide.

Previous literature has identified several factors associated with suicide attempts in interpersonal relationships. These factors include conflict, perceived accusations of negative behaviour, inadequate social support, past family and peer suicide attempts, and poor living circumstances (Shilubane et al., 2015). The establishment of positive peer relationships is crucial for adolescents, as they contribute significantly to the social, emotional, and relational well-being of young individuals. Conversely, negative peer relationships have been linked to suicidal thoughts and attempts among adolescents (Shilubane et al., 2015).

Each of the six participants reported having disagreements and discord in their relationships, whether with their parents, friends, or romantic partners. This aligns with other scholarly research that suggests a correlation between negative peer interactions and the manifestation of suicidal ideation and suicide attempts. All participants acknowledged their inclination to partake in suicide behaviour due to the unfavourable interpersonal circumstances they encountered.

Table 10

Social-Environmental Factors: Relationship with Parents, Siblings, and Peers

Theme 5: Social-Environmental Factors

Sub-Theme 1.1	Category	Excerpts from the interviews
Relationships with parents, siblings, and peers	Influence of discord with parents, siblings, and peers on the participant	<p>Participant 1: “I talk like it depends, if the situation becomes, like, if it outbursts, ja, then people will come and talk to me.”</p> <p>“It is not that I am not close to him like if you had to tell me, would you rather spend a day with your father or mother. I would spend it with my mother.”</p> <p>“Because I was charging my phone, and he decides to unplug it cause I noticed he do that a lot to my mom and sister, but they keep quiet, and I just, and just decided I had enough, and he was like, you are wasting the electricity, and I am like how am I wasting electricity my phone is on 10%.”</p> <p>Participant 2: “Or sometimes I will get into a fight with my mom, and she always has, like, me and her are the same person basically, so how when I am angry, I would burst out and say things I don’t mean, but I turn it down a notch and for her it is different she goes all the way off. So the things that she says would replay in my mind every time.”</p> <p>Participant 3: (Referring to her mother) “I would say that she is a person that does not respect a person’s private space, she evades private space, uhm she is also wants things to be her way not caring about how it makes me as an individual feel. So she wants certain things to be done her way at her time, not caring about how it will affect me.”</p> <p>“My old friends once said to me that I was overwhelming them, it made them feel like I was a burden onto them, so ever since they made that comment, well, one of them made that comment, I could not open up to people anymore.”</p> <p>Participant 4: “I don’t want to be like any of my parents because it is not in the disrespectful sense it is just that they have the outlook on life, and how they run their life is not the way I want to do my life.”</p> <p>Referring to his father: “He will tell you, you are not going to do it again, his not going to ask you for input, he is not gonna talk to you, he is just gonna tell you are not doing it again. My way or no way. That’s it.”</p> <p>“I realised, I ended up seeing the similarities between my parents because they have the same thing, my way, or no way because you are living under my roof. So that is one of the things that motivate me to want to leave before matric.”</p> <p>“The way you respond to some things has a big impact on how your children will respond to you later on.”</p> <p>Participant 5: “Growing up I never liked my mom, I used to hate her so much, I am so sick of you and when I grow up, I promise you I am gonna go and never come back.”</p> <p>“Cause I fear that if I ever told anyone what was happening in my household, they would take me and my siblings away to a foster house. Because they would see the condition because this</p>

	<p><i>is not a place to raise kids. So I always felt like we will be taken away and I do not want to be separated from my siblings, so I kept quiet.”</i></p> <p>Participant 6: <i>“In reality he just doesn’t understand, and he is victimising himself and everyone was just fed-up with his nonsense, and we just had to give it up. I wanted to break up with him.”</i></p> <p><i>“The only time when he cares is when I am very upset and then he holds my hand and all of that. But in general I have given up on doing those things I just leave it.”</i></p>
--	---

Participant 1: When questioned about his preferred source of solace during moments of distress, he indicated a tendency to resort to viewing videos on the online platform known as YouTube via his mobile device. Nevertheless, he said that in the event of an emotional outburst, he would seek counsel from his acquaintances or rely on someone's perceptiveness to ask about his emotional state. The participant expressed having a strong emotional bond with his mother while facing significant challenges in his relationship with his father. Consequently, he could not consistently seek solace in his mother when confronted with difficulties, as she typically pertained to his father. The mother consistently aligned with the father's perspective, no matter the circumstances. The researcher asked about the nature of the disputes they engaged in with his parents. According to the participant, he relayed that his mother had committed to enrolling him in a different educational institution at the commencement of 2023. However, she reneged on this pledge. The participant expressed a lack of desire to go to the same educational institution as his sibling: ***“So I told my mom I am not going to the same school as my sister.”*** The researcher asked about the participant’s decision not to attend the same educational institution as his sister, given their established positive relationship. The participant responded by expressing a desire to enrol in a higher-quality educational institution.

The participant stated that his mother disparages the educational institution, yet paradoxically asserts that it suits him. The disagreements between the participant and his father revolved around the father's perception that the participant was engaging in covert mockery towards him. His father

perceived the son's behaviour as a form of ridicule. Additionally, the participant said his father would show anger towards minor occurrences, such as frequent charging of his phone, as his father perceived this behaviour as an unnecessary consumption of electricity.

Participant 2: Upon further questioning about familial matters, she conveyed that despite her parents' divorce, they engaged in frequent arguments, which she overheard. The situation caused her significant emotional anguish. The participant compared her personality to that of her mother noting that they share a similar disposition. However, while her mother escalates arguments to an extreme level, she prefers to disengage from such conflicts and avoid engaging in arguments altogether. The participant expressed concern regarding the veracity and potential realisation of statements made by her mother during the conflict. After further investigation, the participant stated that in a particular instance, she arrived home late from her educational institution and tried to establish communication with her maternal figure, only to discover that the telephone was inoperative. When she got home, her mother accused her of not being at school and said that she wished the participant had died instead of her son, which would have made her life a lot easier.

The participant acknowledged supportive friendships within the school environment, expressing the potential for open communication with her peers. However, she noted a tendency to suppress her emotions, assuming a passive role as a listener rather than sharing personal experiences with their friends.

Participant 3: When questioned about her preferred source of support during periods of distress, she expressed uncertainty about her choice. The participant has had distressing emotional episodes during her time at school, seeking solace by confiding in a teacher regarding her

circumstances. When asked about her interpersonal connections with her peers within the educational institution, she said the circumstances surrounding said relationships are intricate.

The participant asserted that she lacked a best friend and primarily maintained friendships with collectives of female acquaintances. The issue arose when she experienced a conflict with one of her acquaintances within the social circle, resulting in the entire group showing a collective shift in sentiment against her. According to the participant, in times of adversity, she expressed a reluctance to engage in conversations about her challenges with her friends, opting instead to maintain a solitary approach. Based on her narrative, she received feedback from a member of the group indicating that her demeanour was excessively intense, leading them to express a desire to terminate their friendship with her. This resulted in her experiencing difficulties establishing deeper connections with others. Moreover, there was significant conflict between the participant and her mother in the past, but the frequency of these disputes has diminished as she has matured.

The participant conveyed that her mother showed a lack of regard for her boundaries and expressed a desire for things to conform to her preferences, despite the emotional impact it had on her. She expressed that her maternal relationship during her formative years was not friendly, but she perceived her paternal relationship to be positive. Still, she would not seek their assistance in the event of facing any difficulties. According to the participant, she expressed an inability to communicate with her parents due to their lack of comprehension regarding her negative experiences at school or conflicts with her friends. They would advise her to alleviate her concerns regarding friendships, emphasising that these acquaintances will not have a lasting impact on her life. It is possible her parents would assert that there are situations in life more distressing than the emotional turmoil resulting from the loss or strain of interpersonal relationships.

As for her social circle, she expressed that after experiencing emotional distress within her friendship group, she endeavoured to establish connections with other female individuals. However, the participant expressed that establishing close friendships and integrating into the pre-existing social circle of the new group of girls proved challenging due to her re-established relationships. The participant often experienced a sense of personal inadequacy and perceived a lack of social acceptance from others. The participant explained that her acquaintances were all appointed as prefects, except herself, and she experienced emotional distress due to her friends' lack of concern for her feelings. In addition, she had a strong desire to reach the position of prefect; however, regrettably, she was unsuccessful in their pursuit. During the morning of her suicide attempt, she communicated with the group of girls and expressed remorse, specifically apologising for the decision she had made. According to the participant, her acquaintances tried to establish communication with her, but she had been admitted to a psychiatric hospital at that time. The participant reported experiencing difficulties in re-establishing connections with her friends after she departed from the hospital. Additionally, she expressed a sense of familiarity and adaptation to the clinic environment and its inhabitants.

Participant 4: The participant showed a preference for utilising quotations from external sources to respond to the questions presented to him. When queried about his interpersonal relationships with his peers, he responded, ***“Constantly expect disappointment from people, and you will never be truly disappointed.” “For every victor, there will always be a banished, for love breeds hate, and for the one you protect, you hurt another.”*** The participant faced challenges in establishing interpersonal connections with peers. The participant expressed a sentiment wherein he asserted that individuals consistently elicit disappointment, leading to a lack of trust in others. Despite harbouring a general lack of trust in individuals, the participant has made a conscious decision to embrace a positive outlook and cultivate affection for the essence of existence. The participant revealed that he

formed no friendships during his time in primary school and continues to lack companionship. Furthermore, the participant expressed his disillusionment and frustration with others. The participant confirmed a preference for solitude, citing a lack of affinity towards interpersonal interactions and experiencing a heightened sense of vitality and aliveness in moments of solitude. He only established positive relationships with individuals who shared a similar energetic resonance. The participant preferred intentionally provoking others, citing personal agency as the primary motivation. This behaviour is occasionally attributed to engaging in playful banter; however, the perception of the participant's behaviour varies among individuals.

The participant provided an account indicating that his overall familial relationship was satisfactory. The participant experienced a sense of not being the preferred child of his mother due to two older siblings and their mother's disclosure that his conception was unplanned. In addition, the participant's mother conveyed to him that his father had preferred his sister as his favourite offspring. Moreover, the participant conveyed his reluctance to seek support from his father in times of adversity. The participant consistently experienced fear towards his father, although not in an abusive manner. The father has a commanding presence and exerts significant influence. When engaging in conversation with him, it became clear that one is communicating with their paternal figure. He believes that his father should not only expect respect but also merit it. The participant had no intention of engaging in conflict with his father; however, he recognised the necessity of relying on his father for shelter and accommodation.

Participant 5: The participant experienced a challenging relationship with her mother.

I mean, it is there, we talk, we are okay, I think I've, I've forgiven her, and I have healed myself to that like I don't, if I was to blame her, I never liked her, I couldn't stand her, so I

just go into the house make food, clean, do what I am supposed to do and get out. But now I can sit next to her and watch television together, and that is progress.

When queried about her interpersonal connections with her acquaintances, the participant responded, ***“It is there, and we do talk quite often, and I see them every day, but I feel like they would not understand what I am going through.”***

Participant 6: The participant acknowledged her involvement in a romantic relationship that was experiencing difficulties. According to the participant, she expressed that her romantic partner showed disregard for her and when she sought companionship, she perceived a sense of rejection. She conveyed to her romantic partner that his comprehension was limited. The participant reported that her boyfriend made a statement regarding her elevated body temperature. The participant experienced emotional distress due to the actions of her boyfriend, leading her to feel incapable of managing the resultant anguish. According to their acquaintances, her romantic partner has been characterised as exhibiting a dual nature, displaying contrasting behaviours depending on the individuals in his vicinity.

4.9.2 Theme 5: Sub-Theme 2: History of Verbal, Emotional, and Physical Abuse

In this sub-theme, we will examine the effect of past evidence of physical or emotional abuse on adolescents who experience suicidal ideation. Verbal abuse and neglect are significant global public health issues. Abuse encompasses various manifestations of physical and emotional harm, sexual misconduct, neglect, commercial exploitation, or other forms of exploitation inflicted upon a child. These actions result in actual or potential detriment to the child's physical well-being, survival, cognitive growth, or personal integrity within the framework of a relationship characterised by

responsibility, trust, or power. Neglect is the failure of the primary carer to adequately fulfil a child's essential physical, psychological, or educational requirements and the failure to safeguard the child from potential harm (Chang et al., 2022).

The potential consequences of childhood maltreatment include elevated levels of generalised guilt and shame, which can contribute to developing depressive symptoms and suicide ideation among adolescents (Sekowski et al., 2020). Research has indicated that instances of childhood maltreatment, which encompasses both deliberate actions and neglectful behaviours by a caretaker that lead to physical, emotional, or psychological harm, or the potential for such harm, to a child, mainly when perpetrated by immediate family members, are associated with heightened levels of suicidal thoughts and actions (Sekowski et al., 2020).

Thirty-four per cent of the participants experienced emotional abuse, whereas fifty per cent of participants experienced both emotional and physical abuse. The participants affirmed experiencing a challenging relationship with one of their parents. Additionally, they recognised that these conflicts with their parents contributed to thoughts of self-harm. This aligns with research indicating that physical, emotional, or psychological harm inflicted upon a child, particularly by close family members, is linked to increased tendencies towards suicidal ideation and behaviours.

Table 11

Social-Environmental Factors: History of Emotional and Physical Abuse

Theme 5: Social-Environmental Factors		
Sub-Theme 1.2	Category	Excerpts from the interview
History of emotional and physical abuse	The influence of verbal, emotional,	<i>Participant 1: "He starts arguing with me, he starts arguing with me cause I was on the sofa, and I am looking at him like you can't say I must finish my assignment, then he punches me</i>

	<p>and physical abuse on the participant</p>	<p><i>at my leg, then I decided no I had enough, I put the laptop on the sofa, and I punched him in the chest.”</i></p> <p>Participant 2: <i>“I came home late, and she was mad, and she said things like, sometimes I wish it would have been you that died and not my brother. Or she will say things like uhm, I wish that you could have got raped and died, and I could have buried you, it would have made my life much easier.”</i></p> <p>Participant 3: <i>“There were times where I would get beaten in the morning before going to school, when I was in primary, my mom just used to resort to being physical like before talking, she just got mad.”</i></p> <p><i>“My dad would be the one that would stop my mom every time she was beating me.”</i></p> <p>Participant 4: <i>Referring to his mother: “It is the fact that you constantly just expect me to come out of nowhere and just apologize, but do you realize how you responded to me? Because I didn’t, I know that I did something wrong a few days ago, but then two days later, I might have been trying to irritate you, but I was not doing anything outwardly wrong like not outwardly wrong, but she was like, you are doing this wrong. No! I was not doing anything wrong. I might have been irritating you just cause you irritated me. I didn’t want to do what a what you told me but then she reacted, we reacted. I ended up having a red eye for like a week. One side of my face was red.”</i></p> <p><i>Referring to his father: “There is really rarely any fights between me and my father because like as I said I, I feel my father in the sense that I know my father is the type of man to actually try and attack me and I don’t wanna fight my father. I know I can fight my father, but I don’t want to fight my father.”</i></p> <p>Participant 5: <i>“Many times, it is always that I look back and I am when I am a parent I am definitely going to be a different parent because I don’t believe in hitting kids cause it is traumatic for them, maybe you can just pass it on, whatever but when it stays with them especially when it leaves them with physical scars, when I look in the mirror and I see this scar on my face I am like oh wait, this, this, this happened. When I take a bath and I see scars on my body I remember certain things. So scars remain and scars are a reminder of what happened to you.”</i></p> <p><i>“Mom had me when she was young, I think sometimes she does comment that she wish she never had me because I stopped a lot of things in her life, she was in matric, and she was applying to varsity, and she never went through with it. My dad was also not a good husband to her. Because she could not do what she wanted to do she blamed me.”</i></p> <p><i>“Me and my sisters used to sleep in the dining room because there was not much space at the time. So I was sleeping, and I did not feel anything and then she tied me up, she tied my legs</i></p>
--	--	---

	<p><i>and then she tied my hands and then she started hitting me, and it was very traumatic.” (Participant started crying).</i></p> <p><i>“It was very traumatic, and I remember my dad was there and I was screaming and shouting, and I couldn’t run, and I couldn’t move from being tied up. I was asking him to help me, and he did not move, he was lying in bed, and you cannot sleep when someone is screaming and shouting, and he just ignored everything, and she continued to hit me. And she hit me in the face I have a scar here, I thought I was going to die, I was so scared.”</i></p> <p><i>“It was very hard, and I was bleeding that night and I was so scared, and I am like I asked her to take me to the hospital because I am bleeding by my head and there is blood everywhere and she said no you are not going there.”</i></p>
--	---

Participant 1: According to the participant, he did not experience parental abuse. However, he recounted a specific incident wherein his father struck him on the leg, prompting him to retaliate by punching his father in the chest. The participant expressed a lack of trust in his father due to the father's act of dishonesty, wherein he falsely informed the school that he was a victim of physical abuse inflicted by his child.

That is when the childish part comes, then he starts calling the school saying that I hit him trying to make it seem like he is the victim he saying he hit me in the chest now I am at the hospital comes to find out he was not even at the hospital he was lying at the school.

Participant 3: The participant confirmed that her mother used to administer physical discipline to her until she reached the eighth grade. According to the participant, she said that her father often intervened to prevent her mother from causing harm to her. Additionally, she substantiated a few instances of physical assaults after the eighth grade, although they constitute a minority of cases. No other form of domestic violence was present in the household. The participant asserted that her mother showed a lack of communication skills and would engage in destructive behaviour when experiencing anger. The mother had a proclivity for becoming irate over matters she considered inappropriate for a maternal figure to express anger towards.

Participant 4: The participant acknowledged instances in which his mother would inflict physical harm upon him. However, he said he harboured significant fear towards his father, which deterred him from actively seeking confrontation. Still, his father had administered corporal punishments to him in the past and continued to do so. He characterises the concealment as highly painful. The participant, however, did not recognise that the corporal punishment he was experiencing from his father was abusive behaviour.

Participant 5: The participant's mother physically abused her in several instances. Despite being aware of the abuse, the father's frequent work-related absences resulted in his failure to take any action to address the abusive situation.

Yes, he knew he would come back, and I would be the first to tell him, you know, when you were away, this has happened, and I have this to show for it because if I just tell him, he is going to take it as aaah just your mom giving you a hiding but if it is so deep that I am getting scars and I need stitches it is more than that.

The mother held the belief that physically disciplining children was not morally or ethically objectionable. The mother, too, was raised in a household where she acknowledged experiencing physical beatings from her parents. She held the belief that inflicting physical abuse on children and causing them to bear scars was morally justifiable. ***“She thinks it is a normal thing; when a child is naughty, hit her, hit her and give her scars to remind her.”***

4.9.3 Theme 5: Sub-Theme 3: The Early Loss of a Parent

The next subtheme will centre on the impact of premature parental loss on adolescents who exhibit suicidal tendencies.

Research has provided evidence of an elevated susceptibility to substance use disorder and suicide-related behaviour in bereaved children for an extended period following the loss of a parent (Hyoshi et al., 2022). According to a recent meta-analysis, parental suicide was linked with a twofold increase in the likelihood of suicide attempts and a threefold increase in the likelihood of completed suicide among individuals who have experienced the loss of a parent (Hyoshi et al., 2022). Adolescents may show acute responses to traumatic experiences, such as the death of a parent and anniversaries, due to their less developed cognitive and social capacities compared to adults. Consequently, they may encounter challenges regulating impulsive reactions (Hyoshi et al., 2022).

None of the participants' parents had succumbed to suicide. A sole participant experienced the loss of both her parents during her early childhood. Consequently, she was compelled to live with their maternal aunt, who subjected her to emotional abuse. However, it was not possible to establish a direct correlation between the participant's suicidal attempts and the occurrence of losing both of her parents. The verbal abuse that the aunt inflicted had an impact on the participant's suicidal thoughts and attempts.

Table 12

Social-Environmental Factors: Early Loss of a Parent

Theme 5: Social-Environmental Factors		
Sub-Theme 1.3	Category	Excerpts from the interview
Early loss of a parent	The influence of the early loss of a parent on the participant	<i>Participant 2: “They are both not my parents because my parents died when I was very young. My dad died when I was in creche, and my mom died when I was in Grade 3, so I moved in with my mom’s sister, but she is my mom now. “At that point, I was young, so I did not really understand anything, but the older I got, I just wished that I had more time with them. It just kept eating in mind that if my mom was here, how would everything been them?”</i>

Participant 2: Both participant's biological parents had passed away. The participant experienced the loss of her father during her preschool years, followed by the loss of her mother in Grade three.

4.10 Theme 6: COVID-19 Pandemic

Theme six explores the COVID-19 pandemic, focusing on one sub-theme: the COVID-19 pandemic.

4.10.1 Theme 6: Sub-Theme 1: Occurrence of the COVID-19 Pandemic

The final sub-theme will centre on the effect of the COVID-19 pandemic on adolescents showing suicidal ideation.

As per the literature review, extensive research has provided substantial evidence regarding the detrimental effects of the COVID-19 pandemic on the physical and mental health and overall well-being of children and adolescents (Liu et al., 2023). Because suicide is a prominent cause of mortality among children and adolescents, it is plausible that the COVID-19 pandemic could introduce more stressors to this demographic, thus increasing their susceptibility to suicidal thoughts and actions (Liu et al., 2023). The pandemic could have negatively affected the mental well-being of children and adolescents due to various factors. These include transmitting stress from other family members, alterations in parent-child relationships, and disruptions in social support systems. These circumstances can potentially contribute to the emergence of suicidal thoughts and attempts (Liu et al., 2023).

During the COVID-19 lockdown phase, most participants, specifically 66 per cent faced difficulties. The individuals verified experiencing a sense of isolation and expressed a longing for

social interaction with their friends. Moreover, it became progressively challenging for two individuals who encountered physical maltreatment from one of their parents to endure the confinement of being constantly in the presence of the parent within a residential dwelling for the entirety of each day. This resulted in further disputes and instances of physical violence. According to existing evidence, it is plausible that implementing the lockdown period introduced supplementary pressures into the lives of certain participants, thus contributing to the emergence of suicidal ideation.

Table 13

COVID-19 Pandemic

Theme 6: COVID-19 Pandemic		
Sub-Theme 1.1	Category	Excerpts from the interview
Occurrence of the COVID-19 Pandemic	The influence of the COVID-19 pandemic on the participant	<p>Participant 1: “My mom had COVID. I wouldn’t get homework. My grades improved.”</p> <p>Participant 2: “My dad had COVID. I felt like I was locked in, like I could not breathe, because the fact that we always have fights in the house. I normally would take a walk clear my head, nobody was allowed to come out. So I felt really like locked in, even more than I feel right now. So it was worst at that point. Most of the time, it was not nice. I would get into my head a lot and think about everything that happened, my mom, my brother, and my dad.”</p> <p>Participant 3: “I did have COVID in Dec 2021, I basically felt like I almost died. I was socially isolated. I think it did have a bad impact on my life because it was a hard adjustment from coming to school every day just socialising with friends.”</p> <p>Participant 4: “I like to be outside; I don’t want to be inside. I wanted to be out. I missed some social relationships.”</p> <p>Participant 5: “It was bad, it was really bad because we are not used to being stuck together for a long period of time. When I get home, I do my homework, I eat, and I sleep, I never really had to interact with her at all. I think it was a nightmare because I had to sit down and face her and look at her, and I had to think things through.”</p> <p>Participant 6: “It felt okay. I just didn’t want to see those classmates anymore.”</p>

Participant 1: When questioned about COVID-19, the participant affirmed that he and his mother had contracted the virus. According to the participant, they did not experience feelings of depression during the lockdown period. Additionally, he reported improved academic performance despite attending school only during designated periods. The participant expressed the viewpoint that the effect of COVID-19 was mild and did not significantly disrupt his circumstances.

Participant 2: The participant verified that her father had contracted COVID-19, which had significantly adverse consequences for his well-being. According to the participant, she experienced a sense of breathlessness and confinement during the period of lockdown. The participant reported significant conflict between herself and her mother, a situation that often prompted her to engage in walks as a coping mechanism. However, due to the imposed lockdown measures, she could not partake in this preferred activity. The participant experienced a desire for diversion from her social circle, which was unattainable during the specified duration.

Participant 3: During the discussion on COVID-19, the participant affirmed her personal experience of contracting the virus and expressed a profound sense of mortality. According to the participant, the duration of the lockdown posed significant challenges as she experienced a sense of social isolation. The transition from attending school daily to being unable to interact with any of her family or friends posed a significant challenge.

Participant 4: Participant four said the impact of COVID-19 on his life was minimal. He missed being outdoors and experienced social isolation. However, it had no significant influence on him beyond that.

Participant 5: The participant experienced significant challenges during the lockdown period due to the constant presence of her mother. The participant expressed that throughout confinement,

they engaged in extensive introspection regarding how her mother interacted with her, including instances of mistreatment and abuse.

Participant 6: The participant confirmed that she experienced instances of bullying at school before the period of lockdown. Implementing the lockdown provided a sense of relief for her, as she expressed a lack of desire to interact with her classmates any further. It can be argued that the lockdown period did not have a causal relationship with her depression.

4.11 Conclusion

The present chapter describes the research findings, analyses, and associated discussions. The study utilised interview data and literature reviews to establish themes and sub-themes. Relevant excerpts from the interviews and earlier literature studies supported the identified themes and sub-themes. In the upcoming chapter, we will explore the school-based educational and awareness programme developed after conducting interviews with the participants

Chapter 5: Development of a School-Based Educational and Awareness Programme to Support Adolescents with Suicidal Ideation

You only get one life; it is actually your duty to live it as fully as possible.

–Unknown

5.1 Methodology Used to Develop the Educational Programme

School-based suicide prevention programmes may be classified as awareness/education programmes, gatekeeper education, and screening programmes. Awareness programmes are universal preventative techniques designed to increase awareness of suicidality and give information on recognising and getting assistance.

5.1.1 Investigating

At first, the researcher conducted a thorough investigation into adolescent suicidal ideation by consulting peer-reviewed articles and previous research on the topic. Based on the information gathered from the literature reviews, the researcher identified several risk factors previously highlighted in research. Considering these risk factors, the researcher proceeded to conduct interviews and confirm the presence of risk factors identified in the literature review. Nevertheless, the researcher discovered that most suicidal behaviour in adolescents in this study was attributed to different factors compared to previous research. The findings of this study assisted the researcher in gaining insight into the risk factors for suicidal ideation with a substantial impact on how suicidal thoughts and acts manifest in adolescents. The researcher employed the research data to create an educational and awareness programme to support adolescents with suicidal ideation.

5.1.2 Planning programme activities

Following the data collection, the researcher developed a PowerPoint presentation that included several topics, including the risk factors associated with suicidal ideation in adolescents. These indicators included common misconceptions surrounding adolescent suicidal ideation, the interpersonal theory of suicide, and strategies to aid adolescents experiencing suicidal ideation. Upon initiating the development of an educational and awareness programme for adolescents dealing with suicidal thoughts in a school environment, the researcher realised the challenge of personally presenting it in various educational institutions. The researcher faced a deliberative process in determining the best approach for developing a universally applicable awareness programme for schools, which would eliminate the need for individuals to familiarise themselves with a specific script and notes or engage in independent study about suicide. Consequently, the researcher employed artificial intelligence (AI) in developing an educational and awareness programme for schools, incorporating video content centred around AI.

5.1.3 Developing materials

The researcher used a software application known as Synthesia to create the education and awareness programme video. Given the researcher's experience working for a global talent measurement company and creating AI learning videos with Synthesia, it was clear that using Synthesia for the education and awareness programme would be a beneficial choice. The researcher authored the script, and the avatar served as the programme's presenter. Synthesia is a video generation tool that uses AI avatars instead of actors or voiceovers. Synthesia offers a selection of 150 avatars for presenting a video, along with over 130 languages, accents, and tones to choose from. The company specializes in catering to the needs of enterprise and tech businesses that usually require multiple videos for employee onboarding, training, product walkthroughs, and customer how-to guides.

5.1.4 Piloting and revising materials

Upon completing the educational and awareness programme video, the researcher shared it with her supervisor for feedback. Once the supervisor gave feedback and approved the video, the researcher shared it with the school principal at the research location. The researcher understood that examiners would need to review the educational and awareness programme and the thesis before sharing the content with the Department of Education.

5.1.5 Implementing

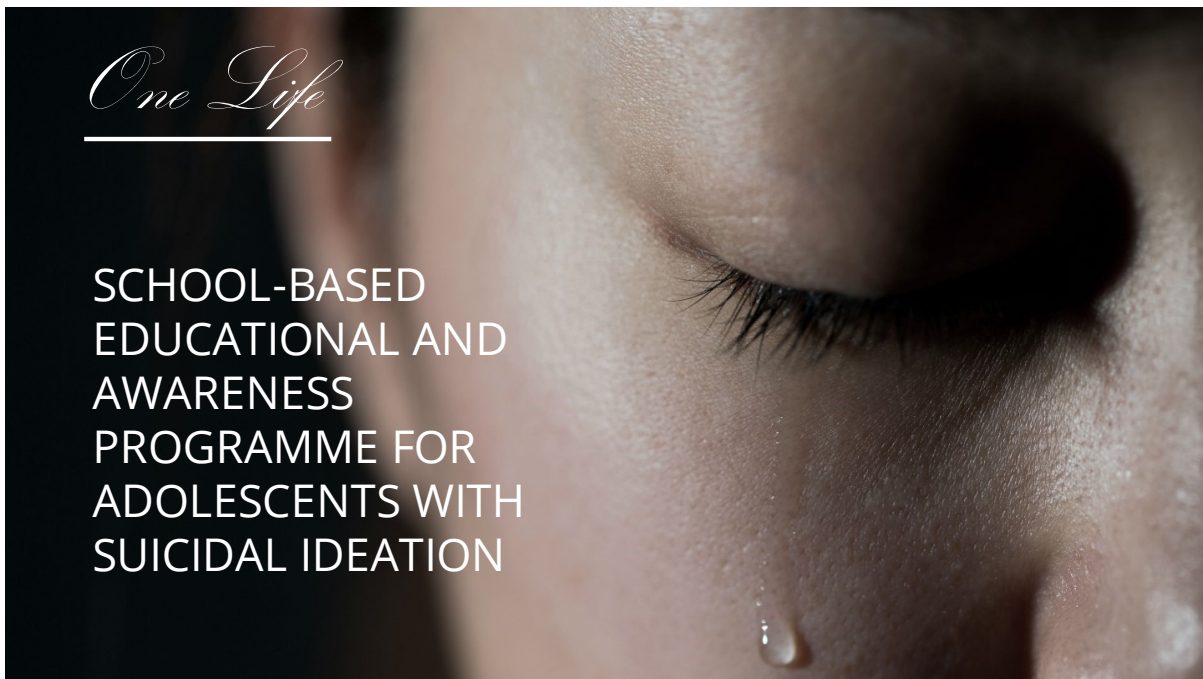
The researchers did not have the authority to determine if any school would be interested in implementing the educational and awareness programme. The researcher reached out to over 100 educational institutions to propose the research study, but none of them showed interest. The researcher was aware that suicide is still considered a sensitive subject in many educational institutions. The Department of Education would ultimately decide to implement the suicide and awareness programme. However, the school principal where the study was conducted was very pleased with the programme and has chosen to implement it at their own discretion. At the end of the thesis, the researcher included the feedback from the school principal regarding the educational and awareness programme.

5.1.6 Evaluation

The researcher intends to share the thesis and the educational and awareness programme with the Department of Education following the examination. Upon receiving ethical clearance from the Department of Education, the researcher was required to provide the Director: Knowledge Management and Research with a copy of the thesis upon completion.

The researcher had no intention of developing a programme only for her doctoral studies. The researcher intended to develop a school-based educational and awareness programme that could be


used at the discretion of any educational institution. The researcher named the educational and awareness programme 'One Life' to represent the realization that our time on earth is limited and that we should be grateful for every moment we have. The researcher hopes this project will be incorporated into educational settings to encourage adolescents to appreciate their unique existence and cultivate gratitude. The programme also serves as a reminder that life has intrinsic value and should not be taken for granted.



Script Slide 1:

- Welcome to One Life, a school-based educational and awareness programme designed for adolescents experiencing suicidal ideation.
- Suicide is a complex and multifaceted act that impacts individuals on multiple levels and is not yet completely understood.
- Death by suicide is a difficult topic that includes a variety of human emotions, psychological characteristics, and religious beliefs, resulting in multiple layers of understanding.

- The World Health Organisation reports that a shocking 800,000 individuals worldwide lose their lives to suicide each year.
- Additionally, the World Health Organisation has reported that suicide is the fourth leading cause of death among older adolescents, specifically those aged 15 to 19 years, on a global scale.



AGENDA

- Introduction
- Suicide statistics
- Forms of suicidal ideation
- Warning signs of suicidal thoughts and behaviour
- Misconceptions about suicidal ideation in adolescents
- Psychosocial risk factors of suicidal ideation
- Interpersonal Theory of Suicide
- Strategies to assist adolescents experiencing suicidal ideation
- Questions

2

Script Slide 2:

- This slide provides a summary of the proposed agenda for the educational and awareness programme.
- In this presentation, we will address the following topics.
- Introduction, suicide statistics, forms of suicidal ideation, warning signs of suicidal thoughts and behaviour, misconceptions about suicidal ideation in adolescents, psychosocial risk factors of suicidal ideation, interpersonal theory of suicide, and strategies to assist adolescents experiencing suicidal ideation.



INTRODUCTION

- Adolescent suicide is a growing concern in our society.
- It is important to understand the risk factors that contribute to suicidal ideation.
- This presentation aims to provide an overview of the key risk factors and warning signs associated with adolescent suicidal ideation.
- We will discuss effective prevention and intervention measures and provide practical advice on how to identify and respond to warning signs and red flags.
- By increasing awareness and understanding of the risk factors and warning signs, we can work together to prevent adolescent suicide and promote mental health and well-being in our communities.

3

Script Slide 3:

- Adolescent suicide is a growing concern in our society. While adolescence is often seen as a time of good health, it is essential to note that there are significant rates of mortality, morbidity, and trauma during this stage of development.
- It is important to understand the risk factors that contribute to suicidal ideation to develop effective education and prevention methods for vulnerable individuals.
- The objective of the programme is to furnish teenagers, educators, and family members with comprehensive knowledge about the risk factors associated with suicidal thoughts among adolescents.
- In addition, this programme aims to offer broad knowledge regarding indicators of suicidal ideation, common myths surrounding suicidal ideation, and effective ways for supporting adolescents with suicidal ideation.
- We will discuss effective prevention and intervention measures and provide practical advice on how to identify and respond to warning signs and red flags.

- By increasing awareness, understanding of the risk factors, and warning signs, we can work together to prevent adolescent suicide and promote mental health and well-being in our communities.



Script Slide 4:

- Now, let us examine the global statistics surrounding suicide.
- Every 40 seconds someone commits suicide globally.
- Suicide is fourth leading cause of mortality for individuals aged 15 to 29 years of age.
- Pesticide ingestion, hanging, and the use of firearms are among the most prevalent methods of suicide worldwide.
- The primary risk factor for suicide in the general population that holds the utmost significance is a previous suicide attempt.
- Many suicides occur impulsively in times of crisis due to a lack of ability to cope with life stresses.
- The stigma associated with mental disorders and suicide often results in people with suicidal ideation refraining from seeking assistance.

- 77% Of suicides worldwide occur in low- and middle-income nations.
- Only 38 nations have suicide prevention plans.
- Raising awareness helps countries reduce suicide

FORMS OF SUICIDAL IDEATION



There exist two distinct forms of suicidal ideation:

Passive Suicidal Ideation: An individual experiences suicidal ideation characterised by thoughts of not wanting to be alive or not wanting to wake up in the morning, but without any intention or plan to carry out the act of committing suicide. These individuals may believe that life is not worth living and that everyone would be better off if they died.

Active Suicidal Ideation: Active suicidal ideation occurs when people have recurring thoughts of harming themselves and have made plans to commit suicide.

It is impossible to predict who will or will not act on suicidal thoughts or ideas, because not everyone with suicidal ideation commits suicide.

Script Slide 5:

- What are the forms of suicidal ideation?
- There exist two distinct forms of suicidal ideation.
- Passive Suicidal Ideation: An individual experiences suicidal ideation characterised by thoughts of not wanting to be alive or not wanting to wake up in the morning, but without any intention or plan to conduct the act of committing suicide. These individuals may believe that life is not worth living and that everyone would be better off if they died.
- Active Suicidal Ideation: Active suicidal ideation occurs when people have recurring thoughts of harming themselves and have made plans to commit suicide.
- It is impossible to predict who will or will not act on suicidal thoughts and ideas because not everyone with suicidal ideation commits suicide.



! Not all individuals will display the same symptoms

WARNING SIGNS OF SUICIDAL THOUGHTS

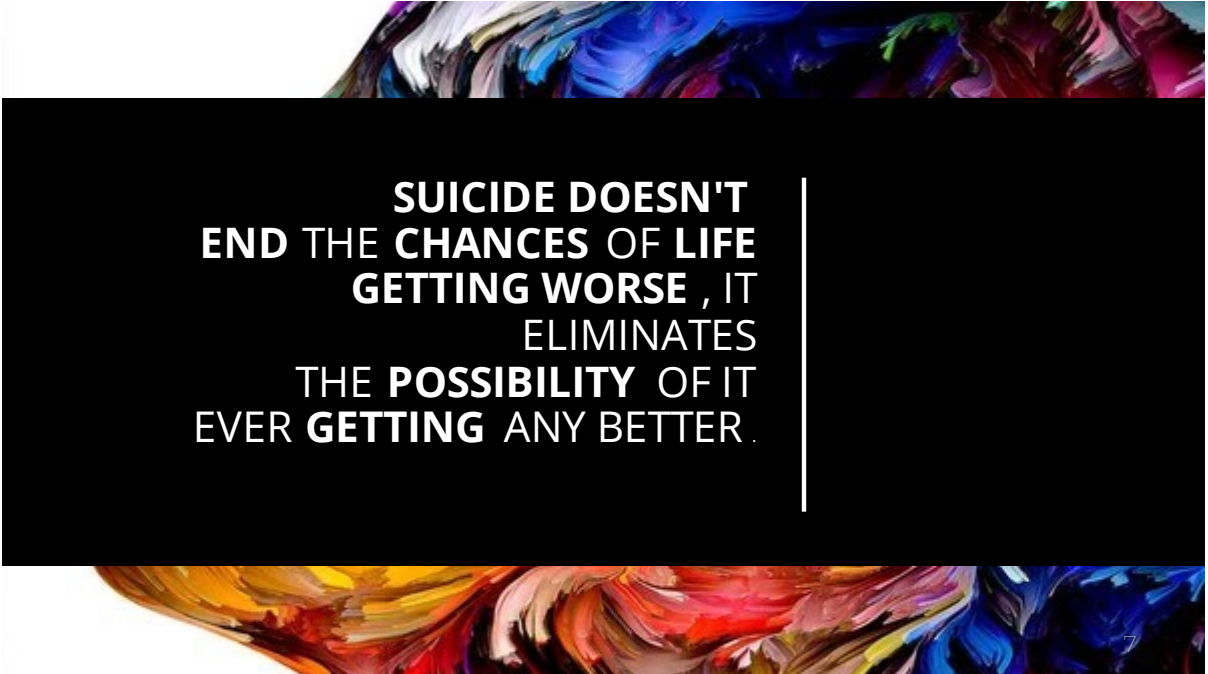
- Expressing a desire to die.
- Actively seeking a way to end one's life expressing feelings of hopelessness or a lack of purpose.
- Describing being entrapped or experiencing excruciating pain.
- Expressing concerns about burdening others.
- Alcohol or drug abuse.
- Acting tense, irritable, or careless.
- Having difficulty sleeping.
- Withdrawing or experiencing loneliness.
- Exhibiting strong emotional swings.
- Donating things, especially priceless items.

6

Script Slide 6:

- Let us discuss the warning signs of suicidal thoughts and behaviour. Please keep in mind that not all individuals will exhibit the exact same symptoms.
- Expressions such as "I shouldn't have been born" or "I wish I was dead," "I do not want to live anymore."
- Social withdrawal characterised by reduced interaction with friends and family.
- Changes in dietary and sleep patterns.
- Giving away prized possessions.
- Frequent reports of physical symptoms, which may be linked to emotional states, such as fatigue, headaches, and stomachaches.
- A diminished interest in activities that one previously enjoyed.
- A preoccupation with death; impulsive behaviours, such as running away, rebellious actions, or violent outbursts; self-deprecating comments, such as feeling like a bad person or having a sense of feeling rotten inside.

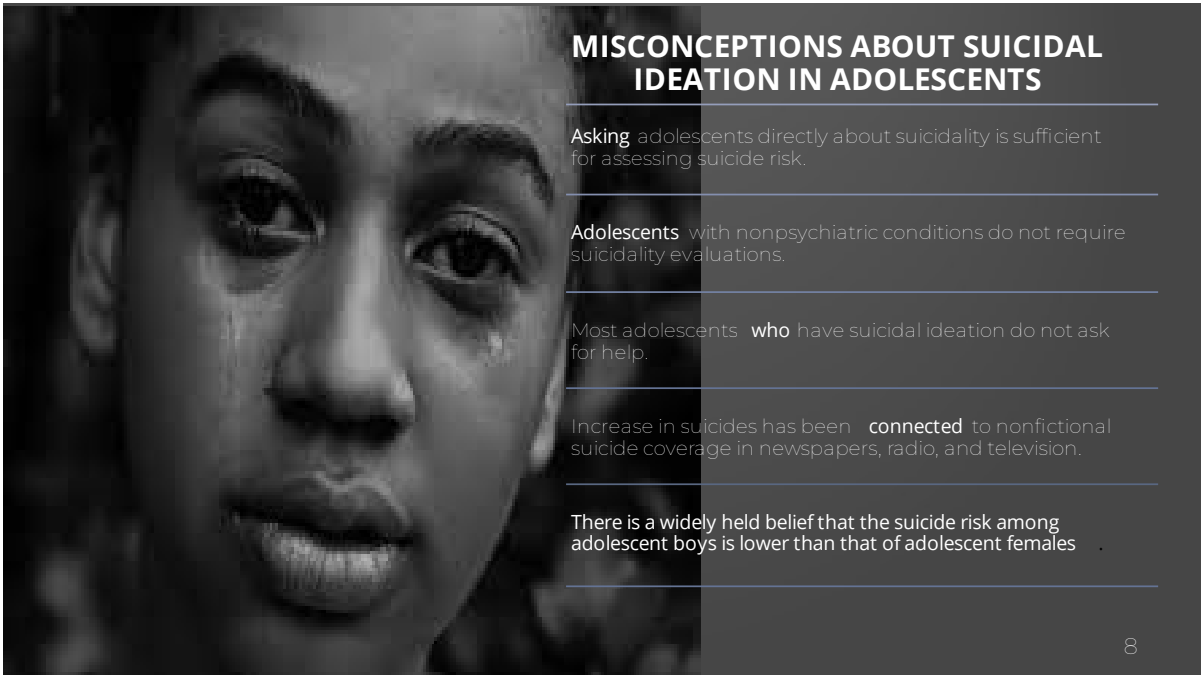
- Expressing feelings of hopelessness, helplessness, worthlessness, or a belief that one is beyond assistance; and marked alterations in personality and mood.



**SUICIDE DOESN'T
END THE CHANCES OF LIFE
GETTING WORSE , IT
ELIMINATES
THE POSSIBILITY OF IT
EVER GETTING ANY BETTER .**

Script Slide 7:

- “Suicide doesn't end the chances of life getting worse, it eliminates the possibility of it ever getting any better” – Unknown.



MISCONCEPTIONS ABOUT SUICIDAL IDEATION IN ADOLESCENTS

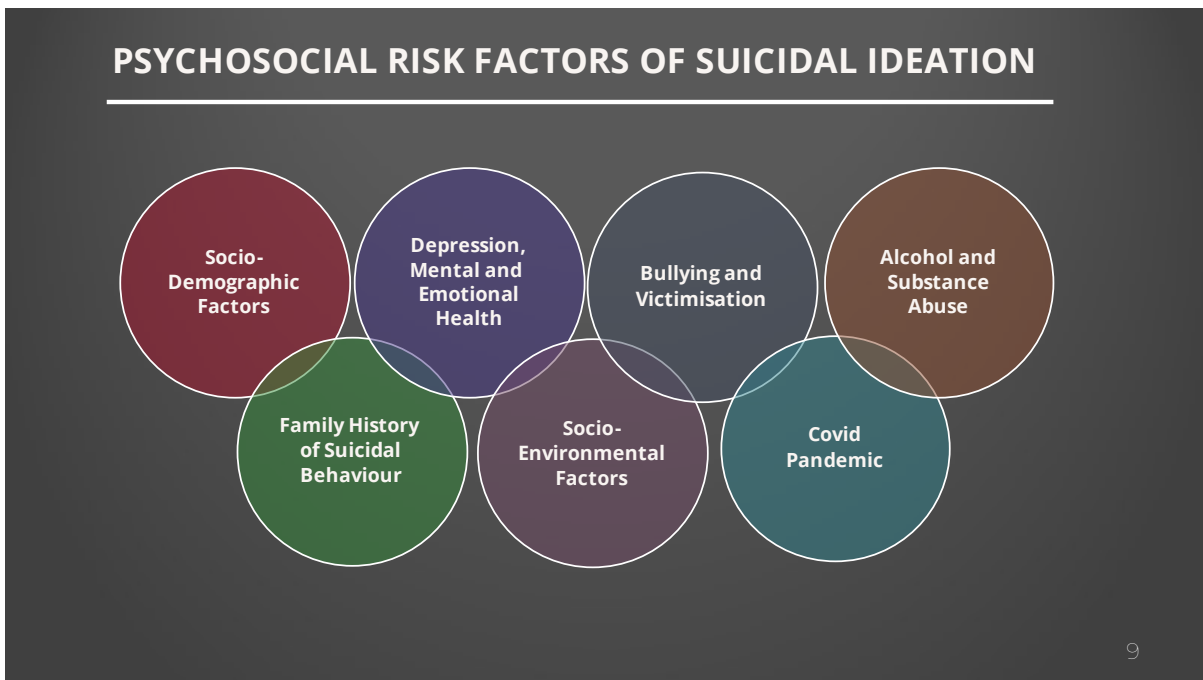
- Asking adolescents directly about suicidality is sufficient for assessing suicide risk.
- Adolescents with nonpsychiatric conditions do not require suicidality evaluations.
- Most adolescents who have suicidal ideation do not ask for help.
- Increase in suicides has been connected to nonfictional suicide coverage in newspapers, radio, and television.
- There is a widely held belief that the suicide risk among adolescent boys is lower than that of adolescent females.

8

Script Slide 8:

- Next, we will explore the common misconceptions surrounding suicidal thoughts and behaviour in adolescents.
- There is a misconception that asking adolescents directly about suicidality is sufficient for assessing suicide risk.
- Another misconception is that adolescents with nonpsychiatric conditions do not require suicidality evaluations.
- Most adolescents who have suicidal ideation do not ask for help. Additionally, research indicates that adolescents seek assistance from peers rather than parents or experts when obtaining support.
- A statistically significant increase in suicides has been connected to nonfictional suicide coverage in newspapers, radio, and television. It is critical to evaluate the Internet's effect, information transmission, and impact on suicidal youth.
- There is a widely held belief that the suicide risk among adolescent boys is lower than that of adolescent females. According to research, adolescent females had a higher rate of

suicide ideation and attempts than their male counterparts. Nevertheless, it is observed that males exhibit a higher propensity for suicide compared to females.



Script Slide 9:

- Let us examine the prevalent psychosocial risk factors that contribute to suicidal ideation in adolescents.
- Socio demographic factors.
- Depression, mental and emotional health.
- Bullying and victimization.
- Alcohol and substance abuse.
- Family history of suicidal behaviour.
- Socio environmental factors.
- COVID-19 Pandemic.

SOCIO-DEMOGRAPHIC FACTORS

- One adolescent under 25 takes their own life every **two hours**
- Most common methods of suicide: hanging, firearms, explosives etc.
- Male suicide rate: 5 x higher than female rate
- Males have easier access to firearms and lethal substances
- Males engage in suicide through means that are dangerous & irreversible
- Males do not seek help as often as females

10

Script Slide 10:

- What are the socio-demographic factors that contribute to suicidal ideation in adolescents?
- Research indicates that a young person under 25 takes their own life every two hours .
- The most common methods of suicide are hanging, using firearms and explosives, drowning, jumping from great heights, ingesting tranquilliser tablets, ingesting agricultural chemicals, pesticides, and other poisons, and self-mutilation.
- The rate of male suicide is five times higher than female suicide however, female adolescents are three times as likely to attempt suicide than their male counterparts.
- The higher incidence of male suicide compared to female suicide can be attributed to the more straightforward availability of firearms and other potentially lethal substances.
- Males exhibit a higher propensity than females to engage in suicide through means that are highly dangerous or irreversible.
- Males exhibit a decreased tendency to participate in safeguarding actions, such as seeking aid or creating robust social support systems.

DEPRESSION, MENTAL, AND EMOTIONAL HEALTH

Borderline personality disorder (BPD): Up to 10% of people who have been diagnosed with BPD kill themselves.

Depression: According to research, major depressive disorder (MDD) is the most common mental health condition, and about 15% of people with MDD commit suicide.

Bipolar Disorder: Research has indicated that people with bipolar illness are 10 to 30 times more likely to kill themselves than people in the general population.

Post-traumatic stress disorder (PTSD): According to studies, PTSD is linked to a higher risk of suicide.

Other mental health conditions that increase the risk of suicide: Substance use disorders, Psychosis (Schizophrenia), Stress, Anxiety, and Eating Disorders

11

Script Slide 11:

- How does depression, mental and emotional health contribute to suicidal ideation in adolescents?
- Borderline personality disorder (BPD): Up to 10% of people who have been diagnosed with BPD kill themselves.
- Depression: According to research, major depressive disorder (MDD) is the most common mental health condition, and about 15% of people with MDD commit suicide.
- Bipolar Disorder: Research has indicated that people with bipolar illness are 10 to 30 times more likely to kill themselves than people in the general population.
- Post-traumatic stress disorder (PTSD): According to studies, PTSD is linked to a higher risk of suicide.
- Other mental health conditions that increase the risk of suicide: Substance use disorders, Psychosis (Schizophrenia), Stress, Anxiety, and Eating Disorders.



BORDERLINE PERSONALITY DISORDER

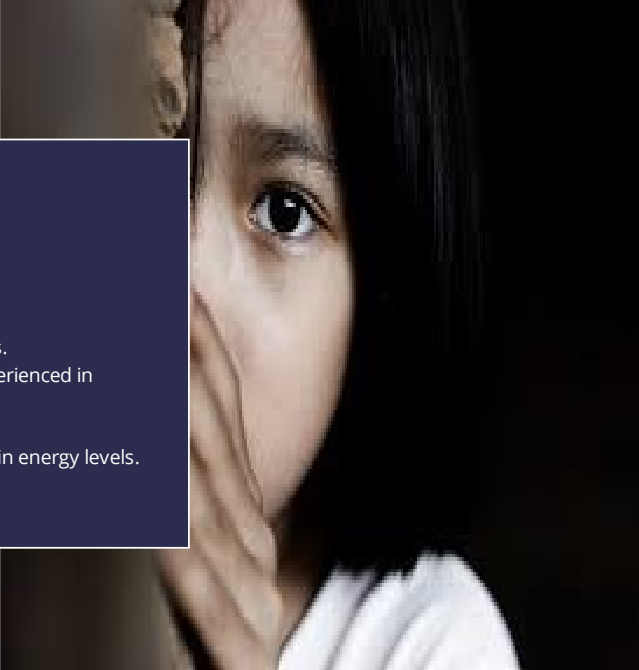
- Persistent sensations of emptiness.
- Emotional instability: experiencing intense episodic sadness, irritability, or anxiety.
- Intense attempts to avoid real or imagined abandonment.
- Identity disturbance characterised by an unstable self-image.
- Impulsive behaviour in two domains that possess the potential for self-harm: excessive expenditure, engaging in risky sexual activities, substance misuse, reckless driving, or indulging in episodes of excessive eating.
- Inappropriate and intense anger.
- Fluctuations between idealisation and devaluation, referred to as "splitting."
- Instances of repetitive suicide attempts.

12

Script Slide 12:

- What is borderline personality disorder?
- The diagnosis of borderline personality disorder can pose difficulties owing to its similarity to other disorders, specifically those associated with mood disorders.
- Research conducted in clinical settings has shown a significant gender discrepancy, with women accounting for 70% of patients diagnosed with this specific disorder. Additionally, most individuals first presenting with this disorder are in the late adolescent stage of development.
- Borderline personality disorder has been defined by significant fluctuations in mood, self-concept, and social connections. Individuals diagnosed with this disorder exhibit impulsive behaviour, experience persistent feelings of emptiness, and establish unstable and intense relationships with others.
- Borderline personality disorder individuals are vulnerable to perceived rejection, failure, and abandonment, which cause their emotional symptoms.

- Fluctuations in emotional states tend to alternate between depressed episodes characterised by feelings of sadness and irritability, and brief periods of elevated mood that are typically short-lived.
- Exhibiting impulsive behaviour in at least two areas that could result in self-harm, including but not limited to overspending, engaging in risky sexual activities, substance abuse, reckless driving, or experiencing repeated episodes of binge eating.
- Between 60% and 78% of people with the disorder have tried to kill themselves, and more than 90% have engaged in self-harm.
- Identity disturbance: consistently unsteady self-image.
- Persistent sensations of emptiness.
- Emotional instability: experiencing intense episodic sadness, irritability, or anxiety.
- Intense attempts to avoid real or imagined abandonment.
- Identity disturbance characterised by an unstable self-image.
- Impulsive behaviour in two domains that possess the potential for self-harm: Excessive expenditure, engaging in risky sexual activities, substance misuse, reckless driving, or indulging in episodes of excessive eating.
- Inappropriate and intense anger.
- Fluctuations between idealisation and devaluation, referred to as "splitting."



MAJOR DEPRESSION

Symptoms of depression:

- Experiences a range of negative emotional states.
- Feeling restless or slowed down.
- Alterations in appetite or body weight.
- Emotions of culpability or inadequacy.
- The feeling of hopelessness.
- A reduction in the ability to focus and maintain focus.
- A reduction in the level of enjoyment or interest experienced in various activities.
- Deviation from typical sleep patterns.
- The condition of experiencing fatigue or a reduction in energy levels.
- Frequent contemplation of suicide or self-harm.

Script Slide 13:

- What is major depression?
- Experiencing periods of sadness, stress, or fatigue is a common occurrence, particularly when one is facing challenges in their personal, academic, or professional life.
- However, these emotions exhibit a distinguishable contrast from the prolonged and intense negative emotions encountered as a result of depression.
- The root cause of depression is not attributed to the typical stressors of daily life, and the manifestation of depressive symptoms is not contingent upon the level of ease or quality of one's life circumstances.
- Depression is presently the primary cause of disability worldwide, with an estimated 300 million individuals of all ages experiencing the condition on a global scale.

BIPOLAR DISORDER



Categories of bipolar disorder:

- **Bipolar I:** disorder is characterised by the presence of distinct episodes of mood disturbance, which can range from manic to depressive in nature.
- **Bipolar II:** disorder is a psychiatric condition characterised by a less severe manifestation of mood elevation, which entails the occurrence of hypomanic episodes that alternate with periods of intense depression.
- **Cyclothymic:** disorder is characterised by alternating episodes of hypomanic symptoms and depressive symptoms, which are relatively brief and less severe compared to those observed in complete hypomanic or depressive episodes.

14

Script Slide 14:

What is bipolar disorder?

- Mood fluctuations are frequently regarded as a typical aspect of the developmental stage of adolescence, yet the mood alterations linked to bipolar disorder are distinct from the typical fluctuations experienced by the average teenager or young adult.
- Bipolar disorder is characterised by heightened mood swings that exhibit greater intensity and are accompanied with alterations in sleep patterns, energy expenditure, and mental clarity.
- The manifestation of bipolar symptoms has the potential to affect one's academic or occupational productivity, as well as interpersonal connections with acquaintances and family members.
- Bipolar disorder is characterised by alternating episodes of manic and either normal or depressive moods.
- The alternating patterns of depression and mania, also known as episodes, may occur at varying intervals ranging from daily to monthly or even spanning over years.

Categories of Bipolar Disorder

Bipolar I: disorder is characterised by the presence of distinct episodes of mood disturbance, which can range from manic to depressive in nature.

Bipolar II: disorder is a psychiatric condition characterised by a less severe manifestation of mood elevation, which entails the occurrence of hypomanic episodes that alternate with periods of intense depression.

Cyclothymic: disorder is characterised by alternating episodes of hypomanic symptoms and depressive symptoms, which are relatively brief and less severe compared to those observed in complete hypomanic or depressive episodes.

POST-TRAUMATIC STRESS DISORDER

Post traumatic stress disorder (PTSD) is a debilitating disorder following exposure to a traumatic event.

Person frequently experiences recurrent distressing recollections of traumatic incident

PTSD is also known as shell shock, battle fatigue, accident neurosis and postrape syndrome.

10% Of the population experience PTSD.

PTSD can manifest in children. Widely acknowledged that children's lives are affected by traumatic events such as domestic violence, parental loss, warfare and natural disasters.

PTSD appears within a three-month period following a traumatic event. It can also appear several months or years after trauma.

POST-TRAUMATIC STRESS DISORDER
Not all wounds are visible

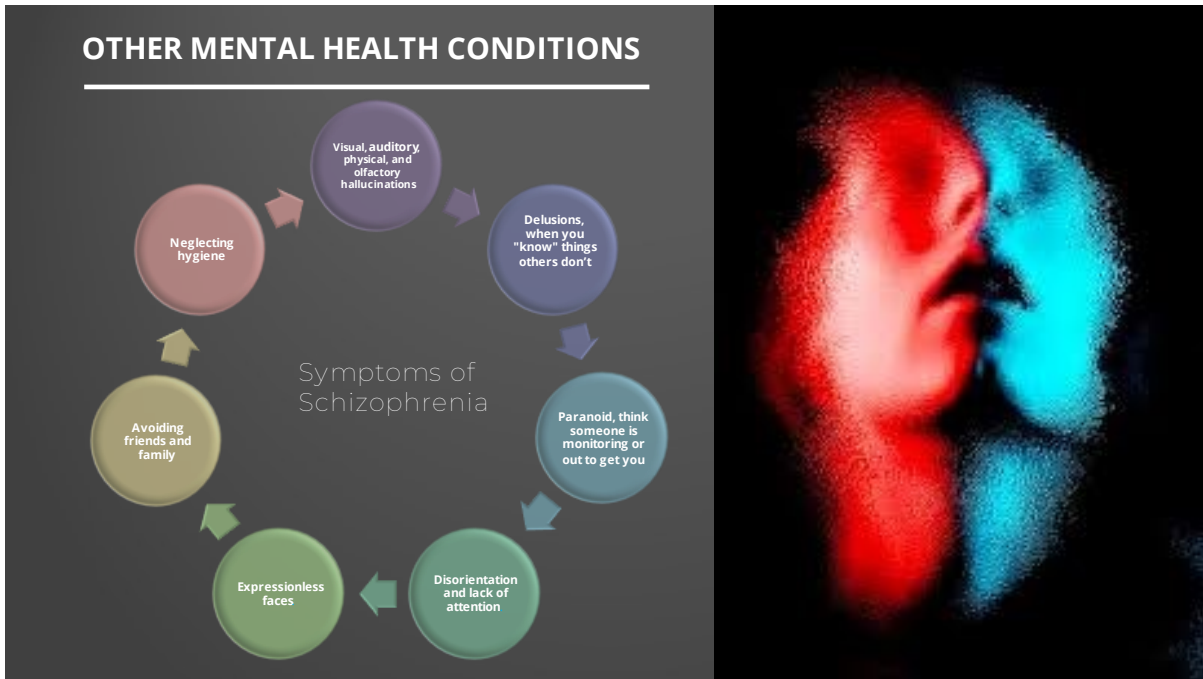
PTSD

Script Slide 15:

- What is post-traumatic stress disorder better known as PTSD?
- Post-traumatic stress disorder (PTSD) is a debilitating psychiatric disorder that can develop following exposure to a traumatic event. Individuals diagnosed with Post-Traumatic Stress Disorder (PTSD) frequently experience recurrent distressing recollections of the traumatic

incident that triggered the disorder and may also exhibit emotional detachment as a result of the traumatic experience.

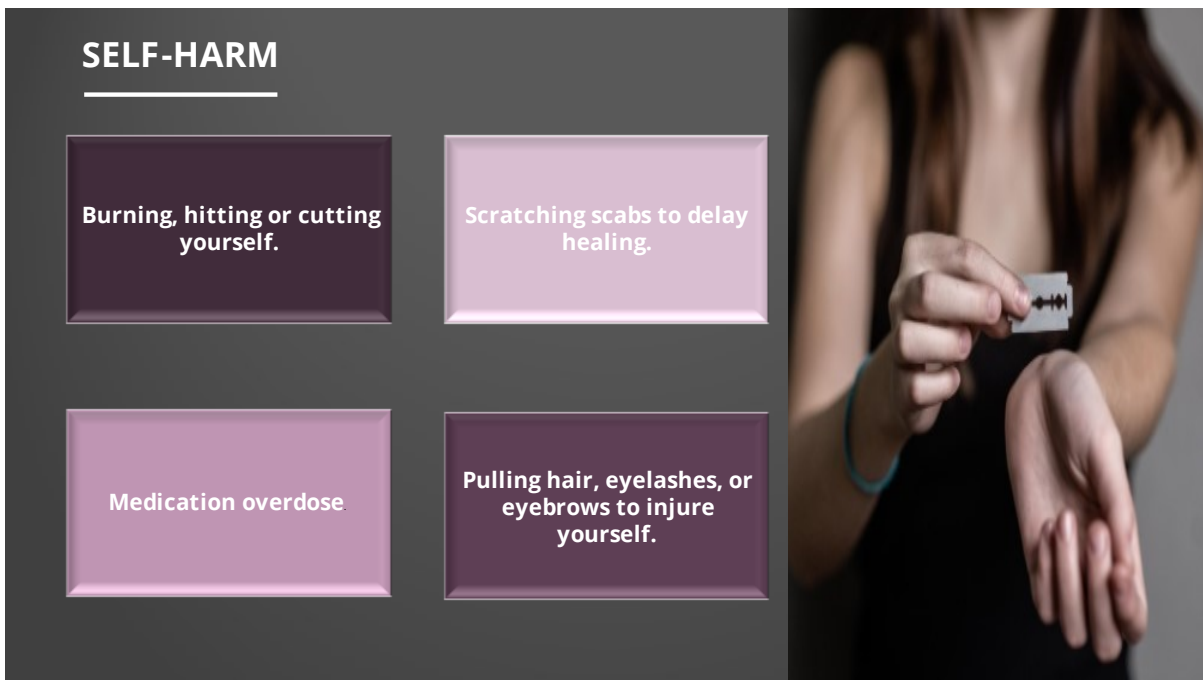
- The clinical diagnosis of Post Traumatic Stress Disorder is based on the emergence of symptoms that result in significant distress and impairment in the individual's daily functioning.
- Post Traumatic Stress Disorder (PTSD), also known as shell shock, battle fatigue, accident neurosis, and post-rape syndrome, is a psychiatric disorder with distinct symptoms that are frequently misinterpreted and misdiagnosed.
- According to psychiatrists, the prevalence of clinically diagnosable PTSD is estimated to affect up to ten percent of the population.
- This disorder was initially brought to the forefront of public awareness by war veterans who had experienced it following their involvement in the Korean and Vietnam wars. However, it is important to note that this condition can arise from a variety of traumatic events, such as earthquakes, aircraft crashes, hijackings, instances of domestic violence, or violent attacks.
- Post-traumatic stress disorder (PTSD) is a condition that can manifest in children as well. It is widely acknowledged that children's lives are frequently deeply affected by traumatic events such as domestic violence, parental loss, warfare, and natural disasters.
- PTSD generally appears within a three-month period following the traumatic event; however, in a number of cases, the disorder may become apparent months or even years after the initial trauma.



Script Slide 16:

- Which other mental health conditions contribute to suicidal ideation in adolescents?
- Schizophrenia remains one of the most misunderstood mental health conditions, with incorrect assumptions and social disapproval associated with the disorder.
- This condition pertains to a neurological disorder that impacts an individual's cognitive processes, behavioural patterns, and perception of reality. The presence of schizophrenia does not automatically suggest the co-occurrence of multiple personalities.
- There exists a common misconception among individuals that individuals diagnosed with schizophrenia are prone to violent and hazardous behaviour.
- However, this notion is unfounded. Individuals diagnosed with psychotic disorders, such as schizophrenia, exhibit a higher likelihood of experiencing victimisation of a violent nature as opposed to perpetrating such acts.
- Psychosis refers to a state of mind where an individual experiences a detachment from reality.

- Schizophrenia is a mental disorder that is characterised by the presence of symptoms that make it challenging for the affected person to differentiate between what is real and what is not.
- While schizophrenia is classified as a psychotic illness, it is important to note that psychosis may also manifest in other mental disorders, including but not limited to bipolar disorder, depression, and substance-induced states.



Script Slide 17:

- What is self-harm?
- The issue of self-harm is a subject of significant concern within the population of children and adolescents
- There are varied factors that can contribute to self-harm and suicide, including genetic predisposition as well as various psychiatric, psychological, familial, social, and cultural factors.

- Self-harm, also known as self-injury, pertains to intentional acts of physical harm inflicted upon oneself by an individual. Self-harming behaviour is prevalent among young individuals, although it is not limited to any particular age group.
- There exist several methods through which adolescents can participate in self-injurious actions, with the most prevalent being the use of sharp implements to lacerate the skin.
- Self-harm behavior typically begins between the ages of 12 and 14 and becomes more frequent during the middle adolescent stage.
- The phenomenon of self-harm may present a challenge in comprehension for individuals who have not personally encountered it.
- It is important to understand that individuals who self-harm are not intentionally trying to harm themselves. Instead, they use this behavior as a means to communicate their extreme distress or to teach a lesson to those around them.
- The notion of intentionally inflicting harm upon oneself is perceived as strange by a considerable number of individuals, leading to challenges in discussing the subject matter.
- It is imperative to engage in discussion regarding self-injury and try to comprehend the underlying motivation driving an individual to engage in such behaviour, as the motivations for such actions are not uniform across all individuals.
- Assisting an individual in addressing the root causes of their self-harming behaviour is the most effective approach to aiding them in stopping said behaviour.

SELF-HARM

Why do adolescents harm themselves :

- Reduce stress
- Reduce anger
- Alleviate sadness and loneliness
- To escape emotional suffering
- Escape numbness
- Express self-hatred
- A plea for assistance

While there is no definitive indicator of self-harm, certain factors have been found to elevate an individual's likelihood of engaging in self-harm:

- Physical, sexual, or neglectful abuse
- Drugs or bullying
- Self-criticism
- Deaths, breakups
- Life stress inability
- Self-harming peers/family
- Depression, anxiety, and BPD



Script Slide 18:

- Let's take a look at why do adolescent harm themselves:
- Reduce stress, reduce anger, alleviate sadness and loneliness, to escape emotional suffering, escape numbness, express self-hatred, and it can also be a plea for assistance
- Factors that have been found to elevate an individual's likelihood of engaging in self-harm:
- Physical, sexual, or neglectful abuse, drugs or bullying, self-criticism, deaths or breakups, life stress inability, self-harming peers or family, and depression, anxiety, and borderline personality disorder.

BULLYING AND VICTIMISATION

Bullying is a negative and stressful experience with lasting effects on a child's health, happiness & growth. Bullying is defined as hostile conduct & aggressive behaviour in which an individual or group attacks, degrades, or rejects a relative powerless person.

Physical Bullying: beating, kicking pushing and blocking someone.
Verbal Bullying: teasing, threats, sarcasm & spreading rumours

When two persons of equal strength argue or fight it is peer victimization.

Imbalance of power between bullies and their targets is defined as a characteristic of bullying.

Between 10% to 30% of adolescents are known to participate in school bullying

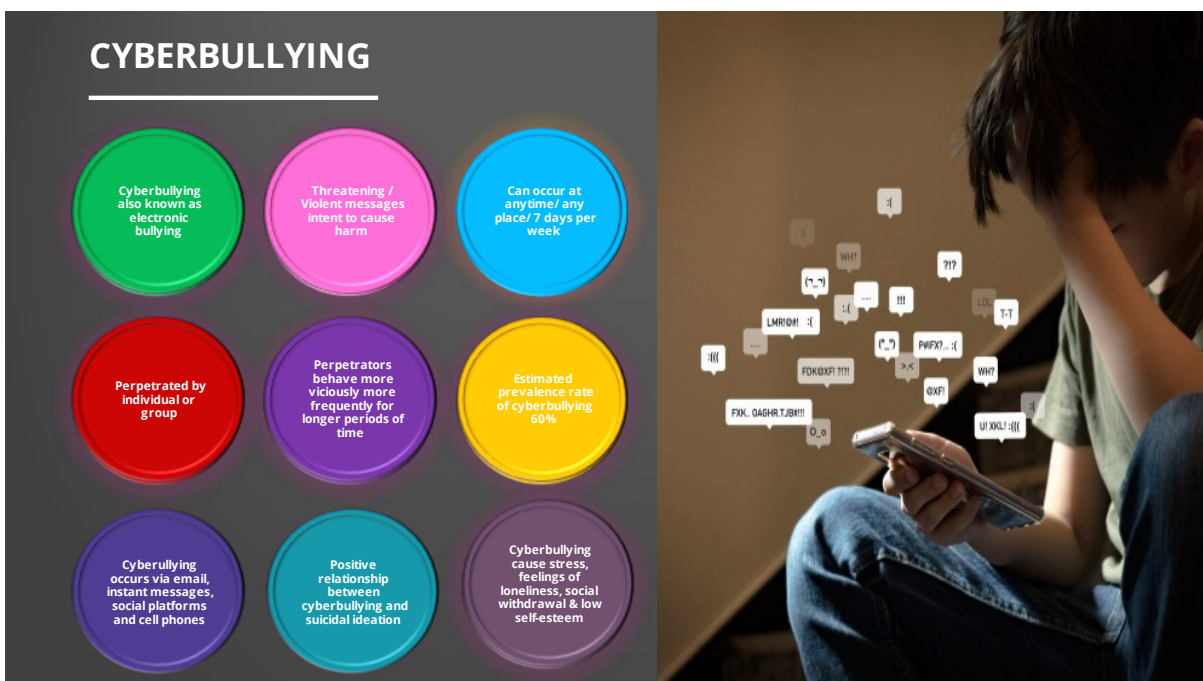
Adolescent males have a greater tendency to engage in school bullying. Females are more like to engage in cyberbullying



Script Slide 19:

- What is bullying and victimisation and how does it have an impact on adolescents' lives?
- Bullying is widely acknowledged to be a negative and stressful experience that can have lasting effects on a child's or adolescent's health, happiness, and growth.
- Abusive behaviour from a parent or teacher is not bullying. Although the terms "bullying" and "peer victimization" are sometimes used interchangeably, there is a significant difference between the two.
- When two persons of almost equal strength argue or fight, it is not bullying; it is peer victimization.
- The imbalance of power between bullies and their targets is a defining characteristic of bullying. Peer victimization and bullying can occur at any age, including in adulthood.
- Bullying can be defined as a subtype of hostile conduct and aggressive behaviour in which an individual or a group frequently attacks, degrades, and/or rejects a relatively powerless person.

- The victim is frequently more vulnerable than the perpetrators. Bullying is deliberate and usually repeated over time, with a power imbalance between the victim and the bully.
- Bullying is classified into two types: physical bullying (beating, kicking, pushing, and blocking someone) and verbal bullying (teasing, threats, sarcasm, and spreading rumours).
- Research indicates that bullying victims are more likely to experience anxiety, low self-esteem, loneliness, and hopelessness, all of which have been linked to an increased risk of suicide .
- Between 10% to 30% of children and adolescents are known to participate in school bullying, either as victims, bullies, or bully victims. The term 'bully/victims' refers to a small but distinct group of children who are both bullies and victims of bullying.
- Adolescent males have a greater tendency to engage in school bullying (both as a victim and an offender), whereas girls are just as likely, if not more likely, to engage in cyberbullying.



Script Slide 20:

- What is cyberbullying?

- Cyberbullying, also known as electronic bullying, is defined as any conduct by individuals or groups that often sends threatening or violent messages with the intent to cause harm or distress to others.
- Cyberbullying differs from traditional forms of bullying in that it can occur at any time, from any location, seven days a week, and can be perpetrated frequently by an individual or a group.
- Because of cyberbullying's topography, its perpetrators can behave more viciously, more frequently, for longer periods, and with greater savagery (i.e., the humiliation that occurs in the classroom is extended to online publications).
- Cyberbullying can transmit fear of public humiliation beyond the classroom context and reach big audiences (such as those who watch YouTube videos). In addition to classroom bullying, these acts, or the fear of them may have long-term detrimental consequences for the victim .
- Research studies have indicated that the estimated prevalence rate of cyberbullying can be as high as 60%.
- Since the emergence of the Internet, it has become typical for bullying to occur via email, instant messaging, social media, and cell phones. Bullying at school and cyberbullying can occasionally occur together.
- Teenagers in the U.S. sample who had encountered cyberbullying also experienced school bullying at a rate of 88%.
- The existing body of scholarly research has established a positive relationship between cyber-victimization and suicidal inclinations among adolescent populations.
- The experience of cyber-victimization is a notable type of interpersonal stress that may prompt feelings of loneliness, social withdrawal, and low self-esteem among adolescents.



ALCOHOL & SUBSTANCE ABUSE

Alcohol consumption in South Africa is one of the highest in the world

Due to social instability, poverty and unemployment in SA a significant number of youths are exposed to alcohol and illicit substances in family/community

Adolescents resort to drugs and alcohol use to relax, fill free time & deal with frustrations.

Alcohol has been associated with 60 distinct causes of mortality on a global scale. Alcohol consumption is associated with adverse effects on physical & mental health.

Alcohol consumption can lead to disinhibition, heightened aggression and compromised cognitive abilities. Disinhibition can enhance the occurrence of suicidal ideation and escalate to impulsive suicidal behaviour.

Frequent alcohol & drug abuse increase suicidal ideation, school dropouts, sexual promiscuity, youth gang membership, youth misconduct & impulsive & aggressive behaviour.

21

Script Slide 21:

- How does alcohol and substance abuse contribute to suicidal ideation in adolescents?
- The use of alcohol and illegal drugs is one of the most pressing issues in modern society, particularly in developing nations like South Africa, where almost one-third of the population is classified as 'youth' and where alcohol consumption is reputedly one of the highest in the world.
- Due to the widespread social instability, poverty, and unemployment in South Africa, a significant number of young adolescents are exposed to alcohol and illicit substances within the framework of their families and communities.
- Adolescents frequently resort to drug and alcohol use to relax, fill their free time, and deal with their frustrations.
- Alcohol has been associated with over 60 distinct causes of mortality on a global scale. The abuse of alcohol is associated with widely recognised adverse effects on both physical and mental health.

- The impact of alcohol consumption can lead to reduced inhibitions, heightened aggression, and compromised cognitive abilities.
- The state of disinhibition induced by intoxication can potentially enhance the occurrence of suicidal ideation and escalate the probability of impulsive suicidal behaviour.
- Frequent alcohol and drug abuse increases suicidal ideation, school dropout rates, sexual promiscuity, youth gang membership, youth misconduct, and impulsive and aggressive behaviour.



Script Slide 22:

- What is heroin?
- Substance experimentation is more common among young people who grow up in places where substance misuse is common or who were raised by parents or older siblings who abuse alcohol or illegal drugs because they may see such behaviour as "normal" or "acceptable."
- Suicidal ideation and behaviour have been linked to stimulants, particularly cocaine/crack amphetamines and opioids, such as heroin and prescription opioid abuse.

- Individuals with addiction issues exhibit a significantly higher likelihood of engaging in suicidal behaviour, with a 14-fold increase in risk compared to their counterparts of similar age and gender.
- Heroin is a type of narcotic opioid that comes from morphine, a substance found naturally in the seed pods of opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia.
- Heroin can be inhaled, smoked, or injected. The body rapidly converts heroin into morphine and attaches to the opioid receptors in the brain, causing the user to experience a pleasurable sensation or "rush."
- Heroin is exceedingly habit-forming and regular heroin users frequently develop a tolerance, which necessitates higher and/or more frequent dosages to achieve the desired effects.
- Possible long-term effects include collapsed veins, infection of the heart's lining and valves, abscesses, and pulmonary complications.



SUBSTANCE ABUSE: MARIJUANA

Derived from Cannabis Sativa /Indica Leaves	Plant contains Tetrahydrocannabinol - THC	THC psychoactive compound / cause impairment in cognitive function
Commonly consumed hand rolled cigarettes or bongs	THC enters bloodstream through lungs. Substance distributed to brain	THC binds with receptors on brain cells
Hyper activation of brain regions cause "high"	Regular cannabis used linked to depression and suicidal thoughts and attempts	THC affects development of the brain

23

Script Slide 23:

- What is Marijuana?
- Marijuana refers to the desiccated *Cannabis sativa* or *Cannabis indica* leaves, flowers, stems, and seeds.
- The plant contains Tetrahydrocannabinol (THC) which is a psychoactive compound that can cause impairment or alterations in cognitive function as well as other active compounds, such as cannabidiol (CBD).
- Marijuana is commonly consumed by individuals through the inhalation of hand-rolled cigarettes, also known as joints, or using water pipes, commonly referred to as bongs.
- When a person smokes marijuana, the THC immediately enters the bloodstream through the lungs. The substance is distributed to the brain and the rest of the body via the circulatory system. Delta-9-tetrahydrocannabinol (THC) exerts its effects by binding to receptors located on brain cells that typically respond to endogenous cannabinoids.
- Endogenous compounds are involved in the typical growth and operation of the brain. The consumption of marijuana results in the hyperactivation of brain regions that harbour a significant concentration of these receptors. This phenomenon results in the sensation commonly referred to as "high."
- Regular use of cannabis by adolescents has been linked to a heightened likelihood of being diagnosed with depression, experiencing suicidal thoughts, and attempting suicide during the early stages of adulthood.
- Despite a limited understanding of the health implications of marijuana consumption, research indicates that the adolescent brain undergoes development until the age of 25 years.
- Tetrahydrocannabinol, the psychoactive constituent of marijuana, has been found to impact the developing brain. Increased frequency of cannabis consumption and earlier onset of usage has been linked to heightened deficits in cognitive processes such as concentration, acquisition

of knowledge, and retention of information, which could potentially hinder one's academic accomplishments .

SUBSTANCE ABUSE: COCAINE

Cocaine is derived from the foliage of the coca plant indigenous to South America

Thousands of years South Americans consumed coca leaves due to stimulating properties

Cocaine gets combined with dangerous amphetamines or synthetic opioids like fentanyl

Estimated 27% - 50% of adolescent who killed themselves suffered from substance abuse disorder

Consumption of cocaine may heighten the likelihood of suicidal behaviour especially when used with alcohol

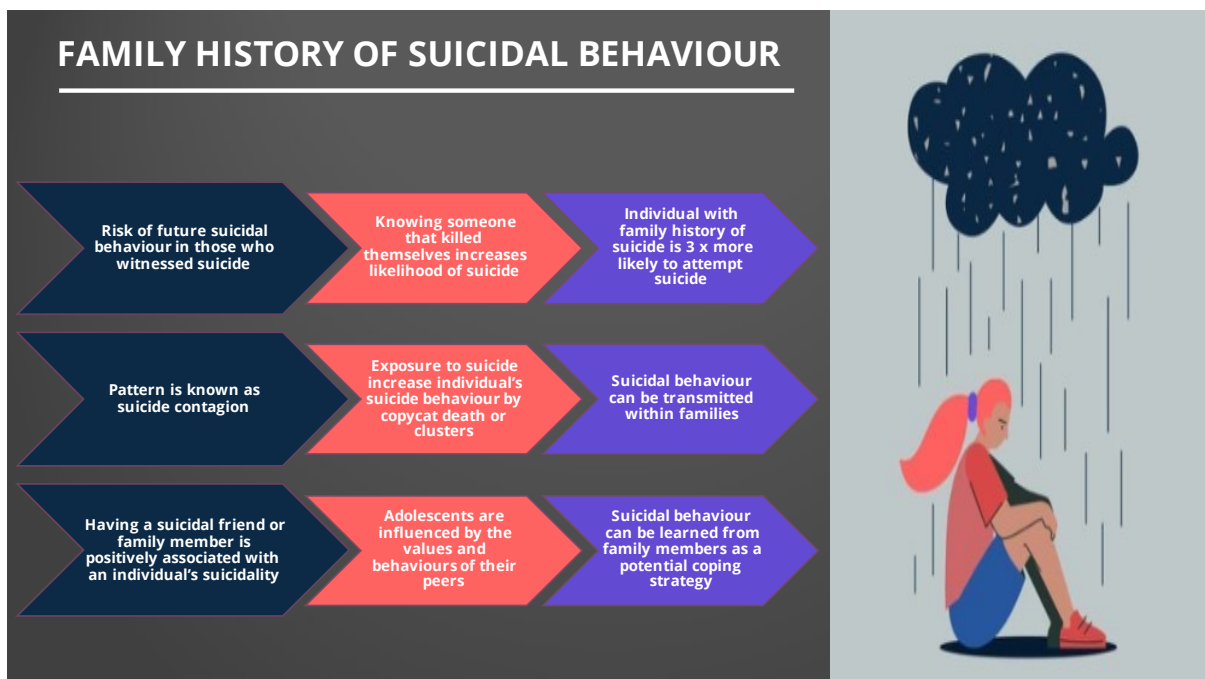
Co-occurring use of substances heighten toxicity of pharmaceuticals and can lead to overdose/death and self-harm



Script Slide 24:

- What is cocaine?
- Cocaine is a highly potent stimulant substance that induces addiction, derived from the foliage of the coca plant indigenous to South America.
- For thousands of years, individuals residing in South America have engaged in the practice of masticating and consuming coca leaves (*Erythroxylon coca*), which serve as the origin of cocaine, due to their stimulating properties.
- It is also possible to combine cocaine with other substances, such as amphetamines or synthetic opioids like fentanyl. The co-administration of synthetic opioids with cocaine poses a significant hazard, particularly when individuals who consume cocaine are unaware of the presence of this perilous additive.
- Research indicates that a significant proportion of adolescents who died by suicide, ranging from 27% to 50%, had comorbid substance abuse disorders.

- Consumption of substances such as tobacco and cocaine may heighten the likelihood of suicidal behaviour, especially when used in conjunction with alcohol, which is a commonly observed practice.
- The co-occurring use of substances has been noted to heighten the toxicity of specific pharmaceuticals, consequently amplifying the mortality rate of overdose as a method of self-harm.




Script Slide 25:

- How does a family member or friend's suicidal behaviour impact adolescents?
- Suicide bereavement and postvention literature frequently emphasise the risk of future suicidal behaviour in those who have witnessed a suicide death. Research indicates that suicidal behaviour significantly increases in families with a history of completed suicides.
- It is believed that knowing someone who has attempted suicide, whether they are a biological relative or not, increases the likelihood of suicidal conduct and distress in the exposed individual.

- Patients with a family history of suicide are estimated to be three times more likely to have attempted suicide than those without a history, regardless of any psychiatric illness.
- This pattern is also known as suicide suggestion or suicide contagion.
- Reports have been made that exposure to suicide may increase an individual's suicidal behaviour, most often in the context of copycat suicide deaths or clusters.
- Suicidal ideation in adolescents is associated with a family history of suicide attempts, which can lead to teen suicide.
- Studies on the suicidal behaviour of parents and offspring support this phenomenon, indicating that suicidal behaviour can be transmitted within families.
- Research indicates that having a suicidal friend or family member is positively associated with an adolescent's suicidality.
- Suicide attempts by role models, according to research, may trigger the development of suicidal ideations in adolescents.
- Adolescents are influenced by the values and behaviours of their peers.
- Suicidal behaviour has been hypothesised to be modelled and vicariously learned from family members as potential coping strategies and problem-solving skills.
- Exposure is powerful for normalising drastic and deviant behaviours such as suicide.
- Suicidal behaviour in the family may habituate family members, potentially increasing the likelihood of future attempts.

SOCIAL-ENVIRONMENTAL FACTORS



Families are an important part of youth development – we learn views and values within our families

Parents influence a child's behaviour early in child's development.

Family meets child's developmental needs – however peer impact increases during adolescents

Adolescent's behaviour affected by peer influence in both negative & positive ways

Adolescents with suicidal tendencies associate better with peers with similar tendencies

Family involvement can mitigate suicide risk through helpseeking behaviour

26

Script Slide 26:

- Now, we will delve into the topic of social-environmental factors.
- Families are an integral part of youth development, and youth learn and form their views and values within families. Family participation seems essential to helping problematic adolescents change their lives.
- Parents and other influential individuals frequently influence a child's behaviour early in the child's development. Children's straightforward developmental needs are met by their immediate family when they are young. However, peer impact significantly increases during adolescence.
- In adolescence, as people try to meet more complex psychosocial demands, they turn to friends and peers for further help. Peers influence behaviour directly and indirectly through reinforcement, imitation, and social pressure.
- Adolescent behaviour may be affected by peer influence in both negative and positive ways.

- Adolescents who experience suicidal ideation tend to associate with peers with similar depressive and suicidal tendencies. However, it is worth noting that having a social support system can serve as a safeguard against suicidal behaviour for both male and female youth.
- Family involvement can mitigate suicide risk through help-seeking behaviour. More specifically, a favourable parent-child relationship has been linked to increased informal help-seeking for suicidal ideation and behaviour, thereby potentially reducing the incidence of completed suicides.

MOST COMMON CAUSES OF CONFLICT BETWEEN PARENTS AND TEENAGERS

allowance	curfew	getting rides	smoking
body piercings	diet	grades	taking care of a pet
boyfriend/girlfriend	dishonesty	hairstyles	tattoos
cell phone use	disrespectful behaviour	how to spend money	type of music
chores	drug use	messy rooms	using electricity/hot water
church/religion	fairness	noise	what to eat
clothes	getting out of bed	sex/displays of affection	who to hang out with

27

Script Slide 27:

- Let us explore the most common causes of conflict between parents and adolescents.
- Allowance, curfew, getting rides, smoking, body piercings, diet, grades, taking care of a pet, boyfriend/girlfriend, dishonesty, hairstyles, tattoos, cell phone use disrespectful behaviour, how to spend money, type of music, chores, drug use, messy rooms, using electricity/hot water, church/religion, fairness, noise, what to eat, clothes, getting out of bed, sex/displays of affection, who to hang out with.



How can you resolve conflict?

- Don't say things you may regret
- Avoid personal attacks
- Be specific
- Keep it on track
- Focus on common goals
- Brainstorm solutions
- Speak thoughtfully
- Make a decision together

28

Script Slide 28:

- Next, we will explore the most effective methods for resolving conflicts with teenagers.
- Do not say things you may regret: When dealing with a non-urgent situation, it is advisable to reach a mutual understanding to disagree and hold off on further discussion until a later time. After everyone has had sufficient time to calm down and regain composure, it will be easier to have a constructive conversation. It is important to refrain from holding grudges and using the silent treatment. Additionally, please avoid making overly critical remarks as this will only exacerbate the situation.
- Avoid personal attacks: When communicating with a teenager, it is important to avoid using an accusatory tone or hurtful phrases, such as "You never listen," "Why are you so stupid?" or "You're so careless." Instead, it is more effective to focus on addressing the behavior rather than directly criticizing the teenager. This approach helps keep lines of communication open. Make sure your messages are delivered, even when the teenager may not be receptive or attentive.

- **Be specific:** To avoid conflicts, it is important to communicate your expectations clearly to a teenager. Vague expectations can be confusing, so ensure that your expectations are both reasonable and achievable for a teenager.
- **Keep it on track:** When dealing with conflicts, it is best to address one issue at a time and determine the root cause that triggered the conflict. Trying to tackle multiple issues at once can be harmful as it may make your teenager feel like you are constantly criticizing them. Nevertheless, it is crucial to hold the teen responsible for their actions.
- **Focus on common goals:** To ensure the safety and success of a teenager, it is crucial to consider each other as allies and focus on your shared goals. Rather than being overly confrontational, redirect your energy towards achieving these objectives
- **Brainstorm solutions:** We should create a list of possible solutions to the conflict. It is important to keep in mind that disagreements can cause people to strongly take one side or the other, making it hard to find a compromise or have productive discussions. Let us start by brainstorming innovative ideas, even if they may not be realistic. Being creative can be beneficial in finding solutions to any obstacles we may face, including conflicts with others.
- **Speak thoughtfully:** When you want to express your feelings or make a request, it is crucial to use "I statements." This technique means that instead of blaming or accusing others, you take responsibility for your own emotions and communicate your needs clearly and respectfully. By using "I statements," you can promote effective communication and avoid unnecessary conflicts.
- **Make a decision together:** When parents instruct their teenage children to do something with the sole reason being "because I said so", it often leads to conflict. Even if the teenager gives in to a threat, it can damage the relationship between the parent and child. It is recommended to find a solution together when both parties are calm, as this allows

for rational decision-making. However, attempting to do so while one party is angry is not advisable. In order to maintain productivity, it is important to stay calm. Avoid placing blame on others through actions or words and refrain from making impulsive decisions while feeling angry.

Verbal, Emotional, & Physical Abuse

Verbal Abuse : Verbal abuse is when someone uses words to hurt or undermine another person in an attempt to exert power over them. This type of abuse often involves using hostile language but can also include intentionally preventing communication with the aim of causing harm or dehumanizing the victim.

Emotional Abuse: Emotional abuse involves using vocal tones, language, and actions to control, harm, or demean an individual, causing psychological distress. This can include verbal threats, humiliation, controlling the victim's actions or choices, damaging their personal belongings, mistreating their loved ones, intimidation or stalking, exerting economic control, and isolating the victim from their social support network. Psychological abuse comes in various forms and can cause harm to an individual's mental health.

Physical Abuse: Physical abuse is when someone intentionally hurts or causes pain to another person. It is a way for the abuser to show power and control over the victim. Examples of physical abuse include kicking, punching, choking, throwing objects, slapping, stabbing, shooting, hitting with fists, and biting.

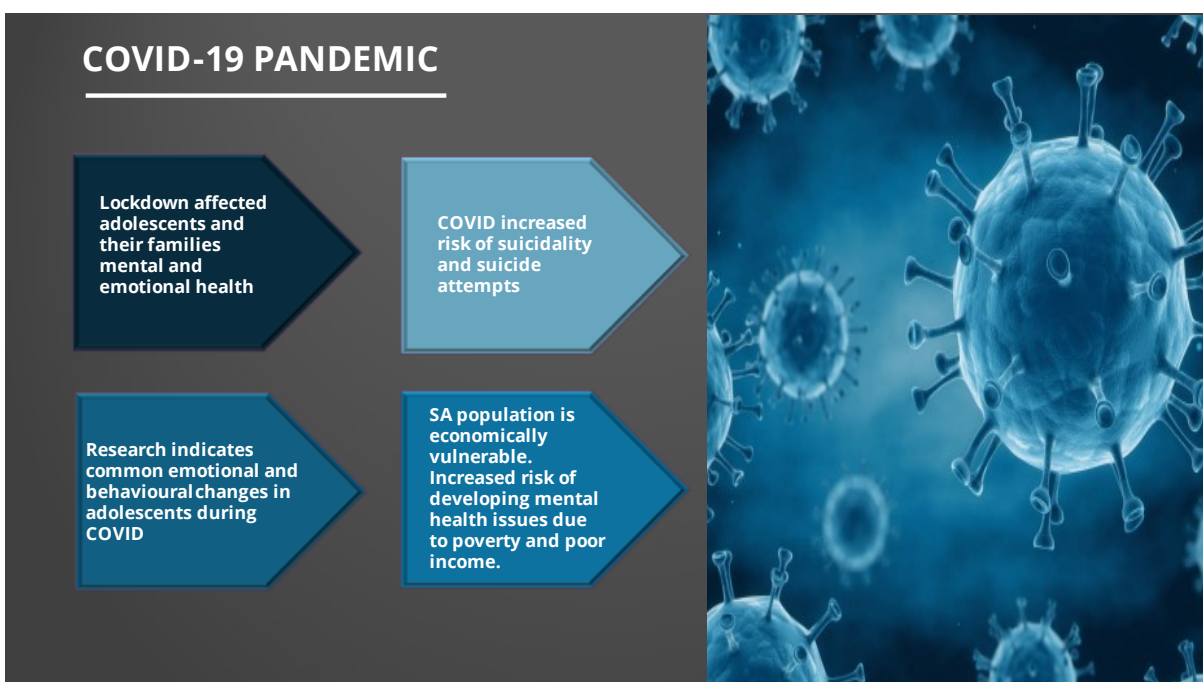


Script Slide 29:

- Let us take a closer look at the different forms of abuse: verbal, emotional, and physical.
- Verbal abuse is when someone uses words to hurt or undermine another person in an attempt to exert power over them. This type of abuse often involves using hostile language but can also include intentionally preventing communication with the aim of causing harm or dehumanizing the victim.
- Emotional abuse involves using vocal tones, language, and actions to control, harm, or demean an individual, causing psychological distress. This can include verbal threats, humiliation, controlling the victim's actions or choices, damaging their personal belongings, mistreating their loved ones, intimidation, or stalking, exerting economic control, and

isolating the victim from their social support network. Psychological abuse comes in various forms and can cause harm to an individual's mental health.

- Physical abuse is when someone intentionally hurts or causes pain to another person. It is a way for the abuser to show power and control over the victim. Examples of physical abuse include kicking, punching, choking, throwing objects, slapping, stabbing, shooting, hitting with fists, and biting.




Script Slide 30:

- Let us examine the effects of the COVID-19 pandemic on teenagers.
- During the lockdown, parents were asked to home-school their children while working from home, and social contacts were severely restricted
- The lockdown inflicted pressure on adolescents and their families and may have affected their emotional and mental health.
- During the pandemic, research identified common emotional and behavioural changes in adolescents. These symptoms include sleep issues, unfounded fears, anger and resentment,

a loss of interest in activities, isolation from others, increased drug and substance abuse, and disruptive and disrespectful behaviour.

- Researchers discovered an increase in children and adolescents requiring emergency psychiatric help for suicidality and suicide attempts during the COVID-19 pandemic.
- In South Africa, most of the population is economically vulnerable. An increased risk of developing mental health issues, including depression and anxiety disorders, is linked to poverty, poor household income, and a lack of resources, such as sufficient and nutritious food. The COVID-19 pandemic has unfortunately exacerbated the problem, creating further unemployment and food shortages in South Africa.

INTERPERSONAL THEORY OF SUICIDE



During 2005 Thomas Joiner introduced the Interpersonal Theory of Suicide.

The IPTS assists us to understand why some individuals contemplate suicide but do not proceed with a suicide attempt.

According to the IPTS, suicide is contingent upon the volitional desire and the capability to execute the suicidal behaviour.

If an individual undergoes two discrete psychological conditions over a prolonged period of time, they may cultivate a proclivity towards suicidal ideation.

The two psychological states are perceived burdensomeness and a sense of social alienation or thwarted belongingness.

As per the IPTS, individuals who perceive themselves as burdensome believe that they are threatened not only by their perceived lack of worth but also by those in their immediate social environment.

Thwarted belongingness is a term used to describe the emotional state of individuals who experience a sense of alienation, disconnection, and lack of social integration within their familial and social networks.

The simultaneous presence of perceived burdensomeness and thwarted belongingness is associated with suicidal ideation and behaviour. According to the theoretical framework, individuals who exhibit suicidal ideation, engage in suicidal attempts, and eventually succumb to suicide have mistakenly converted their self-loathing emotions into feelings of expendability.

31

Script Slide 31:

- Let us take a closer look at the interpersonal theory of suicide.
- A theory is a principle that has been established to explain a particular aspect of the natural world.

- Theories are developed through repeated observation and testing, and they encompass facts, laws, predictions, and tested hypotheses that are widely accepted.
- In the realm of science, a hypothesis refers to a statement that can be tested and examines the connection between two or more variables or serves as a proposed explanation for a particular observed phenomenon.
- During 2005, Thomas Joiner introduced the Interpersonal Theory of Suicide.
- The IPTS assists us to understand why a number of individuals contemplate suicide but do not proceed with a suicide attempt.
- According to the IPTS, suicide is contingent upon the volitional desire and the capability to execute the suicidal behaviour.
- If an individual undergoes two discrete psychological conditions over a prolonged period of time, they may cultivate a proclivity towards suicidal ideation.
- The two psychological states are perceived burdensomeness and a sense of social alienation or thwarted belongingness.
- As per the IPTS, individuals who perceive themselves as burdensome believe that they are threatened not only by their perceived lack of worth but also by those in their immediate social environment.
- Thwarted belongingness is a term used to describe the emotional state of individuals who experience a sense of alienation, disconnection, and lack of social integration within their familial and social networks.
- The simultaneous presence of perceived burdensomeness and thwarted belongingness is associated with suicidal ideation and behaviour.
- According to the theoretical framework, individuals who exhibit suicidal ideation, engage in suicidal attempts, and eventually succumb to suicide have mistakenly converted their self-loathing emotions into feelings of expendability.

STRATEGIES TO ASSIST ADOLESCENTS EXPERIENCING SUICIDAL IDEATION



If you have suicidal or selfharming impulses, knowing when they occur can help you manage them.

It is beneficial to maintain a journal as a means of monitoring any troubling thoughts or emotions.

Identify the situations that may trigger these emotions and record their occurrence and your response to them in a journal or notebook.

It is recommended to employ self-care techniques, such as deep breathing, mindfulness meditation, or physical exercise, to reduce symptoms of depression or anxiety.

It is advisable to seek support from a trusted individual or a medical practitioner, such as a family physician, upon initial onset of such thoughts or emotions.

Script Slide 32:

- Next, we will discuss the strategies that can be used to manage suicidal ideation
- If you have suicidal or self-harming impulses, knowing when they occur can help you manage them.
- It is beneficial to maintain a journal as a means of monitoring any troubling thoughts or emotions.
- Identify the situations that may trigger these emotions and record their occurrence and your response to them in a journal or notebook.
- It is recommended to employ self-care techniques, such as deep breathing, mindfulness meditation, or physical exercise, to reduce symptoms of depression or anxiety.
- It is advisable to seek support from a trusted individual or a medical practitioner, such as a family physician, upon initial onset of such thoughts or emotions.

SURVIVING TEENS PROGRAMME – CATHERINE STRUNK (2014)

The Surviving Teens programme, utilises the Steps to **LAST methodology** to address the needs of adolescents vulnerable to suicidal ideation and behaviour.

The recommended steps to address **personal distress** are as follows:

Let someone know what your troubles and concerns are.

Ask for assistance and support from others.

Share and express your feelings and emotions.

Tell and seek assistance from a responsible adult

L A S T

Steps to LAST to aid adolescents who are experiencing distress and difficulties:

Look and listen for signs of depression or suicidal ideation or behaviour.

Ask targeted questions about suicide.

Show support, emotional encouragement and assistance.

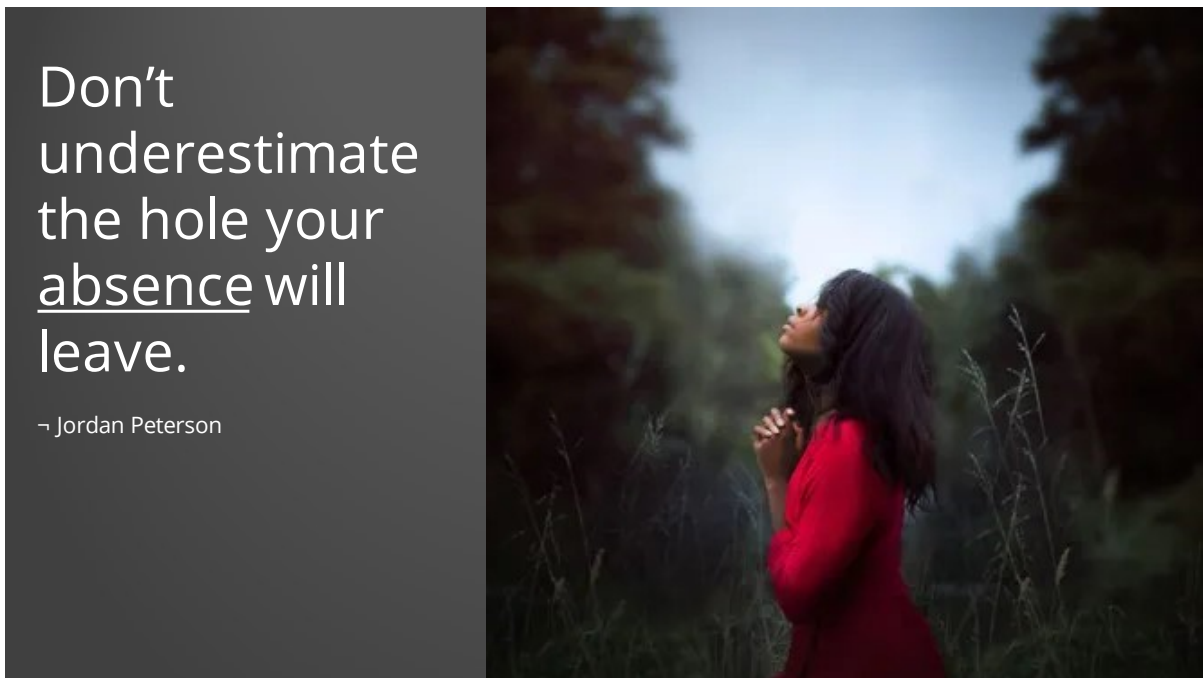
Tell a responsible adult who can offer adequate support.

33

Script Slide 33:

- Now, let us examine the Surviving Teens programme that was developed by Catherine Strunk in 2014. The Surviving Teens programme utilises the Steps to LAST methodology to effectively address the needs of vulnerable adolescents who may be experiencing suicidal thoughts or engaging in self-harming behaviours. The following are the recommended steps to address personal distress:
- Let someone know what your troubles and concerns are.
- Ask for assistance and support from others.
- Share and express your feelings and emotions.
- Tell and seek assistance from a responsible adult.
- Steps to LAST to aid adolescents who are experiencing distress and difficulties:
- Look and listen for signs of depression or suicidal ideation or behaviour.
- Ask targeted questions about suicide.
- Show support, emotional encouragement, and assistance.
- Tell a responsible adult who can offer adequate support.

- In order to encourage children to express their emotions, it is crucial to fully focus on them and acknowledge the validity of their feelings.
- Take action, remove any potential suicide weapons, and seek advice from people or organisations with expertise in crisis intervention and suicide prevention.
- Please refrain from expressing surprise or remaining silent.
- Practice being non-judgmental.
- Display your support, availability, interest, and involvement.



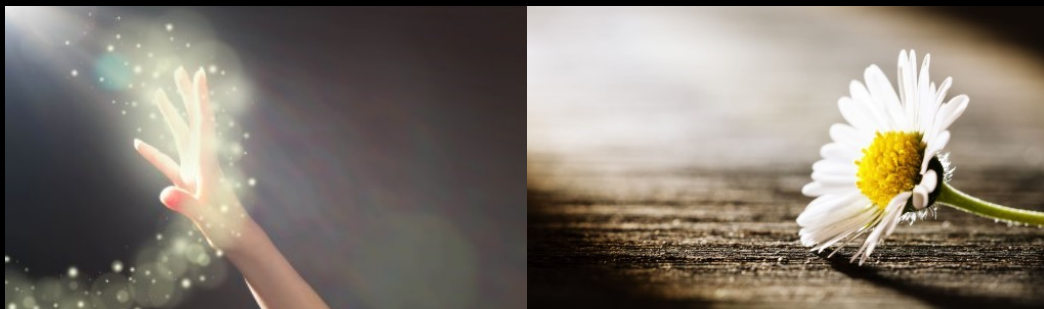
Don't underestimate the hole your absence will leave.

– Jordan Peterson

Script Slide 34:

- Do not underestimate the hole your absence will leave.
- The problem with suicide is that it leaves those left behind grappling with thoughts of what they could have done differently. They may feel remorse for not treating the person better or not being there for them, and they continue to blame themselves for the loss of their friend or family member who took their own life.

- Suicide is a complex issue, and the way individuals behave when they are struggling to cope varies from person to person. Occasionally, individuals may exhibit signs that indicate they are experiencing a challenging period or grappling with distressing thoughts. Different people may experience various signs, with some individuals experiencing several signs while others may only experience one or two, or even none at all.
- There is evidence to suggest that asking someone directly if they are feeling suicidal can be a protective measure. They feel heard and, hopefully, less confined. Their emotions are acknowledged, and they are reassured that someone genuinely cares for them. Reaching out to others can potentially save a life.
- You only get one life; it is actually your duty to live it as fully as possible.
- Remember, there is no coming back from suicide.



THANK YOU

The next and final chapter provides a summary of the preceding chapters as well as the research findings. In the final section, an examination of this study's conclusions and limitations is undertaken, alongside recommendations for future research.

Chapter 6: Summary, Recommendations, and Conclusions

*She sat alone,
 Alone at home
 Where her screams were silent
 But her mind was violent
 Her insecurities hid deep inside
 And they did indeed eat her alive
 A tear rolled down her face
 As her heart began to race
 She took a blade and tore her skin
 Where her depression lay deep within
 This went on for days, months, and years
 And until she cried her very last tears
 She decided that she had enough
 The world around her was much too tough
 She took a gun to her head
 Congratulations society,
 She is dead...
 –Anonymous*

6.1 Introduction

The final chapter includes a concise overview, a comparative analysis of the limitations of this study, recommendations for future research, and a conclusion.

This study investigated the subjective experiences of adolescents living in Tshwane, South Africa, who experience suicidal thoughts and aimed to establish the potential associations between various psychosocial risk factors (including sociodemographic variables, instances of bullying and victimisation, substance abuse, familial history of suicidal behaviour, socioenvironmental factors,

and the impact of the COVID-19 pandemic) and the manifestation of suicidal behaviour in this population.

The following section presents a condensed version of every section in the research study.

6.2 Summary of Chapters

The first chapter introduced the research problem that inspired this study. This study investigated psychosocial risk factors for adolescent suicidal ideation. The researcher's findings assisted the researcher in creating a school-based educational and awareness programme for adolescents experiencing suicidal ideation

The main purpose of this study was to investigate the following research questions:

1. Which psychosocial risk factors (i.e., depression, mental and emotional health, bullying and victimisation, alcohol and substance abuse, family and friend's history of suicidal behaviour, social-environmental factors, and the COVID-19 pandemic) contribute to suicidal ideation in adolescents?
2. Which prevention and awareness strategies can be started to minimise suicidal ideation in adolescents?
3. Teachers and peers can use which indicators to identify suicidal tendencies in adolescents?
4. How to develop a school-based education and awareness programme designed to inform adolescents, peers, and teachers about the risk factors of suicidal ideation?

In the second chapter of this study, a thorough review of all the previous research was done with the main goal of finding and evaluating psychosocial risk factors that might lead to teens having suicidal thoughts. The theory was examined within the framework of the present study. Using the

interpersonal theory of suicide was considered the most appropriate for this research study. Chapter two concluded with a comprehensive examination of the efficacy of school-based programmes aimed at preventing adolescent suicide.

In the third chapter of this study, the qualitative research technique was used to analyse adolescents' emotions, perspectives, and viewpoints on personal factors influencing suicidal thoughts and behaviour. Using a phenomenological research design, interpretive phenomenological analysis (IPA) was used to understand participants' experiences of suicidal ideation.

The idea of validity in qualitative research pertains to the reliability and credibility of the collected data. Credibility and trustworthiness were established by incorporating comprehensive verbatim extracts and direct quotations from the participants' responses. Credibility and trustworthiness were enhanced through the active engagement of the researcher's supervisor, who gave guidance and consistent input regarding the researcher's dissertation, transcription of data, and interview schedule.

This study used semi-structured interviews, recorded in audio format with participants' consent, to gather data, which were then examined using Groenewald's (2004) simplified adaptation of Hycner's (1985) explication procedure.

In chapter four, the findings were thoroughly examined and evaluated about the literature. A discussion on the subjects was fuelled by interview quotes and relevant scholarly research. Data analysis revealed six core and eleven sub-themes.

- Theme 1: Experience with suicidal ideation
- Theme 2: Bullying and victimisation
- Theme 3: Alcohol and substance abuse

- Theme 4: Family history of suicidal behaviour
- Theme 5: Social-environmental factors
- Theme 6: COVID-19 pandemic

In chapter five, the school-based educational and awareness programme was introduced, specifically designed for implementation within a school setting. The primary objective of this programme was to provide education and support to adolescents who experience suicidal ideation.

6.3 Discussion of Findings

6.3.1 Theme 1: Experience with Suicidal Ideation

The initial theme that emerged from the interviews was the participants' experiences with suicidal ideation. In line with earlier research, this study observed a significant association between depression, mental well-being, emotional health, and suicidal ideation among adolescents. All six participants confirmed that they had experienced depressive symptoms before attempting suicide. Only two participants have sought professional consultation from a psychiatrist or psychologist for a duration sufficient to receive a formal diagnosis of a mental disorder. Both participants were clinically diagnosed with depression. As a non-clinician, the researcher lacked the knowledge to diagnose individuals with depression or other mental illnesses. The researcher was dependent on the feedback provided by participants regarding their emotional state before their suicide attempt.

Consistent with prior research, it has been suggested that individuals with impulsive tendencies are more likely to engage in impulsive behaviours, which correlates to higher rates of suicidal behaviour (Auerbach et al., 2017). 50% Of the participants confirmed that the decision to engage in suicidal behaviour was impulsive, rather than premeditated. Research has shown that

emotion-related impulsivity, meaning difficulty regulating reactions to emotions, is a significant predictor of problematic behaviours and a strong indicator of suicidal tendencies (Auerbach et al., 2017). Consistent with earlier research studies, it had been determined that three participants reported experiencing intense emotional distress following a conflict with one of their parents, leading to impulsive self-harming behaviour with suicidal intentions.

6.3.1.1 Sub-Theme 1.3: Self-Harm

In line with other study findings, it has been found that self-cutting is usually acknowledged as the predominant manifestation of self-harm among adolescents (Hawton et al., 2012). A notable fraction of adolescents who partake in self-harming behaviours abstain from seeking help before participating. 50% Of the participants in this study exhibited self-harming behaviours, notably the act of cutting themselves. None of the participants had sought any help before engaging in self-harm. The participants verified that they experienced a sense of emotional relief after engaging in self-harm.

6.3.2 Theme 2: Bullying and Victimization

During the interviews, a secondary theme emerged about the phenomena of bullying and victimisation.

6.3.2.1 Sub-Theme 1.1: Bullying and Victimization

This study supports previous research, which shows that bullying and victimization can lead to increased levels of depression, self-harm, and suicidal thoughts among adolescents (Najafi et al., 2017). Bullied adolescents are more likely to experience symptoms of depression and anxiety, struggle with academic performance, feel disconnected from their school community, have difficulty forming friendships, exhibit poor social and emotional adaptation, and feel lonely. All participants in

the research study confirmed that they were subjected to bullying or victimization during their primary or secondary education. Additionally, all participants acknowledged experiencing symptoms of depression. The majority of participants experienced difficulties in their academic work and felt overburdened. Many participants faced difficulties in forming social connections and building trustworthy interpersonal relationships. They also admitted to feeling lonely and isolated without a support system to rely on during difficult times.

6.3.3 Theme 3: Alcohol and Substance Abuse

The third theme focuses on alcohol and drug abuse.

6.3.3.1 Sub-Theme 1.1: Alcohol and Substance Abuse by the Participant, Family Member or Friend

Although earlier research has suggested that alcohol and drug use are major issues today, especially in developing countries like South Africa, the findings of this study do not align with those findings. According to previous research, about one-third of South Africa's population is considered "youth," and the country has one of the highest rates of alcohol consumption worldwide (Bezuidenhout, 2018; Morojele & Ramsomar, 2016). Within the context of this research, one participant engaged in the abusive consumption of codeine syrup with alcohol. No other participants acknowledged engaging in alcohol intake or exhibiting an addiction to alcohol. However, half of the participants in the survey admitted to having struggled with drug addiction in the past, which included substances such as codeine syrup, marijuana, and other medications.

6.3.4 Theme 4: Family History of Suicidal Behaviour

The third theme that emerged from the interview data examined the familial origins of suicidal tendencies.

6.3.4.1 Sub-Theme 1.1: Suicidal Behaviour within the Family

A recent study by Bukuluki et al. (2021) found evidence that having a friend or family member who is suicidal may increase the likelihood of suicidal tendencies in adolescents. According to Joiner (2005) increased exposure to certain behaviours, such as suicide attempts or completions, through social relationships can lead to greater acceptance and perceived feasibility of engaging in this behaviour. This study found that two participants had close acquaintances who had made suicide attempts. The participants reported that they experienced feelings of fear, sadness, and helplessness in response to their friend's suicide attempts. However, verifying whether the suicide attempts of their friends could have heightened the probability of the two participants engaging in a suicide attempt was challenging. All the participants in this study (N = 6) identified interpersonal conflicts within their social circles, namely those involving friends and family, as significant catalysts for their suicidal ideation. Nonetheless, it is plausible that the two individuals exposed to their friends' suicide attempts may have been subject to subtle influences stemming from these occurrences, unbeknownst to them, regarding the profound impact that their friends' suicide attempts had on their own lives.

6.3.5 Theme 5: Social-Environmental Factors

The fifth theme of this study was centred on social-environmental elements.

6.3.5.1 Sub-Theme 1.1: Relationship with Parents, Siblings, and Peers

The role of the family in suicidal conduct is significant since family conflict is linked to an increased probability of experiencing current suicidal thoughts and engaging in suicide attempts (Eslava et al., 2023). Adolescents often experience a significant impact on their ability to cope when confronted with familial conflict, rendering those with inadequate coping strategies especially susceptible to suicidal tendencies (Eslava et al., 2023). This study supports previous research that consistently shows a significant link between family conflict and suicidal thoughts in adolescents. All

six of the participants in this study experienced family discord. Five participants had such a difficult relationships with their mother or father, it leads them to believe that suicide was the best or only option.

6.3.5.2 Sub-Theme 1.2: History of Emotional and Physical Abuse

Research has shown that when children suffer from maltreatment during their childhood, including intentional harm or neglect from a carer resulting in physical, emotional, or psychological damage, it can lead to an increased risk of suicidal thoughts or actions (Sekowski et al., 2020). This risk is even greater when a close relative conducts the abuse. This study supports previous research by confirming that physical, emotional, and verbal abuse can have a significant negative impact on adolescents. Five participants in the present study were subjected to various forms of abuse, including physical, emotional, and verbal, perpetrated by one of their parents. One participant included in this study experienced significant physical abuse from early childhood onward. The participant's mother engaged in the act of restraining her, often subjected her to physical violence, and tried to drown her in a bathtub. The participant involved experienced significant emotional and psychological harm because of the mistreatment.

6.3.5.3 Sub-Theme 1.3: Early Loss of a Parent

Adolescents may show acute responses to traumatic experiences, such as the death of a parent and anniversaries, due to their less developed cognitive and social capacities compared to adults. They may encounter challenges in regulating impulsive reactions (Hyoshi et al., 2022). None of the participants' parents had succumbed to suicide. A sole participant experienced the loss of both her parents during her early childhood. She was compelled to live with her maternal aunt, who subjected her to emotional abuse. During the interview, the participant displayed emotional reactions while recalling memories of her mother and the cruelty inflicted on her by her aunt. She desired her mother's

continued presence, recognizing that her life would have been significantly different if her mother had not been deceased.

6.3.6 Theme 6: COVID-19 Pandemic

During the analysis of the interview data, the last theme that emerged was the examination of the COVID-19 pandemic.

6.3.6.1 Sub-Theme 1.1: Occurrence of the COVID-19 Pandemic

Based on past studies indicating the significant role of suicide as a leading cause of death among children and adolescents, it is reasonable to posit that the COVID-19 pandemic may introduce supplementary stressors to this population, potentially heightening their vulnerability to suicidal ideation and behaviours (Liu et al., 2023). According to this study's results, most participants (N = 4) faced significant difficulties during the lockdown period. They felt socially isolated and could not participate in outdoor activities freely. Additionally, being constantly around family members led to increased conflict and disharmony within the family unit.

6.4 Limitations of this Study

While this study offered valuable insights into the subjective experiences of adolescents who suffer suicide ideation, it is important to acknowledge and address its inherent limitations:

- Using a limited sample size consisting of participants from a specific geographic area within South Africa may not adequately reflect the complexities and nuances of the broader multicultural community. The findings can only be generalised to adolescents who share a comparable demographic profile.

- An attempt was made to recruit adolescents from varied ethnic, cultural, and socioeconomic backgrounds. However, recruiting adolescents was impossible. The researcher contacted nearly 100 Tshwane-based schools. Sadly, no schools were interested in participating in the research study. Finding a suitable educational institution that wanted to engage in the research study was difficult. Only one educational institution agreed to participate in the study.
- This study did not encompass the representation of all population groups. The sample exclusively consisted of individuals belonging to the Black population demographic. The White and Indian/Asian/Coloured demographic cohorts show a notable lack of representation.
- The idea of generalisability: most interviewed adolescents had similar educational and socioeconomic backgrounds. Adolescents from different socioeconomic backgrounds may view psychosocial risk factors for suicide ideation differently. The research participants in this study were socioeconomically disadvantaged. A similar study in a wealthier community may provide different results.
- The use of purposive sampling for participant selection limited the study. These strategies do not give all population members an equal chance of being chosen. Biased samples can lead to inaccurate population estimates. Thus, broad inferences or generalisations regarding the chosen group are impossible.
- The parents of the adolescents who exhibited suicidal ideation were not included in the research study and were not subjected to interviews. The researcher only relied on adolescents' perspectives and first-hand accounts of the reasons behind their suicidal thoughts and attempts. This implies that the researcher lacked exposure to the alternative perspective. The inclusion of all family members would have been useful in enhancing the comprehension of the phenomena to a significant extent.
- Another aspect that could have potentially affected the limitations of this study is response bias. Due to the potentially delicate nature of the research subject, participants may have had

feelings of being overwhelmed and pressured, leading them to make responses that were socially desirable rather than honest and true. This implies, for example, that certain participants within this study may have chosen not to disclose accurate information regarding their engagement in illicit drug consumption due to the potential legal ramifications associated with drug usage.

- While interpersonal theory provides insights into the identification of persons at risk of suicide, it lacks accuracy in terms of predicting the timing of such self-harming behaviours. An emphasis on integrating acute suicidal risk factors with the interpersonal theory of suicide should enhance efforts in suicide prevention (Chu et al., 2017).

6.5 Implication for Theory and Research

The interpersonal theory of suicide, which we talked about in the literature review chapter, says that suicide can be broken down into three main parts: not feeling like you belong, feeling like you are a burden, and having the ability to kill yourself (Buchman-Schmitt et al., 2014). The theory proposes that the inclination towards suicide arises when an individual encounters a sense of thwarted belongingness, characterised by a perceived absence of meaningful interpersonal relationships and a sense of perceived burdensomeness, wherein one believes they impose a weight on their loved ones and that their death holds greater value than their life (Buchman-Schmitt et al., 2014). Alongside the existence of these two constructs, an individual needs to regard these states as enduring and unstoppable to develop an inclination towards death by suicide (Buchman-Schmitt et al., 2014).

At first, Joiner et al. (2009) constructed the interpersonal theory by studying adults engaging in suicidal behaviour. Since its inception, the theory has been examined about adult and college student populations, and there has been limited research on how the interpersonal theory applies to adolescents (Horton et al., 2016). This suggests that the interpersonal theory of suicide may not fully

account for the unique parts of adolescent suicidal behaviour. However, Horton et al. (2016) said that the interpersonal theory's concepts are still important during adolescence, even though the setting and presentation may be different. This is because of differences in how people are developing at different times. The researchers suggest that adolescents who feel like they are a burden to others may have trouble with academics or become socially isolated. Likewise, those who experience thwarted belongingness may distance themselves from their peers or feel disconnected from their families (Horton et al., 2016).

During adolescence, developing close relationships is crucial, but it can have both positive and negative effects. Adolescence can be a challenging time for individuals as they try to have strong relationships with peers and family members (Miller et al., 2014). Adolescents who have experienced abuse or maltreatment are especially vulnerable to these effects. Studies have shown that feeling disconnected from family or peers can lead to a sense of not belonging, which can affect interpersonal dynamics (Miller et al., 2014). This study aligns with the interpersonal theory of suicide, which suggests that adolescents who see themselves as burdensome may encounter academic difficulties or become socially alienated. All six participants in this study encountered familial conflict, resulting in a sense of disconnection and challenges in establishing constructive relationships with their relatives.

Furthermore, the participants faced difficulties in establishing and maintaining positive interpersonal connections with their peers. Most participants acknowledged facing challenges in articulating their thoughts and feelings to their friends due to concerns about trustworthiness and understanding. The interviews revealed that all the participants' noticeable absence of interpersonal relationships exhibited a lack of trust and reliability with their family members or friends, especially when faced with difficult situations.

All of the female participants in this study acknowledged having difficulty in the classroom, including feelings of workload overload and worries about their grades. This follows the interpersonal theory, which proposes that adolescents who regard themselves as burdensome may face challenges in their academic performance. This study revealed that every participant practised some form of social distancing, whether from their friends or family members. The participants stated they felt disconnected from their families and lacked open communication with their parents. This statement is per the interpretation of the interpersonal theory proposed by Miller et al. (2014), which argues that experiencing a lack of connection with one's family or peers can result in a feeling of not belonging, influencing interpersonal interactions.

6.6 Implications for Practice and Policy, Suggestions for Future Studies

The existing body of research on the risk factors associated with suicidal thoughts among adolescents in South Africa is minimal. There exists a significant opportunity for future exploration and analysis in this domain. The next suggestions for future research are proposed:

- An evaluation of the One Life school based educational and awareness programme to assist adolescents with suicidal ideation.
- The development of a required national policy on adolescent suicide is to be started in all educational institutions. This policy would serve as a part of a comprehensive study aimed at exploring preventive measures for adolescents at risk of suicide within the school setting.
- Conducting a longitudinal study that examines the same topic in a rich community in a different context, allows for a comparative analysis of the findings from both studies.
- Given the limited availability of qualitative research on the risk factors associated with suicidal thoughts and behaviour in adolescents in South Africa, it is recommended to use alternative qualitative research methods such as case studies and participant observations.

This could contribute to the existing body of research about identifying risk variables that may be associated with the development of suicidal ideation and behaviour among adolescents.

- Educators and parents should be informed about the school-based educational and awareness programme aimed at supporting adolescents experiencing suicidal ideation. Both teachers and parents might derive benefits from reviewing the programme. The project was developed to target a diverse audience, including adolescents, educators, and parents.
- Principals, teachers, and parents must have a comprehensive understanding of the significance of educating adolescents regarding the risk factors linked to suicidal ideation. After reaching out to more than one hundred educational institutions, the researcher discovered a prevailing reluctance among schools to engage in open discussions regarding the sensitive topic of suicide, suggesting that it remains a disapproved subject

6.7 Summary and Conclusion

The study explored risk factors for suicidal thoughts among South African adolescents and developed a school-based educational programme to support those experiencing suicidal ideation.

The participants showed minor variations in their demographic characteristics:

- The age of the participants ranged from 15 to 18 years.
- There were six participants overall, with four females and two males.
- All the participants in this study had a shared racial identity as black individuals and were found to have similar socio-economic backgrounds.
- The participants were still living in their parental home, either with one parent or both parents.
- All the participants in this study were enrolled in secondary education institutions and were in Grades 9 to 12.

The literature analysis and research findings have yielded valuable insights into the psychosocial risk factors associated with suicidal ideation in adolescents. These risk factors include depression and anxiety, a family history of suicide, socioenvironmental variables, the impact of COVID-19 and alcohol and substance misuse. This study additionally revealed risk variables including self-harm, the quality of relationships with parents, siblings, and classmates, as well as a history of verbal, emotional, and/or physical abuse.

Age is a risk factor for suicidal thoughts and behaviour, with suicide being the fourth leading cause of death among older adolescents, particularly those aged 15-19. In this study, we examined a group of adolescents (N=6) between the ages of 15 and 18 who reported having thoughts of suicide. All six participants fell within the age range where suicide is the fourth leading cause of death globally.

Identifying suicidal tendencies in adolescents can be aided by looking for signs of depression. Studies by Herres et al. (2019) and Young et al. (1998) have shown that young people who exhibit suicidal behaviour often have a history of earlier suicide attempts and display symptoms of depression. All participants in this study (N=6) indicated experiencing symptoms of depression before their attempted suicide. Most of the participants in this study (N=4) have engaged in multiple attempts to commit suicide.

Identifying adolescents at risk for suicidal ideation can be done by looking out for bullying and victimisation. According to Hong et al. (2015) empirical evidence supports the notion that individuals subjected to bullying are at a higher risk of developing various negative psychological outcomes, such as anxiety, low self-esteem, feelings of loneliness, and a sense of hopelessness. These adverse effects have also been associated with an increased likelihood of engaging in

suicidal ideation or behaviour. This study involved six participants, all of whom reported experiencing either bullying or victimisation during their primary or high school years. Every participant reported feeling powerless and isolated in response to instances of bullying or victimisation.

When identifying adolescents who may be at risk for suicidal thoughts, conflicts within the family can serve as a crucial indicator. Research shows a correlation between intrafamilial conflict and engagement in suicidal behaviour. Various factors can contribute to an adolescent's inclination to contemplate or engage in self-harm, including familial turmoil, parental stress, lack of external adult support, parental physical abuse, elopement, and living separately from both parents (Carballo et al., 2020). In this study, all participants (N=6) reported conflicting with one or both of their parents. A significant majority of those who experienced familial conflict exhibited suicidal tendencies following altercations with their parents.

In this study, the identification of alcohol misuse as a substantial risk factor for the manifestation of suicidal ideation in adolescents was not found. Among the six individuals, only one disclosed a history of alcohol misuse, specifically with codeine syrup. However, three out of six participants had experienced addiction to substances such as codeine, marijuana, and medications.

All the research questions have been addressed, and this study's goals have been met.

6.8 Critical Self-Reflection

My mother tragically took her own life on February 14, 2008. Regrettably, my closest friend also ended her life a year before my mother's passing. At the time of my mother's suicide, I was 28

years old and in my second year of university. The ongoing and lasting consequences of the suicides of my friend and mother profoundly affected my life. After the tragic events of their deaths, I battled severe depression and had occasional suicidal thoughts. However, my focus in life revolved around my academic pursuits. Despite facing severe depression, I was able to earn my undergraduate degree.

Due to my understanding of the pain caused by losing a loved one to suicide, as well as my personal experiences with major depression, a personality disorder, and the thoughts and emotions related to suicide, I felt a strong desire to explore the subject of suicide. I was presented with the opportunity to research suicide when I successfully enrolled in a doctoral study. From the beginning, I had an overwhelming desire to choose suicidal ideation in adolescents as the focus of my research study. Conducting research and gaining an in-depth understanding of adolescent suicide brought me a sense of fulfilment. However, I faced challenges once I reached the interview phase. I experienced difficulties locating an educational establishment that would permit me to conduct interviews with adolescents with suicidal intentions. I reached out to more than one hundred educational institutions, but unfortunately, they all declined my request. However, a particular educational institution had shown interest in my research.

During my master's research, I faced several challenges during interviews. However, the interview process was simpler than it had been before. I conducted each interview with confidence and professionalism. During the interviews, 50% of the individuals showed emotion, but the underlying reasons behind these responses were clear. Before moving forward with the interviews, I paused to allow participants to discuss any other issues they wanted to address.

Although the interview method was straightforward, I struggled to engage with the participants' life experiences. I was devastated when I learned some of the participants had been physically abused. It made me feel powerless because I couldn't change their situation. Research

interviews are difficult, especially when ethical constraints prohibit guidance for participants. I kept my emotions in check during the interviews and felt deeply for the participants. I struggled to ask questions without comforting or guiding them. I was mindful of my limits while giving participants feedback or advice because I am not a clinician. As a researcher, I solely interviewed participants and maintained a professional distance from their personal life stories.

After careful consideration, I determined that creating an education and awareness programme aimed at adolescents at heightened risk of encountering suicidal ideation would yield significant benefits. It is important to note that both peers and educators stand to gain valuable insights and knowledge from reviewing the programme. The programme aims to provide pertinent information about suicidal thoughts and behaviours to aid suicidal adolescents. In addition, I hoped that researching suicide and creating a programme to educate and raise awareness among adolescents, teachers, and peer could help bring closure to my journey. However, my rational thinking acknowledges that I am not responsible for my mother's death resulting from suicide. An individual, regardless of their age, should not have the exclusive responsibility of tending to a parent's mental well-being. My mother needed a community to assist her, a safeguard to uphold her; anything to enhance the quality of her existence. Despite my awareness that I am not accountable for my mother's suicide, I continually experience a pervasive feeling of personal guilt.

References

- Abrutyn, S., & Mueller, A. S. (2014). Are suicidal behaviours contagious in adolescence? Using longitudinal data to examine suicide suggestion. *American Sociological Review*, 79(2), 211-227. <https://doi.org/10.1177/0003122413519445>
- Alabi, A. A. (2022). Suicide attempts among students of higher education, Nelson Mandela Bay Municipality, South Africa. *S Afr Fam Pract*, 64(1):e1-e7. <https://doi.org/10.4102/safp.v64i1.5609>
- Alavi, N., Roberts, N., Sutton, C., Axas, N., & Repetti, L. (2015). Bullying victimization (Being bullied) among adolescents referred for urgent psychiatric consultation: Prevalence and association with suicidality. *The Canadian Journal of Psychiatry*, 60(10), 427-431. <https://doi.org/10.1177/070674371506001003>
- Álvarez-García, D., García, T., & Núñez, J. C. (2015). Predictors of school bullying perpetration in adolescence: A systematic review. *Aggression and Violent Behaviour*, 23, 126-136. <https://doi.org/10.1016/j.avb.2015.05.007>
- Anderson, J. (2014). The impact of family structure on the health of children: Effects of divorce. *Linacre Q*, 81(4), 378-387. <https://doi.org/10.1179/0024363914Z.00000000087>
- Antwi, S. K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management*, 7(3), 217-225.
- Arseneault, L. (2018). Annual research review: The persistent and pervasive impact of being bullied in childhood and adolescence: Implications for policy and practice. *Journal of Child Psychology and Psychiatry*, 59(4), 405-421. <https://doi.org/10.1111/jcpp.12841>

- Auerbach, R. P., Stewart, J. G. & Johnson, S. L. (2017). Impulsivity and suicidality in adolescent inpatients. *Journal of Abnormal Child Psychology*, 45(1), 91-103.
<https://doi.org/10.1007/s10802-016-0146-8>.
- Bachmann, S (2018). Epidemiology of suicide and the psychiatric perspective. *Int J Environ Res Public Health*, 15(7), 1425. <https://doi.org/10.3390/ijerph15071425>
- Baiden, P., & Tadeo, S. K. (2020). Investigating the association between bullying victimization and suicidal ideation among adolescents: Evidence from the 2017 youth risk behaviour survey. *Child Abuse & Neglect*, 102, 104417. <https://doi.org/10.1016/j.chiabu.2020.104417>
- Bano, Z., Aslam, H., & Naz, I. (2019). Suicidality scale: Suicidal ideation, intention and attempts as a risk factor in adolescents. *Isra Medical Journal*, 11(4), 286-289.
- Bantjes, J. R., Kagee, A., McGowan, T., & Steel, H. (2016). Symptoms of posttraumatic stress, depression, and anxiety as predictors of suicidal ideation among South African university students. *Journal of American College Health*, 64(6), 429-437.
<https://doi.org/10.1080/07448481.2016.1178120>
- Barroga, E., & Matanguihan, G. J. (2022). A practical guide to writing quantitative and qualitative research questions and hypotheses in scholarly articles. *J Korean Med Sci* 37(16), e121. <https://doi.org/10.3346/jkms.2022.37.e121>
- Barzilay, S., Feldman, D., Snir, A., Apter, A., Carli, V., Hoven, C. W., Wasserman, C., Sarchiapone, M., & Wasserman, D. (2015). The interpersonal theory of suicide and adolescent suicidal behaviour. *Journal of Affective Disorders*, 1(183), 68-74.
<https://doi.org/10.1016/j.jad.2015.04.047>
- Basith, S, A., Nakaska, M. M., Sejdiu, A., Shakya, A., Namdev, V., Gupta, S., Mathialagan, K., & Makani, R. (2021). Substance use disorders (SUD) and suicidal behaviours in adolescents: Insights from cross-sectional inpatient study. *Cureus*, 13(6), e15602.
<https://doi.org/10.7759/cureus.15602>

- Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative Health Search*, 24(1), 136-144. <https://doi.org/10.1177/1049732313519710>
- Bezuidenhout, C. (2018). *Child and youth misbehaviour in South Africa: A holistic approach* (4th ed.). Van Schaik.
- Bilsen, J. (2018). Suicide and youth: Risk factors. *Frontiers in Psychiatry*, 9. <https://doi.org/10.3389/fpsy.2018.00540>
- Bolanis, D., Orri, M., Castellanos-Ryan, N., Renaud, J., Montreuil, T., Boivin, M., Vitaro, F., Tremblay, R. E., Turecki, G., Côté, S. M., Séguin, J. R., & Geoffroy, M. C. (2020). Cannabis use, depression, and suicidal ideation in adolescence: Directions of associations in a population-based cohort. *Journal of Affective Disorders*, (1)274, 1076-1083. <https://doi.org/10.1016/j.jad.2020.05.136>
- Bozzatello, P., Bellino, S., Bosia, M., & Rocca, P. (2019). Early detection and outcome in borderline personality disorder. *Frontiers in Psychiatry*, 10(710). <https://doi.org/10.3389/fpsy.2019.00710>
- Brochado, S., Soares, S., & Fraga, S. (2017). A scoping review on studies of cyberbullying prevalence among adolescents. *Trauma, Violence, & Abuse*, 18(5), 523-531. <https://doi.org/10.1177/1524838016641668>
- Buchman-Schmitt, J. M., Chiurliza, B., Chu, C., Michaels, M. S., & Joiner, T. E. (2014). Suicidality in adolescent populations: A review of the extant literature through the lens of the interpersonal theory of suicide. *International Journal of Behavioural Consultation and Therapy*, 9(3), 26-34. <https://doi.org/10.1037/h0101637>
- Bucknill, J. C., & Tuke, D. H. (1858). *A manual of psychological medicine: The history, nosology, description, statistics, diagnosis, pathology, and treatment of insanity*. Blanchard & Lea. <https://doi.org/10.1037/10552-000>

- Bukuluki, P., Wandiembe, S., Kisaakye, P., Besigwa, S., & Kasirye, R. (2021). Suicidal ideations and attempts among adolescents in Kampala urban settlements in Uganda: A case study of adolescents receiving care from the Uganda youth development link. *Frontiers in Sociology*, 6, 646854. <https://doi.org/10.3389/fsoc.2021.646854>
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, 2(14).
<https://doi.org/10.1186/s42466-020-00059-z>
- Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, 8(2), 58-72.
<https://doi.org/10.1111/spc3.12087>
- Cambell, S. (2014). What is qualitative research? *Clinical Laboratory Science*, 27(1), 1-3.
- Cannabis (Marijuana) Drug Facts*. (2022, March 2). National Institute on Drug Abuse.
<https://nida.nih.gov/publications/drugfacts/cannabis-marijuana>
- Capron, A. M. (1989). Human experimentation. In R.M. Veatch (Ed.), *Medical ethics* (pp.125-172). Jones & Bartlett.
- Carballo, J. J., Llorente, C., Kehrmann, L., Flamarique, I., Zuddas, A., Purper-Ouakil, D., Hoekstra, P. J., Coghill, D., E. Shulze, U. M., Dittmann, R. W., Buitelaar, J. K., Castro-Fornieles, J., Lievesley, K., Santosh, P., & Arango, C. (2020). Psychosocial risk factors for suicidality in children and adolescents. *European Child & Adolescent Psychiatry*, 29(6), 759-776. <https://doi.org/10.1007/s00787-018-01270-9>
- Carvalho, J. V., Souza, L. S., & Moreira, E. C. (2022). Association between cannabis use and suicidal behaviour: A systematic review of cohort studies. *Psychiatry Research*, 312, 114555. <https://doi.org/10.1016/j.psychres.2022.114555>

- Chang, H., Yao, Z., Zhang, Y., Chen, J., & Shi, P. (2022). The relationship between abuse and neglect and adolescent suicidality: A moderated mediation model. *Frontiers in Psychology, 13*:1019878. <https://doi.org/10.3389/fpsyg.2022.1019878>
- Chu, C., Bunchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., Rogers, M. L., Podlogar, M. C., Chiurliza, B., Ringer-Moberg, F. B., Michaels, M. S., Patros, C., & Joiner, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychology Bulletin, 143*(12), 1313-1345. <https://doi.org/10.1037/bul0000123>
- Cocaine Drug Facts* | National Institute on Drug Abuse. (2022, December 19). National Institute on Drug Abuse. <https://nida.nih.gov/publications/drugfacts/cocaine>
- Cohen, L., Manion, L., & Morrison, K. (2017). *Research methods in education* (8th ed.). Routledge. <https://doi.org/10.4324/9781315456539>
- Colon-Rivera, H., & Balasanova, A. (2020, December). *Addiction and Substance Use Disorders*. American Psychiatric Association. <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders>
- Constantinou, C. S., Georgiou, M., & Perdikogianni, M. (2017). A comparative method for themes saturation (Comets) in qualitative interviews. *Qualitative Research, 17*(5), 571-588. <https://doi.org/10.1177/1468794116686650>
- Coronavirus*. Retrieved January 10, 2020, from World Health Organization (WHO). https://www.who.int/health-topics/coronavirus#tab=tab_1
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach*. Sage Publications.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and Conducting Mixed Methods Research* (2nd ed.). Sage Publications.

- Cummings, E. M., & Miller-Graff, L. E. (2015). Emotional security theory : An emerging theoretical model for youths' psychological and physiological responses across multiple developmental contexts. *Current Directions in Psychological Science*, 24(3), 208-213.
<https://doi.org/10.1177/0963721414561510>
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Research Dimensions*, 36(4), 253-263. <https://doi.org/10.1097/dcc.0000000000000253>
- Cyz, E. K., Horwitz, A. G., Arango, A., & King, C. A. (2018). Short-term change and prediction of suicidal ideation among adolescents: A daily diary study following psychiatric hospitalization. *Journal of Child Psychology and Psychiatry*, 60(7), 732-741.
<https://doi.org/10.1111/jcpp.12974>
- Cyz, E. K., Berona, J., & King, C. A. (2016). Rehospitalization of suicidal adolescents in relation to course of suicidal ideation and future suicide attempts. *Psychiatric Services*, 67(3), 332-338. <https://doi.org/10.1176/appi.ps.201400252>
- Davies, P. T., Martin, M. J., & Sturge-Apple, M. L. (2016). Emotional security theory and developmental psychopathology. *Developmental Psychopathology: Theory and Method*, 199-264. <https://doi.org/10.1002/9781119125556.devpsy106>
- Da-Yong, L., Hong-Ying, W., Shan, C., & Jin-Yu, C. (2020). Historical analysis of suicide. *Journal of Translational Genetics and Genomics*, 4, 203-309.
<https://doi.org/10.20517/jtgg.2020.33>
- De Beurs, D., Fried, E. I., Wetherall, K., Cleare, S., O'Connor, D. B., Ferguson, E., Carroll, R. E., & O'Connor, R. C. (2019). Exploring the psychology of suicidal ideation: A theory driven network analysis. *Behav Res Ther*, 120, 103419.
<https://doi.org/10.1016/j.brat.2019.103419>

- Denzin, N. K. (2009). *The research act: A theoretical introduction to sociological methods*. Routledge Publishing.
- Duby, Z., Bunce, B., Fowler, C., Bergh, K., Jonas, K., Dietrich, J. J., Govindasamy, D., Kuo, C., & Mathews, C. (2022). Intersections between COVID-19 and socio-economic mental health stressors in the lives of South African adolescent girls and young women. *Child and Adolescent Psychiatry and Mental Health*, 16(23). <https://doi.org/10.1186/s13034-022-00457-y>
- Eldredge, J. D., Weagel, E. F., & Kroth, P. J. (2014). Defining and identifying members of a research study population: CTSA-affiliated faculty members. *Hypotheses (Macon)*, 26(1), 5-11.
- Elshafie, M. (2013). Research paradigms: The novice researcher's nightmare. *Arab World English Journal*, 4(2), 4-13.
- Erbacher, T. (2020, May 4). *Youth suicide risk during COVID-19: How parents can help*. <https://www.inquirer.com/health/expert-opinions/coronavirus-teen-suicide-risk-parents-help-20200504.html>
- Erlingsson, C., & Brysiewicz, P. (2013). Orientation among multiple truths: An introduction to qualitative research. *African Journal of Emergency Medicine*, 3(2), 92-99. <https://doi.org/10.1016/j.afjem.2012.04.005>
- Esang, M., & Ahmed, S. (2018). A closer look at substance use and suicide. *The American Journal of Psychiatry Residents*, 13(6), 6-8. <https://doi.org/10.1176/appi.ajp-rj.2018.130603>
- Eslava, D., Martinez-Vispo, C., Villanueva-Blasco, V. J., Errasti, J. M., & Al-Halabí, S. (2023). Family conflict and suicidal behaviour in adolescence: The mediating role of the assertive interpersonal schema. *Sustainability* 15, 5149. <https://doi.org/10.3390/su15065149>
- Esposito-Smythers, C., Wolff, J. C., Liu, R. T., Hunt, J. I., Adams, L., Kim, K., Frazier, E. A., Yen, S., Dickstein, D. P., & Spirito, A. (2019). Family-focused cognitive behavioural

treatment for depressed adolescents in suicidal crisis with Co-occurring risk factors: A randomized trial. *Journal of Child Psychology and Psychiatry*, 60(10), 1133-1141.

<https://doi.org/10.1111/jcpp.13095>

Fanchen Meng, M. S., Xinxin Zhu, M. S., Qianqian Gao, B. S., Xian Li, P. H., Jing Chen, M. S., & Qieer Sa, M. S. (2022). Integrating the interpersonal theory of suicide into the relations between cyber-victimization and suicidality among adolescents: A short-term prospective study. *Journal of Interpersonal Violence*, 38(1-2).

<https://doi.org/10.1177/08862605221086638>

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. Wiley-Blackwell.

Flynn, S. V., & Korcuska, J. S. (2018). Credible phenomenological research: A mixed-methods study. *Counsellor Education and Supervision*, 57(1), 34-50.

<https://doi.org/10.1002/ceas.12092>

Gaynor, K., O'Reilly, M. D., Redmond, D., Nealon, C., Twomey, C., & Hennessy, E. (2023). A meta-analysis of targeted interventions for reducing suicide-related behaviour and ideation in adolescents: Implications for trial design. *Comprehensive Psychiatry*, 122, 152374.

<https://doi.org/10.1016/j.comppsy.2023.152374>

Gebbia, R., & Moutier, C. (2021). *The American Foundation for suicide prevention (AFSP)*. Oxford Textbook of Suicidology and Suicide Prevention.

<https://doi.org/10.1093/med/9780198834441.003.0093>

Geulayov, G., Metcalfe, C., Heron, J., Kidger, J., & Gunnell, D. (2014). Parental suicide attempt and offspring self-harm and suicidal thoughts: Results from the Avon longitudinal study of parents and children (ALSPAC) birth cohort. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(5), 509-517. <https://doi.org/10.1016/j.jaac.2013.12.022>

Goldney, R. D., Schioldann, J. A., & Dunn, K. I. (2008). Suicide research before Durkheim.

Health and History, 10(2), 73-93. <https://doi.org/10.2307/40111304>

Goto, R., Okubo, Y., & Skokauskas, N. (2022). Reasons and trends in youth's suicide rates during the COVID-19 pandemic. *The Lancet Regional Health - Western Pacific*, 27, 100567.

<https://doi.org/10.1016/j.lanwpc.2022.100567>

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of*

Qualitative Methods, 3(1), 42-55. <https://doi.org/10.1177/160940690400300104>

Grosselli, L., Herzog, K., Aseltine, R. H., Balazs, J., Carli, V., Ciffone, J., De Leo, D., Van der

Feltz-Cornelis, C., Hawton, K., Hegerl, U., Kölves, K., Kutcher, S., Mehlum, L.,

Niederkrotenthaler, T., Rezaeian, M., Renaud, J., Schneider, B., Lewitzka, U., Hoyer, J., &

Knappe, S. (2022). Dos and don'ts in designing school-based awareness programs for suicide prevention. *Crisis*, 43(4), 270-277.

<https://doi.org/10.1027/0227-5910/a000783>

Grossoehme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*,

20, 109-122. <https://doi.org/10.1080/08854726.2014.925660>

Guba, E. G., & Lincoln, Y. S. (1994). *Competing paradigms in qualitative research*. In N. K.

Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage

Publications.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Sage Publications.

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Technology Research and Development*, 30(4), 233-252.

<https://doi.org/10.1007/bf02765185>

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods*,

18(1), 59-82. <https://doi.org/10.1177/1525822x05279903>

- Gunn, J. F., Goldstein, S. E., & Gager, C. T. (2018). A longitudinal examination of social connectedness and suicidal thoughts and behaviours among adolescents. *Child and Adolescent Mental Health, 23*(4), 341-350. <https://doi.org/10.1111/camh.12281>
- Gwin, S., Branscum, P., Taylor, E. L., Cheney, M., Maness, S. B., Frey, M., & Zhang, Y. (2021). Associations between suicide behaviours and religiosity in young adults. *American Journal of Health Studies, 35*(4). <https://doi.org/10.47779/ajhs.2020.259>
- Hack, J., & Martin, G. (2018). Expressed emotion, shame, and non-suicidal self-injury. *Int J Environ Res Public Health, 15*(5), 890. <https://doi.org/10.3390/ijerph15050890>
- Hamdulay, A., & Mash, R. (2011). The prevalence of substance use and its associations amongst students attending high school in Mitchell's plain, Cape Town. *South African Family Practice, 53*(1), 83-90. <https://doi.org/10.1080/20786204.2011.10874065>
- Hanna, F. J., Wilkinson, B. D., & Givens, J. (2017). Recovering the original phenomenological research method: An exploration of Husserl, yoga, Buddhism, and new frontiers in humanistic counseling. *The Journal of Humanistic Counseling, 56*(2), 144-162. <https://doi.org/10.1002/johc.12049>
- Hanschmidt, F., Lehnig, F., Riedel-Heller, S. G., & Kersting, A. (2016). The stigma of suicide survivorship and related consequences: A systematic review. *PLoS One, 11*(9), e0162688. <https://doi.org/10.1371/journal.pone.0162688>
- Harmer, B., Lee, S., Duong, T. V., & Saadabadi, A. (2023). *Suicidal Ideation*. PubMed. <https://pubmed.ncbi.nlm.nih.gov/33351435/>
- Hasa. (2023, January 8) *What is the difference between psychosocial and psychological*. <https://pediaa.com/what-is-the-difference-between-psychosocial-and-psychological/>

- Haw, C., Hawton, K., Niedzwiedz, C., & Platt, S. (2013). Suicide clusters: A review of risk factors and mechanisms. *Suicide and Life-Threatening Behaviour*, *43*(1), 97-108.
<https://doi.org/10.1111/j.1943-278x.2012.00130.x>
- Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *Centre for Suicide Research*, *379*, 2373-2382.
[https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Heidegger, M. (2008). *Towards the definition of philosophy*. Bloomsbury Publishing.
- Herres, J., Shearer, A., Kodish, T., Kim, B., Wang, S. B., & Diamond, G. S. (2019). Differences in suicide risk severity among suicidal youth with anxiety disorders. *Crisis*, *40*(5), 333-339.
<https://doi.org/10.1027/0227-5910/a000571>
- Heroin* | National Institute on Drug Abuse. (2023, September 8). National Institute on Drug Abuse.
<https://nida.nih.gov/research-topics/heroin>
- Hertz, M. F., & Donato, I. (2013). Bullying and suicide: A public health approach. *Journal of adolescent health*, *53*(10), S1-S3. <https://doi.org/10.1016/j.jadohealth.2013.05.002>
- Hiller, J. (2016). *Music Therapy* (3rd ed.) Barcelona Publications.
- Hinduja, S., & Patchin, J. W. (2019). Connecting adolescent suicide to the severity of bullying and cyberbullying. *Journal of School Violence*, *18*(3), 333-346.
<https://doi.org/10.1080/15388220.2018.1492417>
- Hinduja, S., & Patchin, J. W. (2015). *Bullying beyond the Schoolyard: Preventing and responding to cyberbullying* (2nd ed.). Sage Publications.
- Hink, A. B., Killings, X., Bhatt, A., Ridings, L. E., & Andrews, A. L. (2022). Adolescent suicide-understanding unique risks and opportunities for trauma centers to recognize, intervene, and prevent a leading cause of death. *Curr Trauma Rep*, *8*(2), 41-53.
<https://doi.org/10.1007/s40719-022-00223-7>

- Hjelmeland, H., & Knizek, B. L. (2019). The emperor's new clothes? A critical look at the interpersonal theory of suicide. *Death Studies, 44*(3), 168-178.
<https://doi.org/10.1080/07481187.2018.1527796>
- Hong, J. S., Kral, M. J., & Sterzing, P. R. (2015). Pathways from bullying perpetration, victimization, and bully victimization to suicidality among school-aged youth. *Trauma, Violence, & Abuse, 16*(4), 379-39. <https://doi.org/10.1177/1524838014537904>
- Horton, S. E., Hughes, J. L., King, J. D., Kennard, B. D., Westers, N. J., Mayes, T. L., & Stewart, S. M. (2016). Preliminary examination of the interpersonal psychological theory of suicide in an adolescent clinical sample. *Journal of Abnormal Child Psychology, 44*, 1133–1144.
<https://doi.org/10.1007/s10802-015-0109-5>
- Hua, P., Huang, C., Bugeja, L., Wayland, S., & Maple, M. (2020). A systematic review on the protective factors that reduce suicidality following childhood exposure to external cause parental death, including suicide. *Journal of Affective Disorders, 2*, 100032.
<https://doi.org/10.1016/j.jadr.2020.100032>
- Husserl, E. (1977). *Phenomenological psychology*. Martinus Nijhoff, The Hague, The Netherlands. (Original work published in 1962).
- Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. *Human Studies, 8*(3), 279-303. <https://doi.org/10.1007/bf00142995>
- Hyoshi, A., Berg, L., Saarela, J., Fall, K., Grotta, K. F., Shebehe, J., Kawachi, I., Rostila, M., & Montgomery, S. (2022). Substance use disorder and suicide-related behaviour around dates of parental death and its anniversaries: A register-based cohort study. *Lancet Public Health, 7*, e683–93.
[https://doi.org/10.1016/S2468-2667\(22\)00158-X](https://doi.org/10.1016/S2468-2667(22)00158-X)
- Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. *Social and Personality Psychology Compass, 17*(4), e12735.

<https://doi.org/10.1111/spc3.12735>

Johansen, M. V., Aagaard-Hansen, J., & Riis, P. (2008). Benefit: A neglected aspect of health research ethics. *Danish Medical Bulletin*, 55(4), 216-218.

John, A., Glendenning, A. C., Marchant, A., Montgomery, P., Stewart, A., Wood, S., Lloyd, K., & Hawton, K. (2018). Self-harm, suicidal behaviours, and cyberbullying in children and young people: Systematic review. *Journal of Medical Internet Research*, 20(4).

<https://doi.org/10.2196/jmir.9044>

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). Qualitative research in pharmacy education. A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, 84(1), 138-146.

<https://doi.org/10.5688/ajpe7120>

Johnson, D., Dupuis, G., Piche, J., Clayborne, Z., & Colman, I. (2018). Adult mental health outcomes of adolescent depression: A systematic review. *Depression and Anxiety*, 35(8), 700-716. <https://doi.org/10.1002/da.22777>

Johnson, L. A., & Parsons, M. E. (2012). Adolescent suicide prevention in a school setting: Use of a gatekeeper program. *NASN School Nurse*, 27(6), 312-317.

<https://doi.org/10.1177/1942602x12454459>

Joiner, T. E., & Stanley, I. H. (2016). Can the phenomenology of a suicidal crisis be usefully understood as a suite of antipredator defensive reactions? *Psychiatry*, 79(2), 107-119.

<https://doi.org/10.1080/00332747.2016.1142800>

Joiner, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal–psychological theory of suicidal behaviour: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology*, 118(3), 634-646. <https://doi.org/10.1037/a0016500>

Joiner, T. E. (2007). *Why people die by suicide*. Harvard University Press

- Joiner, T. E. (2005). *Why people die by suicide*. Harvard University Press.
- Jokinen, P., Lappalainen, M., Merilainen, P., & Pelkonen, M. (2002). Ethical issues in ethnographic nursing research with children and elderly people. *Scandinavian Journal of Caring Sciences*, *16*(2), 165-170.
<https://doi.org/10.1046/j.1471-6712.2002.00076.x>
- Joppe, M. (2000). *The research process*. Toronto Metropolitan University.
<http://www.ryerson.ca/~mjoppe/rp.htm>
- Katz, C., Bolton, S. L., Katz, L. Y., Isaak, C., Tilston-Jones, T., Sareen, J., & Swampy, C. (2013). Suicide Prevention Team. A systematic review of school-based suicide prevention programs. *Depress Anxiety*, *10*, 1030-1045. <https://doi.org/10.1002/da.22114>
- Kennedy, A. J., Brumby, S. A., Versace, V. L., & Brumby-Rendell, T. (2018). Online assessment of suicide stigma, literacy, and effect in Australia's rural farming community. *BMC Public Health*, *18*(1), 1-12.
<https://doi.org/10.1186/s12889-018-5750-9>
- Khan, S., & Singh, S. B. (2014). Youth in conflict with the law – A study on the psycho-socio and criminogenic factors of South African youth in detention in Durban. *Journal of Psychology*, *5*(2), 105-114. <https://doi.org/10.1080/09764224.2014.11885510>
- King, T. L., Shields, M., Sojo, V., Daraganova, G., Currier, D., O'Neil, A., King, K., & Milner, A. (2020). Expressions of masculinity and associations with suicidal ideation among young males. *BMC Psychiatry* *20*, 228. <https://doi.org/10.1186/s12888-020-2475-y>
- Kirič, B., Leben Novak, L., Lušicky, P., & Drobnič Radobuljac, M. (2022). Suicidal behaviour in emergency child and adolescent psychiatric service users before and during the 16 months of the COVID-19 pandemic. *Frontiers in Psychiatry*, *13*, 893040.
<https://doi.org/10.3389/fpsy.2022.893040>

- Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5), 26.
<https://doi.org/10.5430/ijhe.v6n5p26>
- Klonsky, E. D., Saffer, B. Y., & Bryan, C. J. (2018). Ideation-to-action theories of suicide: A conceptual and empirical update. *Current Opinion in Psychology*, 38 – 43.
<https://doi.org/10.1016/j.copsyc.2017.07.020>
- Kopelman, L. M. (2004). Minimal risk as an international ethical standard in research. *The Journal of Medicine and Philosophy*, 29(3), 351-378. <https://doi.org/10.1080/03605310490500545>
- Lazarus, S. A., Cheavens, J. S., Festa, F., & Zachary Rosenthal, M. (2014). Interpersonal functioning in borderline personality disorder: A systematic review of behavioural and laboratory-based assessments. *Clinical Psychology Review*, 34(3), 193-205.
<https://doi.org/10.1016/j.cpr.2014.01.007>
- Lensch, T., Clements-Nolle, K., Oman, R. F., Lu, M., & Dominguez, A. (2018). Prospective impact of individual, family, and community youth assets on adolescent suicide ideation. *Journal of Epidemiology and Community Health*, 73(3), 219-224. <https://doi.org/10.1136/jech-2017-210107>
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Department of Family Medicine and Centre of Studies in Primary Care* 4(3), 324-327.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- Liu, J., Chai, L., Zhu, H., & Han, Z. (2023). COVID-19 impacts and adolescent suicide: the mediating roles of child abuse and mental health conditions. *Child Abuse and Neglect*, 138, 106076. <https://doi.org/10.1016/j.chiabu.2023.106076>
- Lopez-Castroman, J., Jaussent, I., Beziat, S., Guillaume, S., Baca-Garcia, E., Genty, C., Olié, E., & Courtet, P. (2014). Increased severity of suicidal behaviour in impulsive aggressive patients

exposed to familial adversities. *Psychological Medicine*, 44(14), 3059-3068.

<https://doi.org/10.1017/s0033291714000646>

MacFarlane, A., & O'Reilly-de Brún, M. (2011). Using a theory-driven conceptual framework in qualitative health research. *Qual Health Res.* <https://doi.org/10.1177/1049732311431898>

Malhotra, S., & Sahoo, S. (2018). Antecedents of depression in children and adolescents. *Ind Psychiatry Journal*, 27(1),11-16. https://doi/10.4103/ipj.ipj_29_17

Mancinelli, E., Ruocco, E., Napolitano, S., & Salcuni, S. (2022). A network analysis on self-harming and problematic smartphone use – The role of self-control, internalizing and externalizing problems in a sample of self-harming adolescents. *Comprehensive Psychiatry*, 112, 152285. <https://doi.org/10.1016/j.comppsy.2021.152285>

Mann, R. E., Ialomiteanu, A. R., Chan, V., Cheung, J. T., Stoduto, G., Ala-Leppilampi, K., Wickens, C. M., & Rehm, J. (2012). Relationships of alcohol use and alcohol problems to probable anxiety and mood disorder. *Contemporary Drug Problems*, 39(2), 247-263. <https://doi.org/10.1177/009145091203900204>

Maple, M., Cerel, J., Sanford, R., Pearce, T., & Jordan, J. (2017). Is exposure to suicide beyond Kin associated with risk for suicidal behaviour? A systematic review of the evidence. *Suicide and Life-Threatening Behaviour*, 47(4), 461-474. <https://doi.org/10.1111/sltb.12308>

Maris, R. (1985). The adolescent suicide problem. *Suicide and Life-Threatening Behaviour*, 15(2), 91-109. <https://doi.org/10.1111/j.1943-278x.1985.tb00644.x>

Mars, B., Burrows, S., Hjelmeland, H., & Gunnell, D. (2014). Suicidal behaviour across the African continent: A review of the literature. *BMC Public Health*, 14(1). <https://doi.org/10.1186/1471-2458-14-606>

Maserumule, O. M., Skaal, L., & Sithole S. L. (2019). Alcohol use among high school learners in rural areas of Limpopo province. *South African Journal of Psychiatry*, 25(0), 1183. <https://doi.org/10.4102/sajpsy.2019.v25i0.1183>

- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*, 370-396.
- Mathew, A., Saradamma, R., Krishnapillai, V., & Muthubeevi, S. B. (2021). Exploring the family factors associated with suicide attempts among adolescents and young adults: A qualitative study. *Indian Journal of Psychological Medicine*, *43*(2), 113-118.
<https://doi.org/10.1177/0253717620957113>
- McCallum, S. M., Batterham, P. J., Christensen, H., Werner-Seidler, A., Nicolopoulos, A., Newton, N., Teesson, M., & C lear, A. L. (2022). Personality factors associated with suicidal ideation, plans, and attempts in adolescents. *Journal of Affective Disorders*, *1*(310), 135-141. <https://doi.org/10.1016/j.jad.2022.05.010>
- McGirr, A., Alda, M., Séguin, M., Cabot, S., Lesage, A., & Turecki, G. (2009). Familial aggregation of suicide explained by cluster B traits: A three-group family study of suicide controlling for major depressive disorder. *American Journal of Psychiatry*, *166*(10), 1124-1134. <https://doi.org/10.1176/appi.ajp.2009.08111744>
- McManama O'Brien, K. H., Salas-Wright, C. P., Vaughn, M. G., & LeCloux, M. (2015). Childhood exposure to a parental suicide attempt and risk for substance use disorders. *Addictive Behaviours*, *46*, 70-76. <https://doi.org/10.1016/j.addbeh.2015.03.008>
- Miller, A. B., Esposito-Smythers, C., & Leichtweis, R. N. (2015). Role of social support in adolescent suicidal ideation and suicide attempts. *Journal of Adolescent Health*, *56*(3), 286-292. <https://doi.org/10.1016/j.jadohealth.2014.10.265>
- Miller, A. B., Adams, L. M., Esposito-Smythers, C., Thompson, R., & Proctor, L. J. (2014). Parents and friendships: A longitudinal examination of interpersonal mediators of the relationship between child maltreatment and suicidal ideation. *Psychiatry Research*, *220*(3), 998–1006.
<https://doi.org/10.1016/j.psychres.2014.10.009>
- Miranda-Mendizabal, A., Castellví, P., Parés-Badell, O., Alayo, I., Almenara, J., Alonso, I., Jesús Blasco, M., Cebrià, A., Gabilondo, A., Gili, M., Lagares, C., Antonio Piqueras, J.,

Rodríguez-Jiménez, T., Rodríguez-Marín, J., Roca, M., Soto-Sanz, V., Vilagut, G., & Alonso, J. (2019). Gender differences in suicidal behaviour in adolescents and young adults: Systematic review and meta-analysis of longitudinal studies. *International Journal of Public Health*, *64*(2), 265-283.

<https://doi.org/10.1007/s00038-018-1196-1>

Mishna, F., Antle, B. J., & Regehr, C. (2004). Tapping the perspectives of children. *Qualitative Social Work*, *3*(4), 449-468. <https://doi.org/10.1177/1473325004048025>

Moolchan, E. T., & Mermelstein, R. (2002). Research on tobacco use among teenagers: Ethical challenges. *Journal of Adolescent Health*, *30*(6), 409-417. [https://doi.org/10.1016/s1054-139x\(02\)00365-8](https://doi.org/10.1016/s1054-139x(02)00365-8)

Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society*, *21*(3), 1-20.

<https://doi.org/10.5751/es-08663-210317>

Morse, M. M., Barrett, M., Mayan, M., & Olson, K. L. (2002). Verification strategies for establishing reliability and validity in qualitative research. *The International Journal of Qualitative Methods*, *1*(2), 1-19.

Morojele, N. K., & Ramsoomar, L. (2016). Addressing adolescent alcohol use in South Africa. *South African Medical Journal*, *106*(6), 551-553.

<https://doi.org/10.7196/SAMJ.2016.v106i6.10944>

Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.

<https://doi.org/10.4135/9781412995658>

Mueller, A. S., Abrutyn, S., & Stockton, C. (2014). Can social ties be harmful? Examining the spread of suicide in early adulthood. *Sociological Perspectives*, *58*(2), 204-222.

<https://doi.org/10.1177/0731121414556544>

- Najafi, M., Kermani Mamazandi, Z., & Akbari Balutbangan, A. (2017). The relationship of anxiety, stress, and depression with suicidal thoughts among female adolescents: The meditating role of victim of bullying. *Journal of Fundamentals of Mental Health* 19(5), 557-566.
- Nakhid-Chatoor, M. (2020). Schools and suicide – The importance of the attachment bond. *Crisis*, 41(1), 1-6. <https://doi.org/10.1027/0227-5910/a000640>
- Nathan, N. A., & Nathan K. (2020). Suicide, stigma, and utilizing social media platforms to gauge public perceptions. *Frontiers Psychiatry*, 10. <https://doi.org/10.3389/fpsy.2019.00947>
- National Institutes of Health. (2014). *Guidelines for the Conduct of Research Involving Human Subjects at the National Institutes of Health*. Washington, DC: National Institute of Health.
- Nock, M. K., Green, J. G., Hwang, I., McLaughlin, K. A., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Prevalence, correlates, and treatment of lifetime suicidal behaviour among adolescents. *JAMA Psychiatry*, 70(3), 300-310.
<https://doi.org/10.1001/2013.jamapsychiatry.55>
- Owonikoko, T. K. (2013). Upholding the principles of autonomy, beneficence, and justice in phase I clinical trials. *The Oncologist*, 18(3), 242-244.
<https://doi.org/10.1634/theoncologist.2013-0014>
- O'Connor, R. C. (2011). The integrated motivational-volitional model of suicidal behaviour. *Crisis*, 32(6), 295-298. <https://doi.org/10.1027/0227-5910/a000120>
- Palagolla, N. (2016). Exploring the linkage between philosophical assumptions and methodological adaptations in HRM research. *Journal of Strategic Human Resource Management*, 5(1), 10-15.
- Pandey, G. N. (2013). Biological basis of suicide and suicidal behaviour. *Bipolar Disorders*, 15(5), 524-541. <https://doi.org/10.1111/bdi.12089>
- Panesar, B., Soni, D., Khan, M. I., Bdair, F., Holek, M., Tahir, T., Woo, J., Khumalo, N., Thabane, L., & Samaan, Z. (2020). National suicide management guidelines with family as

an intervention and suicide mortality rates: A systematic review protocol. *BMJ Open*, 10(7), e034694. <https://doi.org/10.1136/bmjopen-2019-034694>

Peng, W., Li, D., Li, X., Jichao, J., Wang, Y., & Xiao J. (2020). Peer victimisation and adolescent suicidal ideation and suicide attempts: A moderation mediation model. *Children and Youth Services Review*, 112, 104888. <https://doi.org/10.1016/j.chidyouth.2020.104888>

Pesso, T. R. (2019). Understanding research paradigms: an ontological perspective to business research. *Journal of Research & Method in Education*, 9(4),38-40. <https://doi.org/10.9790/1959-0904033840>

Pham, S. T. (2021). The distinctions of Heideggerian phenomenological research method. *Qualitative Research Journal*, 22(2), 261-273. <https://doi.org/10.1108/qj-09-2021-0093>

Phukuta, N. S. J., & Omele O.B. (2020). Prevalence and risk factors associated with postnatal depression in a South African primary care facility. *African Journal of Primary Health Care & Family Medicine*, 12(1), 2538. <https://doi.org/10.4102/phcfm.v12i1.2538>

Pillay, J. (2023). Difficulties experienced by South African adolescents during COVID-19 lockdown: Implications for early mental health interventions. *S Afr J Psychol*, 53(2):211–224. <https://doi.org/10.1177/00812463221133964>

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, 1(1), 86-94. [https://doi.org/10.1016/s2215-0366\(14\)70224-x](https://doi.org/10.1016/s2215-0366(14)70224-x)

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Principles and methods*. Philadelphia, PA: Lippincott Williams & Wilkins.

Poole, H., Giles, D. C., & Moore, K. (2004). Researching sexuality and sexual issues: Implications for the researcher? *Sexual and Relationship Therapy*, 19(1), 79-86. <https://doi.org/10.1080/14681990410001640853>

- Povey, J., Plage, S., Huang, Y., Gramotnev, A., Cook, S., Austerberry, S. & Western, M. (2022). Adolescence a period of vulnerability and risk for adverse outcomes across the life course: The role of parent engagement in learning. *Life Course Research and Social Policies*, 15. https://doi.org/10.1007/978-3-031-12224-8_6
- Predescu, E., & Sipos, R. (2023). Self-harm behaviours, suicide attempts, and suicidal ideation in a clinical sample of children and adolescents with psychiatric disorders. *Children (Basel)*, 10(4), 725. <https://doi.org/10.3390/children10040725>
- Quigley, J., Rasmussen, S., & McAlaney, J. (2017). The associations between children's and adolescent's suicidal and self-harming behaviours, and related behaviours within their social networks: A systematic review. *Archives of Suicide Research*, 21(2), 185-236. <https://doi.org/10.1080/13811118.2016.1193075>
- Qutoshi, S. B. (2018). Phenomenology: A philosophy and method of inquiry. *Journal of Education and Educational Development*, 5(1), 215 - 222. <https://doi.org/10.22555/joeeed.v5i1.2154>
- Rajalin, M., Hirvikoski, T., & Jokinen, J. (2013). Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters. *Journal of Affective Disorders*, 148(1), 92-97. <https://doi.org/10.1016/j.jad.2012.11.055>
- Rankin, J. A., Paisley, C. A., Mulla, M. M., & Tomeny, T. S. (2018). Unmet social support needs among college students: Relations between social support discrepancy and depressive and anxiety symptoms. *Journal of Counseling Psychology*, 65(4), 474-489. <https://doi.org/10.1037/cou0000269>
- Ray, M. A., & Locsin, R. C. (2023). Toward an adequate understanding of phenomenological and hermeneutic-phenomenological nursing research. *Nursing & Health Sciences*, 25(1), 3-8. <https://doi.org/10.1111/nhs.13015>
- Reddy, S., James, S., Sewpaul, R., Sifunda, S., Ellahebokus, A., Kambaran, N. S., & Omardien, R. G. (2011). Umthente uhlaba usamila: the 3rd South African national youth

risk behaviour survey 2011. *Cape Town: South African Medical Research Council.*

<http://hdl.handle.net/20.500.11910/2487>

Rice, T. R., & Sher, L. (2013). Educating health care trainees and professionals about suicide prevention in depressed adolescents. *Int J Adolesc Med Health, 25*(3), 221-2299.

<http://doi/10.1515/ijamh-2013-0056>

Rizk, M. M., Herzog, S., Dugad, S., & Stanley, B. (2021). Suicide risk and addiction: The impact of alcohol and opioid use disorders. *Curr Addict Rep, 8*(2), 194-207.

<https://doi.org/10.1007/s40429-021-00361-z>

Rodante, D., Rojas, S., Feldner, M., Dutton, C., Rebok, F., Teti, G., Grendas, L., Fógola, A., & Daray, F. (2016). Differences between female suicidal patients with family history of suicide attempt and family history of completed suicide. *Comprehensive Psychiatry, 70*, 25-

31. <https://doi.org/10.1016/j.comppsy.2016.06.006>

Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research, 51*(4), 432-451. <https://doi.org/10.1080/00222216.2020.1722042>

Rosston, K. (2022). *Suicide in Montana. Facts, figures, and formulas for prevention.*

www.dphhs.mt.gov/suicideprevention

Ruiz-Robledillo, N., Ferrer-Cascales, R., Albaladejo-Blázquez, N., & Sánchez-SanSegundo, M.

(2019). Family and school contexts as predictors of suicidal behaviour among adolescents: The role of depression and anxiety. *Journal of Clinical Medicine, 8*(12), 2066.

<https://doi.org/10.3390/jcm8122066>

Ryan, E. P., & Oquendo M. A. (2020). Suicide risk assessment and prevention: Challenges and opportunities. *Focus. The Journal of Lifelong Learning in Psychiatry, 18*(2), 88-99.

<https://doi.org/10.1176/appi.focus.20200011>

- Salzer, S., Streeck, U., Jaeger, U., Mashur, O., Warwas, J., Leichsenring, F., & Leibling, E. (2013). Patterns of interpersonal problems in borderline personality disorder. *The Journal of nervous and mental disease*, 201(2), 94-98.
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18(2), 179-183. <https://doi.org/10.1002/nur.4770180211>
- Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical challenges of researchers in qualitative studies: The necessity to develop a specific guideline. *Journal of Medical Ethics and History of Medicine*, 7(14), 2-6.
- Schauer, G. L., Clayton, H. B., Njai, R., & Grant, A. M. (2020). Adolescent marijuana use and related risk behaviours, national findings from 2015 to 2017. *American Journal of Preventive Medicine*, 59(5), 714-724. <https://doi.org/10.1016/j.amepre.2020.05.020>
- Schlagbaum, P., Tissue, J. L., Sheftall, A., & Ruch, D. (2021). The impact of peer influencing on suicidal ideation and suicide attempts. *Journal of Psychiatric Research*, 140(1). <https://doi.org/10.1016/j.jpsychires.2021.06.027>
- Sekowski, M., Gambin, N., Cudo, A., Wozniak-Prus, M., Penner, F., Fonagy, P., & Sharp, C. (2020). The relationship between child maltreatment, shame, guilt, depression, and suicidal ideation in inpatient adolescents. *Journal of Affective Disorders*, 276, 667-677. <https://doi.org/10.1016/j.jad.2020.07.056>
- Shahtahmasebi, S. (2015). Suicide research: Problems with interpreting results. *British Journal of Medicine and Medical Research*, 5(9), 1147-1157. <https://doi.org/10.9734/bjmmr/2015/12802>
- Sharp, C., & Fonagy, P. (2015). Practitioner review: Borderline personality disorder in adolescence - recent conceptualization, intervention, and implications for clinical practice. *Journal of Child Psychology and Psychiatry*, 56(12), 1266-1288. <https://doi.org/10.1111/jcpp.12449>

- Sheffler, J. L., Joiner, T. E., & N. J., Sachs-Ericsson. (2021). The Interpersonal and psychological impacts of COVID-19 on risk for late-life suicide. *The Gerontologist*, 61(1), 23-29. <https://doi.org/10.1093/geront/gnaa103>
- Shilubane, H. N., Ruiter, R. A. C., Khoza, L. B., & van den Borne, B. H. W. (2023). Perspective on the prevention of suicide among school learners by school management. *International Journal of Environmental Research and Public Health*, 20, 5856. <https://doi.org/10.3390/ijerph20105856>
- Shilubane, H. N., Bos, A. E. R., Ruiter, R. A. C., van den Borne, B. H. W., & Reddy, P. S. (2015). High school suicide in South Africa: Teachers' knowledge, views, and training needs. *BMC Public Health*, 15(245). <https://doi.org/10.1186/s12889-015-1599-3>
- Shilubane, H. N., Ruiter, R. A., Van den Borne, B., Sewpaul, R., James, S., & Reddy, P. S. (2013). Suicide and related health risk behaviours among school learners in South Africa: Results from the 2002 and 2008 national youth risk behaviour surveys. *BMC Public Health*, 13(926). <https://doi.org/10.1186/1471-2458-13-926>
- Silins, E., Horwood, L. J., Patton, G. C., Fergusson, D. M., Olsson, C. A., Hutchinson, D. M., Spry, E., Toumbourou, J. W., Degenhardt, L., & Swift, W. (2014). Young adult sequelae of adolescent cannabis use: An integrative analysis. *The Lancet Psychiatry*, 1(4), 286-293. [https://doi.org/10.1016/s2215-0366\(14\)70307-4](https://doi.org/10.1016/s2215-0366(14)70307-4)
- Smith, D. W. (2018, June). *Author and citation information for "Phenomenology"*. Stanford Encyclopaedia of Philosophy. <https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=phenomenology>
- Steinhausen, H., Bosiger, R., & Metzke, C. W. (2006). Stability, correlates, and outcome of adolescent suicidal risk. *Journal of Child Psychology and Psychiatry*, 47(7), 713-722. <https://doi.org/10.1111/j.1469-7610.2005.01569.x>

- Strunk, C. M., Sorter, M. T., Ossege, J., & King, K. A. (2014). Emotionally troubled teens' help-seeking behaviours: An evaluation of surviving the teens® suicide prevention and depression awareness program. *The Journal of School Nursing, 30*(5), 366-375.
<https://doi.org/10.1177/1059840513511494>
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of developmental education, 44*(1), 26-28.
- Surgenor, P. W., Quinn, P., & Hughes, C. (2016). Ten recommendations for effective school-based, adolescent, suicide prevention programs. *School Mental Health, 8*(4), 413-424.
<https://doi.org/10.1007/s12310-016-9189-9>
- Swanson, S. A., & Colman, I. (2013). Association between exposure to suicide and suicidality outcomes in youth. *Canadian Medical Association Journal, 185*(10), 870-877.
<https://doi.org/10.1503/cmaj.121377>
- Tarafa, H., Alemayehu, Y., Bete, T., & Tarecha, D. (2022). Bullying victimization and its associated factors among adolescents in Illu abba Bor zone, Southwest Ethiopia: A cross-sectional study. *BMC Psychology, 10*(260).
<https://doi.org/10.1186/s40359-022-00967-6>
- Thomas, R. M. (2003). *Blending qualitative and quantitative research methods in theses and dissertations*. Sage Publications, Inc. <https://doi.org/10.4135/9781412983525>
- Thornton, V., Asanbe, C. & Denton, E. G. (2019). Clinical risk factors among youth at high risk for suicide in South Africa and Guyana. *Depression and Anxiety 36*.
<https://doi.org/10.1002/da.22889>
- Van Manen, M. (2017). Phenomenology in its original sense. *Qualitative Health Research, 27*(6), 810-825. <https://doi.org/10.1177/1049732317699381>

- Van Meter, A. R., Paksarian, D., & Merikangas, K. R. (2019). Social functioning and suicide risk in a community sample of adolescents. *Journal of Clinical Child & Adolescent Psychology*, *48*(2), 273-287. <https://doi.org/10.1080/15374416.2018.1528549>
- Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner, T. E. (2012). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the interpersonal needs questionnaire. *Psychological Assessment*, *24*(1), 197-215. <https://doi.org/10.1037/a0025358>
- Van Orden, K. A., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575-600. <https://doi.org/10.1037/a0018697>
- Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B.C., & Rees, C. E. (2017). Shedding the cobra effect: problematising thematic emergence, triangulation, saturation, and member checking. *Medical Education*, *51*(1), 40 -50. <https://doi.org/10.1111/medu.13124>
- Vasilachis de Gialdino, I. (2009). Ontological and epistemological foundations of qualitative research. *Forum: Qualitative Social Research*, *10*(2), 1-26. <https://doi.org/10.17169/fqs-10.2.1299>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, *18*(1). <https://doi.org/10.1186/s12874-018-0594-7>
- Voss, C., Ollmann, T. M., Miché, M., Venz, J., Hoyer, J., Pieper, L., Höfler, M., & Beesdo-Baum, K. (2019). Prevalence, onset, and course of suicidal behaviour among adolescents and young adults in Germany. *JAMA Network Open*, *2*(10), e1914386. <https://doi.org/10.1001/jamanetworkopen.2019.14386>

- Waheed, Z., Kiazai, A. N., & Bahadur, W. (2020). Ethics and validity as core issues in qualitative research: A review paper. *Pakistan Journal of Educational Research*, 3.
- Walrath, C., Garraza, L. G., Reid, H., Goldston, D. B., & McKeon, R. (2015). Impact of the Garrett Lee Smith youth suicide prevention program on suicide mortality. *American Journal of Public Health*, 105(5), 986-993. <https://doi.org/10.2105/ajph.2014.302496>
- Wiles, R. (2013). *What are qualitative research ethics?* Bloomsbury Collections. <https://doi.org/10.5040/9781849666558>
- Willis, J. W. (2007). *Foundations of qualitative research: Interpretive and critical approaches*. Sage Publications.
- Woolf, M., Bantjes, J., & Kagee, A. (2015). The challenges of school-based youth suicide prevention: experiences and perceptions of health professionals in South Africa. *Research on Social Work Practice*, 27(1), 20-44. <https://doi.org/10.25159/2415-5829/776>
- World Health Organisation. (2021). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- World Health Organization. (2020). *Coronavirus disease (COVID-19) pandemic*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQjw7uSkBhDGARIsAMCZNJvTIW4vQrz4baE_kmuClzFZvV_35ZwiIQTyrmYEGXAKrCtmyL7buwaApVBEALw_wcB
- World Health Organization. (2019). *World health statistics 2019: Monitoring health for the SDGs sustainable development goals*. <https://www.who.int/publications/i/item/9789241565707>
- World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects. (2022). <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

Youssef, I. M., Fahmy, M. T., Haggag, W. I., Mohamed, K. A., & Baalash, A. A. (2016). Dual diagnosis and suicide probability in poly-drug users. *Journal of the College of Physicians and Surgeons Pakistan*, 26(2), 130-133.

Yuodelis-Flores, C., & Ries, R. K. (2015). Addiction and suicide: A review. *The American Journal on Addictions*, 24(2), 98-104. <https://doi.org/10.1111/ajad.12185>

Appendices

Appendix A: Gauteng Board of Education ethical clearance



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	17 February 2023
Validity of Research Approval:	08 February 2023– 30 September 2023 2023/61
Name of Researcher:	Dreyer, C
Address of Researcher:	46 Sador Street, Midstream Ridge Estate Centurion
Telephone Number:	082 416 6425
Email address:	
Research Topic:	Development of a school-based education and awareness programme to support adolescents with suicidal ideation.
Type of qualification	PhD Psychology
Number and type of schools:	3 Secondary schools
District/s/HO	Tshwane North, Tshwane West, and Tshwane South

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488


Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

1. The letter would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. **Because of the relaxation of COVID 19 regulations researchers can collect data online, telephonically, physically access schools, or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.**
4. **The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.**
5. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s has been granted permission from the Gauteng Department of Education to conduct the research study.
6. A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs, and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
7. The Researcher will make every effort to obtain the goodwill and cooperation of all the GDE officials, principals, and chairpersons of the SGBs, teachers, and learners involved. Persons who offer their cooperation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
8. Research may only be conducted after school hours so that the normal school program is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
9. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
10. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
11. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
12. The researcher is responsible for supplying and utilising his/her research resources, such as stationery, photocopies, transport, faxes, and telephones, and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
13. The names of the GDE officials, schools, principals, parents, teachers, and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
14. On completion of the study, the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
15. The researcher may be expected to provide short presentations on the purpose, findings, and recommendations of his/her research to both GDE officials and the schools concerned.
16. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a summary of the purpose, findings, and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Dr. Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 27/02/2023

2

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

Appendix B: Interview Schedule

1. Could you please start by telling me a bit about yourself so that I can get to know you better?
2. How old are you?
3. In which Grade are you?
4. Do you participate in any sports/hobbies?
5. How many siblings do you have?
6. What goals and plans do you have for the future?
7. How do you feel about yourself today? Can you explain your feelings to me?
8. What do you do when something troubles you?
9. Do you tend to worry/stress often? What do you usually worry/stress about?
10. Have you ever paid a visit to a physician/psychologist/psychiatrist or preacher for psychological reasons?
11. Have you ever been diagnosed with depression or a mental disorder?
12. How do you cope with depression (or a mental disorder)?
13. How has depression (or a mental disorder) influenced your life?
14. Tell me more about your family home?
15. Do you live with your mother and father?
16. Tell me more about your relationship with your parents/guardians?
17. Do you feel that you have a healthy and close relationship with your parents/guardians?
18. Tell me more about your relationship with your siblings?
19. Has any of your parents/siblings ever been diagnosed with depression or a mental disorder?
20. How has your parents/sibling's depression (or mental disorder) influenced your life?
21. Tell me more about your relationship with your peers/classmates?
22. Do you have friends? Can you please elaborate on your life with them?
23. Do you often spend time with your friends?

24. With whom do you have meaningful relationships?
25. How many friends do you have to whom you can talk about anything?
26. Who emotionally supports you during times of trouble?
27. Do you seek advice from your parents/educators/friends? Whose advice do you follow more often?
28. How is your relationship with your teachers?
29. Have you ever been a victim of bullying and/or victimization?
30. How has being bullied and/or victimized influenced your life?
31. Have you ever told anyone about being a victim of bullying and/or victimization?
32. Has anyone tried to assist you with being bullied and/or victimized?
33. Have you ever used alcohol and/or substances?
34. How often do you use alcohol and/or substances?
35. Why do you use alcohol and/or substances?
36. How has alcohol and/or substances influenced your life?
37. Does any of your parents/siblings use alcohol and/or substances?
38. Does any of your friends use alcohol and/or substances?
39. How has your parents/siblings/friends use of alcohol and/or substances influenced your life?
40. Have you lost one or more of your parents/guardians (through death)?
41. Is there somebody in your immediate family who attempted suicide (unsuccessfully)?
42. Is there somebody in your immediate family that has committed suicide?
43. Has one of your friends attempted to commit suicide (unsuccessfully)?
44. Has one of your friends committed suicide?
45. How has the suicide of a family member/friend influenced your life?
46. Have you ever tried to commit suicide?
47. What contributed to you to try and take your own life?

48. Do you still think of committing suicide? Please elaborate on your answer.
49. Have you ever told anyone about your suicidal thoughts?
50. How often do you think about suicide?
51. Have you ever had COVID?
52. How has COVID impacted your life (if any)?
53. Have you ever lost anyone close to you due to COVID?
54. How did you feel during the lockdown period?
55. Were you homeschooled during lockdown? How did you experience being homeschooled?
56. Do you have any questions for me?

Appendix C: Letter for Permission to the School Principal

School Name

Address

ATTENTION: Principal _____

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AND INTERVIEW LEARNERS AT _____ SCHOOL BASED IN TSHWANE.

I, Cherie Dreyer am doing research with Prof P. R. Risenga a professor in the Department of Health Studies towards a Doctor of Psychology degree at the University of South Africa. The focus of my study is to develop a school-based programme to support adolescents with suicidal behaviour.

South Africa is one of the ten countries with the highest suicide rate in the world. Adolescent suicide claims more lives than any illness or natural disaster. However, suicide research in Africa is limited, which is thought to be due to a lack of systematic data collection. Fewer than 10% of African countries have reported their mortality data to the World Health Organization. As a result, available and published suicide data are primarily derived from small studies conducted in various African regions. Half of South Africa's population is made up of children and adolescents. Because there are around 5 670 secondary schools in the country, the school setting provides an ideal social context for gathering information concerning suicidal thoughts in adolescents.

As a result, I would appreciate it if you would grant me permission to conduct research and interview participants/learners at your school.

Participation in the research study is completely voluntary. Adolescents from all ethnic and cultural backgrounds between the ages of 14 and 18 years, who are fluent in English can volunteer to participate in the research study. The parents/guardians will be asked for permission to interview the

learner/participant. Data will be collected with the use of semi-structured interviews. Confidentiality and anonymity are of utmost importance and will be maintained throughout the research study.

I understand that a study of this kind might arouse feelings in adolescents who are already suicidal. In case of any adverse events experienced by the participant, I will immediately stop the interview process and attend to the needs of the participant. The principal as well as the guardian will be informed. Furthermore, I will refer the participant for free counselling at the Unisa Clinic and escort the participant with guardian's permission, to the counselling session.

With this research, I wish to contribute to the growing body of knowledge on adolescent suicidal ideation in South Africa by developing a school-based education and awareness programme that supports adolescents with suicidal ideation. It is my hope that this study will provide valuable information for parents, educators, and society at large to assist adolescents to cope with suicidal ideation and the demands of life.

Feedback procedure will entail: If the any of the participants, parents, or school would like to receive feedback after the researcher has concluded this study, they are welcome to contact the researcher to arrange for a suitable date and time for said feedback session.

Please find attached the following:

1. A copy of the letter from the University granting ethical clearance for this study.
2. A copy of the letter from the DOE granting ethical clearance for this study.
3. A copy of the research proposal.
4. A copy of the interview questionnaire.
5. A copy of the letter to be sent to parents seeking permission for their children to be interviewed for research purposes.

Should you have concerns about the way in which the research has been conducted, you may contact Prof P.R. Risenga, risengapr@unisa.ac.za, 012 429 6769. Alternatively, contact the research ethics chairperson of the Ethical Committee, Dr Janice Moodley, moodljk@unisa.ac.za

I thank you in anticipation. I hope that this request to conduct research is met favourably.

Please feel free to contact me should you have any further questions or concerns.

Yours sincerely,

Chérie Dreyer

Psy.D. Student: Unisa

Student Number: 41977432

Cell: 082 416 6425

Appendix D: Parental Consent to Participate in this Study

Dear Parent/Guardian

Request for permission for your child to be interviewed for the purpose of conducting a research study.

I, Chérie Dreyer, am studying towards a Doctor of Psychology degree at the University of South Africa. The topic of my research is: Developing a school-based educational and awareness programme to support adolescents with suicidal ideation. The present study will concentrate on the underlying factors that contribute to suicidal ideation among adolescents, as well as strategies to mitigate adolescent suicide and related conduct.

Your permission is requested to conduct an interview with your child for the purposes of this research study. Please be advised that participation is entirely voluntary. The utmost importance will be placed on maintaining confidentiality and anonymity throughout the research study.

The purpose of this study is to develop a school-based educational and awareness programme to support adolescents with suicidal thoughts and behaviour. The researcher will seek information about the extent to which certain risk factors are meaningfully associated with suicidal thoughts and behaviour in adolescents. Recognising the risk factors for suicidal ideation will facilitate the identification of individuals at risk for committing suicide. It is essential to comprehend the risk factors associated with adolescent suicidal ideation to develop effective prevention strategies for vulnerable individuals. Adolescents of all racial, ethnic, and cultural backgrounds between the ages of 14 and 18 who are fluent in English may voluntarily participate in this study. Data will be gathered through semi-structured interviews. One to two one-hour interviews will be scheduled at a time that is convenient for both the school and your child. Interviews will take place on school grounds following contact classes.

In case of any adverse event experienced by the child/participant, I will immediately stop the interview process and attend to the needs of the child/participant. The principal as well as the guardian/yourself will be informed. Furthermore, I will refer the child/participant for free counselling at the Unisa Clinic and escort the child/participant with your permission, to the counselling session.

Should you have concerns about the way in which the research has been conducted, you may contact Prof P.R. Risenga, risengapr@unisa.ac.za, 012 429 6769. Alternatively, contact the research ethics chairperson of the Ethical Committee, Dr Janice Moodley, moodljk@unisa.ac.za

Your co-operation is highly appreciated. Please feel free to contact me should you have any further questions or concerns.

Yours sincerely,

Chérie Dreyer

Psy.D. Student: Unisa

Student Number: 41977432

Cell: 082 416 6425

PARENT'S REPLY SLIP PLEASE TEAR AND RETURN

I, Mr/Mrs parent/guardian of _____ in Grade _____ hereby grant permission for my child to be interviewed for the purpose of the research study. I understand that the information obtained from the research will remain strictly confidential and will be used for research purposes only.

Parent's/guardian's signature

Appendix E: Participant Information Sheet

Title: Development of a school-based educational and awareness programme to support adolescents with suicidal ideation.

Dear Prospective Participant,

My name is Chérie Dreyer, and I am doing research with Prof P. R. Risenga, a professor in the Department of Health Studies towards a Doctor of Psychology Degree at the University of South Africa. We are inviting you to participate in a study entitled: Development of a school-based programme to support adolescents with suicidal ideation.

WHAT IS THE PURPOSE OF THIS STUDY?

I am conducting this investigation to discover the causes of adolescent suicide attempts and methods to reduce adolescent suicide and behaviour. It is essential to comprehend the risk factors associated with adolescent suicidal thoughts and behaviour to develop effective prevention strategies for vulnerable individuals. Recognising the risk factors for suicidal thoughts and behaviour will facilitate the identification of individuals at risk of committing suicide.

WHY AM I INVITED TO PARTICIPATE?

Participating in the research study is completely voluntary. If you are interested in participating in the research study, I will provide you with information on the study and a consent form that needs to be signed by your parents/guardian, asking permission for you to be interviewed during the research process.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You will participate in one or two in-depth, semi-structured interviews that will be recorded. There will be questions regarding depression and anxiety, familial history of suicide, socio-environmental factors, COVID-19, and alcohol and drug abuse. The duration of the interview will be approximately one hour. Before the interview, I will describe in detail the interview procedure.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participation in this study is entirely voluntary, and you are not required to agree to take part. If you elect to participate, this information sheet will be given to you to keep. You will be given a consent form that must be signed by your guardian/parents. Additionally, you may withdraw at any time and without explanation.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

I would like to investigate methods for preventing and reducing the prevalence of suicidal ideation and behaviour among adolescents. In addition, I would like to investigate and describe steps that the Department of Basic Education, the school, and the community can take to reduce the number of adolescents with suicidal thoughts and behaviour. I will be able to identify risk factors that contribute to suicidal ideation in adolescents by participating in this study. This information will allow me to develop a school-based educational and awareness support programme for adolescents with suicidal ideation.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

During the interview process, you might experience minor discomfort, embarrassment, and a sense of stigmatisation. You may, however, decline to answer the question or discuss a particular topic. In the event of a negative event (unfavourable clinical sign or symptom), I will promptly terminate the interview and attend to your needs. The principal and your parent or guardian will be notified. In addition, I will refer you for free counselling at the Unisa Clinic and accompany you there with your parents' or guardian's permission.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

I will remove any unique identifiers and only use pseudonyms throughout the research study, as well as preserve all interview data in a secure location. No record of your name will be kept, and no one will be able to link your responses to you. You will be referred to by a pseudonym in the data, any publications, and other research reporting methods such as conference proceedings.

Your responses may be reviewed by the transcriber and members of the Research Ethics Review Committee, who are responsible for ensuring that research is conducted correctly. Unless you grant permission for others to view the records, only those working on this study will have access to your

identifying records. A report of this study may be submitted for publication, but individual participants' identities will not be disclosed.

WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

For future research or academic purposes, I will store hard copies of your responses for five years in a secure cupboard/filing cabinet in Centurion, Tshwane; electronic information will be stored on a password-protected computer. If applicable, future use of the stored data will be subject to additional Research Ethics Review and approval. Hard copies will be incinerated and/or electronic copies will be deleted permanently from the computer's hard drive using the appropriate software.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No incentives will be offered for participating in this research study.

HAS THIS STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the Unisa as well as the Gauteng Department of Education. A copy of the approval letters can be obtained from me.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Chérie Dreyer on +27(82 416 6425) or cherie1@vodamail.co.za The findings are accessible for 3 months after the conclusion of the research study.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Chérie Dreyer on +27(82 416 6425) or cherie1@vodamail.co.za

Should you have concerns about the way in which the research has been conducted, you may contact Prof P.R. Risenga, risengapr@unisa.ac.za, 012 429 6769. Alternatively, contact the research ethics chairperson of the Ethical Committee, Dr Janice Moodley, moodljk@unisa.ac.za

Thank you for taking time to read this information sheet and for participating in this study.

Yours sincerely,

Chérie Dreyer

Psy.D. Student: Unisa

Student Number: 41977432

Cell: 082 416 6425

Appendix F: Participant Consent to be Interviewed

INFORMED CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant/learner), confirm that Chérie Dreyer has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participating in the research study.

I have read (or had explained to me) and understood this study as explained in the information sheet.

I have had sufficient opportunity to ask questions and I am prepared to participate in this study.

I understand that my participation is voluntary and that I am free to withdraw at any time without having to provide any reason.

I am aware that the findings of this study will be processed into a research report/thesis, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the in-depth, face-to-face interview with Chérie Dreyer.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (Please Print)

Participant Signature..... Date.....

Researcher's Name & Surname.....

Researcher's signature..... Date.....

Feedback from the School about the Educational and Awareness Programme

Goeie dag, Chérie

Dankie vir 'n puik en insiggewende oorsig in jou video.

Glo jou studies sal suksesvol wees.

Dr M

Hoof / Principal

Goeie dag, Chérie

Baie sterkte met die finale afhandeling van jou studies! Ons glo dat jy suksesvol sal wees. Sal 'n kopie van jou studies ontsaglik baie waardeer!

Beste wense

Dr M

Hoof / Principal