KNOWLEDGE, PERSPECTIVES AND PRACTICES OF SUICIDE COUNSELLING BY COUNSELLORS IN SELECTED SECONDARY SCHOOLS IN CHOMA DISTRICT, ZAMBIA

By

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A Dissertation submitted to the University of Zambia in partial fulfilment of the requirements of A Master of Education Degree in Guidance and Counselling.

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AUTHOR'S DECLARATION

I, MASILANI MAPENZI, do declare that this dissertation represents my own work. I further declare that the work has not in any part or in whole been submitted for award of any degree at The University of Zambia or any other University. Works drawn from other sources have been acknowledged.

Signed……

Date.....

CERTIFICATE OF APPROVAL

The University of Zambia (UNZA) approves the dissertation of Masilani Mapenzi fulfilling part of the requirements for the award of the degree of Master of Education in Guidance and Counselling.

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Abstract

School counsellors have an ethical obligation to protect their learners; they are in an ideal position to help prevent suicide among learners as they are likely to encounter suicidal learners during the course of their duties. To understand the lived experiences of the school counsellors about their knowledge, perspectives and practices of suicide counselling a qualitative study was undertaken. A phenomenological design was used. The study sample composed of 12 school counsellors from selected secondary schools in Choma District. Purposive sampling method was used to select the participants. Data was collected using semi-structured interview schedule and a focus group discussion guide. Thematic analysis was used to analyse data.

The outcomes of the study show that eight out of twelve school counsellors were not aware of suicide related information in the school curriculum. Five of the school counsellors expressed knowledge about causes and warning signs of suicide. Their knowledge was as a result of experience and not training. Nine counsellors in the study lacked training in suicide counselling. As a result, they held stigmatising perspectives towards suicide. However, the school counsellors felt they had a role to play in suicide prevention but this role was compromised by lack of knowledge in suicide counselling.

On the basis of the findings, the study recommends that trainee school counsellors should be equipped with knowledge in suicide counselling. In addition, head teachers should encourage continuous professional development in suicide counselling among school counsellors and other teachers. The Ministry of Education (MOE) should support the development of a national suicide protocol to be followed by all school counsellors. Further, future researchers should consider designing a study to identify other factors most impacting suicide assessment self-efficacy.

DEDICATION

I dedicate this thesis to all the learners who have unfortunately taken their lives during their school years. This has inspired me to want to learn more about suicide in schools. As school counsellors, I hope this work will help us realize what our pupils are going through so that we intervene when our pupils need us most. I dedicate my counselling career to identifying those at risk for suicide; teach alternatives to suicide and hopefully save lives.

I further dedicate this work to my Mother Anna Sikabula Masilani, daughters Keturah B. Chaambwa and Anna T. Chaambwa. Everything I do is for you.

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LIST OF ABBREVIATIONS AND ACRONYMS

GSHS	Global School Health Survey
NIMH	National Institute of Mental Health
UNZA	University of Zambia
WHO	World Health Organisation
QPR	Question, Persuade and Refer
HBM	Health Belief Model

CHAPTER ONE: INTRODUCTION

1.0 Overview

This chapter presents the background to the study, statement of the problem, purpose of the study, research objectives, research questions, and significance of the study, limitations, theoretical framework, operational definitions and the organisation of the study.

1.1 Background of the Study

1.1.1 Introduction

The background of this study will provide context to the information discussed throughout the research paper. It includes the following themes that are important and relevant to the study: knowledge, perspective, and practice of suicide counselling by school counsellors, suicide phenomenon, global burden of suicide, African situation on suicide and the Zambian situation on suicide.

1.1.2 Suicide phenomenon

A suicide attempt is a potentially self-injurious behaviour with a nonfatal outcome, for which there is evidence (either explicit or implicit) that the person intended at some level to kill themselves. A suicide attempt may or may not result in injuries. On the other hand, suicidal ideation would be whenever the subject has thoughts of carrying out suicide-related behaviours (O' Carrol *et al*, 1996).

Human nature and the resultant human interaction is complex, and failure to cope with the demands of life may result in some people contemplating taking their own lives as a solution. According to Crawford and Caltabiano (2009), para-suicide (suicide attempt) may be a genuine attempt by a person to kill him/ herself, or it may be self-injurious behaviour without the intention to kill oneself but to draw attention to personal problems. Often, such people require appropriate counselling interventions to assist them in coping and realise that termination of one's life is not the solution to life's problems (Crawford and Caltabiano: 2009).

Suicide is a complex phenomenon that has attracted the attention of scholars over the centuries. It is a burning issue worldwide, and most suicidal deaths occur in lower-middle-income countries (Mars *et al*, 2014). The phenomenon of "Suicide" requires extra attention and deep knowledge because it is the most preventable form of death at any age. Several reviews of interventions have provided evidence of effectiveness in reducing suicides (Goldney, 2005; Beautrais, 2005; Mann *et al*., 2005; Bertolote, 2004).

1.1.3 Global Burden of Suicide

Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. More than 700 000 people die due to suicide every year. For every suicide, there are many more people who attempt suicide. A prior suicide attempt is an important risk factor for suicide in the general population. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15–29-year-olds globally in 2019. Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally, (WHO, 2019)

Suicide does not just occur in high-income countries but is a global phenomenon in all regions of the world. In fact, over 77% of global suicides occurred in low- and middle-income countries in 2019. Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions. For national responses to be effective, a comprehensive multi-sectorial suicide prevention strategy is needed (WHO, 2019).

Some of the challenges to suicide prevention globally are stigma and taboos surrounding suicide. This leads to many people thinking of taking their own life or who have attempted suicide not seeking help and therefore not getting the help they need. The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it. To date, only a few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy. Raising community awareness and breaking down the taboos is important for countries to make progress in preventing suicide (WHO, 2019).

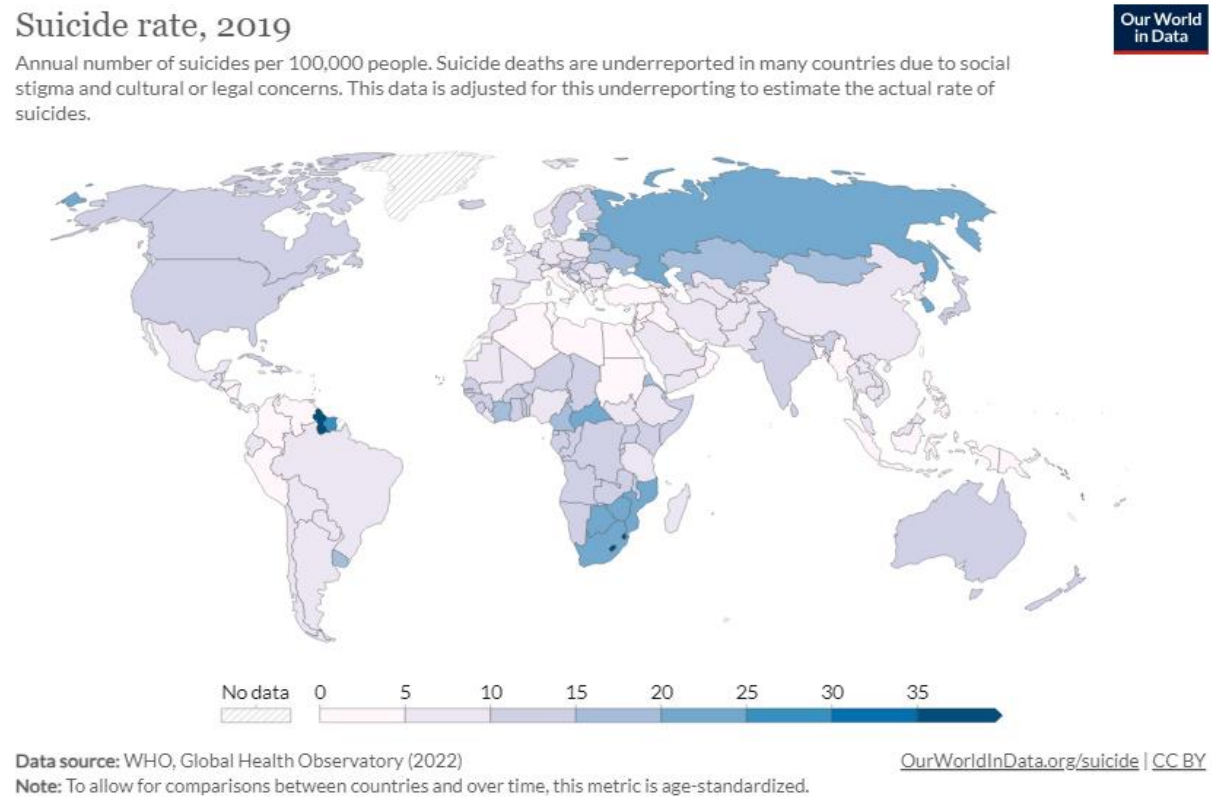

Figure 1: *showing suicide rates in 2019*

1.1.4 The African Situation on Suicide

In Africa, research on suicidal behaviour is very scarce. According to Schlebusch *et al*. (2009), the prevalence of suicide tends to be higher in the East and South, compared with that in the North and West parts. In the past, suicidal behaviour in Africa was considered rare. However, studies by Kinyanda *et al.* (2005), Schlebusch *et al.* (2009), Omigbodun *et al.* (2008) and Ovuga *et al*. (2006) report that it is a substantial public health burden. Regional or national suicide incidence data available accounts for less than one-third (16/53) of the cases in African countries. Crude estimates indicate that there are over 34,000 suicides per year in Africa. These data indicate that suicidal behaviour is a significant public health problem in Africa. More regional studies, in both urban and rural areas, are needed to estimate the burden of suicidal behaviour across the continent more accurately (Mars *et al.*, 2014).

According to Kinyinda *et al.* (2005), a good understanding of the entire burden of suicidal behaviour is limited by a lack of systematic data collection and high-quality research. The lack of

systematic data collection and quality research may be due to political and economic instability that has plagued much of the continent for several decades. In addition, studies by Kinyanda *et al.* (2005), Omigbodun *et al.* (2008) and Ovuga *et al*. (2005) show that cultural and religious diversity and traditional African beliefs make it difficult to obtain a comprehensive understanding of suicide. Furthermore, suicidal behaviour in most of Africa still carries negative cultural sanctions that skew reports of its occurrence, and such behaviour remains a crime in some African countries, thereby encouraging the perpetuation of non-reporting (Kinyanda *et al.*, 2005).

In most countries, there is a lack of accurate statistics on suicidal behaviour, lack of research infrastructure and funds, limited death registers, a lack of expertise in suicide research, inadequate inter-African research collaboration, limited and out-dated studies, a lack of standardised research designs and assessment instruments (resulting in primarily descriptive studies), an absence of follow-up studies, a scarcity of multi-centre studies, and low priority of research and prevention programmes, (Kinyanda *et al.,* 2005). Therefore, this sought to fill the gap in the knowledge, perspective and practice of suicide counselling by school counsellors in the Choma District of Zambia.

1.1.5 Zambian Situation on Suicide

As of September 8, 2022, Zambia's population was 19,610,769, with ten provinces and 116 districts (Zambia Statistics Agency, 2022). Mutale (2011) writes that the magnitude of the suicide problem in Zambia is not well known because of a lack of statistics. Thus, to obtain more information on youth health and behaviour around the world, the WHO and Centres for Disease Control and Prevention (CDC) created the Global School-based Student Health Survey (GSHS), which has been implemented in over 40 countries, including Zambia (GSHS, 2004).

The study, which involved secondary school analysis of data from the GSHS, was conducted; 2,257 in-school adolescents participated. In this study, the prevalence rate of suicide ideation in the past 12 months was 31.9 % (GSHS, 2004). This percentage was the highest in Sub-Saharan Africa. The survey revealed that loneliness, worry, hopelessness, suicidal ideas, and loss of friendships were the main determinants of mental health among the youth. Low self-esteem was also shared in this age group. The survey also revealed unsettling findings on suicide, reporting

that 31.9% of pupils (31.4% male and 31.5% female) had seriously considered attempting suicide during the 12 months prior to the survey, and 41.4% of the pupils (40.4% male and 41.7% female) had made plans about how they would commit suicide (GSHS, 2004).
The GSHS datasets were used in this study to understand suicidal ideation and behavioural risk factors among learners in Zambia. This information was also used to understand school counsellors' knowledge, perspective and practice towards suicide counselling.

Reports on suicide have mostly been from the media, highlighting suicidal behaviour as a social problem. On August 6, 2015, the Zambia Daily Mail highlighted that "there is a need to include guidance and counselling on suicide in learning institutions to help reduce suicide among learners. Many children come from different homes and face different situations. Therefore, schools must offer counselling services. Counselling helps children break silence in homes and communities in physical and emotional abuse cases" (Zambia Daily Mail of August 6, 2015).

School guidance and counselling services have been the subject of many researchers and educationists (Tuchili and Ndhlovu, 2018; Ndhlovu, 2016; Nkhata, 2010). However, there is a striking absence of attention given to research on suicide counselling services available to learners in secondary schools. Suicide is a counselling need: What knowledge, perspectives, and practises do school counsellors in selected secondary schools in Choma District have? Therefore, due to this knowledge gap, this study became relevant, especially in understanding school counsellors' knowledge, perspectives, and practises regarding suicide counselling.

1.1.6 Policy on Guidance and Counselling in Zambian Schools.

Education is an important tool for preparing learners for a better life. The policy on guidance and counselling in schools emphasizes the importance of having guidance and counselling departments in educational institutions at all levels. The focus areas of guidance and counselling are: personal, Social, Vocational and educational, (CDC, 2013). Suicide counselling falls under the personal guidance area. According to the MoESVTE (2014), personal guidance is the process that helps learners to develop interest in and liking for self, self-awareness and character formation. It is also helps leaners to solve problems such as emotional conflicts, anxieties, frustrations, fears, poor self-image, indecision, alcohol and drug abuse, unwanted pregnancies,

the efforts of the HIV/AIDS epidemic, delinquency, suicide, inability to set goals in life, dependence on the other people and inability to change and proper handling of unsuitable behaviour, (MoESVTE, 2014).

The Ministry of Education is supposed to ensure that there are well-trained guidance and counselling teachers who can provide adequate guidance and counselling materials (CDC, 2013), including suicide counselling. To implement the above, teacher education institutions have been urged to include guidance and counselling into their curriculum, (CDC, 2013). The policy further stipulates that the guidance office shall be run by a trained person, who has attended at least one year qualification in guidance, counselling from the recognised institution. If no such trained professional are available, a teacher and lecturer with necessary attributes shall be appointed to run the guidance office upon receiving orientation and short training. Further, the policy also recommends the formation of counselling committees in schools, consisting of at least one trained counsellor, (MoESVTE, 2014).

According to the guidelines on the administration and management of guidance and counselling in schools, the following are the characteristics of the guidance and counselling program in schools and colleges: school guidance and counselling lessons, orientation, pupil info service, general information service, assessment service, counselling service, home based counselling service, placement service, referral, research service and evaluation service, (MoESVTE, 2014).

The policy also emphasizes the importance of school management support, adequate resources, and conducive rooms for counselling services. The schools should have a system for measuring and evaluating guidance and counselling services to improve the quality of services, (MoESVTE, 2014).

In summary, the policy on guidance and counselling in schools emphasizes the importance of having a well-structured guidance and counselling program that focuses on helping students develop in personal, social, vocational and educational areas. The policy recommends that all schools should have a counselling committee headed by a trained counsellor. The policy also emphasizes the importance of school management support, adequate resources, and conducive rooms for counselling services.

1.1.7 Zambian Law on Suicide

One crucial step African countries have taken to address the high suicide rates is to decriminalise attempted suicide, (Simelane, 2023). In Zambia, the Suicide Act of 1967, Chapter 89, has decriminalized suicide, making it no longer an offence under the common law (Suicide Act, 1967). The Act acknowledges people who attempt suicide not as criminals but as people who need held. It reflects a more compassionate understanding of mental health. However, the act of suicide is still considered a criminal offence if it is part of a suicide pact (Suicide Act, 1967).This entails that if two or more people agree to commit suicide together, they can be charged with a criminal offence. Other countries like Lesotho, Ghana and Rwanda have also recently decriminalised attempted suicide. Notable countries that have not yet decriminalised suicide in Zambia are The Gambia, Kenya, Somalia, South Sudan, Sudan, Tanzania, Uganda, Malawi and Nigeria (Simelane, 2023).

It should be indicated though that the act includes provisions for the issuance of warrants for the apprehension of persons attempting suicide and for inquiries into the state of mind of persons apprehended (Suicide Act, 1967). They can keep them safe until they are sent to a mental health facility.

However, while suicide is not a criminal offence in Zambia, it is a serious public health issue that can have a profound impact on families, communities, and the nation as a whole. In 2019, Zambia passed the Mental Health Act No. 6 of 2019, which provides clear guidance on mental health and illness. (GRZ, 2019).This act is an important step in addressing mental health issues and preventing suicide in Zambia. By decriminalising suicide and investing in inclusive and comprehensive healthcare, some African countries can have taken successful steps towards reducing suicide rates and contributing towards mental health issues. (Simelane, 2023).

1.1.8 Knowledge, Perspective and Practice of Suicide Counselling by School Counsellors

Many scholars believe that school counsellors should work to identify behavioural and social or emotional signs of suicide risks among their learners and ensure prevention methods are in place (ACEA, 2022; Dosrochers & Houck, 2013). According to Dosrochers and Houck (2013), school counsellors should work to raise awareness of suicide ideation, train school personnel, and create opportunities to identify resources available for school personnel. As gatekeepers, the school

counsellors' ethical and moral responsibility is to report suspected suicide risks to legal guardians and appropriate authorities (ACEA, 2022).

To achieve their ethical obligation of protecting students, school counsellors must maintain current knowledge, perspectives and practises of suicide counselling. The ACEA (2022) highlights that counsellors should be informed about signs of suicidal thought, be knowledgeable about resources available, prepare learners, staff, colleagues, and parents to recognise warning symptoms of suicidal behaviour and refer learners who demonstrate signs of suicidal thoughts to local community agencies.

Studies have highlighted the importance of the knowledge and perspective of suicide in effectively counselling potentially suicidal clients (Neimeyer *et al*., 2001). Similarly, Herron *et* al. (2001) found that professionals with previous training in suicide risk assessment and management showed a more positive perspective towards suicide prevention.

Furthermore, according to Schmidt (2003), a vast body of literature addresses suicide as an important issue for the counselling profession. Despite school counsellors facing child and adolescent suicide as frequently as any other group of mental health professionals, not much has been done to understand the experiences of school counsellors regarding suicide counselling. It is a source of concern that the experiences of school counsellors have been neglected in the research literature (Valente, 2003). Knowledge, perspectives, and practises related to suicide counselling may influence suicide intervention strategies and, therefore, aid or hamper suicide. Therefore, school counsellors' knowledge, perspective and practice towards suicide counselling warrant further study.

Statement of the Problem

While suicide rates have been increasing in Zambia, limited studies have been conducted to understand the public health burden (Walubita, 2019). Results from a study by Lee (2022) extracted from the Violence Against Children and Youth survey found that 12.5% (1034) of the respondents reported lifetime suicidal thoughts or suicide attempts thus reducing the rate of

adolescent suicide is of particular importance. Other studies like the 2004 GSHS study, conducted in Sub-Saharan countries by the WHO, showed that Zambia had the highest prevalence of suicidal ideation (31.9%) among 2 257 pupils in grades 7 - 10. Considering the high rate of suicide ideation among school adolescents in Zambia, as evident from the GSHS study, the likelihood of school counsellors encountering potentially suicidal pupils is high as they spend over 1000 hours a year with the learners in school. At global level, studies have been conducted that schools are addressing suicide cases through guidance and counselling (Gallo et al, 2022; ASCA, 2013). At regional level, studies have also been carried out on the role of guidance and counselling teachers in addressing suicide in schools (Woolf, et al 2016; Shilubane et al, 2023). In Zambia, despite the presence of guidance and counselling legal framework (CDC, 2023; MoESVTE, 2014), and guidance and counselling being provided in Zambian schools (Kabamba et al, 2020; Tuchili and Ndhlovu, 2016), little is known about the knowledge of suicide counselling, perspectives towards suicide and counselling practises by school counsellors in Choma District despite the rising numbers in suicide cases among young leaners. Most studies conducted in Zambian schools related to suicide among learners have focused on highlighting the high prevalence of suicide in schools (GHSS, 2004, Muula et al, 2007; Pengpid and Karl, 2022). If this study was not undertaken, it would be a missed opportunity to explore the knowledge, perspective and practices of school counsellors in Choma amidst the high prevalence of suicide in schools. Therefore, this study sought to fill this knowledge gap.

1.3 Purpose of the Study

To explore the knowledge, perspectives, and practices of suicide counselling by school counsellors in selected secondary schools in the Choma District.

1.4 Study Objectives

1. To establish the school counsellor's knowledge of suicide counselling.
2. To explore school counsellors' perspectives of suicide.
3. To explore counselling practises school counsellors use to help learners with suicide ideas.

1.5 Research Questions

1. What do school counsellors know about suicide counselling?
2. How do school counsellors' perceive suicide?
3. What counselling practises do school counsellors use to help learners with suicide ideas?

1.6 Significance

The results of this study will provide information on what school counsellors know about suicide counselling. This study is also significant in that the perspectives of suicide by school counsellors will be known by policymakers, training providers, head teachers, and parents. Furthermore, counselling practises that school counsellors use to help learners with suicide ideas should also be known by head teachers and other stakeholders.

1.7 Limitations

Glesne (1998) posits, "Limitations are consistent with the always partial state of knowing in social research and elucidating your limitations helps readers know how they should read and interpret your work."

Although the findings of this study are informative concerning school counsellors' knowledge, perspectives, and experience with suicide counselling, it is imperative to acknowledge the following limitations.

Concerning the course of action school counsellors would take, counsellors' intended behaviour may differ dramatically from their actual behaviour when confronted with a potentially unstable situation.

Another limitation is that suicide prevention practises were based on participant self-reports. School personnel may not have accurately remembered their interactions with potentially suicidal students. A future study could document changes in suicide prevention practises through a review of records, direct observation or the collection of other collateral sources of information. In addition, other studies using larger sample sizes and quantitative research methods are required.

Despite these limitations, the findings underscore grave and unmet needs among school pupils regarding suicide counselling that have implications for research and practice. Future research is needed to determine strategies for providing additional suicide counselling services to secondary schools.

1.8 Theoretical Framework

This phenomenological study explored the knowledge, perspectives and practises of suicide counselling by secondary school counsellors in the Choma District.

The theory that guided this study was Therapist Skills: A Cognitive Model of their Acquisition and Refinement. The model features three principal systems: declarative, procedural, and reflective (DPR model) by Bennett-Levy (2006). The DPR model suggests three information-processing systems (declarative, procedural, and reflective) work in synchrony to allow for therapist acquisition of new knowledge and/or skills through training (Bennett-Levy, 2006). Further, the interactions among these three systems change as a therapist acquires more experience and expertise. The first domain of the model, the declarative system, describes knowledge of factual information that may be abstract or concrete in nature. The second domain, procedural system, consists of "how to" knowledge which allows for the direct application of skills in varied contexts and settings. Finally, the reflective subsystem describes practices of more experienced therapists wherein he/she may encounter a difficult situation, reflect on the situation, and then apply existing knowledge and skills from other contexts to the new situation (Bennett-Levy, 2006)

Declarative knowledge concerns factual information acquired through lectures, observational learning, supervision, or reading assignments. Procedural knowledge is 'how to 'and when to' rules, plans, and procedures that lead to the direct application of skills. Reflective practice refers to the activity of reflecting on the therapeutic experience. Bennett-Levy presents a perspective on the reflective system at the centre of therapist skill development. The reflective system impacts practice, for example, in the therapeutic process, treatment process, treatment plan, and measures of the therapeutic process. Research has shown that reflection is particularly important for developing and refining therapist interpersonal skills (Fairburn and Cooper, 2011; Chaddoct *et al*., 2014).

Ultimately, the constructs of knowledge, attitudes (perspectives), and behaviour (practice) presented comprise the larger concept of counsellor competence in responding to suicidal clients. Within counsellor education, competence is largely regarded as developmental and able to be impacted by training and experience (McAuliffe & Eriksen, 2010). The declarative system of the DPR model pertains to the knowledge of factual information. The declarative system includes three components: conceptual knowledge, interpersonal knowledge, and technical knowledge. Declarative knowledge is typically acquired through didactic teaching strategies (e.g., lectures, reading) (Bennett-Levy, 2006). While this system is integral to counsellor competence, Bennett-Levy (2006) suggested that these training strategies alone may fail to translate this system into practical usability. The procedural system includes the application and demonstration of declarative knowledge and includes the "how and when" of using certain skills properly and at the right time (Bennett-Levy, 2006). Bennett-Levy (2006) stated that procedural knowledge is largely implicit, and becomes increasingly refined with experience. The reflective system is solely responsible for moving the novice counsellor developmentally forward into the domain of expert. He suggested that reflection plays a more significant role in the later stages of counsellor development, but serves to enhance the quality and longevity of the learning that occurs within the declarative and procedural systems (Bennett-Levy, 2006). Specifically, Bennett-Levy (2006) suggested that the reflective system allows for the counsellor to develop a working awareness of his or own selfand self-as-therapist schemas (e.g., knowledge, attitudes, personal attributes), which are invariably related to the counsellor's interpersonal effectiveness with clients.

The constructs described in Bennett-Levy's (2006) DPR model relate very closely to those in the empirical literature about suicide response. The declarative system is represented by knowledge about suicide (e.g., causes of suicide, warning signs of suicide, awareness of suicide related knowledge in the curriculum). The reflective system comprises the counsellor's attitudes about suicide and his or her perceptions about confidence or self-efficacy to intervene with a suicidal client. This refers to the counsellor's perspective of suicide ideation and suicide as well as their view on suicide as a crime or a mental health issue. The procedural system reflects suicide response behaviour (practice) in that this is the domain in which counsellors must implement their knowledge and navigate their own attitudes and beliefs to intervene when a client is at risk for suicide.

Many teachers of guidance and counselling may lack skills to work effectively to reduce cases of suicide among pupils in schools. The nature of this deficit of skills can be understood through the DPR model of skill development. The relevance of the DPR model in this study was that it helped me to identify deficits in the knowledge base among counsellors, identify the deficits in practical skills of counsellors, and the ability of school counsellors to reflect on their own counselling work with service users. The model also provided a methodical explanation of how Guidance and Counselling educators can develop and advance their skills to deal with suicide cases among pupils in schools. Therefore, adapting the DPR model allowed the identification of specific areas of skills deficit, thereby making it possible to make clear recommendations regarding how to address those deficits.

1.9 Operational Definition of Terms

This section explains how the following terms were used in this study:

Suicide: intentionally taking one's life in the reaction to stressful situations.

Counsellor: a person, teacher, or educationist usually employed in a school to counsel pupils. This person counsels, assists, or helps learners or individuals to solve academic and psychological problems.

Suicidal ideation: refers to thoughts or ideas about suicide. However, because such ideations are inherently private, this study uses this term to describe self-reported thoughts of engaging in suicide-related behaviour.

Adolescence: the intermediary stage of growth between childhood and adulthood.

Risk factor: anything that creates chances for someone to impulsively seek out potentially dangerous situations without recognising the consequences of such action. Risk factor is a characteristic of a group of individuals or situations that predicts a negative outcome for a specific criterion. This characteristic can occur at the biological, psychological, family, community or cultural level and is associated with a higher likelihood of problem outcomes.

Head teacher: A teacher in charge of a secondary school.

Counselling: is the relationship between a counsellor and counsellor to help solve a problem the counselee encounters.

Suicide Counselling: Counselling those at risk, including those who have made previous attempts. It also involves counselling survivors, their family members, and those close to them.

Precipitating Factors: factors that cause or trigger the onset of a disorder, illness, or behavioural response. Stressful events can trigger a suicidal crisis in a vulnerable person.

Warning Signs: Specific behaviours that could indicate that an individual might be thinking of committing suicide

Attitude: Individuals' affective perspective or disposition, reflecting their general expectancy of a situation based on their underlying beliefs. Attitude is a component of communication that is an affective perspective based on cognitive beliefs.

Perspective: A particular attitude or view of something; a viewpoint.

Prevention: Interventions occurring before the onset of a disorder are intended to prevent or reduce the risk of the disorder.

Suicide Attempt: A potentially self-injurious behaviour associated with at least some intent to die because of the act. Evidence that the individual intended to kill himself/herself, at least to some degree, can be explicit or inferred from the behaviour or circumstance. A suicide attempt may result in actual injury.

Protective Factors: A characteristic at the biological, psychological, family, or community (including peers and culture) level is associated with a lower likelihood of problem outcomes or reduces the negative impact of a risk factor on problem outcomes.

1.10 Organisation of the Study

This study is divided into six chapters, as shown below.

Chapter One: Introduction

This chapter presents an overview of the entire research process. It offers an introduction into the context of suicide, knowledge, perspective and practise of suicide counselling, the suicide phenomenon, highlighting suicide globally, suicide in Africa, and the Zambian situation on suicide. This chapter has further offers the study's rationale, problem statement, objectives, and research questions, including the limitations. The chapter concludes with the definitions of terms.

Chapter Two: Literature Review

This chapter discusses suicide and suicide counselling. It covers the following themes: the definition of suicide, theories of suicide, causes of suicide, suicide risk factors in adolescents, prevalence of suicide among adolescents, and nature of suicide. After that, knowledge of suicide counselling by school counsellors, perspectives of school counsellors on suicide, counselling practices by school counsellors and the role of school counsellors in suicide prevention are detailed, highlighting findings from other studies. Finally, the study shows the knowledge gap to emphasise its contribution to knowledge in this field.

Chapter Three: Methodology

This chapter covers the study's research design and methodology. This chapter discusses the research design adopted, study area, study population, study sample, sampling techniques, instruments used to collect data, a description of the sample of participants, procedures undertaken, and analysis conducted. The section further describes how trustworthiness was achieved and the ethical considerations made during data collection. It ends with a summary of the chapter.

Chapter Four: Presentation of the Findings

The results of this study are shown. The themes in this chapter include counsellor knowledge of suicide counselling, perspectives on suicide counselling and counsellor practises towards suicide counselling.

Chapter Five: Discussion of the Findings

The findings are discussed by incorporating relevant information from the literature to either substantiate or contrast the current study's results. The discussion considers counsellor knowledge about suicide warning signs and causes, counsellor training in suicide counselling, counsellor awareness of available information related to suicide in the curriculum, the role of school counsellors in suicide prevention, counsellor perspective of suicide ideation and suicide, counsellor perspective towards suicide as a crime, suicide counselling in schools, assessment of suicide risk among learners, suicide referral and collaboration. Then, some practical implications of the findings are cited, along with conclusions and recommendations for future research.

Chapter Six: Conclusion and Recommendations

This chapter provides the conclusion of the entire study. Answers the central questions raised at the beginning of the study.

CHAPTER TWO: LITERATURE REVIEW

2.0 Overview

This chapter exploits literature on knowledge, perspective and practice of suicide counselling. The review is presented under the following subthemes: definition of suicide, theories of suicide, causes of suicide, suicide risk factors in adolescents, suicide prevalence among adolescents, nature of suicide, knowledge of suicide counselling by school counsellors, perspectives of school counsellors on suicide, counselling practices by school counsellors and the role of school counsellors in suicide prevention.

2.1 Definition of Suicide

The Mental Health Commission of Canada (2018:1) defines suicide as “a fatal self-injurious act with some evidence of the intent to die.” Suicide attempt or para-suicide is “potential self-injurious behaviour associated with the intent to die" (Mental Health Commission of Canada, 2018:1). Attempted suicide is also a cause for concern as it may be a genuine attempt by the person to kill themselves, or it may be self-injurious behaviour without the intention to kill oneself but to draw attention to complex human interactions and failure to cope with the demands of life, which may result in some people contemplating taking their own lives as a solution (Crawford and Caltabiano: 2009). Often, such people require appropriate counselling intervention to assist them in coping and realise that termination of one’s life is not the solution to life’s problems.

Suicide in Africa

Suicide is a major cause of premature mortality worldwide, but data on the epidemiology in Africa, the second largest populous continent are limited (Mars et al, 2014). Data on suicide in Africa is limited as under reporting and non-reporting of mortality data to World Heath Organisation. In the review of 48 studies with a sample size of 244,701 people, the prevalence of suicide attempts in Africa was found to be 9.9% (95%CI: 8.5%-11.6%). With the increase in the year of study, the prevalence of suicide attempt in the African continent increases. Also, with the increase in the sample size, the prevalence of suicide attempts in Africa decreases. The suicide

attempt prevalence among African men and woman slightly differed with 7.6% and 8.2%, respectively (Babajani, 2024).

The UN SDG target 3.4 talks about reducing by one third premature mortality from non-communicable diseases through prevention, treatment and promotion of mental health and well-being by 2030. Despite this target, the suicide rate in the African region is the highest in the world with 11.2 per 100,000 population compared to a global average of 9.0 per 100,000 population (WHO, 2021).

Several countries in Africa stand out as having the highest suicide age adjusted rates in the world, namely, Lesotho, Eswatini, Zimbabwe, South Africa, Mozambique, Central Africa Republic, Botswana, Eritrea, Cameroon and Cote d'lvoire. All the above had rates above of 15 per 100,000 populations, with peaks of 87.5 per 100,000 population in Lesotho and 40.5 per 100,000 populations in Eswatini (WHO, 2021).

Knowledge about suicide and suicide attempts in Africa is cardinal as it helps highlight the magnitude of the suicide problem in Africa. Further, it should be noted that there is need for more qualitative research in the African region as most research is quantitative in nature, this will give more insight into the nature of the suicide problem taking into account the culture and religious beliefs of the African people.

Suicide in Zambia

In Zambia, the suicide rates are on the rise. A study by Pengid and Peltzer (2021) which aimed to estimate the prevalence and correlates of ever suicide attempt and past 12-month suicidal behaviour (ideation, plan and/or attempt) among adults in Zambia reported the prevalence of lifetime suicide attempt at (2.3%) which was higher than in previous studies in Nigeria (0.7%) similar to South Africa (2.9%). This high rate of suicidal behaviour in Zambia is also confirmed in a previous study among adolescents in Zambia, with a prevalence of past 12-month suicidal ideation of 31.1%.36 (Muula et al, 2007). Compared with some studies on suicidal behaviour in other countries, a high prevalence of suicidal behaviour was found in Zambia (Pengid and Peltzer, 2021).

There are few studies in Zambia on the subject of child suicides in the medicolegal population. However, a case series of child suicides in Lusaka, Zambia, reported that children who committed suicide were aged between 10 and 17 years, with the majority being males. The study recommended that mental health services should be made available to children and adolescents in Zambia, and that parents, teachers, and community leaders should be educated on the signs of mental health problems in children and adolescents (Himwaze and Luchenga, 2021).

Another study to estimate the prevalence of, and assess factors associated with, self-inflicted serious injuries among in-school adolescents in Zambia was undertaken by Muula et al (2013). Data collected from the 2004 Zambia Global School-Based Health Survey was used to estimate prevalence of self-inflicted serious injury within the past 12 months. Out of 2,136 adolescents who participated in the Zambia 2004 Global School-based Student Health Survey, 927 (43.4%) reported seriously injuring themselves. Of these who reported injuries, 110 (11.9%) reported seriously injuring themselves on purpose. The following variables were associated with history of self-inflicted injury: worry; sadness; suicidal behavior; history of ever having been drunk and marijuana use. Reported history of injury and self-inflicted injury among in-school adolescents in Zambia are common (Muula et al, 2013).

The findings of these studies are cardinal as they can inform schools to screen for suicide risk. For example, the high rate of suicidal ideation among adolescents in Zambian schools can be addressed by school counsellors when screening, counselling or they can refer adolescents who might be suicidal.

Some of the methods used in the last suicide attempt in Zambia are using a sharp instrument, pesticides, rope, and medication overdose. Having a family member who died from suicide, and having an alcohol use-related family problem increased the odds for suicidal behaviour in the past 12 months in Zambia (Pengid and Peltzer, 2021). Similarly, a study by Tembo and Mambwe (2024) whose objective was to explore causes of suicide and suicide behaviour in Chipata District, Zambia found that domestic disputes, financial challenges and depressive incurable illnesses raised the risk of suicidal behaviour. More males than females demonstrated suicide behaviour. While more single males showed heightened suicidal behaviour, married males were over three times turned out to be suicide completers (Tembo and Mambwe, 2024). Further, it was found that suicide tendencies rose sharply during and after harvest season in Chipata. The theory

behind this finding is related to the large proportion of farmers in Chipata District who presumably got paid from sales of agricultural products. Availability of money brewed disputes between spouses triggering suicidal behaviour. The study recommended aggressive sensitization to communities through radio, television and edutainment (Tembo and Mambwe, 2024).

Despite the rising numbers of suicide cases, talking about suicide is taboo, suicidal persons are stigmatised. Stigma is one of the most significant barriers to suicidal persons seeking help at the individual or community level in Zambia. This stigma can be divided into three levels: self-stigma, stigma from family members and the community in which the patient lived, and stigma from the health care providers (Munakampe, 2020).Therefore people are sometimes unaware of the services available to them and how to access these services. Stigma has been reported to be fueled by lack of knowledge or awareness about mental disorders as well as the state of facilities where these disorders are treated (Munakampe, 2020). From the above, it can be concluded that many people thinking of taking their own life or who have attempted suicide are not seeking help and are therefore not getting the help they need.

However, despite various studies attesting to the high prevalence rate of suicide in Zambia (Muula et al, 2013, Himwaze and Luchenga, 2021, Pengid and Peltzer, 2021) there is still limited data from Zambia on what is prevailing with regards to suicide counseling in schools in Zambia, possibly because of limited research prioritisation of the issue and pre-occupation with communicable diseases, thus the need for this study arose to fill the gap.

2.1.1 Theories of suicide

Many theories attempt to explain why people commit suicide. Some of the most prominent are Durkheim's theory on suicide, Sheneidmans' theory on suicide, and stress and crisis theories (Mutale, 2008). All theories consider biological, psychosocial, and environmental factors that may impact suicidal behaviour.

Sheneidman (1985, 1993) explained suicide as a response to overwhelming pain, which he called psychache, while Baumeister (1990) described suicide as an escape from an aversive state of mind. These theories are tremendously helpful in guiding suicide research and prevention efforts.

An advance in suicide theory occurred when Joiner (2005) introduced his Interpersonal Theory of Suicide. Joiner introduced a framework by which (a) suicidal ideation and (b) the progression from ideation to attempts were treated as processes with separate explanations and risk factors. Ibid (2005) proposed a specific application of the framework: perceptions of low belongingness and high burdensomeness combine to bring about a desire for suicide, whereas high capability for suicide facilitates potentially lethal suicide attempts.

2.1.2 Sociological Perspectives on Suicide

In his discussion of suicide, Durkheim (1952) viewed social forces as general causes of suicidal behaviour that are then internalised and individualised. Sociological theories are based on the idea that suicide results from the level and amount of control society has over an individual and the effects of social conditions and social changes on the person. Lester (2008) adds that the suicide rate is related to the level of social integration (the extent to which the members of a society share beliefs and sentiments, interest in one another, and a shared sense of devotion to common goals) and the level of social regulation (the extent to which the society controls emotions and motivations of their members as regulated by societal norms and customs). Egoistic and anomic suicides are linked to too little social integration and regulation, whereas altruistic and fatalistic suicides result from too much social integration and regulation (Lester, 2008). From sociological theory, it can be concluded that society exerts influence over an individual, and such influence may result in suicidal behaviour. Furthermore, societal norms play a role in controlling behaviour.

2.1.3 Psychological Perspectives on Suicide

Psychological perspectives understand suicide by engaging in the functioning of the human mind, thoughts, and emotional behaviour. Psychological theories of suicide generally focus on conflicts within the individual by explaining how the function of the mind, thought process, and emotions influence behaviour. They also look at an individual's developmental stage and how the person's family functions (Suicide Theories, 2005).

An examination of Freud's psychoanalytic theory of suicide reveals two significant hypotheses. The first is his theory of depression, which views suicide as murder. The second is based on

'Thanatos' the death instinct. Freud identified that ordinary individuals can control their death instinct and direct it outward. Suicidal individuals tend to turn this death instinct inwards, which usually results in the individual taking their own life (Suicide Theories: 2005).

Nock *et al*. (2010) contend that there is a close link between mental disorders and suicidal attempts. Some of these mental disorders manifest as severe anxiety or agitation and poor impulse control, often leading individuals to commit or attempt suicide (Nock *et al*., 2010). The implication is that people with suicidal tendencies have inherent disorders and require specialist assistance.

2.1.4 Biological Perspectives on Suicide

Biological perspectives on suicide hinge on the argument that the causes of suicide are related to the functioning of the human body. Biological theories are based on examining biological aspects of suicide, such as the influence of genetics, hormone levels, and neurotransmitter levels in the brain (Deyster *et al.*,2011). Deyster *et al.* (2011) observed that through neuroimaging of the suicidal brain, one can understand the state of the brain before the suicidal act.

It is essential to recognise that suicide is typically the result of a complex interplay of multiple factors, and no single theory can fully explain it. Prevention and intervention efforts often involve a comprehensive approach that considers biological, psychological, social, and environmental factors and individual experiences and circumstances. Early identification, access to mental health care, and community support are critical components of suicide prevention.

2.1.5 Causes of Suicide

A study on suicide among students in Iran found that most suicide attempts are caused by family conflicts and romantic disappointment (Farzaneh *et al.*, 2010). In another study on suicidal contemplation and suicidal attempts, Cheung *et al.* (2017) confirmed that issues of hopelessness, depression, and social factors put people at significant risk of committing suicide. Cheung *et al.* (2017) further observed that marital dissolution often causes hopelessness, leading to depression, which may ultimately lead to contemplation and suicide attempts. Marital problems as a causative factor for suicide attempts are also raised by Parkar *et al.* (2009), who contend that

many problems emanating from dysfunctional marriages often result in suicides. This assertion is further raised by Caruso (2011), who states that it is prevalent for people to become depressed over a divorce and that untreated depression is the number one cause of suicide. Thus, divorce can significantly increase the risk of suicide.

Holmes and Holmes (2005) alluded that the majority of suicides and attempts are caused by despair and depression, which are often a result of negative life experiences that include the death of a loved one, divorce, separation, or break-up of a relationship, losing custody of children, feeling that a child custody decision is not fair, a severe loss, loss of a job, house, or money, a serious or terminal illness, a severe accident, chronic physical or intense emotional pain, loss of hope, being victimised through domestic violence, rape or assault, a loved one being victimised by way of child murder, child molestation, kidnapping, murder, rape or assault, physical abuse, and verbal and sexual abuse (Cheung *et al.*, 2017; Parkar *et al.*, 2009; Caruso, 2011).

Khan (2002) identified two leading causes of suicide and attempted suicide: interpersonal relationship problems and life events. This broad categorisation covers issues of a more considerable sociological interplay in which one's interaction with oneself and a wider society may result in conflicts that, if unresolved, result in suicidal ideas. If one fails to find solutions to some challenges they encounter in life, they may decide to terminate life as an escape route. Brockington (2001) reported that causes of suicide or suicide attempts include sexual abuse, rape, and domestic violence. These societal ills can lead victims to think of terminating their lives if they are not adequately handled.

From the above, it can be noted that with its complex aetiology stemming from an interactive mix of biological, psychological, social, and cultural determinants, suicidal behaviour cannot be predicted and prevented with certainty. However, knowing the warning signs, risk factors, and protective factors provides assessment information and enhances the opportunity for preventing suicides.

2.1.6 Suicide Risk Factors in Adolescents

Jacobs *et al.* (1999) state that suicide risk factors unique to adolescents can be divided into four categories: demographic, psychosocial, psychiatric/medical, and miscellaneous risk factors. Demographically, married adolescents commit suicide more often than unmarried adolescents. Psychosocially, suicide risk factors include being pregnant and unwed, experiencing parental absence and abuse, and having academic problems. Psychiatrically, suicide risk factors include attention deficit hyperactivity disorder, epilepsy, conduct disorders, impulsivity, explosiveness, disciplinary crisis, and humiliation. In terms of miscellaneous factors for individual adolescents, exposure to suicide and the presence of firearms in the home are risk factors (Westefeld *et al.*, 2006). Furthermore, Goldman and Beardslee (1999) state that the reasons for the higher suicide rate among youth include; increased rates of alcohol abuse and depression, changes in family structure and practices such as divorce, mobility, and de-emphasis on religion.

Fortunately, people often give warning signs before making a suicide attempt, and these warning signs often include expressions of suicidal thoughts or plans. More indirect signals include expressions of hopelessness, feeling trapped, and having no purpose in life. Observable behaviours include withdrawal from others, reckless behaviour, ideation, substance abuse, withdrawal, anger, and mood changes (Westefeld, 2006).

Suicide risk factors in adolescents can be complex and multifaceted; however, understanding these factors is crucial for prevention and early intervention. These risk factors do not guarantee that an adolescent will attempt suicide, but they may increase the likelihood.

2.1.7 Prevalence of Suicide among Adolescents

Several authors indicate that suicide is the ^{third} leading cause of death among adolescents (ages 15-24) (Goldman & Beardslee, 1999; Eisenberg, 2003). Furthermore, the National Institutes of Health (NIMH) (1999) estimates that for every one completed suicide, there are 8 to 25 attempted suicides. According to research, suicidal expression is on the rise (Blum *et al.*, 2012). While few cross-nationally representative studies of suicide exist, one study conducted among 34 nations documented that suicide was responsible for the deaths of more than 15,000 adolescents during one year (Johnson *et al.*, 2000).

Lester and Wilson (1990) reported increasing suicide cases in Zimbabwe, particularly among teenagers. More so, Cooper (2008) states that in the late 1990s, deliberate poisoning showed a massive increase of 320%, and this was thought to be due to the physical, mental, and social status of a Zimbabwean society linked to socio-economic and political challenges. People grappled with economic challenges, and many challenges were encountered, leading to a rise in suicide through poisoning.

Newman (2004) reported that in South Africa, suicide is committed every hour, and twenty or more unsuccessful attempts are made simultaneously. This prevalence rate of suicide is alarming. Despite this, adolescent mental health is neglected but is an increasing public health issue in most developing countries, including Zambia (Muula *et al.*, 2007).

Paul *et al*. (2017), who conducted a study in Zambia on cases of para-suicides at the University Teaching Hospital (UTH), reported a scarcity of information on suicide and para-suicide in Africa and Zambia. A study by Mars *et al.* (2014), entitled Suicidal Behaviour across the African Continent: Review of Literature, highlights that data on the epidemiology of suicide in Africa, the world's second most populous continent, is limited. This study systematically reviewed the published literature on suicidal behaviour in African countries. This study crudely estimated the incidence of suicide based on country-specific data and compared these with published estimates. Regional or national suicide incidence data accounted for less than one-third (16/53) of African countries. Crude estimates were over 34,000 suicides annually in Africa, with an overall incidence rate of 3.2 per 100,000.

The prevalence of suicide among adolescents is a deeply concerning and complex issue requiring the attention of professionals and society. Adolescence is a crucial developmental period marked by numerous physical, emotional, and social changes, sometimes leading to significant mental health challenges. Although the exact prevalence of adolescent suicide may vary by region and over time, it is a global problem that affects young people from all walks of life.

2.1.8 Nature of Suicide

Farzaneh *et al.* (2010) highlighted self-poisoning as the most common type of suicide associated with students in Tehran, Iran. To kill themselves, the students poisoned themselves by taking

pharmaceutical agents. This finding agrees with Munikwa *et al.* (2012), who found that taking dangerous substances is one of the most prevalent forms of suicide.

Conversely, Al Ansari *et al.* (2007) reported that hanging was the most commonly reported form of suicide. Chung and Leung (2001) observed that people with suicidal tendencies continue to develop newer ways of committing suicide. In Hong Kong, people are using carbon monoxide poisoning as a new method to commit suicide. Other forms of suicide include hanging, use of firearms, overdose of sleeping or malaria tablets, use of insecticides, suicide bombing, use of injectable substances, poisoning, drowning, and suffocation (Farzaneh *et al.*, 2010; Al Ansari *et al.*, 2007).

2.1.9 Knowledge of Suicide Counselling by School Counsellors

School counsellors have been identified as gatekeepers who serve as first-line assistance for distressed young people; they play a vital role in preventing adolescent suicide (Leane & Shute, 1998). Research shows that most counsellors encounter at least one client with suicidal ideations (Carney & Hazler, 1998; Rogers *et al*, 2001). Carney and Hazleler (1998) note that despite this, many counsellors lack the knowledge and information required for competent assessment of potentially suicidal clients. Most studies investigating the knowledge of suicide highlight the need for training and education on suicide counselling for school personnel. A study by Leane and Shute (1998) on ‘youth suicide: The Knowledge and Attitudes of Australian Teachers' emphasised the role of school counsellors as first-line assistants for distressed youths. They found that teachers agreed that they play a role in suicide prevention but noted that low knowledge about suicide compromises this role.

This finding is not in tandem with Crawford and Caltabiano (2009), who, in trying to assess teacher knowledge about suicide, found that teachers scored, on average, 69% of the knowledge statements correctly. However, it should be noted that there was substantial variability in the accuracy of knowledge on youth suicide, with some teachers maintaining high levels of knowledge and others having very little accurate information. The findings are consistent with those of Scoullar and Smith (2002) on suicide and life-threatening behaviour in Australia. They conducted a study in 56 secondary schools. This study also noted wide individual variability in suicide knowledge among school counsellors.

Niemeyer (2000) illustrates the importance of counselling knowledge about suicide with specific attention to counselling training. He points out that inadequate counselling training in suicide "leaves trainees substantially unprepared for managing the complexity of actual crisis" (Niemeyer, 2000, p. 551).

Various studies (Bowman, 2010; Crawford & Caltabiano,2009; Lussier, 2004; Scoullar & Smith, 2002) have investigated counsellor and teacher knowledge of suicide counselling. The findings emphasise the importance of school counsellors' ability to identify young people at risk of developing suicidal behaviour. In a study by Crawford and Caltabiano (2009), teachers from North Queensland were appraised on their knowledge of youth suicide. The study highlighted the need for youth suicide education for school counsellors to fulfil the 'gate keepers' role. Bowman (2010) notes that school counsellors are uniquely positioned to help children when they notice signs of an impending suicidal crisis. For the gatekeeping role to be fulfilled, school counsellors must possess accurate knowledge of the behavioural characteristics of suicide intent, i.e., knowledge of risk factors and causes of suicide. However, the knowledge, perspectives towards suicide, and practices of school counsellors remain unclear in Zambia. On the basis of this background, a study of this nature becomes imperative.

Detection of suicidal students is fundamental to a youth suicide prevention programme. Warning signs of suicide include suicide threats and statements revealing a desire to die; having a suicide plan, method and means; pre-occupation with death; depression and marked changes in behaviour (e.g., feelings of hopelessness, helplessness, social isolation; sudden happiness when preceded by significant depression, lack of interest in previously important activities; increased alcohol and other drug use), and making final arrangements (e.g., giving away prized possessions) (Jacobs *et al.*, 1999).

Once a student has been identified as presenting with warning signs of suicide, school personnel should intervene with an immediate, appropriate, and comprehensive response. The school's response should include, at a minimum, assessing the risk level of student suicidality, notifying a parent/guardian, contacting police/child protective services as applicable, providing supervision for the student, and securing mental health services (Poland & Lieberman,2002).

Harrick *et al.* (2004) explored educators' capabilities in identifying the symptoms of adolescents at risk of suicide. A total of 882 participants completed the study. All participants experienced some difficulty in accurately identifying symptoms (overt and covert) of suicidal behaviour. It was concluded that the highest professional qualification attained by educators had implications for their expanded role in identifying youth at risk of suicide.

Scoullar and Smith *et al*. (2002) assessed the level of suicide knowledge of school counsellors and teachers in preventing suicide. The Adolescent Suicide Behaviour Questionnaire (ASBQ) was used. The findings showed wide individual variability. 59% of the participants averaged the questions correctly. Strengths and deficits in knowledge were noted in line with their role in suicide prevention.

An Australian study by Leane and Shute (1998) found that in Adelaide, teachers' gatekeeping potential was compromised by a low level of knowledge about suicide risk, which was found even among those who had taken courses in suicide or death and dying or who had personally known someone who had suicided. Authors like Granello (2010), warn that due to the complexity of assessing and training persons at risk of suicide, counsellors not explicitly trained in these practices are at risk of not identifying and adequately managing suicide risk.

This knowledge deficit is underscored in Scoullar and Smith's (2002) research, which indicates that many teachers in Victoria do not understand the nature of suicidal behaviour. For example, 40% of the teachers in the study said they would not take a suicide threat seriously. The probable consequence of this attitude may be losing a young person's life. Scoullar and Smith (2002) further reported that, in Victoria, school professionals' level of training in handling suicidal youths was low. This study revealed that Victorian school professionals did not consider themselves well-placed to help suicidal students (Scoullar & Smith, 2002).

The need for counsellors to be aware of policies that inform practice is essential across all aspects of professional work. Specifically, concerning suicide risk, several essential documents inform and shape the expectations of counsellors, including suicide issues in the school curriculum. In a study by Shilubane *et al.* (2015), when asked, "Which content on suicidal

behaviour do you teach the students?" teachers mentioned that there was no information on suicidal behaviour in the school curriculum. According to them, the information included in the subject Life orientation dealt with stress, HIV/AIDS, and sexual harassment but excluded issues related to suicide. They reported not being trained to deal with suicidal students (Shilubane *et al.*, 2015). The need for counsellors to understand how practice is shaped and informed by policy is an important skill, given that intervention decisions are probably benchmarked against policy and suitable practice parameters at some stage.

As evidenced above, the teaching role provides school counsellors with a unique opportunity to closely monitor student behaviour and thus prevent the suicide among young people. Quite clearly, there appears to be a need for school counsellors to be better skilled in identifying the behavioural characteristics of suicidal intent. School counsellors are crucial in identifying, assessing, and supporting students experiencing suicidal thoughts or behaviours. Their training and knowledge enable them to create a safe and caring environment within the school community, ultimately contributing to the well-being of students. There is a need to improve school counsellors' understanding of suicide in several areas, including risk assessment, prevention and intervention.

2.1.10 School Counsellors Perspectives of Suicide

Research has shown that knowledge of the counsellor's perspective is vital as it augments counsellor competence (Westefeld *et al*., 2006). Thus, this study sought to determine the perspectives of school counsellors on suicide counselling.

Understanding perspectives on suicide is essential because of its relationship with other variables, such as intervention skills and effectiveness in dealing with suicidal clients (Botega *et al*., 2007; Kodaka *et al*., 2011). If negative perspectives influence behaviour, they may affect suicide risk management. The counsellor may underestimate the risk (Herron *et al*., 2001) and make non-therapeutic responses towards people who have attempted suicide (Demirkiran & Eskin, 2006).

Islam and Borak (2012) explored the perspective and behaviour of people towards suicide with a particular focus on the role of counselling for suicide prevention in Bangladesh. Focus group discussions (FGDs), a review of newspapers, and individual questionnaires were used in data

collection. The focus group discussions reviewed the common belief that suicide was a sin and not the right decision. Despite the negative perspective towards suicide, the findings reviewed showed that all participants undoubtedly believed that counselling helped prevent suicidal behaviour.

Neimeyer *et al*. (2001) found that some counsellors hold stigmatising perspectives towards suicidal behaviour. These studies have further stressed the importance of counsellor perspectives towards suicide in effectively counselling potentially suicidal clients.

There is a diversity of counsellor perspectives towards suicide and suicide counselling. While some counsellors advocate suicide prevention in all cases (Richman: 1992), others view suicide as a viable option (Oregan, 2008). A brief cited by the American Counselling Association (ACA) in favour of Oregon's Death with Dignity Act (1997) also shows a dichotomy of views held by counsellors in the same professional organisation (Oregan, 2008).

The perspective held by counsellors can affect the provision of student guidance services. School counsellors play a critical role in addressing suicide among learners. Their perspective on this complex and sensitive topic is invaluable for understanding and preventing suicides within the school community. Thus, the need for this study arose to explore the perspective of school counsellors on suicide.

2.1.11 Counselling Practises by School Counsellors

Understanding counsellors' knowledge, perspective and practice on suicide is the core of this research. According to Lussier (2004), the relationship between counsellors' knowledge and perspective towards suicidal pupils is essential to understand because of the impact it may have on counsellor behaviour (practice) in the client-counsellor relationship (suicide counselling), also known as the therapeutic relationship.

Studies show that most counsellors value their role in suicide prevention. King *et al.* (1999) reported that in their study, 51% of school professionals recognised their critical role in youth suicide prevention. In contrast, Scoullar and Smith (2002) revealed that Victorian school professionals did not consider themselves well-placed to help suicidal students. Thornhill and

Gillies (2000) showed individual variability, with some individuals recognising their role while others did not.

Helpful practises and strategies of suicide counselling include hotlines, provision of suicide prevention training modules, and publicity of famous students' adaptive strategies to stress (Range: 1993). Range (1993) added that teachers can foster suicide resistance by developing cognitive deterrents and encouraging adaptive coping strategies. Recommended assessment tools for potentially suicidal children and teens include the Reasons for Living Inventory, the Suicidal Behaviours Questionnaire, and the Question, Persuade and Refer (QPR) model. For school counsellors, intervention strategies include listening empathically, asking directly about potential suicide, and breaking confidentiality in cases of an actively suicidal child or teenager (Range, 1993). The above studies solidify the suggestion that suicide prevention efforts should target school counsellors' ability to recognise and prevent suicidal behaviour in their students; thus, exploring school counsellors' knowledge, perspectives, and practises on suicide counselling was paramount.

As a practice, there are protocols for responding to suicidal behaviour. As part of a comprehensive suicide prevention and intervention programme, schools must write protocols for responding to students presenting with warning signs of suicide, suicide attempt, or a suicide completion (Jacobs *et al.*, 1999). There is a protocol for a suicide attempt: if a suicide attempt results in a life-threatening or potentially life-threatening situation, immediate first aid needs to be provided (e.g., CPR, stopping bleeding), and emergency services should be mobilised. The student should be comforted and kept safe. Other persons not needed for help should be kept clear of the area. The appropriate school personnel must be notified of the situation (ideally, the school has an established crisis response team). For both life-threatening and non-life-threatening suicide attempt situations, the guidelines for the protocol for students presenting with warning signs of suicide include notifying a parent/guardian, mobilising community resources, student supervision and adhering to follow-up. It is also essential to support other students affected by suicide attempts, including referrals to community resources. A school can be essential in monitoring and supporting students returning to school after attempting suicide. Persons who have attempted suicide are at an increased risk of committing suicide. Monitoring and support

include monitoring for warning signs of suicide and ensuring appropriate care management applicable to the school setting (Jacobs *et al.*: 1999).

Jacobs *et al.* (1999) stress that post-prevention in the school following a completed suicide is to provide support and assistance to those affected, to return to the school environment and its routine, and to reduce the risk of another student "copying" the suicide. In such a case, post-prevention is a means of prevention.

Schools have a vital opportunity to implement suicide prevention programmes for (1) detecting suicidal students and (2) mobilising intervention efforts to prevent suicides. Schools need to have appropriate infrastructure in place to optimise their prevention and intervention efforts, e.g., gatekeeper training on suicide prevention, a school/community crisis response team, protocols for responding to suicidal behaviour, and an overall climate of concern, care, and action regarding youth suicide prevention (Jacobs et al.: 1999).

Overall, school counsellors play a pivotal role in nurturing the holistic development of leaners, ensuring their emotional and academic well-being, and helping them navigate the challenges they encounter during their educational journey. Their counselling practices are rooted in empathy, active listening, and a commitment to supporting the diverse needs of the school community.

2.1.12 Role of School Counsellors in Suicide Prevention

The school counsellor is uniquely positioned to play a strategic role in the early identification and prevention of youth suicide. Crawford and Caltabiano (2009) assessed North Queensland teachers' knowledge of youth suicide and found that they play a vital role in youth suicide prevention. These findings highlight the need for youth suicide education for counsellors to fulfil this ‘gatekeeper’ role in handling suicidal learners.

In response to the problem of adolescent suicide, many schools now acknowledge that suicide issues are often unavoidable, and school counsellors are increasingly accepting the role of a 'gatekeeper' in dealing with suicidal students (Crawford &Caltabiano,2009). Furthermore, other authors stress that to fulfil this gatekeeping role, counsellors must possess accurate knowledge of the behavioural characteristics of suicidal intent and be capable of directing the student to

appropriate services (Fish, 2000; Scoullar & Smith, 2002). Walter *et al*. (2006) and Crook (2003) noted that it is the responsibility of school staff to recognise verbal and non-verbal indicators: preventive measures should not be implemented after losing a life.

Jacobs et al. (1999) wrote that suicide is a permanent, fatal act in response to an existential crisis of intolerable psychic pain that can be prevented by relieving it and remedying its causes. Schools have a unique opportunity to reduce the number of youth suicides occurring each year.

Schools can provide an optimal environment for identifying suicidal youth and assist them and their families in finding help. To create this environment, all school counsellors should receive training on suicide risk factors, protective factors, and warning signs, as well as how to respond to a student presenting with warning signs of suicide, a suicide attempt, and a completed suicide. Furthermore, schools should have a means of detecting/identifying students at risk of suicide. Suppose a programme is implemented to detect students at risk of suicide. In such cases, it is imperative that the school has an infrastructure to respond and that community resources are available for referral (Jacobs et al., 1999).

These studies emphasise the importance of school counsellors' role in identifying adolescents who develop suicide risk behaviours. School counsellors are essential advocates for the mental health and well-being of learners. Their role in suicide prevention involves proactive identification, assessment, crisis intervention, and on-going support. By fostering a safe and supportive school environment and collaborating with other stakeholders, school counsellors contribute significantly to reducing the risk of suicide among learners. Therefore, the current study shifts the focus onto the gatekeeping role of school counsellors and their ability to recognise and appropriately intervene with suicidal students.

2.2 Summary

Considering the gravity of suicidal phenomena, it is pertinent to have accurate information on knowledge, perspectives and practises in suicide counselling to establish effective preventive and intervention strategies. Increased awareness will help identify red alerts to predict the likelihood of suicide and take necessary actions. This research was an attempt to gather in-depth information about suicide counselling concerning counsellor knowledge, perspective and practise towards suicide counselling to explore the role school counsellors can play in suicide prevention.

In Zambia, many pupils join secondary school with various economic, social and psychological difficulties, including poverty, hunger, and the HIV/ AIDS epidemic, as evident from the GHSS (2004) study. Under these circumstances, it would be expected that with the pressure of studying in secondary school, learners would exhibit high levels of suicide and ideation. Extensive literature related to school counsellors' knowledge, perspectives and practises on suicide counselling has been reviewed. However, the knowledge, perspectives, and practises of school counsellors in the Choma district are not known; thus, this study was needed.

Traditional studies on suicide have focussed more on the medical perspective of suicide counselling but not much on the school counsellor, despite the literature showing that suicidal behaviour among adolescents is more likely to be noticed in the school setting as adolescents spend most of their time there. In addition, the literature does not show how suicide counselling services are provided in secondary schools in the Choma district. Thus, the need for this study arose to understand the lived experiences of school counsellors regarding knowledge, perspective and practice of suicide counselling in selected schools in the Choma district of Zambia.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

In this chapter, the methodology used in this study is presented. This section describes the study design employed, study area, study population, study sample, and sampling techniques. This section also describes the data collection instruments, procedures and how the data was analysed to answer the research questions. This section further describes how trustworthiness was achieved and the ethical considerations made during data collection. It ends with a summary of the chapter.

3.1 Study Design

A research design is a plan for how one expects to conduct research. According to Punch (2005), the research design is the link between the research question and the data to be collected, i.e., the process followed from the question posed to how it will be collected and interpreted to find the answers. Trochim (2005) states that a research design, "provides the glue that holds the research project together." A design is used to structure the research and show how all the significant parts of the research project work together to address the central research questions." Therefore, the research design is the "backbone" of the research.

This study's qualitative methods were particularly suited to investigate participants' viewpoints, interior worlds, and lived experiences. The qualitative method of enquiry was used because the research is aimed at exploring and obtaining detailed descriptions of the counsellor's existing knowledge, perspectives and practises concerning suicide counselling. Neuman (2000, p.122) explains that "qualitative researchers are more concerned about issues of richness, texture, and the feeling of raw data because their inductive approach emphasises developing insights from the data collected."

This study used a descriptive phenomenological design. Phenomenological design is a qualitative design that focuses on an event, phenomenon or activity. Phenomenology is interested in the individual experiences of people. Phenomenology is rooted in the philosophical tradition

developed by Edmund Husserl in the early 20th century, which was later expanded by his followers at universities in Germany and subsequently spread to the rest of the world (Zahavi, 2003). Husserl argued that the focus of a study should be the phenomenon perceived by individuals' consciousness and that consciousness is central to all human experience (Willis *et al*., 2016). Husserl argues that the events or life situations humans experience are held within one's conscious pre-reflectively. Humans can reflect, discover, and access consciousness, thus bringing forward lived experiences (Willis *et al*: 2016).

In descriptive phenomenology, the essence of an experience is described. The researcher's goal is to achieve transcendental subjectivity, described as a state where 'the impact of the researcher on inquiry is constantly assessed and the biases and preconceptions neutralised so that they do not influence the study's objective (Lopez & Willis, 2004). This state can be achieved through phenomenological reduction facilitated by epoche (the bracketing process). Bracketing requires researchers to hold off their ideas in abeyance or bracket off assumptions, past knowledge, and understanding of a phenomenon (Gearings, 2004).

The typical features of the lived experiences of people who have experienced the same event or life situation are labelled as universal essences or eidetic structures (Lopez & Wills, 2004). Therefore, descriptive phenomenology aims to describe the universal essence of an experience lived, representing the phenomenon's true nature (Lopez & Wills, 2004; Willis et al., 2016). Descriptive phenomenology is a powerful way to understand subjective experiences and gain insights into people's actions and motivations (Halloway & Galvin, 2017).

In this case, the focus or phenomenon is the lived experiences of school counsellors in terms of knowledge, perspective and practice of suicide counselling. This study appreciated and valued the experiences of school counsellors regarding suicide counselling.

3.2. Study Area

This study was conducted in 12 secondary schools in the Choma District of the Southern Province. Choma district is one of the 13 districts of Southern Province and is bordered by Sinazongwe district on the south, Kalomo on the west, Namwala in the north, Pemba district in

the east, Monze district on the northeast and Zimba on the southwest. Choma district was chosen because it had the highest number of secondary schools in the Southern Province. Thus, the researcher had a more extensive but specific group of school counsellors (Best, 2006). The twelve church and government secondary schools in the study were Batoka, Choma Day, Choma Secondary School, Chuundu, Francis Davison, Macha, Masuku, Mukasa, Njase, Sikalongo St Marks, and Swan secondary schools.

A convenience sampling technique was employed to select the study area, Choma District. The convenience sampling method is a set of techniques in which participants are selected by convenience due to their proximity, availability, accessibility or other factors that the researcher decides (Etikan, 2016). Choma district was chosen because of its proximity and accessibility to the researcher.

Figure 2: Map of Zambia showing the location of the Choma district on the Zambian map. Source: Wikipedia- https://en. wikipedia.org/wiki/choma-district.

3.3. Study Population

One of the researcher's first choices in selecting the study population involves identifying and selecting human beings whose lives are related to the subject matter under investigation. A phenomenological researcher can solicit the participation of laypersons, experts (i.e. professional or literary witnesses), or a system or group of related persons, (Wertz,2005). The basis of this decision is the judgement of whose experience most fully and authentically manifests or makes accessible the research interest. The study population comprised of all secondary school counsellors in Choma District.

3.4. Study Sample

The study sample was twelve (12) participants. Twelve (12) school counsellors were selected from 12 secondary schools in Choma district. The sample was chosen because they met the criteria for being school counsellors in the selected schools. School counsellors were chosen because they had lived experiences of counselling pupils in their schools.

Regarding the sample size, the principle of data saturation guided the study. Wertz (2005) notes that when the research requires knowledge that addresses a broad range of the topic's manifestations, the researcher may deliberately continue recruiting additional participants until "saturation," achieving redundancy of findings that fulfil the research goals. Data saturation is sufficient quality completeness of information to a point where there are no new themes. (Shaheen et al, 2019). Saturation is reached by the 12^{th} interview in a homogenous sample. Similarly, this study selected 12 school counsellors as a sample. As a result, the sample was considered sufficient, and the results obtained are therefore trustworthy,

3.5. Sampling Techniques

A purposive homogenous sampling method was used to select counsellors from the selected secondary schools. The homogenous type of purposive sampling was used to select participants with definite characteristics who, in this case, were the school counsellors. Homogenous sampling brings together people with similar characteristics to participate in an interview about an issue that affects them, (Shaheen et al, 2019).

The participants were selected for a specific purpose to better understand the research question. Similarly, Lussier (2004) posits that the logic and power of purposeful sampling are essential in selecting information-rich cases for in-depth study. Information-rich cases are those from which the researcher can learn a great deal about issues of central importance to the purpose of the research. Furthermore, Patton (2002) writes that purposeful sampling is widely used in qualitative research to identify and select information-rich cases related to the phenomenon of interest. The process involves identifying and selecting individuals or groups specifically knowledgeable about or experienced with a phenomenon of interest (Creswell and Clark: 2011). In addition to knowledge, Benard (2002) emphasises the importance of availability and willingness to participate and the ability to articulate experiences and opinions.

3.6. Data Collection Instruments

Data were collected using a semi-structured interview schedule and a focus group discussion guide. The logic underpinning the construction of the interview schedule and discussion guide was to elicit in-depth and detailed accounts of the participants' knowledge, perspectives and practise of suicide counselling. Each interview was recorded using a tape recorder and later transcribed. A tape recorder was used to enhance the accuracy of the data transcribed and reported.

3.7. Data Collection Procedure

One way of learning about experiences that we cannot observe is by asking people who have or are experiencing such situations to tell us. This study used a semi-structured interview schedule and a focus group discussion guide to collect qualitative data from 12 school counsellors on the knowledge, perspectives and practises of suicide counselling. Lindlof and Taylor (2002) argued that the advantage of a semi-structured interview schedule is that it allows for new questions to be raised during the interview because of what the interviewee says. Through this instrument, the researcher could collect helpful information related to counsellor knowledge, perspectives, and practice of suicide counselling in secondary schools in Choma district.

During the interview, questions regarding being straightforward and respectful of the participant's knowledge, perspectives, and practises were disbursed. The questions were also adaptable to the changing conditions of the interview process, meaning that their exact wording

was sometimes altered, while some questions were not used. Supporting questions drawn from the interviewer's experience as a counsellor were spontaneously dispersed throughout the interview. These were intended to encourage elaboration, build confidence (both in the participant's stories and the interview process), and show that the interviewee understood what was being asked.

Data on the knowledge, perspectives and practises of suicide counselling from school counsellors were also collected through a focus group discussion. The focus group discussion focused mainly on counsellors who had experienced an attempted or completed suicide. This discussion enhanced and validated the information obtained through the semi-structured interview schedule. The researcher interviewed the counsellors to see how they dealt with suicide-related cases in their schools. These cases include suicide ideation, suicide attempts, and the aftermath of a completed suicide. In the focus group discussion, the construction of the interview was conversational and directed by the interviewer in ways designed to stimulate discussion about the interviewees' experiences with suicide ideation, suicide attempts, and suicide counselling.

To this end, the interviewer prepared two open-ended questions before the interview. These questions were designed to elicit two types of information. First, information was invested in the participant's knowledge about incidents involving pupils' suicidal ideation/suicide attempts. Secondly, information was collected on how the participants dealt with the above situation. Aware of the interview medium's reflexive nature, the interviewer made every effort to bracket personal preconceptions, putting them on hold during the interview (Finlay, 2002). This bracketing distinguishes the presuppositions and assumptions of the participant from those of the researcher. Finlay (2002) points out that this is especially important when the researcher and participant share similar professional backgrounds; in this case, both are counsellors.

The interviews were audiotaped. The average duration of each interview was 45 minutes and occurred at a site mutually agreed upon by both the interviewer and interviewee. The site was private to ensure confidentiality. In most cases, the interviews occurred in the participants' offices, where they were comfortable.

Before any participant contact, the researcher provided the participants with approved informed consent forms. The researcher thoroughly explained the content of the form to each participant, and each participant signed an informed consent form (Appendix 2) before starting the interview. The name of the participant did not appear on the audiotape. All attempts were made to avoid using the participant's name during the interview.

3.8 Data Analysis

The transcribed data gathered from individual and focus group discussions were singularly and holistically analysed to interpret the school counsellor's knowledge, perspective and practice towards suicide counselling.

After transcription, the interviews and focus group discussion responses underwent multiple data analysis strategies. Thematic analysis was used to analyse the data. The six-phased thematic analysis steps described by Braun and Clarke (2006) were used.

The researcher familiarised herself with the data by reading and re-reading the data and noting her initial ideas. The data was coded, and all nuances of the participants' expressions were considered. Clustering codes and developing themes created a thematic map that facilitated the development of central themes and identified overlaps between themes. Once the initial thematic analysis was completed, the identified codes were shared with the individual participants, who provided context to verify the accuracy of the data.

After cross-checking with the participants, cross-case pattern analysis was used to synthesise individual participants' data with other data from the other participants. In the cross-case analysis, similar codes for each participant were merged to create a category that described the experience among participants (Creswell *et al*, 2007).

The categories were then analysed on the basis of quality and significance. The category with the most significant volume of data or that was substantial in understanding the experience was identified as preliminary themes that reflected the participants' holistic experiences. When the preliminary themes were developed, the researcher shared the findings with the participants to engage in a dialog about the experience.

In addition to coding and analysing the data sources individually and across cases to identify themes, the researcher used the data to expressively define the themes that portray the school counsellor's experiences. The researcher expressively portrayed the school counsellors' experiences by sharing their first-hand accounts. Each participant's data was extracted to represent the best portrayal of the phenomenon or provide evidence of the identified theme.

Furthermore, a selection of vivid, compelling extract examples and the final analysis of selected extracts were performed. The researcher endeavoured to relate the analysis to the research questions and literature, producing a scholarly report of the analysis with three emergent themes:

- Knowledge about suicide counselling
- Perspectives on suicide and suicide ideas in learners
- Practices of school counsellors towards suicide counselling.

The themes and selected quotes from the interview data were included to demonstrate the qualitative analysis process. These quotes represent the data from which each theme emerged.

3.9 Trustworthiness of the Findings

Trustworthiness is critical to qualitative research because it focuses on understanding and interpreting individuals' or groups' subjective experiences, perspectives, and meanings. Unlike quantitative research, which relies on statistical analysis, qualitative research emphasises exploring and describing phenomena in-depth (Stahl & King, 2020. To establish trustworthiness in qualitative research, researchers employ several strategies to ensure the credibility, dependability, conformability, and transferability of their findings (Robson &McCarton, 2016)

Connelly (2016) writes that credibility refers to the believability and authenticity of the research findings. Researchers can enhance their credibility through prolonged engagement, triangulation, member checking, and rich, thick descriptions.

Prolonged engagement was undertaken in this study. It involved spending significant time in the research setting, enabling the researcher to develop a deep understanding of the context. Triangulation was also employed using multiple data sources and other researchers to validate and corroborate the findings. In-depth questionnaires and focus group discussions were used to validate the findings. The member checking undertaken involved sharing the findings with the

participants to verify accuracy and gain their perspective. This research has also provided rich, thick descriptions to help readers understand the context and participants' experiences more vividly.

According to Robson and McCarton (2016), dependability is related to the consistency and stability of the research process and findings. The researcher documented the research processes transparently and systematically to enhance dependability, including data collection, analysis, and interpretation. This documentation will allow for replication and verification by other researchers.

Conformability refers to the objectivity and neutrality of the research findings (Nyirenda *et al*, 2020). The researchers strived to minimise bias and subjectivity by engaging in peer debriefing and employing an analytical approach. Other researchers who were more qualified than the researcher to challenge and validate interpretations were used to conduct peer debriefing to provide input and feedback. This process helped create trust and provided the researcher with insider analysis and feedback before the study went public. An analytical approach, such as coding and thematic analysis, helped ensure that the interpretations were grounded in the data rather than in the researchers' preconceptions.

By employing these strategies, the researcher strengthened the trustworthiness of the research, ensuring that the findings accurately reflect the experiences and perspectives of the school counsellors and provide a solid foundation for further knowledge development.

3.10 Ethical Considerations

This study was conducted under a research protocol reviewed by the supervisor. Written permission was obtained from the District Education Board Secretary. Once permission from the supervisor was obtained for this study and clearance from the Ministry of Education officials, the purpose and nature of the study were explained to the head teachers of each school. Permission was obtained to collect data from the school counsellors.

The following ethical issues were considered:

3.10.1 Privacy and Confidentiality

No information disclosing the identity of the participants was requested or collected from participants during the interview to ensure their privacy. Privacy and confidentiality were also maintained by ensuring that the names of the participants did not appear anywhere on the instruments used in the study. The data collected was designed to ensure that no individuals could be identified. The report on the research result was designed to ensure anonymity and maintain the confidentiality of the participants.

3.10.2 Publication of the Findings

The data collected was designed to ensure that no individuals could be identified. At no time were individual research identities shown or communicated with the head teachers or the district board secretaries' office. The report on the research results was designed to ensure anonymity and maintain the confidentiality of the participants.

3.10.3 Informed Consent

A letter of informed consent was issued to all participants to inform them of the purpose of the study and the research procedure. This letter also highlighted the voluntary participation of participants in the study without any negative consequences if counsellors refused to participate. The participants were duly informed that they were free to "opt-out" of the study if they did not want to participate. The purpose of the study was thoroughly explained to the participants, who were assured of their protected privileges. The participants were interviewed in their settings (schools) privately.

3.10.4 Possible Emotional Harm to Research Participants

To minimise possible emotional distress and discomfort during the study, the researcher arranged for a trained counsellor's number to be made available to the participants as a contact for adverse effects (see appendix 3) who could offer counselling sessions. However, this need did not arise.

3.11 Summary

This chapter presents the methodology used in this study. To explore the knowledge, perspectives, and practises of suicide counselling by school counsellors in selected secondary schools in the Choma District, a qualitative study employed a descriptive phenomenological approach. A total of twelve (12) participants participated in the study. They were selected through a purposeful sampling procedure. They consisted of (12) twelve school counsellors. Instruments for data collection included a semi-structured interview schedule and a focus group discussion guide. The data were analysed thematically. Ethical issues were also considered.

CHAPTER FOUR: PRESENTATION N OF THE FINDINGS

4.0 Introduction

This chapter presents the findings of this study on the knowledge, perspectives and practises of suicide counselling by school counsellors. The findings are presented in line with the research questions. The research questions of the study were:

- What do school counsellors know about suicide counselling?
- What is the school counsellors' perspective on suicide?
- What counselling practises do school counsellors use to help learners with suicide ideas?

4.1. Knowledge about Suicide Counselling by School Counsellors

The school counsellors' knowledge is presented under the following themes: school counsellor knowledge about causes and warning signs of suicide, counsellor training in suicide counselling, counsellor awareness of available information related to suicide in the curriculum, and the role of school counsellors in suicide prevention.

4.1.1. School Counsellor Knowledge about Suicide Warning Signs:

The findings reviewed that 5 out of 12 school counsellors expressed knowledge of the warning signs of suicide.

Participant 07 had this to say:

> "*If you see a child always by himself, something is troubling him. Pupils thinking of committing suicide tend to isolate themselves from friends and even teachers. You cannot tell; you only hear that a pupil killed himself, like the one who drowned himself in the Munzuma dam in December last year."*

Participant 02, said that:

> *"Isolation, writing notes that God has rejected him/her. Also, you can tell from the class performance that it goes down suddenly. When a child who has been active all along does something wrong; he begins to isolate himself. I recall that sometime back; we had a case of a pupil who committed suicide. The boy was a very committed prefect in charge of the dispensary. It was discovered that he had been going out of bounds and had even made a girl pregnant. When he was stripped of his duties, he began to isolate himself and later committed suicide with the drugs*

from the dispensary. From that time, the school decided that no boy would work in the dispensary."

4.1.2 Knowledge of the Causes of Suicide

4.1.2.1 Home-related factors

It was reported that some causes of suicide were family problems such as inadequate guidance from parents, lack of fair treatment or mistreatment by guardians, inadequate financial support, and fear of parents.

Participant 12, stated that:

> *"One of the causes is the family background. Apart from that, when there are problems in a home, maybe the parents want to divorce, and a child can commit suicide." In addition, sometimes it's the background; there was one pupil I interacted with the last term who had recently discovered he was a product of incest. After discovering that he became traumatised".*

Participant06, said that:

> *"I think most of the causes are home-related. Some pupils come from troubled homes where the family is not supportive, and parents mistreat them. Also, when they reach adolescence, they become deviant and do not want to be controlled by parents; they may experience other problems, but the major ones are from home".*

4.1.2.2 School-related factors

Other participants also mentioned poor academic performance as one of the causes of suicide.

Participant 03 had this to say:

> *"One of the causes of suicide could be poor academic performance. Maybe a pupil cannot compete with the rest".*

Participant 07 stated that:

> *"It can be a result of pressure from teachers. For example, when a child is failing, we teachers pressure them. Failing to meet certain targets in class can lead to low self-esteem, and then a child feels that they are not worth living."*

4.1.2.3 Other factors

The study's findings also revealed that Learners may decide to commit suicide because of failed relationships and social media scandals.

Participant 06 indicated that:

> *"Being teenagers, they sometimes enter relationships that cannot be fulfilled. Also, if a child enters a scandal on Facebook or any other social media and the scandal is being shared across, she might not be able to handle the embarrassment, so they think ending their life is the best option."*

4.1.3. Training in Suicide Counselling

The findings showed that the school counsellors were not trained to handle learners with suicidal behaviour. Two of those who were trained were school counsellors and clergy simultaneously, while one was a mere school counsellor.

Participant 07 indicated that:

> *"I was trained, though not directly. During our training at the seminary, we were taught to tackle various problems, including suicide."*

Participant 11 said that:

> *"No, I have not been trained in suicide counselling."*

4.1.4. Counsellor Awareness of Suicide-Related Information in the School Curriculum:

It was reported that most school counsellors were not aware of the suicide-related information available in the curriculum.

Participant 01 stated that:

> *"Is there any? I have not seen any."*

Participant 06, said:

> *"I think there is something in civic education under crime, and also in religious education on death, there is something though it is not detailed*."

4. 1.5. School Counsellors' Role in Suicide Prevention

All the school counsellors felt they had a role in suicide prevention. They explained how they were playing that role.

Participant 12, stated that:

> "*I provide care and support to the learners. I talk to them about drugs and alcohol, as most suicides come from*."

4.2. Counsellor Perspectives of Suicide

The school counsellors' perspectives of suicide are presented under the following themes: the perspective of suicide and suicide ideation and the perspective towards suicide as a crime.

4.2.1 Perspective of Suicide Ideation and Suicide

The findings revealed a negative perspective. All the participants did not view suicide as an option.

Participant 04 had this to say:

> *"It is not a nice thing; it is not a solution to any problem under any circumstances, especially for those who believe in God above, who can solve any problem. Circumstances should not defeat us. Our school policy states that if a child attempts to commit suicide, they lose the boarding place.*"

Participant 07 said that:

> "*It is not an option; generally, those who commit suicide might have a problem, but if that problem is shared between two people, then there is no reason for anyone to think of killing themselves*."

Participant 12 stated that:

> "*From a Christian perspective, it can never be allowed. Whatever problems you have, there will always be a solution. Talking to people about a problem is the first step."*

4.2.2. Crime or Care

There were two perspectives towards attempted suicide as a crime or whether those who attempted suicide needed to be helped. Most participants felt it should be a crime and did so for two reasons.

4.2.2.1 Deterrent

Participant 01 said that:

> **"***Suicide must be treated as a crime because it will act as a deterrent to those who may think of attempting to kill themselves because they will know that should I fail; I will be arrested*."

4.2.2.2 Religion

Participant 04 stated that:

> *"It should be treated as a crime as suicide is a sin, and biblically, it is a sin that cannot be forgiven. If you take anyone's blood, even your own, you must give an account because you are not demonstrating love for what God created."*

4.2.2.3 Care

On another account, some counsellors felt it should not be treated as a crime.

Participant 12, said:

> "*Those who attempt suicide must not be punished but instead educated. I view suicide as an illness of some kind because of a lack of knowledge. Punishment may not help.*"

4.3. Counselling Practices by School Counsellors

The counselling practices of school counsellors regarding suicide are presented under the following themes: discussing suicide with learners, suicide counselling, and assessment of suicide risk among learners, referral and collaboration.

4.3.1. Discussing Suicide with Learners

There was general agreement among participants that discussing suicide with learners was a good idea. However, only a few admitted having done so.

Participant 07, indicated:

> *"During assemblies, we warn our pupils not to commit suicide. Apart from that, I source for time through guidance and counselling, and I talk to the pupils."*

Participant 03, said:

> *"Even though I have not done so, I feel it is okay to discuss suicide with learners. You know suicide has a strong stigma, so there is a need to talk about it openly. You inform the pupils that when they feel like committing suicide, they should talk to someone."*

Most counsellors admitted that they do not talk to the pupils about suicide because of time constraints and lack of knowledge in suicide counselling.

Participant 08, stated that,

> *"We do not because of time challenges, so we base most of our talks on careers and church issues."*

4.3.2 Suicide Counselling (Post Counselling)

The findings showed that the counsellors who had experienced a suicide or an attempted suicide incident in their schools had not taken time to counsel the other pupils after the incident.

Participant 04, narrated that:

> *"There was one, but it was some time back. There was a boy who used to smoke and drink. One day, he came to school and then dodged with some friends and went to drink. Later, he returned to class, and when he was asked why he was doing so, he became frustrated and went home. He came back with a knife and started threatening to kill himself. We called the police, and they took him away, and the other pupils were told to go back to class.*"

Participant 08, said:

> *"Though it came as a shock, it was one of our pupils living within the school compound. The matter reached us that the girl had attempted suicide. After knowing that the other learners had come to learn about it, we were advised to look at including such discussions with the girls, but it was not on a serious note*."

4.3.3 Assessment of Suicide Risk among Learners

The study revealed that most school counsellors did not undertake suicide assessments because they felt incompetent. The text below from one of the counsellors exemplifies the point.

Participant 10 indicated that:

> *"I have never conducted a suicide assessment. Maybe it is not knowing or getting proper guidance on how to go about it. However, there is too much work as we have to teach too. One cannot concentrate on the counselling entirely."*

4.3.4 Referral and Collaboration

The study found that school counsellors referred learners who had attempted suicide to the chaplain or health care providers but did not necessarily feel the need to refer those showing signs of suicide ideation. Further, they were keen to collaborate with other stakeholders providing suicide counselling but indicated that not many stakeholders visited the school for this kind of therapy.

Participant 8, said:

> *"But in our case, we do not talk to the pupils about suicide due to lack of time. However, we do receive outsiders who talk to them. About last year, we had some outsiders who trained peer educators, and suicide was one of the topics."*

CHAPTER FIVE: DISCUSSION OF THE FINDINGS

5.0 Introduction

This study explored the knowledge, perspectives, and practises of suicide counselling by school counsellors in Choma. In particular, this study sought to explore the knowledge of suicide counselling among secondary school counsellors, appreciate the perspectives on suicide by secondary school counsellors, and explore the current practise of suicide counselling among secondary school counsellors in the Choma district. The researcher utilised a semi-structured in-depth interview schedule and a focus group discussion with the school counsellors involved in the guidance and counselling of secondary school learners.

Below, the findings are discussed around the following themes: counsellor knowledge about suicide warning signs and causes, counsellor training in suicide counselling, counsellor awareness of available information related to suicide in the curriculum, the role of school counsellors in suicide prevention, counsellor perspective of suicide ideation and suicide, counsellor perspective towards suicide as a crime, suicide counselling in schools, assessment of suicide risk among learners, suicide referral and collaboration.

5.1 Knowledge of Suicide Counselling

This section explores counsellors' understanding of suicide counselling knowledge, such as warning signs and risk factors for suicide. It goes further to explore counsellor training in suicide counselling.

5.1.1 Knowledge of the Causes and Warning Signs of Suicide

This study shows a lack of suicide and crisis training. Only five of the school counsellors expressed knowledge about the causes and warning signs of suicide. Among the warning signs mentioned were isolation or withdrawal, being uncooperative, drug abuse, refusing to open up during a counselling session, being too emotional, depression, pregnancy, drops in school performance, writing suicide notes, absenteeism, sleeping in class and low self-esteem. These findings agree with those of Muula *et al.* (2007), who investigated suicide ideation among adolescents in Zambia and found that worry, loneliness, ever-smoked marijuana, hopelessness, and being drunk were associated with suicide ideation.

This result parallels that of Scoullar and Smith (2002), who found that some teachers demonstrated excellent knowledge levels in their sample of Victorian teachers and school counsellors, whereas others had little accurate information. Furthermore, Leane and Shute (1998) found that suicidal young persons have approached high school teachers and thus put the school counsellor in a unique position to help prevent suicide; however, their gatekeeping role was compromised by a low level of knowledge about the signs of suicide. Scoular and Smith (2002) highlight that some teachers may be unable to fulfil their gatekeeping role because a lack of knowledge about adolescent suicide. In this study, this claim is substantiated by seven counsellors who were lacking. However, it is unknown whether the counsellors know the other content domains of suicide counselling. Further exploration is required. Nemeroff et al. (2008) argued that early recognition of suspected high-risk students could facilitate appropriate treatment and subsequent prevention of youth suicide.

These findings are particularly disheartening as school counsellors play a significant role in recognising learners at risk of suicide. A significant factor in the counsellors' role in assisting high-risk students depends on their ability to recognise and respond appropriately to verbal, behavioural and situational signs of suicidal intent in their learners. Thus if they are unaware of these causes and warning signs, there gate keeping role is compromised which might result in the loss of more young lives.

5.1.2 Counsellor Training in Suicide Counselling:

The participants were asked two questions about their academic background and training or any learning activities in suicide counselling. The two questions obtain data relevant to the study's first objective.

The responses indicated that 9 of the secondary school counsellors were not trained in suicide counselling during their teacher training. They had not received any training in counselling but were merely seconded to the guidance and counselling office on administrative convenience. Only three counsellors were trained. Of the three, two doubled as school counsellors and clergy thus they received some training at the seminary. One was a teacher and had additional training in counselling. It is worth noting that even though the three counsellors were trained in suicide

counselling, they felt their training in suicide counselling was inadequate as suicide was fleetingly discussed during their training in counselling. These findings are consistent with those of III and Foster (2000), who found that professional training for a suicidal crisis, is briefly touched upon in graduate studies. The lack of training or minimal emphasis on suicide counselling is of particular concern, as counsellors have regular contact with pupils who are "at risk" of suicide. III and Foster (2000) emphasised that minimal emphasis does not match the magnitude of the crisis as a reality in practise.

It is the view of this study that this lack of training is likely to compromise the preventive potential of the counsellor position. Further exploration is required. What is particularly alarming being that nearly half of the counsellors in the study had a student from within their school attempt or complete a suicide. These findings are similar to those of Crawford and Caltabiano (2009), who found that nearly half of the teachers in their study had had a student from within their class attempt or complete suicide, yet most respondents had not had any training on youth suicide, and only some teachers were aware of a policy on suicide within their school. According to Bowman (2010), school teachers need suicide training, to improve both knowledge and skills relevant to suicide prevention.

The above findings are interesting because some participants in this study were knowledgeable about suicide causes and risk factors but did not possess formal training in suicide counselling. A possible explanation for these findings is that although the counsellors have not been trained, they had experience with suicidal learners and thus knew the causes and warning signs of suicide. Their demographic profiles also show that they have been in service for more than eight years thus making it more likely for them to encounter suicidal learners. It is also worth noting that despite the legal framework for the provision of guidance and counselling services being available for more than 10 years, most schools are still using seconded teachers and not those trained in both teaching and counselling.

Teachers who had an experience with a suicidal student had fewer students within their classrooms who attempted experience can predict teacher self-efficacy concerning identifying students who may be suicidal (Leane and Shute, 1998).

For school counsellors, training should focus on questioning these students about their suicidal ideation, persuading them not to harm themselves, and referring them to outside mental health agencies. Counsellors must be trained in suicide counselling to assess a risky a situation which might necessitate immediate action (Quinnett, 1995). If counsellors cannot aptly handle a crisis, young people may be lost. These findings substantiate the critical role of counsellors in suicide prevention.

Without education or training, practising school counsellors may lack knowledge about counselling needs. Without sufficient training, a counsellor may be ineffective with their population, unaware of the complexity of related concerns, and unequipped to respond appropriately to them.

5.1.3 Counsellor Awareness of Available Information Related to Suicide in the School Curriculum

This study found that most counsellors are unaware of the available information on suicide within their school curriculum**.** The discussions with the counsellors in this study revealed that knowledge was lacking, particularly in the areas of counsellor awareness of available information on suicide in the school curriculum. These findings are consistent with those of Shilubane *et al.* (2015), whose qualitative study on high school suicide in South Africa: teachers' knowledge, views and training needs found that teachers had no information on suicidal behaviour in the school curriculum. They said that the information included in the subject Life orientation dealt with stress, HIV/AIDS, and sexual harassment but did not include issues related to suicide. This lack of information on suicide counselling will likely impede their efficacy levels (Shilubane *et al*., 2015).

King et al. (1999) found that high efficacy expectations were associated with working at a school that offered in-service programmes on adolescent suicide, including teaching suicide prevention in the curriculum. Thus, comprehensive school suicide programmes and policies are strongly encouraged in secondary schools. These findings are of particular concern; they mean that specific resources are not being used, go unnoticed and are not likely to be used to prevent youth suicide.

The apparent deficit in knowledge of specific curriculum areas has important implications for the future development of teacher training programmes**.** If training institutions are not providing such information at a time of change in mental health legislation and policy development, they may fail their trainees. However, such information is made available, but counsellors do not read or access it. There is a need for further investigation of the type of information that counsellors see as relevant for their practice and the means of dissemination.

5.1.4 The Role of School Counsellors in Suicide Prevention

The results of this study indicate that most secondary school teachers recognise their value in the youth suicide prevention process. In contrast, Scoular and Smith (2002) found that participants did not consider themselves well-placed to help a suicidal student. However, the findings of King *et al*. (1999) are similar to those of the current study. In a study of high school teachers' perceived self-efficacy in identifying students at risk of suicide, it was found that most teachers believed it was their role to recognise students at risk of suicide. This study highlights that school counsellor training programs should devote more time to developing the skills essential to improving teacher efficacy as gatekeepers.

5.2 Counsellor Perspectives on Suicide

Perspective refers to the viewpoint of the counsellors regarding the reality of suicide and their commitment to preventing suicide in line with their knowledge. The motivation behind this study's interest in understanding counsellor perspectives towards suicide is the high level of importance associated with counsellor perspective in the context of counsellor competence.

5.2.1 Perspective of Suicide Ideation and Suicide

This study found that school counsellors hold stigmatising perspectives towards suicide. These findings concur with those of Navarez *et al.* (2020), who found that counsellors still hold stigmatising attitudes towards suicidal behaviour. Other studies have stressed the importance of counsellor perspectives in effectively counselling potentially suicidal clients (Neimeyer et al., 2001) Understanding how perspectives or attitudes influence behaviour may affect suicide risk management because the professional might underestimate the risk (Herron *et al*., 2001) and

make non-therapeutic responses towards people who have attempted suicide (Demirkiran & Eskin, 2006).

These findings appear to contradict those of Lussier (2004), who, in her qualitative study of counsellor perspectives on suicide, found a division in the counselling professions concerning suicide as a possible alternative. Proponents of suicide as an option believe that there are some cases in which suicide is a rational alternative. However, this dichotomy of counsellor perspective was not evident in this study.

In this study, the negative perspective of the participants towards suicide as an option stemmed from their religious (Christian) background or beliefs. Thornhill and Gillies (2000) write that by fostering more reasonable and positive attitudes or perspectives towards suicide, prevention and intervention may be facilitated. Previous research has shown that suicide education reliably correlates with better and more positive perspectives (Navarez *et al*., 2020). Another explanation found for the negative perspective towards suicide is the stigma surrounding death by suicide. Thus, interventions for adolescent people who have experienced suicide should focus on creating a supportive environment that can minimise the stigma associated with suicide.

Stigma, particularly surrounding mental disorders and suicide, means that many people thinking of taking their own life or who have attempted suicide are not seeking help and are therefore not getting the help they need. The prevention of suicide has not been adequately addressed because of lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it. To date, only a few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy. Raising community awareness and breaking down the taboos are important for countries to make progress in preventing suicide (WHO, 2019).

This study believes there is a need for a perspective component in suicide education offered in colleges and universities, as more positive perspectives may facilitate increased identification and intervention.

5.2.2 Perspective on Suicide as a Crime

To further understand the participants' principal perspectives on suicide, their reflections on suicide were explored. The findings revealed a dichotomy of views regarding suicide as a crime. However, in a study by Osafo (2012), psychologists unanimously emphasised that society should view suicide as an act that requires specialised care rather than criminalisation, as they perceived the suicidal person as unwell in a state of vulnerability that necessitates specialised care.

Scholars such as Westefeld et al. (2000) recommend that the study of suicide should be considered a necessary and integral part of counselling education. They guide that the study of suicide should begin as early as possible in the counsellor's academic programme and continue throughout his or her field placements. The need for counsellor training in suicide and intervention is further indicated and supported by various studies (Dexter & Freeman, 2003; Neimeyer *et al*., 2001; Navarez *et al*., 2020).

It is reasonable to assume that their training influence counsellors' perspectives on suicide. Thus, understanding the perspectives of trained counsellors' further exploration as it will provide insight into the results of such training.

5.3 Counselling Practises by School Counsellors

Refers to what the counsellor is doing about their knowledge, perspective and personal experience with suicide counselling**.**

5.3.1 Suicide Counselling in Schools

Although the counsellors felt that discussing suicide with the pupils was a good idea, most of the school counsellors admitted that they do not talk or discuss suicide with the learners. Those who had discussed suicide with the learners had done so in passing.

These findings concur with those of Shilubane *et al.* (2015), whose South African-based study reported that most teachers and school counsellors pointed out that they did not talk about the death of a peer to students even after a death had occurred in the school. In this South African study, the respondents explained that they did not discuss suicide with the pupils because they

did not know what to say or how to discuss the student's death. In this study, only one counsellor indicated that he went back to the pupils to discuss the issue of suicide but in the form of advice.

This finding is disheartening considering the prevalence rates of suicide ideation in Zambia, which ranks Zambia at number one in sub-Saharan Africa with 39% (GSHS, 2004; Muula et al., 2007; Omigbodun et al., 2008; Rudatsikira et al., 2007; Swahn et al., 2010).

The above findings indicate that school counsellors do not take suicide issues seriously. The probable consequence of this attitude may be losing a young person's life. This finding is further underscored by Scouller and Smith (2002), who found that 40% of teachers in their study said that they would not take suicide threats seriously. Thus, the need for counsellor training in suicide counselling is evident.

5.3.2 Assessment of Suicide Risk among Learners

The study revealed that most school counsellors did not undertake suicide assessments because they felt incompetent. Their self-efficacy was low. Some counsellors who had experienced death by suicide and had several years of experience indicated that they would undertake primary assessment/screening whenever they suspected a learner to be at risk of suicide. It is worth noting that this primary assessment/screening resulted from personal research and not formal training. School counsellors must use assessments, screenings, or any instrument to determine suicide risk.

This result is in tandem with previous studies that found that years of experience positively correlated with assessment and self-efficacy. Years of school counselling experience appear to play a role in suicide assessment self-efficacy and reduced anxiety (Douglas &Wachter Morris, 2015; Kozina *et al*., 2010; Lent *et al*., 2003). This result parallels Stickl Haugen et al.'s (2021) finding that school counsellors exposed to a student's death had higher levels of suicide assessment self-efficacy than those not exposed. Counsellors with suicide attempt experience reported greater efficacy in three subscales: General Suicide Assessment, Assessment of Personal Characteristics, and Suicide Intervention. One explanation for this outcome is that a

suicide attempt experience might motivate school counsellors to learn about suicide and the associated risk factors.

This explanation echoes Wagner et al.'s (2000) finding that counsellors found additional training in the aftermath of a suicide very helpful. The school counsellors in the current study received no formal training; thus, their experiences helped them fill in knowledge gaps, increasing their self-efficacy. Training increases self-efficacy (Al-Darmaki, 2004; Mirick et al., 2016; Wachter et al., 2021); therefore, this experience also worked as a form of training for these school counsellors, increasing their self-efficacy. These findings highlight the need for ongoing professional development and training for school counsellors in Choma.

Several researchers have offered guidance about the practice of school counsellors in conducting suicide prevention, assessment, and intervention in schools, including attention to suicide protective factors (Stutey et al., 2021), using data to inform suicide prevention (Wachter Morris et al., 2021), ethical issues in suicide prevention (Gallo, 2017), suicide post prevention (Fineran, 2018), school counsellors' self-efficacy in suicide assessments (Douglas &Wachter Morris, 2015; Gallo, 2018), gatekeeper training models that allow school counsellors to train teachers and other adults in the school (Gibbons & Studer, 2008), and development of comprehensive, school-based suicide prevention programming (Granello & Zyromski, 2018)

5.3.3 Referral and Collaboration

Concerning referral and collaboration in suicide counselling, the study found that the school counsellors were referring learners who had attempted suicide to the chaplain or health providers but did not necessarily feel the need to refer those showing signs of ideation.

Another study evaluated universal screening for the risk of suicide and found that of the 317 students identified, only referrals were made for 147 students who reported severe suicidality. At the same time, the remaining 35 were given a list of local providers without any specific referral (Gould et al., 2009).

The school counsellors in the current study were keen to collaborate with other stakeholders providing suicide counselling but they indicated that not many stakeholders visited the schools for this type of therapy. These findings are vital because it is a well-known fact that learners will often deny suicidal ideation to escape the gaze of adults while confiding their true ideations to their peers. Thus, school counsellors should be observant and provide parents or guardians with referral resources for students (Stone, 2018).

In addition, school counsellors should not wait for certainty, but rather, the notion of a potential suicide puts them in a position to immediately notify their parents or guardians (ASCA, 2022). If the parents or guardians do not take the potential threat seriously, the school counsellor reports to Child Protective Services (Stone, 2018). Many studies have suggested that referral to specialised mental health institutions through schools can be an influential protective factor that promotes mental health and reduces the risk of suicide (Anderson et al., 2019). Given that suicide survivors can also be classified into the high mental health risk group, providing opportunities to refer to hospitals or other specialised mental health institutions would further reduce the risk of death by suicide in this population (Husky et al., 2010).

It was found that although the counsellors referred the learners to the health providers, only three counsellors followed up on the learners they had referred. This finding aligns with other studies in which referral was made for students, but only a few studies reported follow-up on referral for specialist support (Gould et al., 2009; Husky et al., 2010; Hilt et al., 2018).

Coordination with local mental health agencies is essential before delivering a suicide prevention programme in a school (Granello & Zyromski, 2018). Counsellors should be aware of the available referral resources in Zambia apart from the church and health providers. Other local resources include 116 Child Line/lifeline, Social Warfare, and the one-stop centres that provide crisis counselling, advocacy, information, outreach support and services to clientele in a safe, confidential environment. They are available to help individuals in crisis, having suicidal thoughts or just needing to talk.

By implementing a comprehensive school suicide counselling program, counsellors will promote school safety, assist students engaging in unhealthy or unsafe behaviour, and make referrals as needed. School counsellors should be familiar with their communities and knowledgeable about the roles of community mental health providers and first responders, such as law enforcement officials and emergency medical responders (Gallo, 2018). Schools should develop school policies based on best practices in suicide prevention. Furthermore, when school policies are in place, school counsellors must follow them. When the school does not have a written suicide protocol for school personnel or the policy does not comply with ethical standards and the school counsellor's scope of practice, school counsellors should advocate for the team-based creation of suicide-risk policies and procedures supporting students' mental health needs and aligned with team members' competencies (ASCA, 2016).

This study sought to address the issue of school counsellor's knowledge, perspective and practice by understanding the relationships among knowledge, perspective, and simulated response behaviour or practice related to suicide in counselling leaners. Bennett-Levy (2006) described knowledge as part of the declarative system of counsellor competence, which mainly includes didactic information about a construct. Overall, results indicated low levels of suicide knowledge. Less than half of participants correctly identified all causes and warning signs of suicide Participants were far less successful at identifying suicide related knowledge in the curriculum. Described in Bennett-Levy's (2006) model as the reflective system, appropriate perspectives are vital for the development and maintenance of counselling competence over time. Participants held stigmatising views towards suicide and felt it should be treated as a crime. As counsellor training heavily emphasizes self-reflection on and self-awareness of one's personal biases and attitudes or perspective, appropriate perspectives, it is not surprising that the counsellors held stigmatising views as most of them are were not trained in suicide counselling but where merely seconded to the position of counsellor on administrative convenience.

Regarding the preventability of suicide, all participants indicated at least some belief that suicide could be prevented. However, there were varying attitudes with regard to suicide as a solution. The generally accepted assumption in the mental health community is that a person is entitled this "right to die" (Herron et al., 2006). However, due to the religious and moral it is not

surprising that this item did not generate response variability, probably because most people in Zambia belong to the Christian community. While Bennett-Levy (2006) maintained that knowledge and attitudes were essential in developing competency in counsellors, they must be behaviourally implementable in real world situations with clients. Participants' scores on this measure showed low behavioural response to suicidal clients. They were not abreast with trends in suicide assessment, post suicide counselling and referral and collaboration of suicidal leaners. It is likely that faced with s suicidal person, the counsellors in this study might not respond appropriately. While maintaining therapeutic connection with clients is a general counselling skill, it is especially important when a client discloses being suicidal, the counsellor should be ready to take appropriate action. The finding agree with the generally accepted assumption that the counsellor's knowledge, perspective, and practice are strongly related (Bennett-Levy, 2006; Wyman et al., 2012). The lack of training in suicide counselling observed in this study had an impact on their practice with regard to suicide counselling. These findings provide additional evidence to the argument that improving teacher and counsellor knowledge about suicide is integral to improving their response in practice when working with suicidal clients.

The Ministry of education needs to relook its framework on who should hold the role of counsellor in schools as head teachers might be appointing teachers who go into the guidance and counselling unprepared to identify, manage, and treat suicidal clients. They should instead look to teachers who have had training in counselling as part of their undergraduate program or under continuous development program. In addition, counsellor educators must prioritise the implementation of quality, evidence-based training in suicide. Prioritising access and requirement of these and similar trainings early in the counsellor development process is vital in ensuring competence in suicide response in counselling students. Findings from the present study may serve as a foundation from which to build future research in suicide response competency in counsellor education

5.4 Summary of the Discussion

School counsellors are called to respond to students' mental health needs with services that promote psychological wellness. School counsellors should be prepared to provide pre and post-

prevention services. Therefore, this study explored school counsellors' knowledge, perceptions and practice in suicide counselling.

This study revealed moderate knowledge of suicide counselling among school counsellors. Only five of the school counsellors expressed knowledge about suicide counselling. Their knowledge was because of experience and not training, as the (9) nine counsellors in the study lacked training in suicide counselling. Scouller and Smith (2002) found a similar pattern in their sample of Victorian school counsellors, some who demonstrated moderate knowledge.

The general attitude towards suicide was negative. The school counsellors did not think suicide should be an option for anyone and felt it should be treated as a crime. These findings contradict those of Lussier (2004), who found a division in the counselling profession concerning suicide as a possible alternative. According to the DPR model by Bennett-Levy (2006), the negative attitude exhibited by school counsellors may result from insufficient knowledge of suicide counselling as a modifying factor.

The participants viewed discussing suicide with the learners as a good thing. School counsellors felt they played a role in suicide prevention, but a lack of knowledge in suicide counselling and resources compromised this role. These findings are similar to those of King *et al*. (1999), who found that most school personnel believed it was their role to recognise students at risk of suicide.

The rate of counsellors conducting assessments was poor. Counselling training requires suicide assessment and suicide prevention training as a standard of all counselling education programmes (CACREP, 2015). Furthermore, ASCA states that school counsellors are responsible for identifying students at risk for suicide and ensuring that suicide prevention programs are in place in schools (ASCA, 2020a). The lack of training reported in this study is particularly troubling, given that all the participants were practicing counsellors.

There is a high likelihood of suicidality continuing to impact our school-aged youth based on various factors. Thus, school counsellors need to understand the needs of the students and school community they serve to build prevention efforts and minimise the possibility that they might

overlook individual students or student communities in need of support. It is vital that school counsellors competently identify, assess and intervene or refer learners experiencing suicidal thoughts and behaviours, as issues related to suicide risk are an unavoidable part of being a school counsellor.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0. Conclusion

Today's schools are called upon to educate a growing population of adolescents whose social-emotional needs often interfere with learning. As schools move forward in meeting these students' needs, stakeholders must ask essential questions about whether the services offered by the school counsellors are adequate for the task at hand.

Schools in Zambia have a unique opportunity to reduce the number of adolescent suicides as they provide an apt environment for identifying suicidal adolescents and assisting them in finding help. To create this environment, all school counsellors should possess appropriate knowledge, perspectives and practices about suicide counselling. Counsellors can help prevent adolescent suicide through early identification and effective management of suicidal behaviour. One way of preventing suicide is by increasing awareness among school counsellors of their knowledge, perspectives and practises about suicide.

This study explored the gatekeeping potential of school counsellors. This study aimed to understand school counsellors' knowledge, perspectives and practises regarding suicide behaviour and its prevention in schools. This study provides preliminary evidence that contemporary school counsellors possess insufficient knowledge of suicide counselling and lack training in suicide counselling. Their moderate knowledge might be a result of their experience with suicidal adolescents. Training school counsellors will improve confidence in suicide counselling and knowledge relevant to suicide prevention. The study also found that counsellors have stigmatising perspectives towards suicide. This finding highlights the need for counsellor training in suicide counselling.

The study also yielded findings that school counsellors are willing to help prevent suicide cases but may not be able to handle suicide cases because they may not have sufficient counselling skills for suicide intervention. School counsellors feel they play a role in suicide prevention, but insufficient knowledge and resources hinder this role. Providing adequate resources and ongoing capacity building may be necessary to expedite changes. It is worth noting that this study found that the Therapist Skills: A Cognitive Model of their Acquisition and Refinement declarative-

procedural-reflective model (DPR model) is vital as it provides a framework for the assumption that there is a relationship between knowledge, perspective and practice.

Although research has demonstrated the high likelihood that a school counsellor will experience a student suicide, school counsellors continue to report a lack of preparation in suicide prevention, crisis intervention, and suicide post-prevention. Although school counsellors who experienced a student suicide attempt appeared to gain self-efficacy from their experiences, additional training in counselling suicidal students might help school counsellors feel prepared before they face such serious situations. If additional training can help school counsellors save students from suicide, then training them is necessary.

These results have several implications for school counsellors and suicide counselling. Regarding suicide prevention, crisis intervention, and suicide post-prevention, there are far too many untrained school counsellors among the current body of school counsellors. The Ministry of Education must support school counsellors' professional development. In addition, counsellor training institutions must increase their efforts to adequately train and prepare school counsellors for suicide prevention, assessment, and intervention. Furthermore, school counsellors should prepare to face the probability of dealing with student suicide attempts and student deaths by suicide. If school counsellors do not receive this training during their training, then they must seek continuing education opportunities that address suicide prevention, crisis intervention, and suicide post-prevention.

6.1. Recommendations

Based on the findings of the present study, the following are the recommendations:

1. Head teachers should encourage continuous professional development (CPD) in suicide counselling among school counsellors and other teachers to ensure that they are abreast with research and best practice in suicide risk assessment and crisis management.

2. The Ministry of Education (MOE) should support the development of a national curriculum based suicide prevention protocol in schools.

3. Future researchers should consider designing a study to identify other factors impacting suicide assessment self-efficacy among school counsellors. Although this study showed that a suicide attempt experience could impact suicide assessment self-efficacy, other factors, such as self-confidence, could have an influence.

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APPENDICES

APPENDIX ONE (1) INFORMATION SHEET

Hello. My name is Ms. Mapenzi Masilani. I kindly request your participation in this study. The essence of the study is to understand knowledge, perspectives and practices in suicide counselling among school counsellors in Choma district.

Before you decide whether or not you should participate in the study, kindly take note that your participation in this study is entirely voluntary. You are under no obligation to participate. If you decide that you do not participate, no privileges will be taken away from you. If you agree that you will participate, you will be asked to sign a consent form in front of someone.

Thank you.

APPENDIX TWO (2) CONSENT FORM

The purpose of this study has been explained to me and I understand the purpose, benefits, risks and discomforts, and confidentiality of the study

I further understand that if I agree that I take part in this study, I have the right to withdraw at any time without having to give an explanation and that taking part in this study is purely voluntary.

I ……..(Names)

agree that I will take part in this study.

Signed…… Date……. (Participant)

Signed……Date……..... (Witness)

Signed……Date……...……..…(Researcher)

APPENDIX THREE (3) CONTACTS FOR ADVERSE EFFECTS

PERSONS TO CONTACT FOR PROBLEMS IN DUE COURSE OF THE RESEARCH

1. Masilani Mapenzi
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   School of Education

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APPENDIX (4) FOUR

SEMI-STRUCTURED INTERVIEW GUIDE FOR SCHOOL COUNSELORS

Dear Participant,

Thank you for your willingness to participate in this questionnaire on school counsellor knowledge, attitude and practice towards suicide counselling. Your responses will contribute to understanding the level of awareness and preparedness among school counsellors in addressing suicide prevention and providing support to students in need.

Please answer the following questions to the best of your ability. Your participation is voluntary and your responses will remain confidential.

1. Demographics: (data of participants)

a) How old are you?
b) What professional qualification do you have?
c) How many years of experience do you have as a school counsellor?

2. Questions related to what school counsellors know about suicide counselling.

d) Have you received any specific training or professional development on suicide counselling?
e) Are you familiar with suicide warning signs? *Prompt: please provide examples*
f) Are you familiar with suicide risk factors? *Prompt: Please provide examples*
g) In your opinion, what factors can cause a learner to commit suicide?
h) How confident are you in identifying learners at risk of suicide?
i) If a pupil come to you and disclosed that he or she wants to commit suicide, what measures would you take to prevent suicide? *Probe: has this ever happened?*
j) What kind of information on suicide or about is included in the school curriculum?
k) Do you feel you have role do you a play in suicide prevention?

3. Questions related to what school counsellor perspectives towards suicide counselling

l) What is your view towards suicide?

m) Should attempted suicide be treated as a crime?

4. Questions related to school counsellor practice towards suicide counselling

n) What is your opinion towards discussing suicide openly with students? *Probe: Please provide an explanation.*

o) Do you follow a specific protocol or procedure when assessing the risk of suicide in a learner?

p) Do you involve other professionals, such as psychologists or social workers, in your suicide counselling practices? If yes, please describe the nature of your collaboration.

APPENDIX (5) FIVE

FOCUS GROUP GUIDE FOR SCHOOL COUNSELLORS

Dear Participant,

Thank you for your willingness to participate in this focus group on school counsellor knowledge, perspective and practice towards suicide counselling. Your responses will contribute to understanding the level of awareness and preparedness among school counsellors in addressing suicide prevention and providing support to students in need.

Feel free to discuss the questions to the best of your ability. There are no right or wrong answers. Your participation is voluntary and your responses will remain confidential. Kindly note that this discussion will be recorded to allow the researcher to go through the discussion notes during data analysis.

1. **Questions related to what school counsellors know about suicide counselling**
    a) How do you identify a learner who is suicidal?

2. **Questions related to what school counsellor attitude towards suicide counselling**
    b) What is your perspective towards suicide and suicide ideation?

3. **Questions related to school counsellor practice towards suicide counselling**
    c) What is your typical approach when a learner expresses suicidal thoughts or behaviours? *Prompt: Kindly describe how you approached a learner who was at risk of suicide.*
    d) Are you familiar with community resources and external agencies that specialize in suicide prevention and support? If yes, please provide examples of those resources.

Thank you.