# **MEDICINE ACCESS**

The Journal of Medicine Access 2023, Volume 7: I–7

© The Author(s) 2023
Article reuse guidelines: sagepub.com/journals-permissions
DOI: 10.1177/27550834231158188
journals.sagepub.com/home/map

# \$SAGE

# Educator's views on suicide prevention in high schools and what they need

# Miranda Lynne Bevilacqua

#### **Abstract**

**Background:** Suicide is the leading cause of death among youth. Although school-aged youth are surrounded by educators and professionals, little is known about what educators want to know regarding suicide.

**Objective and Design:** The purpose of this qualitative study was to explore the perceived learning needs of high school educators in Northwestern Ontario (NWO) regarding suicide prevention using semi-structured interviews.

**Results:** The results yielded educators prefer learning based on a mixture of styles that is relevant to their student needs; noting that time constraints are a barrier. Educators are interested in knowing what to say; however, limited by the unknown legalities involved. Educators expressed being comfortable talking about suicide and understood basic warning signs.

**Conclusions:** The findings can assist mental health professionals and school board administration in supporting educators regarding suicide prevention. Future research can include the creation of a suicide prevention program that is targeted exclusively for high school educators.

#### **Keywords**

Suicide prevention in schools, youth suicide, suicide prevention

Date received: 10 July 2022; accepted: 31 January 2023

## Introduction

The World Health Organization<sup>1</sup> declared suicide a fatal international concern. Suicide is one of the leading causes of death among Canadian youth.<sup>2</sup> In 2016, suicide accounted for 29% of all deaths among youth between the ages of 15 and 19 years.<sup>3</sup> Over the past 2 years, adjacent to the pandemic, suicide rates among youth have tripled.<sup>4</sup> School board administration is in a unique position to assist and support their staff who interact with youth on a regular basis.<sup>5</sup> More than half of the individuals who have seriously contemplated suicide first considered it in early adolescence,<sup>6</sup> highlighting the importance of addressing suicide prevention within high schools.

Conditions such as depression and anxiety are both linked to suicidality which generally commence in early adolescence.<sup>3,7</sup> Brain development and puberty also emerge within adolescence, where youth attempt to navigate their fluctuating hormones, impulses, and peer acceptance.<sup>7–11</sup> The combination of a mental health issue, changes in hormones, and exposure to an adverse social

experience have been connected to an increase in suicidal behavior.<sup>7,10,12</sup> Suicide ideation in youth warrants early intervention to promote recovery from mental illness and prevent death by suicide.<sup>13,14</sup> Understanding the red flags associated with a youth at risk of suicide is critical and can be addressed in the school setting by educators if these risk factors are understood.<sup>15</sup> Because youth spend a large portion of their time in schools surrounded by educators,<sup>16,17</sup> educators are seamlessly positioned to recognize and support students at risk of suicide.<sup>14</sup> This unique position places schools in a critical role in determining what resources and support their educators require based on their specific needs.

Walden University, Minneapolis, MN, USA

#### Corresponding author:

Miranda Lynne Bevilacqua, Walden University, Minneapolis, MN 55401, USA.

Email: mbevila3@confederationcollege.ca

# **Background**

There is a great demand for educational opportunities geared toward educators, 18 specifically suicide awareness. 19 In terms of identifying youth at risk, school mental health professionals are critical in monitoring and addressing youth at risk of suicide;<sup>20</sup> however, they are not interacting with the students to the same degree as the educators within the schools. School board administration is aware that educators are at the forefront of assisting their students in feeling safe and supported within their schools who may need to address death and emotions surrounding a loss or a potential loss. 17 The notion of educators supporting their students in times of potential crisis infers an ideal access point for early identification of youth at risk of suicide. 13,14 The educators possess the power of building upon an already existing trusting relationship between themselves and the students. This existing relationship is exceptionally beneficial as the students are more likely to confide in someone they know and trust. 16 Students are continuously being monitored to some degree, such as monitoring a student's academic performance, attendance, general observation, and behavior which supports the need to address suicidality within the schools. 17,16,21,22 If a change or decline in a student's academic performance and attendance is altered, the student and their caregivers are notified to understand the root cause of such changes and issues. 21,22 Implementing appropriate suicide prevention strategies into the schools can add to the multitude of protective factors that already exist by increasing the educator's confidence and competence in addressing issues related to suicide. 16 School board administration feels suicide prevention programs are necessary; however, that it depends on the type of education offered.<sup>5</sup> School board administration felt that time constraints affected their decision on what type of suicide prevention program to endorse. 5,23 Whitney et al.5 and their team's findings prove the need to individualize education programs on suicide prevention and mental health awareness that fit the unique needs of that school.

Although there are various suicide prevention strategies available, a more cohesive multi-discipline approach for those in direct contact with those at risk of suicide such as educators is recommended.<sup>24</sup> A randomized control trial was conducted that provided a cost-effective analysis of different suicide prevention programs implemented for schools, concluding that a program designed for youth would be the most cost-effective.<sup>25</sup> In summary, whatever prevention strategy is selected, they should be tailored to the exclusive needs of the educators and be feasible for that unique school setting.<sup>19</sup>

# **Methodology**

The purpose of this qualitative study was to explore the perceived learning needs of high school educators regarding suicide prevention in Northwestern Ontario (NWO). The study was approved by Walden University's Institutional Review Board (approval no. 08-24-21-1014380). The research question for this study was "What are the perceived learning needs of high-school educators regarding suicide prevention?" The information produced by the participants can allow mental health professionals and school board administration in tailoring education on suicide prevention that can benefit the high school educators when interacting and identifying youth at risk of suicide.

# Researcher background

At the time of the study, the researcher was a graduate student, working full time as a nursing professor. She had previously worked as a mental health nurse within the schools for just under 10 years in NWO. She also was a trainer in both SafeTALK and Mental Health First Aid. The participants may have encountered the researcher on various professional occasions, such as referring a student to her services. The participants were provided with a brief biography of the researcher, goals of the study, and reason for the study during the initial recruitment stage.

# Participant selection

Parameters for participant selection were established via inclusion and exclusion criteria. The inclusion criteria were high school educators in NWO. The participants must have had access to the Internet, given that the interviews were being conducted via ZOOM. The exclusion criteria were any educators who do not fit within the inclusion criteria.

Purposive sampling, where a group of specific individuals with unique characteristics that can provide insight into the phenomenon of this study, was used as the sampling method for this study. Convenience sampling was used to target a specific population that may be easily accessible. Noowball sampling was used when applicable, where participants recommended other individuals using their own connections to recruit suitable participants. The proposed participant sample size was between 10 and 20 participants based on Patton's discussion and averages on sample sizes. The sample size was also dependent on the information gathered and data saturation. Once no new themes or codes emerged from the participants, data saturation was reached. No further recruitment was necessary, and the final sample size was established.

# Setting and recruitment

Facebook was utilized for recruitment through an informational flyer. The recruitment timeline took approximately 1 month. The flyer was shared with various school boards of NWO that was then shared or tagged to other

Bevilacqua 3

Facebook users. The recruitment flyer had study information, the researchers contact information, and a deadline date on the bottom for transparency among the participants. Participants self-screened via the recruitment flyer and emailed their interest in participating to the researcher. At this point, the researcher would provide them with a consent form. If they consented to partaking in the study, an interview time was established that was convenient for the participant. The setting of the study involved audio-conferenced interviews via ZOOM, cameras were not turned on to ensure confidentiality and anonymity of the participants.

The participants were able to monitor the study's ongoing progress, stages, and results during the study via a social media page they were given access to. Providing the participants with a link to monitor the study's progress provided transparency and allowed the participants to ask any questions or provide feedback to the results if necessary.

# Demographics

A total of 16 consent forms were sent out. However, one individual did not teach between Grades 9 through 12, and another individual did not respond to the informed consent, resulting in a total of 14 consents obtained. Three demographic questions were asked: age, pronouns, and predominant grade taught.

#### Data collection

Fourteen participants participated in semi-structured; virtual interviews used to explore their perceptions regarding youth suicide prevention. Three demographic questions were asked during the interview process, after which the researcher explained the intent and boundaries of the study. The interview guide itself contained seven neutral openended questions to allow for the participants to answer freely without any prejudices.<sup>29</sup> The interview guide was followed precisely during each interview, with some follow-up questions verifying what was said to be accurate based on their given perceptions or opinions. Following up with verifying questions allowed the researcher to grasp what was said and allowed the researcher to avoid misconstruing what was articulated.<sup>28</sup> An additional observation sheet was used to ensure the researcher was gathering all possible forms of data and information provided by the participants.

The participants were given a number to replace their names, viewable on the audio recording and the transcript. The links to the interview audio recordings are password secured on my ZOOM account. The interviews were transcribed using ZOOM's transcription function. Observational notes were taken during each interview where the researcher captured key points that stood out

during the discussion of each question. The researcher reviewed each audio recording twice before comparing the audio to the transcripts to immerse themselves in the data fully. The researcher then compared the audio to the transcriptions to ensure that what was said was accurate, as the ZOOM transcription function can capture different words than what was said. The researcher compared the audio recordings to the transcriptions multiple times to enhance the accuracy of the transcripts. The researcher cross-analyzed their observational notes with the reviewed transcripts to ensure that their notes written were not leaning toward a particular direction based on their own influences. After listening to the recordings and reading the transcriptions, the researcher coded line by line, adding keywords, codes, and emergent themes. NVivo version 12.0 was used to assist the researcher in any additional keywords they may have missed. Each analysis of the individual interviews encompassed the same process. The responses were analyzed on an individual question basis prior to using the NVivo software to categorize them systematically. The participants reviewed their transcripts which augmented the accuracy of the dialogue on the transcriptions. In addition, the data were reviewed by the researcher's dissertation committee for accuracy.

The researcher created a table to track all pertinent information such as date consent collected, follow-up email, and the date the gift card was sent to ensure there was no omission to follow through on any required task. For example, the follow-up email had essential information such as a crisis response number and was time-sensitive had the interview discussion caused any triggers. After the fourteenth participant, data saturation had been established, and no further interviews were required.

The analysis process followed an organized coding process of starting with the data, finding common codes (potentially subcodes), which then turn into categories, and then formulating the themes (potentially subthemes). Using Saldana's 30 streamlined codes-to-theory model, the data generated multiple codes and various categories that produced a total of seven key categories resulting in two overarching themes to this study that will be discussed in the next section.

# **Findings**

The interviews were done throughout August 2021 and September 2021. The interviews lasted between 13 and 32, averaging approximately 19 min per interview. The length of the transcriptions varied between three and ten pages. The discussion pace of the participants appeared to be the primary factor in the differing interview times and their own experiences.

The 14 participants had a wide range of experience, some teaching over 20 years, others having experience

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

A few educators had experience in formal suicide prevention training such as Mental Health First Aid and SafeTALK. Of these trained, none were recent. Despite little training provided on suicide prevention, most educators stated they felt comfortable discussing concepts such as suicide. Many participants mentioned they did not know much in relation to suicide, but a few stated they possessed knowledge recognizing basic red flags such as a change in behavior, although they felt like they required more extensive information on warning signs. A prominent trend that emerged almost immediately was that the participants expressed that they did not know how to approach or address a student at risk. The concept of "knowing what to say" became a solid key concept in the finding of this study. The suggestion of a written script and pathway to execute or address a student at risk was given multiple times. Another common trend was a subcategory of knowing what to say regarding the educator's scope regarding talking to students at risk. Many participants expressed legal implications that could arise and did not know what they could or should do within their roles as an educator in terms of dialogue with a student at risk. Finally, the COVID-19 pandemic, which was never mentioned by the researcher in the interviews, came up multiple times as a current stressor on their student population. They mentioned that because of this pandemic, more training is required as there is an apparent increase in the struggles among their students.

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

## Demographics

Most of the participants were between the ages of 30 and 40 years (71.14%), 21.42% were between the ages of 40

and 50 years, and 7% were 50 years or older. Regarding the participant's pronouns, 62% went by she/her, and 38% went by he/him. Finally, the demographic encompassing predominant grades taught were primarily "multiple," accounting for 84% of the participants. Most educators (11 out of 14) float between levels and do not have a predominant grade. Educators can move around within their positions, resulting in difficulties in recruiting an explicit group of educators of participants who teach only one predominant grade.

#### Theme I

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

#### Theme 2

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

# Category 1: type of learning

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

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

## Category 2: enticement to learning

This category focused on the evolving changes and needs driven by the students as their core interest in continued learning. One participant mentioned,

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

Another participant stated,

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

Bevilacqua 5

Finally, one participant said,

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

# Category 3: barriers to learning

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

A barrier for me is more personal just the business of life responsibilities with home children and such.

Another participant stated,

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

Similarly, one participant mentioned,

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

## Category 4: pre-existing training

Many educators had minimal to nil formal training on suicide. Those who were formally trained had roles that extended beyond the average high school educator such as being a part of a committee within the school that promotes wellbeing or those in the role of guidance. One participant stated, "I don't think I've ever really done any formal suicide prevention like I've always been I've always given, sort of some strategies kind of here and there." Another participant expressed, "None because they've never been offered." Finally, one participant said.

Honestly, I don't think we've experienced that much I remember it coming up in a PD Day, a few years ago that we may be spent an hour or so on it I'm pretty sure It was an online course, but there really hasn't been that much.

# Category 5: perceived existing knowledge on suicide

Many educators knew basic warning signs associated with suicide in youth. One participant mentioned,

well, I think we could pick up some signs of like students struggling. So, people withdrawing from classes or their peer groups or anyone experiencing some mental health, maybe so just kind of some warning signs.

Similarly, a participant expressed,

Maybe just signs, you know likes signs if you see a drastic change or just like you know if you notice change in the student or things like even drawings pictures on their assignments or things like that.

In addition, one participant said,

I have the knowledge . . . I have knowledge and being able to recognize people in distress. So, reading social cues of like recognizing the withdrawal or the change in character.

#### Category 6: comfort level discussing suicide

Most educators are comfortable with talking about suicide, those that mentioned discomfort stated it was related to not knowing what to say or what their boundaries are. One participant stated, "I think there needs to be clear and concise communication about what my exact responsibilities are as a educator in discussing suicide with a student." Another participant stated, "I don't really know my boundaries and what can be discussed with a student." Furthermore, one participant stated,

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

# Category 7: desired content on suicide prevention

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

#### **Discussion**

School board administration is in a unique position to support their educators in a way that best fits their needs regarding suicide prevention. Educators want to know what their obligations are regarding the identification of youth at risk of suicide. Educators want to know what they can say and not say when discussing concepts such as suicide with their students. School board administration is also in a unique role when it comes addressing time constraints regarding professional development<sup>5</sup> as many existing programs on suicide prevention last anywhere from a half a day to a two full day workshop, which can be an issue when it comes to providing educator relief. Educators appeared to dislike the option of training that exceeded their normal working hours. From a flexibility standpoint, educators expressed appreciating a mixture of learning styles while being trained, which welcomes a variety of training options. Finally, many educators had minimal to nil informal training on suicide. Those who were formally trained had roles that extended beyond the average high school educator such as being a part of a committee within the school that promotes wellbeing or those in the role of guidance.

#### Limitations

This section will discuss the limitations and possible recommendations of the study. The study was conducted during the COVID-19 pandemic which required the interviews to be virtual,<sup>31</sup> which may be seen as a limitation in that the interviewee and interviewer were not in the same room during the interview.32 However, this allowed the researcher to reach more participants efficiently, without driving to remote locations.<sup>33</sup> An additional limitation was that the recruitment of the participants was voluntary and could not guarantee that all high school educators in NWO felt the same way. This may depend on many factors, such as their experiences and education on the phenomenon.<sup>34</sup> It was anticipated more participants to have volunteered based on their interest in youth suicide prevention; however, many with no experience or training volunteered, which may have influenced the results. A limitation to be noted is that northern regions have less reliable Internet,35 and some individuals may not have volunteered because they were worried their Internet would not sustain the virtual meeting. Finally, the use of one social media platform to recruit participants meant the researcher was only reaching those who had that specific social media account; however, snowball sampling allowed other participants to be gained through previous participants without Facebook.

### Conclusion

Youth suicide is a worldwide concern that requires attention from all ministries and disciplines involved with this population. It is inevitable that youth are surrounded by educators within the walls of their schools. The findings of this study resulted in educators wanting suicide prevention training in a manner that incorporated various pedagogical styles. The high school educators declared the unknown of what to say, not understanding their legal responsibilities

when discussing suicide, and time constraints to be barriers to ongoing learning. These findings can assist school board administration in supporting the educators effectively, in turn, reducing fatalities and adverse outcomes associated with youth suicide.

#### **Declarations**

#### Ethics approval and consent to participate

The study was approved by Walden University's Institutional Review Board (approval no. 08-24-21-1014380). Written informed consent was obtained from participants using a consent form.

#### Consent for publication

Consent to publish results were received from participants.

#### Author contributions

Miranda Lynne Bevilacqua: Writing-original draft.

#### Acknowledgements

The author acknowledges the mental health nurses and professionals working within the school system along with their research committee members who oversaw her project.

#### **Funding**

The author received no financial support for the research, authorship, and/or publication of this article.

#### Competing interests

The author declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: The author would like to note that she previously worked as a mental health nurse within the schools and is a suicide prevention trainer; however, there is no conflicts of interest to declare and there is no financial interest to report. The results included in this manuscript were shared with the Ontario Principal's Council.

# Availability of data and materials

The full dissertation, including data and materials, is available online.

#### **ORCID iD**

Miranda Lynne Bevilacqua -2351-8606



https://orcid.org/0000-0003

# Supplemental material

Supplemental material for this article is available online. https://www.proquest.com/openview/2e0b4ba7a91a9315b4fcee580c30f8a2/1.pdf?pq-origsite=gscholar&cbl=18750&diss=y

# References

- World Health Organization. Suicide, https://www.who.int/ news-room/fact-sheets/detail/suicide
- Government of Canada. Suicide prevention in Indigenous communities, https://www.sac-isc.gc.ca/eng/1576089685593 /1576089741803

Bevilacqua 7

3. Youth Mental Health Canada. Youth Mental Health Stats in Canada, https://ymhc.ngo/resources/ymh-stats/

- Brown D. Number of youth in hospital after suicide attempt tripled over 4-month period under COVID-19, https://www. cbc.ca/news/canada/hamilton/pandemic-safety-measureschildren-teen-health-impact-1.5953326
- Whitney SD, Renner LM, Pate CM, et al. Principals' perceptions of benefits and barriers to school-based suicide prevention programs. *Child Youth Serv Rev* 2011; 33(6): 869–877.
- Becker MS. Why schools need to step up suicide prevention efforts, https://www.brookings.edu/blog/brown-center-chalkboard/2017/06/08/why-schools-need-to-step-up-suicide-prevention-efforts/
- Canadian Centre on Substance Abuse. Effectiveness of multidimensional family therapy for reducing substance use among youth: key messages, https://www.ccsa.ca/sites/ default/files/2019-04/CCSA-Multidimensional-Family-Therapy-Youth-Rapid-Review-2016-en.pdf
- Armstrong R and Maple M. Understanding the ripple effect
  of suicide in Australia: perceptions of closeness and grief,
  https://croakey.org/understanding-the-ripple-effect-ofsuicide-in-australia-perceptions-of-closeness-and-grief/
- DeHaan TJ. Dying to succeed: a qualitative content analysis of online news reports about affluent teen suicide clusters, https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/20528/DeHaan\_oregon\_0171A\_11618.pdf?sequence=1&isAllowed=y
- 10. Kodish T, Herres J, Shearer A, et al. Bullying, depression, and suicide risk in a pediatric primary care sample. *Crisis* 2016; 37(3): 241–246.
- Moon SS, Karlson A and Kim YJ. Peer victimization and adolescent suicide: the mediating effect of risk behaviors. *Child Adolesc Soc Work J* 2015; 32(3): 257–268.
- Statistics Canada. Population estimates, quarterly, https:// www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901
- Calear AL, Christensen H, Freeman A, et al. A systematic review of psychosocial suicide prevention interventions for youth. Eur Child Adolesc Psychiatry 2015; 25(5): 467–482.
- Story CR, Kirkwood D, Parker S, et al. Evaluation of the better todays/better tomorrows youth suicide prevention program: increasing mental health literacy in rural communities. Best Pract Ment Health 2016; 12(1): 14–25.
- Cramer RJ, Long MM, Gordon E, et al. Preliminary effectiveness of an online-mediated competency-based suicide prevention training program. *Profess Psychol Res Pract* 2019; 50(6): 395–406.
- 16. Shannonhouse L, Lin YWD, Shaw K, et al. Suicide intervention training for K-12 schools: a quasi-experimental study on ASIST. *J Couns Develop* 2016; 95(1): 3–13.
- United States Department of Education. Coping with the death of a student or staff member, https://rems.ed.gov/ docs/CopingW Death StudentOrStaff.pdf
- 18. Breux P and Boccio DE. Improving schools' readiness for involvement in suicide prevention: an evaluation of the creating suicide safety in schools (CSSS) workshop. *Int J Environ Res Publ Health* 2019; 16(12): 2165.
- Schmidt RC, Iachini AL, George M, et al. Integrating a suicide prevention program into a school mental health

- system: a case example from a rural school district. *Child School* 2015; 37(1): 18–26.
- Mental health and addictions nurse, https://www.uwinnipeg. ca/career-services/docs/postings/2022/june/independentfirst-nations-alliance-ontario,-mental-health-and-addictions-nurse,-ft,-open-until-filled.pdf
- Giletta M, Prinstein MJ, Abela JR, et al. Trajectories of suicide ideation and nonsuicidal self-injury among adolescents in mainland China: peer predictors, joint development, and risk for suicide attempts. *J Consult Clin Psychol* 2015; 83(2): 265–279.
- Singer JB. Identifying and responding to suicide risk in schools. *Psychiatr Ann* 2017; 47(8): 401–405.
- 23. Fulks E, Katz E and Rodriguez Y. School mental health training for educators leaves room for improvement, https:// www.childtrends.org/blog/school-mental-health-trainingfor-educators-leaves-room-for-improvement
- Cerulli C, Winterfeld A, Younger M, et al. Public health law strategies for suicide prevention using the socioecological model. *J Law Med Ethics* 2019; 47(Suppl. 2): 31–35.
- Ahern S, Burke LA, McElroy B, et al. A cost-effectiveness analysis of school-based suicide prevention programmes. Eur Child Adolesc Psychiatry 2018; 27(10): 1295–1304.
- LoBiondo-Wood G, Haber J, Cameron C, et al. Nursing research in Canada: methods, critical appraisal, and utilization. 4th ed. Toronto, ON, Canada: Elsevier, 2013.
- 27. Ravitch SM and Carl NM. *Qualitative research: bridging the conceptual, theoretical, and methodological.* Thousand Oaks, CA: SAGE Publications, 2016.
- Patton MQ. Qualitative research & evaluation methods: integrating theory and practice. 4th ed. Thousand Oaks, CA: SAGE Publications, 2015.
- Jacob SA and Furgeson SP. Writing interview protocols and conducting interviews: tips for students new to the field of qualitative research. *Qual Rep* 2012; 17(42): 1–10.
- 30. Saldana J. *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE Publications, 2013.
- 31. Hacker J, vom Brocke J, Handali J, et al. Virtually in this together—how web-conferencing systems enabled a new virtual togetherness during the COVID-19 crisis. *Eur J Inform Syst* 2020; 29(5): 563–584.
- 32. DeFranzo SE. Advantages and disadvantages of face-to-face data collection, https://www.snapsurveys.com/blog/advantages-disadvantages-facetoface-data-collection/
- 33. Archibald MM, Ambagtsheer RC, Casey MG, et al. Using Zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants. *Int J Qual Methods* 2019; 18: 9874596.
- 34. Mo PKH, Ko TT and Xin MQ. School-based gatekeeper training programmes in enhancing gatekeepers' cognitions and behaviours for adolescent suicide prevention: a systematic review. *Child Adolesc Psychiatry Ment Health* 2018; 12: 29.
- Owen C, Hunt C, McMahon R, et al. Opinion: the North needs more equitable, accessible Internet, https://edmontonjournal.com/opinion/columnists/opinion-the-north-needsmore-equitable-accessible-internet