

## CHAPTER 6

### SUMMARY, FINDINGS AND RECOMMENDATIONS

#### 6.1 INTRODUCTION

In the previous chapter symbolic drawings, narratives and structured interview were analysed and interpreted. Themes that were relevant to the study were presented. The layout of chapter 6 is indicated in the figure below.

**Figure 6.1: Summary of chapter 6**



#### 6.2 OBJECTIVES REVISITED

This section reports on whether the objectives of this study were achieved or not.

**Table 6.1: How objectives were achieved**

<b>OBJECTIVE 1- PHASE 1</b>	<b>Where the objective was addressed in the study</b>	<b>Achieved/Not achieved</b>
To determine the essence of suicide	Chapters 1 and 2- These chapters entail the description and explanation of the real meaning of suicide	<b>Achieved</b>
<b>OBJECTIVE 2- PHASE 1</b>		
To examine factors that put youth at risk of suicide	Chapter 2- This chapter highlights factors that expose youth to risk of suicide	Achieved
<b>OBJECTIVE 3- PHASE 1</b>		
To understand the national strategies in place in South Africa regarding mental health among youth	Chapter 3- This chapter draw attention to the intervention strategies available in South Africa, regarding mental health	Achieved
<b>OBJECTIVE 4- PHASE 1</b>		
To understand prevention programs that are in place in schools	Chapter 3- This chapter highlights prevention programs that are in place in schools	Achieved
<b>OBJECTIVE 5- PHASE 2</b>		
To determine the experiences of youths at risk regarding suicide behaviour	Chapter 5- This chapter determine the experiences of youth at risk regarding suicide behaviour	Achieved
<b>OBJECTIVE 6- PHASE 2</b>		
To determine the views of youths at risk regarding suicide prevention	Chapter 5- This chapter determine the views of youth at risk regarding suicide prevention	Achieved
<b>OBJECTIVE 7- PHASE 2</b>		
To come up with guidelines to enhance suicide prevention at schools	Chapter 6- This chapter came up with the guidelines to enhance suicide prevention at schools	Achieved

### **6.3SUMMARY OF CHAPTERS**

In this section a summary of chapters one, two and three is offered. The summaries aim to provide an understanding of the intention of the study as a whole.

#### **6.3.1 Summary of Chapter 1**

This chapter offered a problem statement with the intention to draw the reader's attention to the factors that put youth in the Northern Free State at risk of suicide. The aim and objectives assisted in sculpting and guiding this

investigation; the primary focus of the research was thus encapsulated in them. It was necessary to elaborate on the background information to provide essential context to understand the research problem and its significance (*cf.* 1.2). I also had to include my perspective to clear any biases I might have had about suicide behaviour in youth (*cf.* 1.6).

This chapter comprised an exploratory qualitative research methodology in order to unearth the individual perspectives on the resources that can be mobilised to strengthen youth and buffer the risk of suicide in schools (*cf.* 1.7). A two-phased data collection process was proposed with the intent to draw two sets of data from symbolic drawings and interviews. The first phase projected having participants make symbolic drawings of what or who they thought would help prevent young people from committing suicide (*cf.* 1.8). Interview questions were formulated and conducted after data from drawings and narratives were transcribed and initial analysis was done.

Ethical considerations to deal with beliefs about what is wrong and right, moral or immoral were projected (*cf.* 1.11). The problem that was anticipated when doing the actual study was to obtain permission from parents for learners to participate in the research, since talking about suicide is still taboo in African communities.

### **6.3.2 Summary of Chapter 2**

This chapter captured the nature of suicide by first elaborating on the statistics for suicide in South Africa and international countries and conceptualisation of suicidal behaviour (*cf.* 2.2). Suicidal behaviour was identified as encompassing two types: non-fatal suicidal behaviour (*cf.* 2.2.1) and fatal suicidal behaviour (*cf.* 2.2.2). Different factors increasing suicidal risk behaviour and suicide ideation among youth were identified and discussed (*cf.* 2.4).

This chapter also embarked on factors increasing the risk of suicide (*cf.* 2.4), which were divided into five categories:

- Psychological disorders (*cf.* 2.4.1) consisting of mood disorders (2.4.1.1), aggression and impulsivity (*cf.* 2.4.1.2), depression (*cf.* 2.4.1.3) and stress (*cf.* 2.4.1.4), and negative self-concept (*cf.* 2.4.1.5).
- Individual risk factors (*cf.* 2.4.2) with variables such as dysfunctional problem-solving (*cf.* 2.4.2.1) rebellious behaviours (*cf.* 2.4.2.2),
- Imitation and suicidal transmission involving risky social media reporting and the risk copycat suicide as a result of media contagion effect (*cf.* 2.5)
- Family factors included a family history of suicide (*cf.* 2.6.4) and family disruptions (*cf.* 2.6.2) due to divorce and separation. which lead to violence and abuse, and neglect of children. Lack of communication between family members (*cf.* 2.6.3) and their inability to notice warning signs were identified as a stumbling block in early detection of suicidal behaviour. The low socio- economic status of families (*cf.* 2.6.6) was also a contributing factor to family disruptions, especially if the abuse of drugs and alcohol are added to these problems.
- Factors in schools comprised poor attendance of classes, a negative attitude towards school work and academic failure (*cf.* 2.7). These dynamics accompanied by stressors from home and those of growing up become overwhelming. Exposure to violence through bullying and unsafe school environments was also a factor (*cf.* 2.7).
- Somatic co-morbidity factors composed of chronic illnesses due to HIV, and cancer which may lead to depression and mental ill health, especially during the initial weeks following a diagnosis of HIV (*cf.* 2.8).
- Methods used to commit suicide differ according to accessibility, availability and applicability (*cf.* 2.6).

### **6.3.3 Summary of Chapter**

The objectives of this chapter were to obtain a better understanding of prevention strategies for youth in South Africa on the one hand, and on the other, to assist in developing a framework for effective preventative strategies to reduce suicidal behaviour in schools (*cf.* 6.6).

This chapter focused on suicide intervention by the government (*cf.* 3.2), the community and schools. The programmes discussed include universal (*cf.* 3.2.1) and selective programmes (*cf.* 3.2.2). Universal programmes offered by the government consist of an improved national data collection system (*cf.* 3.2.1.1), policy framework (*cf.* 3.2.1.2), awareness and education programmes (*cf.* 3.2.1.3) and taking control of the environment by means of gun and drug control (*cf.* 3.2.1.4). Government selective prevention programmes consist of general hospital emergency departments (*cf.* 3.2.2.1), mental clinics in all provinces in South Africa, treatment (*cf.* 3.2.2.1.1) and easy access to mental services (*cf.* 3.2.2.1.2). Suicide prevention programmes attempt to mitigate risk factors and promotes protective factors.

The local and community interventions consist of universal programmes (*cf.* 3.3.1), including use of social media (*cf.* 3.3.1.1) in their education and awareness campaigns programmes (*cf.* 3.3.1.2). Their selective programmes comprise crisis support services (*cf.* 3.3.2.1). The school-based intervention contains school policies; anti-bullying programmes (*cf.* 3.4), drug control (*cf.* 3.4.1.2) curriculum-based programmes (*cf.* 3.4.1.4) with key themes such as personal and social well-being, physical education, creative arts and visual arts and performing arts in Life Orientation. The selective programmes consist of school mental health programmes and self-help techniques.

Different role-players are identified in the literature that can be roped in to implement intervention programmes at schools (*cf.* 3.6). They include teachers

(*cf.* 3.6.1) as gatekeepers (*cf.* 3.6.1.1), peers as gatekeepers (*cf.* 3.6.2.1) and external stakeholders (*cf.* 3.6.3) consisting of community members with or without expertise. The training of community members (*cf.* 3.6.3.1), teachers and learners regarding the identification of warning signs becomes imperative.

#### **6.3.4 Summary of Chapter 4**

The aim of this chapter was to discuss the processes and steps used to gather and analyse data to increase the understanding of the topic of this research. An overview was presented of the research design and methodology employed as well as how such a design and methods were used. Aspects covered included the interpretivist research paradigm (*cf.* 4.2); the qualitative research method (*cf.* 4.3); the phenomenological design as a strategy of inquiry (*cf.* 4.4); drawings and structured interviews as data collection tools (*cf.* 4.5); the purposive sampling method (*cf.* 4.6) and the research setting and inductive content data analysis (*cf.* 4.8).

Quality criteria and specific information around trustworthiness and ethical issues (*cf.* 4.9) employed were discussed. Ethical considerations included matters around informed consent (*cf.* 4.10.1); confidentiality (*cf.* 4.10.2), debriefing of participants (*cf.* 4.10.3); voluntary participation (*cf.* 4.10.4); avoidance of harm (*cf.* 4.10.5); avoidance of deception (*cf.* 4.10.6); competence of the researcher (*cf.* 4.10.7) and publication of the findings (*cf.* 4.10.8).

#### **6.3.5 Summary of Chapter 5**

The aim of this chapter was to analyse and interpret data gathered by means of drawings, narratives and structured interviews. The data presented came from 43 participants who took part in a draw and write technique (*cf.* 5.1) and 24 who participated in structured interviews. The data yielded six themes with sub-categories:

- The first theme was that of the causes of suicide (*cf.* 5.2) which were indicated as triggered by:
  - interpersonal factors such as clashes between parents and children over performance; cyber-bullying; peer pressure; bad relationships and break-ups; rejection; abandonment; being devalued by parents and educators; a family history of suicide; use of alcohol in the family; changes in living conditions leading to instability; pressure from family and community to perform academically; being bullied by peers; abuse;
  - Personal factors such as feelings of isolation; hopelessness; feeling of worthlessness; being hurt or in trouble; use of drugs and alcohol; patterns and potential psychopathology leading to depression; inability to deal with life situations;

Participants were not asked about the causes; they volunteered this information while elaborating on the strategies proposed.

- Strategies to increase social support (*cf.* 5.3) included community resources, parents and family members and teachers. The following suggestions were put forward: Community centres that can afford recreation facilities so that learners can be involved in sport, and to showcase talents. Learners to engage in sports activities to refrain from being involved in drugs. Community centres to also provide opportunities for learners to share problems with health professionals, counselling them. The proposal was that learners should be provided with transport by the Department of Education from schools to the centres and taken back to their homes. In these centres coaches can offer life lessons in order to build learners' self-esteem and team work. Educational activities such as presenting extra classes can be provided in community centres. Youth need to be encouraged by parents in order for them to disclose their problems. Teachers also have a role to play in teaching learners on how to prevent aspects such as HIV/AIDS, TB and

teenage pregnancy. They can help learners, provide counselling and be aware of their socio– background. Teachers are also expected to work as gatekeepers who will be well trained in order to know how to identify warning signs and procedures to be followed for referral of learners with mental illness. Learners should be encouraged to do their school work, and given advice on their academic work. Academic failure should be addressed by educators during cluster meetings and they should ensure that learners get extra classes to cover or revise work done during tuition time. Social workers, psychologists and socio-pedagogues have to visit schools to address learners with problems pertaining to suicide and work in collaboration with teachers. Teachers, learners and parents/family members have to act as gatekeepers and peer support provided.

- Proposed strategies that were faith-based (*cf.* 5.4) included having religious instruction as a subject brought back and being taught to enhance faith in God, which was regarded as a buffer against suicidal behaviour. Learners should be encouraged to attend church for spiritual healing and be supported by church leaders.
- The suggested strategies to reduce stress (*cf.* 5.5) encompassed having sports facilities in schools to afford learners time to exercise and play sports to relax their minds and refrain from suicidal behaviour. Talks and debates can be held to allow them to open up and share their experiences. Arts and culture as subjects should be taught and learners trained how to play musical instruments and do music at schools.
- Strategies for awareness and education (*cf.* 5.6) pertained to school nurses who will visit schools to render services, or promote awareness on issues such as teenage pregnancy, how to protect themselves from getting pregnant; providing a platform and a conducive environment for

free expression of views and communication; and being taught about suicide.

- Experiences of suicide (*cf.* 5.7)

#### **6.4 FINDINGS FROM LITERATURE**

Chapter 2 revealed that youth who are suicidal:

- Often come from families where there was the death of a parent during their childhood (*cf.* 2.6.1); have a family history of suicidal behaviour (*cf.*2.6.4); experienced attempted or completed suicide of a close relative, parental suicide attempts may be the most significant form of exposure (*cf.* 2.6.4); often has a high rate of suicidal behaviour in their families (*cf.*2.6.4); have feelings of being rejected or being unloved (*cf.* 2.6.2); are in broken homes where there is parental divorce and marital discord (*cf.*2.6.2) with intensity and frequency of conflict as predictors (*cf.* 2.6.2); have neglectful, rejecting and or psychiatrically ill parent, they then harbour feelings of being unworthy of parental care (*cf.* 2.6.2); lack communication with family members with family communication style (*cf.* 2.6.2); have family members who abuse drugs and alcohol and criminal behaviour (*cf.*2.6.5); are from socially and economically disadvantaged homes with low educational levels and long-term unemployment (*cf.* 2.6.6); had been sexually abused and have a low self-esteem (*cf.* 2.6.7); experienced peer- driven violent behaviour, bullying, extortion, or coercion to use alcohol or drugs (*cf.* 2.6); are pressurised by increased competitiveness in education and rising expectations to perform well at school (*cf.* 2.6).

- are pre-occupied with the reason for the suicide, feelings and thoughts of blaming themselves for suicide of significant others (*cf.* 2.6); have feelings of being isolated and humiliated (*cf.* 2.6) and are angry, guilty and depressed (*cf.* 2.4.1.3); wish to alter an intolerable situation and relieve

painful feelings, wish to join a dead relative or a friend to lessen isolation and provide comfort, wish to retaliate and wish to gain affection and sympathy (*cf.* 2.4.5.2) hoping that death will bring about a positive change from which they will benefit (*cf.* 2.4.5.2); have feelings of hopelessness and despair (*cf.* 2.4.1.1); and both bullies and victims of bullying (*cf.* 2.7) are at a higher risk; and are bullied feel worthless, hopeless and depressed (*cf.* 2.7) lack problem solving, reasoning and decision making skills (*cf.* 2.4.2.1).

Warning signs in youth who are suicidal may include:

- planning suicide (*cf.* 2.2.4); excessive self-criticism (*cf.* 2.2.4); changes in personality (*cf.* 2.2.4); loss of interest in appearance (*cf.* 2.2.4); risk-taking behaviour (*cf.* 2.2.4), excessive feelings of guilt, self-blame and failure (*cf.* 2.2.4); suddenly feeling better after depression (*cf.* 2.2.4); writing poems, essays about death, text messages or painting images of death (*cf.* 2.2.4); threatening and looking for ways to hurt or kill themselves, seeking access to pills, weapons, or other means (*cf.* 2.2.4) and withdrawing from friends, family or society (*cf.* 2.2.4).

The findings from Chapter 3 were based on the intervention programmes that youth can access in South Africa. These findings indicated the following:

- Few policies that are meant to curb mental ill-health have been developed and implemented over the years (*cf.* 3.2.1.2); in the absence of a national policy, some provinces developed provincial mental health policies using the Mental Health Care Act (No 17 of 2002) as a guide, the National Mental Health Policy Framework and Strategic Plan (2013-2020) was later developed and adopted in 2012 (*cf.* 3.2.1.2); the situation led to a lack of a separate strategic plan for mental health in eight provinces in South Africa except for KwaZulu-Natal (*cf.* 3.2.1.2); mental health plans were integrated

with the general health plan for the provinces and that there has not been a strategic focus in dealing with mental health issues (*cf.* 3.2.1.2); the controlling of the environment to decrease the incidence of suicidal behaviour (*cf.* 3.2.1.4) is not effective; taking control of the environment means reducing the availability of and access to means of suicide through gun possession control and toxic substances and toning down media reports on suicide (*cf.* 3.2.1.4); measures to increase knowledge of mental illness are not successful due to lack of focus and funding (*cf.* 3.2.1.3); general health and emergency services staff have minimal mental health training (*cf.* 3.2.2.1); early treatment with psychotherapy and medication can stop the symptoms of depression (*cf.* 3.2.2.1.1); mental disorders may recur (*cf.* 3.2.2.1.1); most youth will show improved mental health and marked improvements in their attitudes and behaviours (*cf.* 3.2.2.1.1) even if only once in treatment; mental health services are often the best placed services for youth (*cf.* 3.2.2.1.2); young people are typically avoidant of health services and mental health services because of shame, stigma and fear (*cf.* 3.2.2.1.2); reliance on parents for transport, lack of awareness of services, and fear of cost of services provide barriers to accessing mental health services (*cf.* 3.2.2.1.2).

- The majority of community-based suicide prevention strategies are aimed at either reducing risk factors for suicide (*cf.* 3.3) by focussing on education and awareness; or screening to identify potential suicidal people for referral and treatment (*cf.* 3.4); NGOs make use of media platforms and internet to target millions of people in South Africa (*cf.* 3.3.1.1 and 3.3.1.2) including youth. Most of these programmes have not been evaluated for effectiveness. Crisis support in the form of drop-in centres and lifelines is provided 24 hours per day (*cf.* 3.3.2.1); social networking sites can facilitate social connections among peers with similar experiences and increase awareness of prevention programmes (*cf.* 3.3.1.1); social media sites allow interacting and sharing of relevant

Information, stories and events in local areas (*cf.* 3.3.1.1); public awareness campaigns are a significant component of community-based suicide prevention efforts (*cf.* 3.3.1.2).

- At schools the policy that focuses on mental health is the Integrated School Health Policy (*cf.* 3.4.1); there are challenges in the implementation of this policy (*cf.* 3.4.1); other policies that focus specifically on anti-bullying measures, drug control and school safety increase safety and reduce psychological distress and suicide (*cf.* 3.4.1.1, 3.4.1.2 and 3.4.1.3); a well-designed code of conduct for learners and staff is crucial in the management of safety and security (*cf.* 3.4.1.3); some principals do not implement policies to manage disciplinary problems (*cf.* 3.4.1.3); creating a safe and peaceful school environment is the responsibility of the SGB together with the management of schools (*cf.* 3.4.1.2); curriculum-based programmes include teaching and involvement of learners in physical education and activity, art and culture and development of self in the society (*cf.* 3.4.1.4); there are no topics specifically on suicide in the curriculum (*cf.* 3.4.1).

- It is important to involve all stakeholders in the implementation of interventions (*cf.* 3.6); there is a need for teachers, parents and learners to be trained as gatekeepers (*cf.* 3.6.1.1; 3.6.2.1 and 3.6.3.1); training might cover the identification of warning signs, appropriate responses, referral, and sources of guidance for staff and learners, and might involve some of the community and voluntary organizations that have expertise in these areas (*cf.* 3.6.1.2); training should be conducted by mental health experts such as social workers, psychologists and socio-pedagogues (*cf.* 3.6.1.2).

## **6.5 FINDINGS FROM EMPIRICAL RESEARCH**

### **6.5.1 Findings in relation to the aim and objectives**

The aim of this research was to determine learners' views on how suicide can be prevented among youth at risk in the Northern Free State schools.

### To determine the essence of suicide

- Suicidal behaviour involves a degree of severity that can range from a person wishing himself or herself dead to actually killing him- or herself (*cf.* 2.2); it can encompass an unambiguous act of self-mutilating and self-demise acts ranging from lethal attempts, with high intent to die to non-lethal attempts, with low or no intent to die (*cf.* 2.2); both these types include suicide ideation, encompassing: thinking about it, engaging in it, writing or talking about it, or planning it (*cf.* 2.2); suicide never occurs in a state of sanity (*cf.* 2.2.1); egoistic suicide is a result of weakening of society's control over individuals and groups and reduced immunity against the collective suicidal inclination (*cf.* 2.2.1); altruistic suicide refers to people over whom society has too strict a hold and who have too little individualism (*cf.* 2.2.1); anomic suicide occurs when society fails to control and regulate the behaviour of an individual which results in disturbances of the collective or organization, thereby reducing the individual's immunity against suicidal tendencies (*cf.* 2.2.4).
- Suicidal behaviour is prompted by acute social conflicts, socio-economic deprivation, chronic illness, family, personal and peer problems, academic failure and mental illness (*cf.* 2.2.1).
- The onset of suicide ideations starts as early as 8 or 9 years of age (*cf.* 2.4.1); suicide behaviour is a process and suicidal ideation forms part of its evolution (*cf.* 2.4.1); the average age of those who commit suicide in South Africa is 25 years (*cf.* 2.3); more males complete suicide than females (*cf.* 2.2).
- Suicide warning is the earliest detectable heightened risk for suicide (*cf.* 2.2.4); warning signs suggest that a person increased his or her probability of suicidal crisis (*cf.* 2.2.4).

## To examine factors that put youth at risk of suicide

- Youth are characterized by a preference to be less reliant on parental advice (*cf.* 2.4.2.2); they become rebellious in an attempt to be autonomous from parental authoritative control (*cf.* 2.4.2.2); teenagers who find it difficult to submit to authoritative parental control are more prone to seek alternative means of expressing themselves and suicide becomes one such option (*cf.* 2.4.2.2); fatal and non-fatal suicide attempts among youth are associated with elevated rates of substance abuse such as *inter alia* alcohol abuse, marijuana, cocaine, methamphetamine, phencyclidine and liquid crystal display and smoking (*cf.* 2.4.2.2); substance abuse worsens mood, impulsivity, aggression and other behavioural factors that predispose them to suicide (*cf.* 2.4.2.2).
- Youth encounter emotional ups and downs due to school, parents and friends (*cf.* 2.4); they become particularly vulnerable as they respond to challenges of their developmental stage (*cf.* 2.4); being overwhelmed by tension can easily lead to a sense of despair, affective, conduct and substance use disorders (*cf.* 2.4.1); may have multiple psychiatric disorders (*cf.* 2.4.1) including feelings of depression, loneliness, emptiness and hopelessness, mood disorders, aggression and impulsivity, stress, negative self-concept and isolation (*cf.* 2.4.1), anxiety disorders, disruptive behaviour associated with attention deficit or hyperactivity disorder, conduct disorder, and oppositional disorder (*cf.* 2.4.1); their inability to verbalize their emotional experiences (*cf.* 2.4.1.2) may lead to anti social behaviours and inability to handle problems with relationships; a large majority of youth who experience stressful life events do not become suicidal (*cf.* 2.4.1.4); the normal feelings of sadness, grief or humiliation that result from upsetting life experiences can precipitate depression, anxiety or another mental disorder (*cf.* 2.4.1.4);

inappropriate problem-solving, inability to express their psychological anguish, poor personal skills (*cf.* 2.4.2.1);

- Youth are exposed to copycat suicide (*cf.* 2.4.4); inappropriate media reports about suicide (*cf.* 2.4.4) and lack of knowledge about suicide and mental illness.
- Coming from families where there was the death of a parent during their childhood, loss of an important person, a family member or a friend (*cf.* 2.4.5.1); a broken home in childhood (*cf.* 2.4.5.2); growing up with unhappy memories (*cf.* 2.4.5.2); lack of communication with family members and parental relationships (*cf.* 2.4.5.3); parental psychopathology and a family history of suicidal behaviour (*cf.* 2.4.5.3).

**To understand the national strategies in place in South Africa  
regarding mental health among youth**

- There is a National Injury Mortality Surveillance System (NIMSS) which is the only source of continuous epidemiological information on suicide mortality in South Africa (*cf.* 3.2.1.1), this system does not cover all the provinces.
- A mental health policy was adopted in 2012; the National Mental Health Policy Framework and Strategic Plan (2013-2020), previously there was no officially endorsed national mental health policy for South Africa (*cf.* 3.2.1.2);
- There are mental hospitals and clinics and there is inconsistency with regard to resource allocation and data collection and a lack of standardization of the training in public health (*cf.* 3.2.1.2); very few general health facilities provide services exclusively for children and adolescents (*cf.* 3.2.2.1.1); mental health services in South Africa are chronically under-resourced (*cf.* 3.2.2.1.1);

- There have been some restriction on gun ownership and access to drugs and alcohol (*cf.* 3.2.1.4); these efforts are frustrated by non-adherence to policies (*cf.* 3.2.1.4).

### **To understand prevention programmes that are in place in schools**

- the policies that focus on improving mental health in schools include the Integrated School Health Policy (2012), drug policy (*cf.* 3.4.1.2), school safety policy (*cf.* 3.4.1.3), anti bullying policy (*cf.* 3.4.1.1) and the CAPS (*cf.* 3.4.1.4)
- the policies are meant to guide the implementation of the school health services (*cf.* 3.4.1) in the form of screening and referral; health education and promotion (*cf.* 3.4.1) provided by school nurses and teachers (Life Orientation) drug and alcohol control (*cf.* 3.4.1.2); school safety and security measures (*cf.* 3.4.1.3); anti bullying programmes (*cf.* 3.4.1.1); and school counselling services by social workers (*cf.* 3.5.2).

### **To determine the experiences of youth at risk regarding suicide behaviour**

Participants indicated the following regarding their experiences:

- Participants have experienced suicides in every area of their lives; at school with peers, at their homes with family members and close relatives and in their communities with peers and older people. Their experiences indicate that they are affected and at a higher risk of suicide behaviour due to their exposure to these incidences (*cf.* 5.7).
- Some participants have attempted suicide and had thought of taking their own lives. Different reasons were given for this behaviour but the failure to perform academically was the top of the list (*cf.* 5.7).
- Participants had experiences of attempted and completed suicides by their peers and friends. They also mention attempted and completed suicides

by members of their families and close relatives. These participants had family history of suicide behaviour (*cf.* 5.7).

- In these experiences a few methods used in attempts or completed suicides were mentioned. All the methods mentioned are inexpensive and accessible to community members (*cf.* 5.7).

### **To determine the views of youth at risk regarding suicide prevention**

In chapter 5 five themes were presented from the data obtained from the participants. Only four of these themes pertain to the views of youth on suicide prevention, namely:

- **On strategies to increase social support** (*cf.* 5.3) participants proposed community support; parents and family support; and support from teachers, schools and peers. Participants suggested the involvement of community members, parents and religious leaders, psychologists, social workers, peers and teachers. Community centres to provide: resources for recreational activities including sport and study; health professionals for counselling services and offering of life lessons to enhance self- concept and teamwork.

They need to be encouraged by parents in order for them to talk about their problems openly, supported and having parents as gatekeepers. Teachers have to teach learners about suicide and teenage pregnancy. They can help learners, provide counselling and be aware of their socio- background. Teachers are also expected to work as gatekeepers to identify warning signs and procedures to be followed for referral of learners with mental illness. Learners should be encouraged to do their school work, and given advice on their academic work. Academic failure should be addressed by educators during cluster meetings and they

should ensure that learners get extra classes to cover or revise work done during tuition time. Learners have to be equipped with skills.

Social workers, psychologists, nurses and socio-pedagogues have to visit schools to address learners with problems pertaining to suicide and work in collaboration with teachers.

Learners have to act as gatekeepers and support each other.

- **On strategies to increase faith** (*cf.* 5.4) religion can be used as a resource that can be utilised to reduce suicide by bringing it back to school as a subject to be taught. Learners should be encouraged to attend church for spiritual healing and be supported by church leaders.
- **On the strategies to reduce stress** (*cf.* 5.5) having sports facilities in schools to afford learners time to exercise and play to relax and refrain from suicidal behaviour. Talks and debates can be held to allow them to open up and share their experiences. Arts and culture should be taught and learners trained on how to play musical instruments and do music at schools.
- **On strategies for awareness and education** (*cf.* 5.6) involvement of all stakeholders such as nurses to offer education on teenage pregnancy, psychologist, social worker and socio-pedagogue to provide counselling, to provide information about suicide to mental illness and suicidal behaviour. The role players have to promote awareness thereby providing a platform for communication about health issues and a conducive environment for free expression of views.

The comprehensive strategies that were proposed by participants consisted of multiple interventions were used to develop the ecological framework below:

## **6.6 A FRAMEWORK FOR PRACTICAL IMPLEMENTATION OF FINDINGS**

The framework proposed in this research is developed as a plan of action designed to achieve a long-term or overall aim to reduce suicide among youth at schools. It is used as a process to approach the problem of suicide. This

structure is based on the human ecological approach, namely that there are several factors that interact in a child's development, including biological, psychological, social and cultural forces. Youth are a product of the communities in which they live; this was revealed in their views about strategies for dealing with suicide. As this was an exploratory study the proposals that included all systems that can be pulled together to combat suicide forwarded by participants were not anticipated. Thus, verifying that qualitative research is an emergent design.

The predictors of suicide as identified by participants will be presented first, and then the interventions suggested will be offered. The first level below the learner is directly and immediately impacted by family members, teachers and peers.

### **6.6.1 Micro-level predictor**

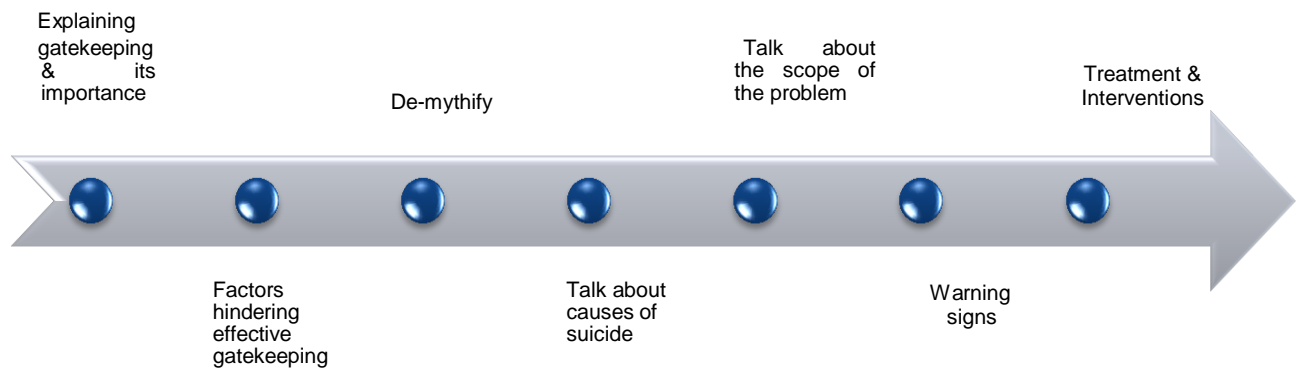
The psychological characteristics identified by youth included low self-concept, feelings of worthlessness, being devalued, loneliness, feelings of not being loved, depression, alcohol and drug use, stress and feelings of not being good enough (*cf.* table 5.1). Some participants had attempted suicide.

#### **6.6.1.1 Micro-level intervention**

There is a need for the training of parents, teachers and learners to identify risk factors for suicide. If these signs are identified early and referrals are made promptly, learners' lives could be saved. Gate keeping would be enhanced by the ability of the learners, teachers and parents to assess and see the signs and know how to respond and intervene. There is therefore a need for training of gatekeepers who could be parents of learners in the school, teachers, youth and other members of the community who have an interest in preventing suicide.

Gatekeeper training sessions should be basic but with relevant information to help youth who display suicidal behaviour. A preliminary assessment of risk could be done by qualified psychologists to determine the extent of the problem. The gate keeping training could follow the procedure illustrated in the figure below.

**Figure 6.2: Gatekeeper training process**



First and foremost, participants in the training workshop should understand what gate keeping is, therefore this phenomenon will have to be clarified. It should be emphasised that gatekeepers are not health professionals but their main focus is on observing signs and raising alarm when risk factors are detected. A discussion about the factors hindering effective gate keeping should be held around aspects of diffusion of responsibility. This is where parents shift the responsibility to teachers and vice versa. Talks about myths and cultural factors that prevent youth from getting medical treatment are also important.

Regarding referrals, accurate and current information about the school, community and provincial resources of help should be provided to participants of the workshop. An understanding of the school suicide prevention protocols and school-based policy for suicide prevention should be made known to parents. A list of centres that can be approached in the Free State province is indicated in the table below

<b>Institution</b>	<b>Where</b>	<b>Contact Numbers</b>	<b>Referral or Drop-in</b>
Free State psychiatric complex	Bloemfontein	0514079260/389	Referral
Bloemcare psychiatric clinic/hospital (private)	Bloemfontein	0514462311	Referral
SANCA Aurora	Bloemfontein	514474111	Drop-in
SANCA Goldfields Welkom	Welkom	0573525444	Drop-in
Loveline	Bloemfontein	0514484154	Drop-in
Lifeline Free State	Bloemfontein	051 3572746	Toll free

**Table 6.2: List of centres for support**

My second recommendation is that of participation in sports and physical activity to assist in boosting the tattered self-concept or image of youth. Involvement in sports may help affected youth to acquire the necessary skills to pursue particular goals found within a specified environment in which the learners reside. Participation in a supervised constructive activity will limit the time available for less constructive activities that youth usually engage in. It will also safeguard against boredom and isolation.

Schools should create opportunities for various sporting codes in its extra-curriculum programme so as to enable the learners to have a broader choice. The various codes should satisfy the aspirations, values and cultural needs of learners. There are soccer and netball fields at most schools in South Africa. The problem is that these facilities accommodate very few learners as the focus is on

competition rather than participation. The suggestion in the research is that all learners within the school should participate in at least one sporting code in a year and not a single learner should be left out.

Inter-house competitions must be brought back to schools to create a culture of sport. This can be done by drawing up a programme, then electing team managers for different teams, which will be identified by different colours. All learners take part according to their different age group selection, using different sporting codes. Learners should be allowed to choose in which sporting codes they want to participate. On a day set aside for these activities learners who participate can be rewarded with certificates or medals. In the third term, when learners have to do cross-country, the same procedure can be followed. The benefit of being involved in such activities is that learners develop and adopt habits of fair play, ethical behaviour, honesty and respect for authority when engaged in sport.

In order to get the buy-in of the community, all parents of learners in the school can be invited to receive medals together with their children. This will serve to motivate learners and also draw the attention of the parent to his or her child's activities in school. Talent will be identified from participation at school; as there are learners who are good in sport but perform bad academically, they get the opportunity to shine and be praised.

Teaching about physical education is good as learners have to be taught about the rules and regulations to be applied during the physical and practical activities. Being physically active is even more beneficial. In order to maintain this, the school should intensify the control and monitoring and verify implementation of physical activity in Life Orientation. The schools should also make sure that the Head of Department of Life Orientation is not only a subject specialist but also have invested interest in this subject.

Each Life Orientation educator must have his or her personal time-table besides the school's time-table. The suggested personal time-table is presented in the table below.

**Table: 6.2 Personal time tablet (Teacher A)**

<b>TIME</b>	<b>MON</b>	<b>WED</b>	<b>FRI</b>
<b>09h00-9h30</b>	LO GR 7c theory SELF IMAGE personality believes interests	LO GR7C theory IDENTIFICATION PERSONAL QUALITIES What are learners' interests? What learners are good at? What is	
<b>09H00-10H00</b>		LO GR 7C theory about one self	
<b>12H45-13H15</b>			L.OGR 7C Practical Physical education Warm up 10min Educator demonstrate 5 minutes Walking for

The school should compile a roster of all the physical education assessments and indicate a breakdown of the activities to be done in each of the periods. The Head of Department should regularly control and monitor that educators are adhering to the personal time-tables as per content focus. The roster suggested will make it easy for the teacher to follow and for the Head of the Department to

monitor. According to the Department of Education policy document (CAPS), the theory is allocated more time than the practical, for example theory is taught three periods per week per class, whereas physical activity is offered once per week per class. I suggest that an equal number of periods be allocated for theory and practice in a week.

The assessment tool suggested in this research focuses mainly on participation of all learners in all physical activities, which should be monitored by the HOD. The table below shows an assessment tool developed to assess learner participation in physical activities.

**Table 6.3 PHYSICAL EDUCATION ASSESSMENT TOOL**

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_ TERM: \_\_\_\_\_ YEAR \_\_\_\_\_

NO	TERM	1 Frequency of participation PE periods per term(P1=periods)										Skills development					
		DATE										Total Number learner particip ated	Leadership skills	Communication skills	Movement skills	Confidence	
Learners' names	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10							

In this assessment table all learners will be allocated marks for participation to encourage more involvement in physical activities. This assessment tool does not allow for allocation of more marks to more skilled learners as this would encourage competition and create problems for those less skilled. Control and monitoring will be done to ensure that all learners in a class participate. The educator in charge must make sure that safety of learners while participating is

taken care of. The teacher must also give learners who are absent a chance to participate when present at school.

The third recommendation is about giving accurate and relevant information about suicide and depression. It is the duty of the school to educate the learners and community members in its vicinity. With regards to suicide: knowledge is power. Even if suicide is not a topic in the LO curriculum, school nurses and social workers should provide life skills teaching with co-curricular activities. An information booklet proposed in this research may be distributed to learners during health promotion sessions; the booklet is attached.

The next level is about interactions between the micro-systems, namely, teachers, parents and peers. These relationships have implications for the youth's mental health.

### **6.6.2 Meso-system level predictors**

Several family factors were identified as suicide risk factors for youth, including pressure from parents as a result of poor academic performance, neglect, feeling ignored by parents, abuse, family history of suicide, broken families, parental alcohol use, high parental expectations and ineffective family communication.

Participants also offered the following risk factors experienced through peers and teachers: academic failure, being bullied, high expectations of parents, teachers and community members, peer pressure.

#### **6.6.2.1 Meso-system level intervention**

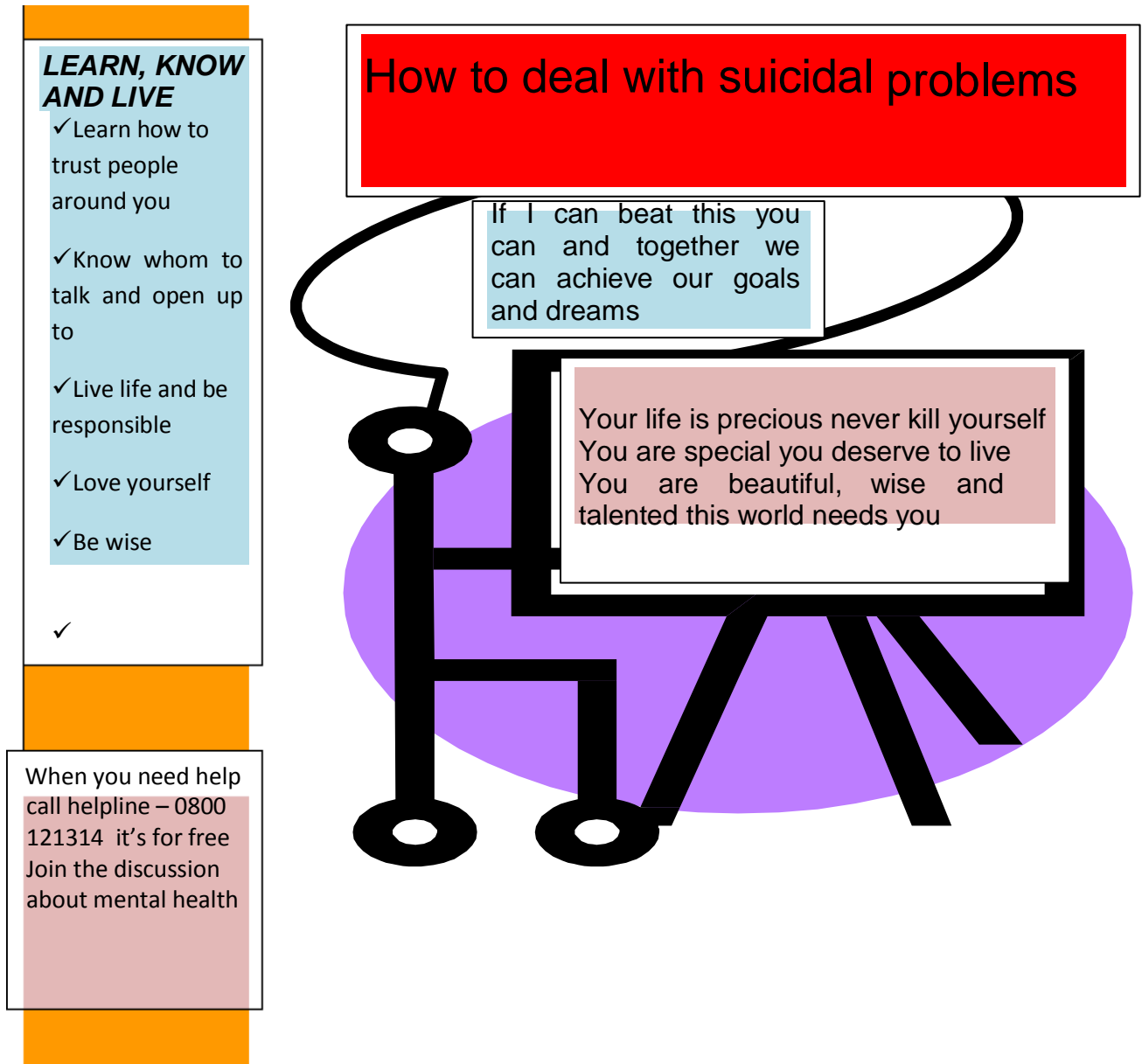
Participants suggested a happy family with both parents that are supportive; an open and two-way type of communication; parental understanding; a strong

family structure that is supportive of its children; children to be cared for, raised and disciplined by parents or adults. Families are to act as gatekeepers, being able to identify warning signs and to know the procedures to follow. Teachers are to create an environment for open communication and also act as gatekeepers.

In order to accommodate parents, learners and teachers in programmes, schools can be used as centres for such interventions. Life Orientation teachers' knowledge of implementing programmes that involve parents is limited. A need therefore exists for different professionals or specialists such as psychologists, socio-pedagogues, social workers and learning support advisers who can visit schools at least four times a year. These specialists do visit schools in the Northern Free State but they do so once or twice in a year due to the number of schools allocated to them. The problem with this system is that these professionals only attend to learners that have been identified by teachers as in need of support. In that case the support that is rendered is indicated. This means that all other learners who might be at moderate risk do not benefit from these services. Thus, there should be days at least once a term, or due to a matter of urgency once per month, where these professionals focus on group counselling of learners, education and awareness. Feedback and recommendations from their findings should be rendered to the principal and relevant teachers at least once a month after observation for further support. Referral system should also be implemented.

My second recommendation to address this problem is that schools should raise awareness by distributing pamphlets and displaying banners to enhance promotion of mental health in schools. The pamphlets can be distributed at schools during mental health awareness days. As indicated earlier, the awareness days should take place in collaboration with the psychologists and socio-pedagogues allocated for that particular school. A suggested pamphlet is presented below.

**Insert Figure 6.3: Pamphlet**



Pamphlets should be distributed to each and every learner in class and during awareness days. At assembly once a month one of the learners should be allowed to read a part she or he understands in the pamphlet and talk about it to other learners. Learners should not be coerced to participate but this should be voluntary. This should not be an event but a process. The world mental health

month celebrated in October each year should also be celebrated at schools to raise awareness. Schools should also schedule other awareness days during the year.

Banners at school should be displayed on the notice board in the staff room, notices be affixed at each and every class block, on the bulletin boards inside each and every class room in an A3 size in order to be clearly visible. It should be printed in different colours to attract all the learners' attention. A big banner should be placed at the entrance where it will be visible to all stakeholders and members of the community who visit the school. This banner does not only serve the learners in the schools but also community members.

**Figure 6.4: Banner**



The next system pertains to links between a social setting in which the learner does not have an active role.

### **6.6.3 Exo-system level predictors**

Lack of recreational centres; youth centres in the community; sport facilities; unavailability of mental health policies and services; and health services provided by school nurses

#### **6.6.3.1 Exo-system level interventions**

Interventions include: Availability of community centres, recreational activities, counselling and professional help, availability and accessibility of mental health services.

The first solution offered is that of an education system that must change to accommodate mental health interventions in its programmes. For instance, youth camps are conducted for all matriculants only in the Northern Free State. These camps are especially for underperforming schools in order to address academic needs only and are conducted outside or away from where learners live. They are held during school holidays to have control of the learners without disturbance. Each and every learner organizes blankets, toiletries, especially soap to wash their clothes, and textbooks and exercise books. The committee of academic supervisors consisting of five members (volunteering parents) accompanies learners for supervision without any remuneration from the Department. Teachers teach according to the prescribed time-table, also without been remunerated. Learners are taught different subjects from 8:00 to 20:00, but in between there are breaks and breakfast, lunch and supper are served. This system does not address other barriers to learning that might have contributed to poor performance of a learner such as stress, lack of skills, inability to focus, being pre-occupied with suicidal thoughts and others.

These camps should therefore also accommodate other activities for skills development, and not only focus on learners' academic performance. All these activities should have equal time allocated. Because all learners do not perform well academically, such activities will boost self-esteem and prepare them for a brighter future. It should also accommodate all learners despite of their performance in class. The schools should organize their own camps through fund-raising to accommodate all learners in grade 12.

The youth camps should be for learners showing moderate risk of suicide. They should be staffed with qualified psychologists, social workers and nurses. As learners can be abused and bullied in such environments; small groups are suggested which would be under strict supervision of teachers and parents. A workshop programme should have been assessed by field specialists before being implemented. There is no programme suggested in this plan as this aspect is beyond my field of specialisation.

The second recommendation is related to external stakeholders that have to play a role in safeguarding health programmes in schools. I suggest that the Integrated School Health Policy be implemented, each school having a sufficient number of school nurses. The focus of the school nurses should not only be on screening for health but also on promotion of health in general. The assessment of learners should be done twice in a phase instead of just once as stipulated in the policy.

The next level pertains to the cultural context in which individuals live.

#### **6.6.4 Macro-system level predictors**

The macro-system is about over-arching beliefs and values. Participants indicated the following as problems: lack of support from religious bodies in the community; non-adherence to faith as a resource and inability to rely on God

#### **6.6.4.1 Macro-system level interventions**

Participants suggested bringing back Bible study, and creating a school environment that is conducive to talking openly about suicide.

I recommend that the Department of Education should revise its National Policy on Religion Education to accommodate learners who want to take religious instruction as a subject. This subject should not be compulsory as was the case previously but should also allow others to learn about adherence to their respective beliefs. It should be implemented to cater for learners' spiritual development, in order to help them use their faith as a resource. The spiritual development of the learner is crucial in addressing his or her religious aspect of life.

A positive school climate can exist when all learners feel comfortable, wanted, valued, accepted and secure in an environment where they can interact with caring teachers they trust. A positive school environment affects everyone associated with the school: teachers, parents and the entire community. I suggest two factors that should be taken into consideration when creating such an environment: specific factors and general factors.

Specific factors are about: respect where learners and staff have high self-esteem and are considerate of others; trust which is a sense that teachers can be counted on; high morale in learners and staff where they feel good about being at school; cohesiveness, including a sense of belonging; opportunities for input where learners are given a platform to contribute ideas and participate in suicide intervention programmes targeting them; renewal that encapsulates openness to change and improve; and a caring environment for learners with staff and others who are genuinely concerned about them and their wellbeing.

General factors are about: a focus on the LO curriculum, sport and recreational activities and mental health policies; process teaching and learning styles that accommodate learners with mild to moderate mental illnesses; problem-solving; open communication; resources; materials; and school facilities that can be used to enhance learners' mental health.

## **6.7 RECOMMENDATIONS FOR FURTHER RESEARCH**

Based on the aspects that this study unearthed, follow-up studies can be undertaken regarding the following:

- This study was conducted in five schools in the Northern Free State. Such research could be taken to other areas, especially to schools in affluent communities. It would be interesting to see the strategies they would come up with and the methods of suicide applicable to those schools.
- The role partnerships play in suicide interventions in schools.
- There is a need to examine other suicide interventions that would be suitable for learners at risk of suicide in schools in poor communities.

## **6.8 CONCLUSION**

This chapter elaborated on the findings of the literature review conducted on suicidal behaviour and its interventions, and empirical research done in five schools in the Northern Free State province. The study highlighted important findings, those that were expected and those that were not. The expected findings in the empirical research pertained to suggested interventions by the participants. The unexpected findings were about the risk factors that participants offered before proposing interventions. Other unexpected findings were about the methods used in committing or attempting suicide. All the methods mentioned were easily accessible in communities where the participants lived.

Some of the participants had attempted suicide once in their lives; this situation adds to other risk factors that were already present in their communities, thus putting participants in moderate to high risk of suicide.

## REFERENCES

- ACKERMAN, G.L. 1993. A congressional view of youth suicide. *American Psychologist*, 48:183-184.
- ADELMAN, H.S. & TAYLOR, L. 2006. Mental health in schools and public health. *Public Health Reports*, 121:294-298.
- ADÈR, H.J., GIDEON, J.M. & DAVID, J.H. 2008. Advising on research methods: a consultant's companion. The Netherlands: Van Kessel Publishing.
- ALI, M.M., DWYER, D.S. & RIZZO, J.A. 2011. The social contagion effect of suicidal behaviour in adolescents: does it really exist? *Journal of Mental Health Policy and Economics*, 14(1):3-12.
- ALONSO-BETANCOURT, O. 2012. Suicide: a global overview and focus on the South African situation. Mthatha, Eastern Cape: Mthatha Health Resource Centre. (Professorial Inaugural Lecture.)
- ALUJA, A & BLANCH, A. 2002. The children depression inventory as predictor of social and scholastic competence. *European Journal of Psychological Assessment*, 18:259-274.
- ANDRIESSEN, K., BEAUTRIAS, A., GRAD, O.T., BROCKMANN, E. & SIMKIN, S. 2007. Current understandings of suicide survivor issues: research, practice, and plans. (Report of the 1st International Suicide Postvention Seminar, September 8, 2006, Portoroz, Slovenia. US National library of Medicine National Institutes of Health. *Crisis*, 28(4):211-213)
- APTER, A., BURSZTEIN, C., BERTOLOTE, J.M., FLEISCHMAN, A. & WASSERMAN, D. 2009. Suicide on all the continents in the young. (In Wasserman, D. & Wasserman, C., eds. Oxford textbook of suicidology and

suicide prevention: a global perspective. Oxford: Oxford University Press. p. 63-69.)

ASELTINE, R.H. 2004. An evaluation of a school based suicide prevention program. *Adolescent Family Health*, 203(2):81-88.

ASELTINE, R.H., GORE, S. & COLTEN, M.E. 2002. Depression and the social developmental context of adolescence. *Journal Personality and Social Psychology*, 67(2):463-482.

ASELTINE, R.H., JAMES, A., SCHILLING, E.A. & GLANOVYSKY, J. 2007. Evaluating the SOS suicide prevention program: a replication and extension. *BMC Public Health*, 7(1):161.

ATKINS, M.S., HOAGWOOD, K E, KUTASH, K. & SEIDMAN, E. 2010. Administration Policy of Mental Health. Toward the Integration of Education and Mental Health in Schools. 37(1-2): 40–47.

AUSTRALIAN INSTITUTE OF FAMILY STUDIES. 2009. Mandatory reporting of child abuse and neglect <http://www.secasa.com.au/assets/Documents/mandatory-reporting-of-child-abuse-and-neglect.pdf>. Date of access: 18 March 2016.

AUSTRALIAN NATIONAL UNIVERSITY AND EREBUS INTERNATIONAL. 2008. `Scoping Study into Approaches to Student Wellbeing`. Literature Review Report to the Department of Education. Employment and Workplace Relations.

BABBIE, E. & MOUTON, J.J. 2001. The practice of social research. Oxford: Oxford University Press.

BABBIE, E. & MOUTON, J.J. 2007. The practice of social research. Cape Town: Oxford University Press.

BADEE, A.Z.M., BADEE, S.A., HELMY, N.F.S. & MORSY, D. 2011. Utilisation of orange peel in the production of  $\alpha$ -terpineol by *Penicillium digitatum* (NRRL 1202). *Food Chemistry*, 126(3):849-854.

BAGNOLI, A. 2009. Beyond the standard interview: the use of graphic elicitation and arts-based methods. *Qualitative Research*, 9(5):547-570.

BAH, S. 2004. Unnoticed decline in the number of unnatural deaths In South Africa. *South African Medical Journal*, 94:442-443.

BANTJIES, J. & VAN OMMEN, C. 2008. The development and utilisation of a suicide risk assessment interview schedule. *South African Journal of Psychology*, 38(2):391-411.

BARKER, P. & BARKER, P.B. 2000. The Tidal Model: psychiatric colonisation, recovery and the need for a paradigm shift in mental health care. <http://www.tidal-model.co.uk> Date of access: 15 December 2015.

BEAUTRAIS, A.L. 2000. Risk factors for suicide and attempted suicide among young people. *Australian and New Zealand Journal of Psychiatry*, 34(3):420-436.

BECH, P. & AWATA, S. 2009. Measurement of suicidal behaviour with psychometric scales. (In Wasserman, D. & Wasserman, C., eds. Oxford Textbook of suicidology and suicide prevention. Oxford: Oxford University Press. p. 305-311.)

BEER, T., ED. 2010. Geophysical hazards: minimizing risk, maximizing awareness. Dordrecht: Springer Science & Business Media.

BERG-CROSS, L. 2000. Basic concepts in family therapy: an introductory text. 2<sup>nd</sup> ed. New York: Psychology Press.

BERMAN, A.L. & JOBES, D.A. 1995. Suicide prevention in adolescents (age 12-18). *Suicide and Life-Threatening Behavior*, 25(1):143-154.

BERTOLOTE, J.M., FLEISCHMANN, A., DE LEO, D. & WASSERMAN, D. 2004. Psychiatric diagnoses and suicide: revisiting the evidence. *Crisis*, 25(4):147-155.

BERTOLOTE, J.M., FLEISCHMANN, A., DE LEO, D. & WASSERMAN, D. 2009. Suicidal thoughts, suicide plans and attempts in the general population on different continents. (In Wasserman, D. & Wasserman, C., eds. Oxford textbook of suicidology and suicide prevention: a global perspective. Oxford: Oxford University Press. p. 99-104.)

BERTOLOTE, J.M., MELLO-SANTOS, C.D. & BOTEAGA, N.J. 2010. Detecting suicide risk at psychiatric emergency services. *Revista Brasileira de Psiquiatria*, 32:S87-S95.

BEAUTRAIS, A.L., GIBB, S.J., FERGUSON, D.M., HORWOOD, L.J & LARKIN, G.L. 2009. Removing bridge barriers stimulates suicides: an unfortunate natural experiment. *Australian New Zealand Journal of Psychiatry*, 43(6):495-497.

BEUATRIS, A., FERGUSON, D., COGGAN, C., COLLINGS, C., DOUGHTY, C., ELLIS, P., MERRY, S., MULDER, R. & POULTON, R. 2007. Effective strategies for suicide prevention in New Zealand: a review of the evidence. *New Zealand Medical Journal*, 120(1251):67-121.

BHALLA, K., HARRISON, J.E., SHAHRAZ, S. & FINGERHUT, L.A. 2010. Availability and quality of cause-of-death data for estimating the global burden of injuries. *Bulletin of the World Health Organization*, 88(11):831-838c.

BIDDLE, L., DONOVAN, J., KAWTON, K., KAPUR, N. & GUNNEL, D. 2008. Suicide and the internet. *British Medical Journal*, 336(7648):800-802.

BISHOP, J.H., BISHOP, M. & GELBWASSER, L., GREEN, S., PETERSON, E., RUBINSZTAJ, A. & ZUCKERMAN, A. 2004. Why we harass nerds and freaks: a formal theory of student culture and norms. *Journal of School Health*, 74(7):252-261.

BOND, L.A. & HAUF, A.M.C. 2004. Taking stock and putting stock in primary prevention: characteristics of effective programs. *Journal of Primary Prevention* 24(3):199-221.

BOSTWICK, J.M. & PANKRATZ, V.S. 2000. Reviews and overviews affective disorders and suicide risk: a reexamination. *American Journal of Psychiatry*, 157(12):1925-1932.

BRADSHAW, M.C., RICHEL, R.A. & ANDERSON, I. 2003. The effect of acute tryptophan depletion on probabilistic choice. *Journal of Psychopharmacology*, 17(1):3-7.

BRENT, D.A. & MANN, J.J. 2005. Family genetic studies, suicide, and suicidal behavior. *American Journal of Medical Genetics*, 133(1):13-24.

BRENT, D.A., OQUENDO, M., BIRMAHER, B., GREENHILL, L., KOLKO, D., STANLEY, B., ZELAZNY, J., BRODSKY, B., BRIDGE, J., ELLIS, S., SALAZAR, O. & MANN, J. 2002. Familial pathways to early-onset suicide attempt risk for suicidal behavior in offspring of mood-disordered suicide attempters. *Archives of General Psychiatry*, 59(9):801-807.

BRONSTEIN, L.R., ANDERSON, E., TERWILIGER, S.H. & SAGER, K. 2012. Evaluating a model of school-based health and social services: interdisciplinary community-university collaboration. *Children and School*, 34(3):155-165.

BROWN, M.M. & GRUMET, J.G. 2009. School based suicide prevention with African American youth in an urban setting. *Research practice*, 40(2):111-117.

BROWN, S.A., MCGUE, M.M., MAGGS, J., HINGSON, R., SWARTZWELDER, S., MARTIN, C., CHUNG, T., TAPERT, S.F., SHER, K. & WINTERS, K.C. 2008. A developmental perspective on alcohol and youth 16 to 20 year of age. *Pediatrics*, 121:S290-S310.

BURROWS, S. 2005. Suicide mortality in the South African context: exploring the role of social status and environmental circumstances. Stockholm: Karolinska Institute.

BURROWS., S., BOWMAN., B., MATZOPOULOS, R. & VAN NIEKERK, A. EDS. 2001. A profile of fatal injuries in South Africa 2000. Second annual report of the National Injury Mortality Surveillance System (NIMSS). Tygerberg: MRC-UNISA Crime Violence and injury lead programme.

BURROWS, S. & LAFLAMME, L. 2005. Living circumstances of suicide mortality in a South African city: an ecological study of differences across race groups and sexes. *Suicide and Life-Threatening Behavior*, 35(5):592-603.

BURROWS, S. & LAFLAMME, L. 2006. Suicide mortality in South Africa: acity-level comparison across socio-demographic groups. *Social psychiatry and psychiatric epidemiology*, 41(2):108-114.

BURROWS, S. & LAFLAMME, L. 2007. Assessment of accuracy of suicide mortality surveillance data in South Africa: investigation in an urban setting. *Crisis*, 28(2):74-81.

BURROWS, S. & LAFLAMME, L. 2010. Socioeconomic disparities and attempted suicide: state of knowledge and implications for research and prevention. *International journal of injury control and safety promotion*, 17(1):23-40.

BURROWS, S. & SCHLEBUSCH, L. 2009. Suicide prevention in South Africa. (In Wasserman, D. & Wasserman, C., eds. Oxford textbook of suicidology and suicide prevention: a global perspective, Oxford: Oxford University Press. 755-757.)

BURROWS, S., VAEZ, M., BUTCHART, A. & LAFLAMME, L. 2003. The share of suicide in injury of deaths in the South African context: sociodemographic distribution. *Public Health*, 117(1):3-10.

BUSHMAN, B.J. & ANDERSON, C.A. 2001. Is it time to pull the plug on the hostile versus instrumental aggression dichotomy? *Psychology Review*, 108(1):273-279.

BUTCHART, A., PEDEN, M., MATZOPOULOS, R., PHILLIPS, R., BURROWS, S., BHAGWANDIN, N., SAAYMAN, G., COOPER, G. & BURROWS, S. 2001. The South African national non-natural mortality surveillance system: rationale, pilot results and evaluation. *South African Medical Journal*, 491(5):408-417.

CARNEY, T., MYERS, B.J., LOUW, J., LOMBARD, C. & FLISHER, A.J. 2013. The relationship between substance use and delinquency among high-school students in Cape Town, South Africa. *Journal of Adolescence*, 36(3):447-455.

CASH, S.J. & BRIDGE, J.A. 2009. Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21(5):613-619.

CASSIMJEE, M.H. & PILLAY, B.J. 2000. Suicidal behaviour in family practice: a pilot study. (In Schlebusch, L., ed. Suicidal behaviour 4. Proceedings of the Fourth Southern African Conference on Suicidology, Department of Medically Applied Psychology, Faculty of Medicine, University of Natal, Durban.)

CATALANA, J., HARDING, B.R., SIBLEY, C.E., CLUCAS, C., CROOME, N. & SHERR, C.L. 2012. HIV infection and mental health: suicidal behaviour systematic review. *Psychology, Health and Medicine*, 16(5):588-611.

CHAMBERS, D.A., PEARSON, J.L., LUBELL, K., BRANDON, S., O'BRIEN, K. & ZINN, J. 2005. The science of public messages for suicide prevention: a work shop summary. *Suicide and life Threatening Behavior*, 35(2):134-145

CHAUKE, T.M., VAN DER HEEVER, H. & HOQUE, M.E. 2015. Alcohol use amongst learners in rural high school in South Africa. *African Journal of Primary Health Care and Family Medicine*, 7(1):1-6.

CHENG, A.T.A., HAWTON, K., LEE, C.T.C. & CHEN, T.H.H. 2007. The influence of media reporting of the suicide of a celebrity on suicide rates: a population based study. *International Journal of Epidemiology*, 36(6):1229-1234.

CHEUNG, Y.B., LAW, C., CHAN, B., LIU, K.Y. & YIP, P.S.F. 2006. Suicidal ideation and suicidal attempts in a population-based study of Chinese people: risk attributable to hopelessness, depression, and social factors. *Journal of Affective Disorders*, 90(2):193-199.

CIFFONE, J. 2007. Suicide prevention: analysis and replication of a curriculum-based high school program. *Social Worker*, 52(1):41-49.

CLARK, L. 2004. South Africa suicide rate high and growing. *Sunday Tribune*, 30 May.

COHEN, L., MANION, L. & MORRISON K. 2007. Research methods in education. New Delhi: Routledge.

CREPEAU-HOBSON, M. & LEECH, N.L. 2014. The impact of exposure to peer suicidal self-directed violence on youth suicidal behavior: critical review of the literature. *Suicide and Life-Threatening Behavior*, 44(1):58-77.

CRESWELL, J.W. 2003. *Resign design: qualitative and quantitative mixed methods approaches*. 2nd ed. Thousand Oaks, California: Sage.

CRESWELL, J.W. 2005. *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. 2nd ed. Upper Saddle River, N.J.: Pearson.

CRESWELL, J.W. 2007. *Qualitative inquiry and research design*. 2nd ed. Thousand Oaks, California: Sage.

CRESWELL, J.W. 2009. *Research design: qualitative, quantitative, and mixed methods approaches*. 3rd ed. Thousand Oaks, California: Sage.

CRESWELL, J.W. 2012. *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. 4th ed. Boston, Mass.: Pearson.

CRESWELL, J.W. 2013. *Research design: qualitative, quantitative and mixed methods approaches*. 4<sup>th</sup> ed. Thousand Oaks, California: Sage.

CROSS, W., MATTHIEU., M.M., CEREL, J. & KNOX, K.L. 2007. Proximate outcomes of gatekeeper training for suicide prevention in the workplace. *Suicide and life-threatening behavior*, 37(6):659-670.

CROWLEY, P., KILROA, J. & BURKE, S. 2004. Youth Suicide Prevention. Health Development Agency on behalf of the UK and Ireland Public Health Evidence Group.

CUSIMANO, M.D. & SAMEEM, M. 2011. The effectiveness of middle and high school-based suicide prevention programmes for adolescents: systematic review. *Injury Prevention*, 17(1):43-49.

DAHLBERG, K.M., WAEN, M. & RUNESON, B. 2008. Mental health literacy and attitudes in a Swedish community sample: investigating the role of personal experience of mental health care. *BMC Public Health*, 8(1):1.

DAILY MAVERICK. 2015. Adolescent suicides: South Africa's preventable tragedy. 19 August.

DAVIDSON, L. & MARSHALL, M. 2003. School-based suicide prevention: a guide for the students, families, and communities they serve. New York: American Association of Suicidology.

DAVIDSON, M. & O'BOYLE, S. 2010. Improving access to primary health care services for people with serious mental illness demonstration project. Final project report. Melbourne: Inner South Community Health Service.

DARLING, L., KIM, H., ORCUTT, A.S & ROSSO, J. 2012. Introduction – How people learn. A Telecourse for Teacher Education and Professional Development. Stanford University School of Education

DAWE, S., GULLO, M. & LOXTON, N.J. 2004. Reward drive and rash impulsiveness as dimensions of impulsivity: implications for substance misuse. *Addictive Behaviours*, 29(7):1389-1406.

DEPARTMENT OF SOCIAL DEVELOPMENT 2013. *Comprehensive HIV and AIDS, TB and STI Strategy, 2013– 2016*. Pretoria: DSD.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. 2005. Research at grass root: for the social sciences and human service professions.. 3rd ed. Pretoria: Van Schaik Publishers.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L., *EDS.* 2011. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

DEMIRBAĞ, S., ELKİLİÇ, S., LALAN, Ö. & DOĞAN, Y.B. 2003. An examination of suicide probability in alcoholic in-patients. *Alcohol and Alcoholism*, 38(1):67-70.

DENNISON, C. & COLEMAN, J. 2000. Young people and gender: a review of research. London: Women's Unit, Cabinet Office.

DENZIN, N.K. & LINCOLN, Y.S. 2005. These sage handbook of qualitative research. Thousand Oaks, California.: Sage.

DOBSON, H. 2008. Suicide. (*In Matzopoulos, R., ed. A profile of fatal injuries in South Africa. Ninth Annual Report of the National Injury Mortality Surveillance.*)

DOUGHERTY, D.L., MATHIAS, C.W., MARSH, D.M., PAPAGEORGIOU, T.D., SWANN, A.C. & MOELLER, F.G. 2004. Laboratory measured behavioral impulsivity relates to suicide attempt history. *Suicide and Life-Threatening Behavior*, 34(4):374-385.

DRIESSNACK, M. 2005. Children's drawings as facilitators of communication: a meta-analysis. *Journal of Pediatric Nursing*, 20(6):416-423.

DRYDNE-EDWARDS, R. 2011. Suicide thoughts overview. *South African Journal of Forensic Medicine*, 10(3):153-157.

DU PLESSIS, M. & HLAISE, H. 2012. Homicide-suicide (dyadic death): a case study of double hanging. *American Journal of Forensic Medicine & Pathology*, 33(3):262-264.

DUNLOP, S.M., MORE, M. & ROMER, D. 2011. Where do youth learn about suicide on the internet, and what impact does this have on suicide ideation? *Journal for Children Psychology and Psychiatry*, 52(10):1073-1080.

DURKIN, L. & BURNS, J. 2008. Reach out! User profiling research report. Pymont, NSW.: Inspire Foundation.

DURLAK, J., WEISSBERG, R.P., DYMNICKI, A.B., TAYLOR, R.D. & SC ELLINGER, K.B. 2011. The impact of enhancing students' social and emotional learning: a meta-analysis of school based universal interventions. *Child Development*, 82(1):405-432.

DUSENBURY, L., BRANNIGAN, R., FALCO, M. & HANSEN, W.B. 2003. A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Education Research*, 18(2):237-256.

ECKERT, T.L., MILLER, D.N., DU PAUL, G.J. & RILEY-TILLMAN, T.C. 2003. Adolescent suicide prevention: school psychologists' acceptability of school-based programs. *School Psychology Review*, 32(1):57-76.

EDUCATION LABOUR RELATIONS COUNCIL (SOUTH AFRICA). 2003. Policy handbook for educators. Pretoria. Government Printer.

ELIASON, S. 2009. Murder-suicide: a review of the recent literature. *Journal of the American Psychiatry and the Law Online*, 37(3):371-376.

ELOFF, I., EBERSÖHN, L. & VILJOEN, J. 2007. Reconceptualising vulnerable children by acknowledging their assets. *African Journal of AIDS Research*, 6(1):79-86.

ENNEW, J. 2003. Difficult circumstances: some reflects on “street children” in Africa. *Children, Youth and Environment*, 13(1):128-146.

EPSTEIN, J.L. & SHELDON, S.B. 2006. Moving forward ideas for research in school, family, and community partnership. Thousand Oaks, California.: Sage.

ERNST, M. & PAULUS, M.P. 2005. Neurobiology of decision making: a selective review from a neurocognitive and clinical perspective. *Biological Psychiatry*, 58(8):597-604.

ESPOSITO, C.L. & CLUM, G.A. 2002. Social support and problem-solving as moderators of the relationship between childhood abuse and suicidality: applications to a delinquent population. *Journal of Traumatic Stress*, 15(2):137-146.

EVANS, N.J. & BROIDO, E.M. 1999. Coming out in college residence halls: negotiation, meaning making, challenges, and supports. *Journal of College Student Development*, 40(6):658-668.

EVARALL, R.D., BOSTIK, K.E. & PAULSON, B.L. 2005. I'm sick of being me: developmental themes in a suicidal adolescent. *Adolescence*, 40(160):693-708.

FALLOW, C.J. 2007. Working with transitional immigrants: explaining meanings of family, community, and culture. *Family Process*, 46 (2):157-171.

FERGUSON, D., BEATRIS, A.L. & HORWOOD, L.J. 2003. Vulnerability and resiliency to suicidal behaviour in young people. *Psychological Medicine*, 33(1):61-73.

FEZILE DABI DISTRICT MUNICIPALITY. 2012. Consolidated annual financial statements for the year ended 30 June 2012. Pretoria: Government Printer

FIALKO, L., FREEMAN, D., BEBBINGTON, P.E., KUIPERS, E., GARETY, P.A., DUNN, G. & FOWLER, D. 2006. Understanding suicidal ideation in psychosis: findings from the Psychological Prevention of Relapse in Psychosis (PRP) trial. *Acta Psychiatrica Scandinavica*, 114(3):177-186.

FLEISCHMANN, A., BERTOLETE, J., WASSERMAN, D., DE LEO, D., BOLHARI, J., BOTEGA, N., DE SILVA, D., PHILLIPS, M., VIJAYAKUMAR, L., VARNIK, A., SCHLEBUSCH L. & THANH H. 2008. Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bulletin of the World Health Organization*, 86(9):703-709.

FLISHER, A.J., WARD C.L., LIANG, H., ONYA, H., MLISA, N., TERBLANCHE, S., BHANA, A., PARRY, C.D & LOMBARD, C.J. 2006. Inquiry related behaviour among South African high school students at six sites. *South Africa Medical Journal*, 96(9):825-830.

FLOURI, E. 2005. *Fathering and child outcomes*. Oxford: Wiley.

FONTANA, A. & FREY, J. 2005. The interview: from neutral stance to political involvement. (In Denzin, N.K. & Lincoln, Y.S. *The Sage handbook of qualitative research*. 3rd ed. Thousand Oaks, Calif.: Sage. p. 695-727.)

FOSSEY, E., HARVEY, C., MCDERMOTT, F. & DAVIDSON, L. 2002. Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(6):717-732.

FOSTER, E.M. & CONNER, T. 2005. Public cost of better mental health services for children and adolescents. *Psychiatric Services*, 56(1):50-55.

FOX, C. & HAWTON, K. 2004. Deliberate self-harm in adolescence. London: J Kinsley.

FRANCK, L.S., SHEIKH, A. & OULTON, K. 2007. What helps when it hurts: children's views pain relief. *Child: Care, Health and Development*, 34(4):430-438.

FRIERSON, R.L., MELIKIAN, M. & WADMAN, P.C. 2002. Principles of suicide risk assessment: how to interview depressed patients and tailor treatment. *Postgraduate Medicine*, 112(3):65-71.

GALAIF, E., SUSSMAN, S., NEWCOMB, M. & LOCKE, T. 2007. Suicidality, depression, and alcohol use among adolescents: a review of empirical findings. *International Journal of Adolescent Medicine and Health*, 19(1):27-36.

GALL, M.D., GALL, J.P. & BORG, W.R. 2003. Educational research: an introduction. 7th ed. Boston, Mass.: Allyn & Bacon.

GARLAND, A.F. & ZIGLAR, E. 1993. Adolescent suicide prevention: current research and social policy implications. *American Psychology*, 48(2):169-182.

GAUNTLETT, D. 2004. Using new creative visual research methods to understand the place of popular media in people's lives. Porto Alegre, Brazil: International Association for Media and Communication Research (IAMCR).

GEORGE, A.A. 2005. The influence of psychosocial factors and resources on suicidal ideation of adolescents. Bloemfontein: University of the Free State. (Thesis - PhD.)

GHAFFARI, M., AHMADI, A., ABEDI, M.R., FATEHIZADE, M. & BAGHBAN, T. 2011. Impulsivity, substance abuse, and family/friends history of suicide

attempts in university students with and without suicidal ideation. *Iranian Journal of Psychiatry and Behavioral Sciences*, 5(2):99-105.

GLADWELL, M. 2000. *The tipping point: how little things can make a big difference*. Boston, Mass: Little, Brown.

GOLDSMITH, S.K., PELLAR, T.C., KLEINMAN, A.M. & BUNNEY, W.E. 2002. *Reducing suicide: a national imperative*. Washington, D.C.: National Academies Press.

GOLDSTON, D. 2004. Conceptual issues in understanding the relationship between suicidal behavior and substance abuse during adolescence. *Drug and Alcohol Dependence*, 76:S79-S91.

GOULD, M., GREENBERG, T., VELTING, D. & SHAFFER, D. 2013. Youth suicide risk and preventive interventions: a review of the past 10 years. *Journal American Academy Child Adolescent Psychiatry*, 42(4):58-65.

GOULD, M.S. 2001. Suicide and the media. *Annals of the New York Academy of Sciences*, 932(1):200-224.

GOULD, M.S. & GREENBERG, T. 2006. Youth suicide: a review. *Prevention Researcher*, 13(3):3-7.

GOULD, M.S., GREENBERG, T.E.D., VELTING, D.M. & SHAFFER, D. 2003. Youth suicide risk and preventive interventions: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(2):386-405.

GOULD, M.S. & KRAMER, R.A. 2001. Youth suicide prevention. *Suicide life Threatening Behavior*, 31(S1):6-31.

GOULD, P., MADELYN, F., PATRICK, K., JAMIESON, Z., DANIEL, P. & ROMER, K. 2003. Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9):1269-1284.

GOVENDER, R.D. & SCHLEBUSCH, L. 2012. Hopelessness, depression and suicidal ideation in HIV-positive persons. *South African Journal of Psychiatry*, 18(1):16-21.

GOVENDER, R.D. & SCHLEBUSCH, L. 2013. Suicidal ideation in seropositive patients seen at a South African HIV voluntary counselling and testing clinic. *African journal of psychiatry*, 15(2):94-98.

GREENFIELD, B., LARSON, C., HECHTMAN, L., ROUSSEAU, C. & PLATT, R. 2002. A rapid-response outpatient model for reducing hospitalization rates among suicidal adolescents. *Psychiatric services*, 53(12):1574-1579.

GROVES, M.S. & MUSKIN, P.R. 2005. Psychological response to illness. (In Levenson, J.L., ed. The American psychiatric publishing textbook of psychosomatic medicine: psychiatric care of the medically ill. New York: American Psychiatric Publishing. p. 70.)

GRUNBAUM, J.A., KANN, L., KINCHEN, S., ROSS, J., HAWKINS, J., LOWRY, R., HARRIS, W.A., MCMANUS, T., CHYEN, D. & COLLINS, J. 2004. Youth risk behavior surveillance - United States, 2003. *MMWR Surveillance Summaries*, 53(2):1-96.

GUILLEMIN, M. & GILLAM, L. 2004. Ethics, reflexivity, and "ethically important" moments in research. *Qualitative Inquiry*, 10(2):261-280.

GULLONE, E. & MOORE, S. 2000. Adolescent risk-taking and the five-factor model of personality. *Journal of Adolescence*, 23(4):393-407.

GUO, B. & HARSTAL, C. 2002. Efficacy of suicide prevention programs for children and youth. Edmonton: Alberta Heritage Foundation for Medical Research Health Technology Assessment.

HACKETT, P. 1979. Success in management personnel. London: AbeBooks.

HAWTON, K. & VAN HEERINGEN, K., *EDS.* 2000. The international handbook of suicide and attempted suicide. Winchester: Wiley.

HAWTON, K., RODHAM, K. & EVANS, E. 2006. By their own young hand: deliberate self-harm and suicidal ideas in adolescents. London: J Kingsley.

HAWTON, K. & WILLIAMS, K. 2001. The connection between media and suicidal behavior warrants serious attention. *Journal of Crisis Intervention and Suicide Prevention*, 22(4):137-140.

HAZELL, P. 2000. Treatment strategies for adolescent suicide attempters. (*In* Hawton, K. & Van Heeringen, K., eds. International handbook of suicide and attempted suicide. New York: Wiley. 539-554.)

HENNING, E., VAN RENSBURG, W. & SMIT, B. 2004. Finding your way in qualitative research. Pretoria: Van Schaik Publishers.

HINDMARSCH, C.S., JONES, S.C. & KERVIN, L. 2015. Effectiveness of alcohol media Literacy programmes: a systematic literature review. *Health Education Research*, 30(6):449-465.

HINDUJA, S. & PATCHIN, J.W. 2011. Cyberbullying and suicide. *Archives of Suicide Research*, 14(3):206-221.

HIRST, P.H. 2010. Knowledge and the curriculum: a collection of philosophical papers. London: Taylor & Francis.

HOLMES, R.M. & HOLMES, S.T. 2005. Suicide, practice and investigation. New York: Sage.

HUFFORD, M.R. 2001. Alcohol and suicidal behavior. *Clinical Psychology Review*, 21(5):797-811.

HUGHES, J.R. 2008. Smoking and suicide: a brief overview. *Drug and Alcohol Dependence*, 98(3):169-178.

INMAN, D.D., VAN BAKERGEM, K., LAROSA, A.C. & GARR, D.R. 2011. Evidence-based health promotion programs for schools and communities. *American Journal of Preventive Medicine*, 40(2):207-219.

INTER-AGENCY NETWORK FOR EDUCATION IN EMERGENCIES. 2011. A community of practice, a catalyst for change. UNESCO 2011 [www.iiep.unesco.org](http://www.iiep.unesco.org). Date of access: 22 March 2016.

JACOBS, D.G., BREWER, M. & KLEIN-BENHEIM, M. 1999. Suicide assessment: an overview and recommended protocol. (*In* Jacobs, D.G., ed. The Harvard School guide to suicide assessment and intervention. San Francisco, California: Jossey-Bass. p. 3-39.)

JOE, S., STEIN, D.J., SEEDAT S., HERMAN, A. & WILLIAMS, D.R. 2008. Non-fatal suicide behavior among South Africans: results from the South African stress and health study. *Society Psychiatry Epidemiology*, 43(6):454-461.

KAKUMA, R., KLEINTJES, S., LUND, C., DREW, N., GREEN, A. & FLISHER, A.J. 2010. Mental health stigma: what is being done to raise awareness and reduce stigma in South Africa? *African Journal of Psychiatry*, 13(2):116-124.

KAKUMA, R., KLEINTJIES, S., LUND, C., FLISHER, A.J. & GOERING, P. 2008. The MHaPP Research Programme Consortium: development and

implementation of mental health policy and law in South Africa: what is the impact of stigma? (Paper presented at 15th Biennial National Congress of the South African Society of Psychiatrists, 10-14 August 2008. George, South Africa.)

KALAFAT, J., RYERSON, D. & UNDERWOOD, M. 2001. Lifelines ASAP: adolescent suicide awareness & response program. Piscataway, N.J.: Rutgers Graduate School of Applied and Professional Psychology.

KALIVAS, P.W. & VOLKOW, N.D. 2005. The natural basis of addiction: a pathology of motivation and choice. *American Journal of Psychiatry*, 162(8):1403-1413.

KAPLAN, A.M. & HAELEIN, M. 2010. Users of the world unite! The challenges and opportunities of social media. *Business Horizon*, 53(1):59-68.

KAUYE, F. 2008. Management of mental health services in Malawi. *International Psychiatry*, 5:29-30.

KELLAM, S.G., KORTEZ, D. & MOSCRICKI, E.K. 2004. Core elements of developmental epidemiologically based prevention research. *American Journal of Community Psychology*, 27(4):463-482.

KELLY, T.M., SOLOFF, P.H., LYNCH, K.G., HAAS, G.L. & MANN, J.J. 2000. Recent life events, social adjustment, and suicide attempts in patients with major depression and borderline personality disorder. *Journal of Personality Disorders*, 14(4):316-326.

KHASAKHALA, L., SORSDAHL, K.R., HARDER, V.S., WILLIAMS, D., STEIN, D.J. & NDETEI, D.M. 2011. Lifetime mental disorders and suicidal behaviour in South Africa. *African Journal of Psychiatry*, 14(2):134-139.

KING, K.A. & SMITH, J. 2000. Project SOAR: a training program to increase school counselors' knowledge and confidence regarding suicide prevention and intervention. *Journal of School Health*, 70(10):402-407.

KIRBY, M.J.L. & KEON, W.J. 2006. Out of the shadows at last: transforming mental health, mental illness and addiction services in Canada. Ottawa: Standing Senate Committee on Social Affairs, Science and Technology.

KLIMES-DOUGAN, B., YUAN, C., LEE, S. & HOURI, A.K. 2009. Suicide prevention with adolescents: considering potential benefits and untoward effects of public service announcements. *Crisis: the Journal of Crisis Intervention and Suicide Prevention*, 30(3):128-135.

KLOMEK, B.A., KLEINMAN, M., ALTSCHULER, E., MARROCCO, F., AMAKAWA, L. & GOULD, M.S. 1999. High school bullying as a risk for later depression and suicidality. *Suicide and Life-Threatening Behaviour*, 41(5):501-516.

KOWALSKI, R.M., LIMBER, S.P. & AGATSTON, P.W. 2008. Cyber bullying: bullying in the digital age. Malden, Mass.: Blackwell.

KUTASH, K. & DUCHNOWSKI, A. 2004. The mental health needs of youth with emotional and behavioral disabilities placed in special education programs in urban schools. *Journal of Child and Family Studies*, 13(2):235-248.

KWATUBANA, S. 2014. School community participation and school health promotion: challenges and opportunities. *Mediterranean Journal of Social Sciences*, 5(27):1458-1466.

KWATUBANA, S. & KHESWA, J. 2014. Integrated approach to health promotion: the South African schools' role. *Mediterranean Journal of Social Sciences*, 5(20):1713-1719.

LAWRENCE, B.A., MILLER, T.R., WEISS, H.B. & SPICER, R.S. 2007. Issues in using state hospital discharge data in injury control research and surveillance. *Accident Analysis and Prevention*, 39(2):319-325.

LEEDY, P.D. & ORMROD, J.E. 2005. Practical research: planning and design. 8th ed. Upper Saddle River, N.J.: Prentice Hall.

LEENAARS, A., WENCKSTERN, S., APPLEBY, M., FISKE, H., GRAD, O., KALAFAT, J., SMITH, J. & TAKAHASHI, Y. 2001. Current issues in dealing with suicide prevention in schools: perspectives from some countries. *Journal of Educational and Psychological Consultation*, 12(4):365-384.

LEWINSOHN, P.M., ROHDE, P. & SEELEY, J.R. 2001. Gender differences in suicide attempts from adolescence to young adulthood. *Journal of American Academy of Child and Adolescents Psychiatry*, 40(4):427-434.

LEZAK, M.D., HOWIESON, D.B. & LORING, D.W. 2004. Neuropsychological assessment. 4th ed. New York: Oxford University Press.

LIFELINE SOUTHERN AFRICA. 2005. About life line: lifeline projects. <http://www.lifeline.org.za>. Date of access: 12 August 2015.

LINCOLN, Y.S. & GUBA, E.G. 1985. Naturalistic Inquiry. Newbury Park, California.: Sage.

LINCOLN, Y.S. & GUBA, E.G. 1999. Establishing trustworthiness. (In Bryman, A. & Burgess R.G., eds. Qualitative research. London: Sage. p. 397-444.)

LISHMAN, W.A. 2005. Organic psychiatry: the psychological consequences of cerebral disorder. 3rd ed. Oxford: Blackwell.

LITWILLER, B.J. & BRAUSCH, A.M. 2013. Cyber bullying in adolescent suicide: the role of violent behavior and substance use. *Journal of Youth Adolescence*, 42(5):675-684.

LÖNNQVIST, J.K. 2000. Psychiatric aspects of suicidal behaviour: depression. (In Hawton, K. & Van Heeringen, K., eds. *The international handbook of suicide and attempted suicide*. Chichester: Wiley. p. 107-120.)

LUND, C., KLEINTJES, S., KAKUMA, R. & FLISHER, A.J. 2010. Public sector mental health systems in South Africa: inter-provincial comparisons and policy implications. *Social Psychiatric Epidemiology*, 45(3):393-404.

LUTHAR, S.S. & LATENDRESSE, S.J. 2005. Children of the affluent: Challenges to well-being. *Current Directions in Psychological Science*. 14:49–53

MADU, S.N. & MATLA, M.P. 2003. The prevalence of suicide behaviours among secondary school adolescents in the Northern Province (South Africa). *South African Journal of Psychology*, 33(2):126-132.

MAIL & GUARDIAN. 2013. Africa's best read. 20 December 2013. Darryl Accone.

MALINDI, M.J. & THERON, L.C. 2011. Drawing on strengths: images of ecological contributions to male street youth resilience. (In Theron, L.C., Mitchell, C., Smith, A. & Stuart, J., eds. *Picturing research: drawing as visual methodology*. Rotterdam, The Netherlands: Sense Publishers.)

MAIR, M. & KIERANS, C. 2007. Descriptions as data: developing techniques to elicit descriptive materials in social research. *Visual Studies*, 22(2):120-136.

MALPHURS JE, COHEN D. 2005. A statewide case-control study of spousal homicide-suicide in older persons. *American Journal of Geriatric Psychiatry*; 13(3):211-217.

MANDRUSIAK, M., RUDD, D., JOINER, T.E., BERMAN, A.L., VAN ORDEN, K.A. & WITTE, D. 2006. Warning signs for suicide on the internet: a descriptive study. *Suicide and Life-Threatening Behavior*, 36(3):263-273.

MANN, J.J. 2002. A current perspective of suicide and attempted suicide. *Annual International Medical Journal*, 136(4):302-311.

MANN, J.J., APTER, A. & BERTOLOTE, J. 2005. Suicide prevention strategies: a systematic review. *Journal of the American Medical Association (JAMA)*, 294(16):2064-2074.

MANN, J.J., HENDIN, H., RIHMER, Z., KALMAR, S.S. & ZANTO, J. 2005. Depression recognition and suicide prevention program in the region of Kiskunhalas, Hungary. <http://www.hu.afsp.org/whats-new/hungary>. Date of access: 15 January 2015.

MASANGO, S.M., RATAEMANE, S.T. & MOTOJESI, A.A. 2008. Suicide and suicide risk factors: a literature review. *South African Family Practice*, 50(6):25-29.

MASQUILLIER, C., WOUTERS, E., MORTELMANS, D. & LE ROUX BOOYSEN, F. 2015. The impact of community support initiatives on the stigma experienced by people living with HIV/AIDS in South Africa. *AIDS and Behavior*, 19(2):214-226.

MASTEN, A. 2001. Ordinary magic: resilience processes in development. *American Psychologist*, 56(3):227-238.

MATZOPOULOS, R., PRINSLOO, M., BUTCHART, A., PEDEN, M. & LOMBARD, C.J. 2006. Estimating the South African trauma caseload. *International Journal of Injury Control and Safety Promotion*, 413(1):49-51.

MAZZA, J.J. 1997. School based suicide prevention programs: are they effective? *School Psychology Review*, 26(3):382-396.

MAZZA, J.J. & REYNOLDS, W.M. 2008. School-wide approaches to prevention of and intervention for depression and suicidal behaviors. (In Doll, B. & Cummings, J.A., eds. *Transforming school mental health services*. Thousand Oaks, California.: Corwin Press. p. 213-214.)

MCDEWITT, J. & PANNIELLO, J. 2005. National assessment of school resources officer programme survey of student in three large new SRO programs. [http://www.worldcat.org/title/national-assessment of school resource](http://www.worldcat.org/title/national-assessment-of-school-resource). Date of access April 15, 2008.

MCGEE, R. & WILLIAMS, S. 2000. Does low self-esteem predict health compromising behaviours among adolescents? *Journal of Adolescence*, 23(5):569-582.

MCGRATH, H. & VAN VUGT, J. 2009. *Young people and technology: a review of the current literature*. 2nd ed. Melbourne: Alannah and Madeline Foundation.

MCKENZIE, K., ENRAGHT-MOONY, E., HARDING, L., WALKER, S., WALLER, G. & CHEN, L. 2008. Coding external causes of injuries: problems and solutions. *Accident Analysis & Prevention*, 40(2):714-718.

MCMILLAN, J.H. 2006. *Research in education: evidence-based inquiry*. 6th ed. New York: Pearson Education.

MCMILLAN, J.H. & SCHUMACHER, S. 2001. Research in education: a conceptual introduction. 5th ed. New York: Longman.

MCMILLAN, J.H. & SCHUMACHER, S. 2006. Research in education: a conceptual understanding. New York: HarperCollins.

MCWHITHER, J.J., MCWHITHER, J. & MCWHITHER, B.T. 2012. At-risk youth- comprehensive response. 5<sup>th</sup> ed. Pacific Grové, Calif.: Brooks/Cole

MEEHAN, S., PEIRSON, A. & FRIDJHON, P. 2007. Suicide ideation in adolescent South Africans: the role of gender and coping strategies. *South African Journal of Psychology*, 37(3):552-575.

MEEL, B.L. 2003. A study on the incidence of suicide by hanging in the sub-region of Transkei. *South African Journal of Forensic Medicine*, 10(3):153-157.

MEINTJIES, H., HALL, K., HUGH-MARERA, D. & BOULLE, A. 2010. Orphans of the AIDS epidemic? The extent, nature and circumstances of child headed households in South Africa. *AIDS Care*, 22(1):40-49.

MELTER, H., LADER, D., CORBIN, T., SINGLTON, N., JENKINS, R. & BRUGHA, S. 2002. Nonfatal suicide behaviour among adults aged 16-74 in great. *An Bras*, 90:66-68.

MERCY, J.A. & ROSENBERG, M.L. 2000. Building a foundation for suicide prevention: the contributions of Jack C. Smith. *American Journal of Preventive Medicine*, 19 (Supplement 1):26-30.

MILLER, D.N. & DUPUAL, G.J. 1996. School based prevention of adolescent suicide: issues, obstacles, and recommendations for practice. *Journal of Emotional and Behavioral Disorders*, 4(4):221-230.

MILLER, D.N., ECKERT, T.L. & MAZZA, J.J. 2009. Suicide prevention programs in the schools: a review and public health perspective. *School Psychology Review*, 38(2):168-188.

MITTENDORFER-RUTZ, E., RUSMUSSEN, F. & WASSERMAN, D. 2008. Familial clustering of suicidal behaviour and psychopathology in young attempters: a register-based nested case control study. *Social Psychiatry psychiatric Epidemiology*, 43(1):28-36.

MOFFITT, T.E., CASPI, A., RUTTER, M. & SILVA, P.A. 2001. Sex differences in antisocial behaviour: conduct disorder, delinquency, and violence in the Dunedin Longitudinal Study. Cambridge: Cambridge University Press.

MOHLABI, D.R, VAN ASWEGEN, E.J. & MOKOENA, J.D. 2010. Barriers to successful implementation of school health services in Mpumalanga and Gauteng provinces. *South African Family Practice*, 52(3):249-254

MOODLEY, S.V. 2003. Love to live. (Paper presented at the 14th Biennial Conference of the South African Association of Child and Adolescent Psychiatry and Allied Professions. Port Elizabeth.)

MORII, D., MIYAGATANI, Y., NAKAMAE, N., MURAO, M. & TANIYAMA, K. 2011. Japanese experience of hydrogen sulfide: the suicide craze in 2008. *Journal of Occupational Medical Toxicology*, 5:28.

MOSKOWITZ, A., SIMPSON, A.I., MCKENNA, B., SKIPWORTH, J. & BARRY-WALSH, J. 2006. The role of mental illness in homicide-suicide in New Zealand, 1991-2000. *Journal of Forensic Psychiatry and Psychology*, 17(3):417-430.

MPIANA, M.P., MARINCOWITZ, G.J.O., RAGAVAN, S. & MALETE, N. 2004. Why I tried to kill myself: an exploration of the factors contributing to suicide in the Waterberg District. *South African Family Practice*, 46(7):21-25.

MYERS, B., KLINE, T.L., DOHERTY, I.A., CARNEY, T. & WECHSBERG, W.M. 2014. Perceived need for substance use treatment among young women from disadvantaged communities in Cape Town, South Africa. *BMC Psychiatry*, 14(1):1.

NABORS, L.A., WEIST, M.D. & REYNOLDS, M.W. 2000. Overcoming challenges in outcome evaluations of school mental health programs. *Journal of School Health*, 70(5):206-209.

NAITO, A. 2007. Internet suicide in Japan. *Clinical Child Psychology Psychiatry*, 12(4):583-597.

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. 2011. FDA issues rule to improve manufacturer notifications regarding potential drug shortages. Washington, D.C:

NEELANKAVIL, J.P. 2007. International business research. New York: M.E. Sharpe.

NEIMEYER, R.A., PRIGERSON, H.G. & DAVIES, B. 2002. Mourning and meaning. *American Behavioral Scientist*, 46(2):235-251.

NELSON, R., BENNER, G.J. & GONZALEZ, J. 2003. Learner characteristics that influence the treatment effectiveness of early literacy interventions: a meta-analytic review. *Learning Disabilities Research & Practice*, 18(4):255-267.

NETSHIOMBO, K. & MASHAMBA, T. 2012. Social dynamics of suicide in South Africa: a theoretical perspective. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)*,:95-103.

NIEUWENHUIS, J. 2007. First steps in research. (In Maree, K., ed. First steps in research. Pretoria: Van Schaik Publishers. p. 69-97.)

NIXON, M.K., CLOUTIER, P. & JANSSON, S.M. 2008. Nonsuicidal self-harm in youth: a population-based survey. *Canadian Medical Association Journal*, 178(3):306-312.

NOCK, M.K. & MARZUK, P.M. 2000. Suicide and violence. (In Hawton, K. & Van Heeringen, K., eds. The international handbook of suicide and attempted suicide. Winchester: Wiley.437-456.)

NOCK, M.K., PARK, J.M., FINN, C.T., DELIBERTO, T.L., DOUR, H.J. & BANAJI, M.R. 2010. Measuring the suicidal mind: implicit cognition predicts suicidal behavior. *Psychological Science*, 511-517.

NORMAN, R., MATZOPOULOS, R., GROENEWALD, P. & BRADSHAW, D. 2007. The high burden of injuries in South Africa. *Bulletin of the World Health Organization*, 85(9):695-701.

NOUMA, Y., AMMAR, B.A., BARDAA, Z. & HAMMAMI, S.M. 2015. Accidental hanging among children and adults: A report of two cases and review of literature. *Egyptian Journal of Forensic Sciences*, 24(61): 109-120.

O'CONNOR, R.C., CONNERY, .N. & C EYNE, W.M. 2000. hopelessness: the role of depression, future directed thinking and cognitive vulnerability. *Psychology, Health and Medicine*, 52(2):155-161.

OOSTHUIZEN, I.J. & DE WAAL, E. 2005. Orientation to safe schools. (In Oosthuizen, I.J., ed. Safe schools. Pretoria: Center for Education Law and Policy (CELP).)

OTSUKI, M., KIM, T.E. & PETERSON, P. 2010. Epidemiology of youth suicide in California and the United States. Retrieved October 29, 2010.

PATTON, M.Q. 1990. Qualitative research and evaluation methods. Newbury Park, California. Sage.

PEER SUPPORT PROGRAM. 2003. Peers Helping Peers- Research into effectiveness of Peer Support Program. Self Research Centre. University of Western Sydney.

PETERSEN, I. 2004. Primary level psychological services in South Africa: can a new psychological professional fill the gap? *Health Policy Plan*, 19(1):33-40.

PETERSEN, I. & LUND, C. 2010. Mental health service delivery in South Africa. from: One step forward, one step back 101(10): .

PIRKIS, J. & BLOOD, R. 2001. Suicide and the media part I. *Reportage in Nonfictional Media*, 22(4):146-154.

PIRKIS, J. & BLOOD, W. 2010. Suicide and the news and information media: a critical review. Newcastle, NSW: Hunter Institute of Mental Health. [http://www.mindframe-media.info/client\\_images/908140.pdf](http://www.mindframe-media.info/client_images/908140.pdf). Date of access: 17 April 2015.

PLOEG, J., CILISKA, D., DOBBINS, M., HAYWARD, S., THOMAS, H. & UNDERWOOD J. 2004. A systematic overview of adolescent suicide prevention programs. *Canadian Journal of Public Health*, 87:319-324.

POMPILI, M., INNAMORATI, M., RIHMER, Z., GONDA, X., SERAFINI, G., AKISKAL, H., AMORE, M., NIOLU, M., SHER, L., TATERLLI, R., PERUGI, G. & GIRARDI, P. 2012. Cyclothymic-depression-anxious temperament pattern is related to suicide risk in 346 patients with major mood disorders. *Journal of Affective Disorders*, 136(3):405-411.

PORTZKY, G. & VAN HEERINGEN, K. 2006. Suicide prevention in adolescents: a controlled study of the effectiveness of a school-based psycho-educational program. *Journal of Child Psychology and Psychiatry*, 47(9):910-918.

PREIDT. 2016. Homeless Youth More Likely to Visit Drop-In Center than Shelter. U.S. National Library of Medicine.

PRINSLOO, I.J. 2005. How safe are South African schools? *South African Journal of Education*, 25(1):5-10.

QIN, P., AGERBO, E. & MORTENSEN, P.B. 2003. Suicide risk in relation to socioeconomic, demographic, psychiatric, and familial factors: a national register-based study of all suicides in Denmark, 1981-1997. *American Journal of Psychiatry*, 160(4):765-772.

RAKOTSOANE, F.C.L. & RAKOTSOANE, M.A. 2006. The ABC of research project dissertation and thesis proposal writing. Rome: Choice Publishing Company.

RATTINE-FLAHERTY, E., & SINGHAL, A. (2007). Method and marginalization: Revealing the feminist orientation of participatory communication research. Paper presented at the annual meeting of the NCA 93rd Annual Convention, Chicago, IL.

RECUPERO, R., HARMSS, E. & NOBLE, J.M. 2008. Googling suicide: surfing for suicide information on the internet. *Journal of Clinical Psychiatry*, 69(6):1-478.

REEVES, M.A, BROCK, S. E., AND COWAN, K. C. 2008. Managing school crises: More than just response.

<http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>. Date of access 1 April 2015.

REILLY, E., VARTABEDIAN, V., FELT, L. & JENKINS, H. 2012. Play: participatory learning and you! Seattle, WA: Bill & Melinda Gates Foundation.

REINECKE, M.A., CURRY, J.F. & MARCH, J.S. 2009. Findings from the treatment of adolescents with depression study (TADS): what have we learned? What do we need to know? *Journal of Clinical Child and Adolescent Psychology*, 38(6):761-767.

RICKWOOD, D.J., DEANE, F.P. & WILSON, C.J. 2007. When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187(7):S35-S39.

RIGBY, K. 2001. Stop the bullying: a handbook for schools. Camberwell: Australian Council for Educational Research.

RIGBY, K. & GRIFFITHS, C. 2011. Addressing cases of bullying through the method of shared concern. *School Psychology International*, 32(3):345-357.

RIGBY, K. & SLEE, P.T. 2008. Suicidal ideation among adolescent school children, involvement in bully-victim problems, and perceived social support. *Suicide and Life-Threatening Behavior*, 29(2):119-130.

ROBINSON, J., HETRIC, S. & MARTIN, C. 2011. Preventing suicide in young people: systematic review. *Australia a New Zealand Journal of Psychiatry*, 45(1):3-26.

ROBINSON, J., TITOV, N. & ANDREWS, G. 2010. Internet treatment for generalized anxiety disorder: a randomized controlled trial comparing clinician vs technician assistance: 5(1):3-26

OCKETT, I.R. 2010. Counting suicides and making suicide count as a public health problem. *Crisis*, 31(5):227-230.

ROY, A., SARCHIAPONE, M. & CARLI, V. 2007. Low resilience in suicide attempters. *Archives of Suicide Research*, 11(3):265-269.

RUBIN, H.J. & RUBIN, L.S. 2005. Qualitative interviewing: the art of hearing data. Thousand Oaks, Calif.: Sage.

RUDD, M.D., BERMAN, A.L., JOINER, T.E., NOCK, M.K., SILVERMAN, M.M., MANDRUSIAK, M., VAN ORDEN, K. & WITTE, T. 2006. Warning signs for suicide: theory research, and clinical applications. *Suicide and Life Threatening Behavior*, 36(3):255-262.

RUDD, M.D., JOINER, T. & RAJAD, M.H. 1996. Relationships among suicide ideations, attempters, and multiple attempters in a young-adult sample. *Journal of Abnormal Psychology*, 105(4):541-550.

RUNESON, B. & ASBERG, M. 2003. Family history of suicide among suicide victims. *American Journal of Psychiatry*, 150(8):1525-1526.

RUTTER, P.A. & BEHRENDT, A.E. 2004. Adolescent suicide risk: four psychosocial factors. *Adolescence*, 39(154):295-302.

SAAD, A., IGANUS, R.B. & MARAMA, T.A. 2002. Gender and drug abuse among youths in Borno State in Nigeria: implications for public policy. *Acta Criminologica*, 15(1):99-109.

SAMM, A., TOODING, L.M., SISASK, M., KÖLVES, K., AASVEE, K. & VÄRNIK, A. 2010. Suicidal thoughts and depressive feelings amongst Estonian schoolchildren: effect of family relationship and family structure. *European Child & Adolescent Psychiatry*, 19(5):457-468.

SANE AUSTRALIA. 2010. Suicide, Self Harm and Mental Illness. Research Bulletin 11. SANE Australia.

SANGONET. 2015. LOVE LIFE-line civil society trough ICTS. Johannesburg: Sangonet.

SAPA (SUICIDE PREVENTION AUSTRALIA). 2010. Suicide, self harm and mental illness. *Research bulletin*, 11.

SAWYER MG1, HARCHAK TF, SPENCE SH, BOND L, GRAETZ B, KAY D, PATTON G, SHEFFIELD J. 2010. School-based prevention of depression. *Journal of Adolescent Health*, 47(3):297-304.

SCHILLING, E.A., ASELTINE R.H., GLANOVSKY, J.L. & JACOBS, M.D. 2008. Adolescent alcohol use, suicidal ideation, and suicide attempts. *Journal of Adolescent Health*, 44(4):335-341.

SCHLEBUSCH, A. 2000. An overview of suicidal behavior in South Africa at the dawn of the new millennium. (In Schlebusch, L. & Bosch, B.A., eds. Suicidal behaviour. Proceedings of the fourth Southern African Conference on Suiciology.)

SCHLEBUSCH, L. 2004. Current perspectives on suicidal behaviour in South Africa. (In Suffle, S., Van Niekerk, A. & Duncan, N., eds. Crime, violence and injury preventing in South Africa: developments and challenges. Tygerberg:

Medical Research Council-UNISA. Crime, violence and injury lead programme. p. 9-21.)

SCHLEBUSCH, L. 2005. Suicidal behaviour in South Africa. Pietermaritzburg: University of KwaZulu-Natal Press.

SCHLEBUSCH, L. 2011. Suicide risk and cancer. (*In* Berman, L. & Pompili, M., eds. Medical conditions association with suicide risk. Washington, D.C.: American Association of Suicidology. p. 59-74.)

SCHLEBUSCH, L. 2012. Suicide prevention: a proposed national strategy for South Africa. *African Journal of Psychiatry*, 15(6):436-440.

SCHLEBUSCH, L. & BOSCH, B.A. 2002. The emotional injuries of indirect trauma. (*In* Scout, C.E., ed. The psychology of terrorism. *Clinical Aspects and Responses*, 2:133-141.)

SCHLEBUSCH, L. & BURROWS, S. 2009. Suicide attempts in Africa. (*In* Wasserman, D. & Wasserman, C., eds. Oxford textbook of suicidology and suicide prevention: a global perspective. Oxford: Oxford University Press. p. 105-108.)

SCHLEBUSCH, L., VAWDA, N. & BOSCH, B.A. 2003. Suicidal behavior in black South Africans. *Crisis: the Journal of Crisis Intervention*, 24(1):24-28.

SCHMIDTKE, A. & SCHALLER, S. 2000. The role of mass media in suicide prevention. (*In* Hawton, K. & Van Heeringen, K., eds. International handbook of suicide and attempted suicide. New York: Wiley. p. 675-697.)

SCHWAND, T.A., LINCOLN, Y.S. & GUBA, E.G. 2007. Judging interpretations: but is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Evaluation*, 114:11-25.

SEEDAT, M., VAN NIEKERK, A., JEWKES, R., SUFFLA, S. & RATELE, K. 2009. Violence and injuries in South Africa: prioritising an agenda for prevention. *The Lancet*, 374(9694):1011-1022.

SENATE OF AUSTRALIA. 2010. The hidden Toll: Suicide in Australia. Report of the senate Community Affairs References committee inquiry into suicide in Australia.

SENATE INQUIRY INTO SUICIDE AFFAIRS. 2009. Committee Inquiry into Suicide in Australia. -<http://suicidepreventionaust.orgwww.imroc.org/.../5ImROC-Peer-Support-Workers-Theory-and-Practice>. Date of access 20 November 2014.

SETLALENTOA, B., PISA, P., THEKISO, G.N., RYKE, E.H. & LOOTS, D.T. 2010. The social aspects of alcohol misuse/abuse in South Africa. *South African Journal of Clinical Nutrition*, 22(5):S11–S15.

SHAFFER, D. & CRAFT, L. 2004. Methods of adolescent suicide prevention. *Journal of Clinical Psychiatry*, 60:S70-S74.

SHAH, A. 2010. The relationship between general population suicide rates and the internet: a cross-national study. *Suicide and Life-Threatening Behavior*, 40(2):146-150.

SHAIN, B.N. 2007. Suicide and suicide attempts in adolescents. *Pediatrics*, 120(3):669-677.

SHILUBANE, H.N., BOS, A.E.R., RUITER, R.A.C., VAN DEN BORNE, B. & REDDY, P.S. 2015. High school suicide in South Africa: teachers' knowledge, views and training needs. *BMC Public Health*, 15(1):1.

SHNEIDMAN, E.S. 2000. *Comprehending suicide: landmarks in 20th century suicidology*. Washington, D.C.: American Psychological Association.

SHROPSHIRE, A. & THORNTON, K. 2011. Prevention measures for adolescent suicide: an evidence based review. *American Journal for Nurse Practitioners*, 15(5-6): 30.

SHISANA, O., RICE, K., ZUNGU, N. AND ZUMA, K. 2010. Gender and Poverty in South Africa in the Era of HIV/AIDS: A Quantitative Survey. *Journal of Females's Health*. 19 (1): 39–46.

STATISTICS SOUTH AFRICA (2013). *Mid-year population estimates* <http://beta2.statssa.gov.za/publications/P0302/P03022013.pdf>. Date of access: 20 February 2015.

SINGLETON, R.A. & STRAITS, B.C. 2002. Survey interviewing. (*In* Gubriem, J.F. & Holstein, J.A., eds. *Handbook of interview research: context and method*. Thousand Oaks, California.: Sage. p. 59-82.)

SLEE, N., GARNEFSKI, N., VAN DER LEEDEN, R., ARENSMAN, E. & SPINHOVER, P. 2008. Cognitive behavioural intervention for self-harm: randomised controlled trial. *British Journal of Psychiatry*, 19(3):202-211.

SMITH, J. 1993. *After the demise of empiricism: the problem of judging social and educational inquiry*. New York: Ablex.

SMITH, P.K. 2004. Bullying: recent developments. *Child and Adolescent Mental Health*, 9(3):98-103.

SNELL, C.A., BERNHEIM, A., BERGÉ, J.B., KUNTZ, M., PASCAL, G., PARIS, A.F. & RICOCH, A.E. 2002. Assessment of the health impact of GM plant

diets in long-term and multigenerational animal feeding trials: a literature review. *Food and Chemical Toxicology*, 50(3):1134-1148.

SOUKAS, J., SUOMINEN, K., ISOMETSÄ, E., OSTAMO, A. & LÖNNQVIST, J. 2001. Long-term risk factors for suicide mortality after attempted suicide: findings of a 14-year follow-up study. *Acta Psychiatrica Scandinavica*, 104(2):117-121.

SOUTH AFRICA. 1992. Drug trafficking Act, Act Nr 140 of 1992. Pretoria: Government Printer.

SOUTH AFRICA. 1996. The Constitution of the Republic of South Africa, Act No. 108 of 1996. Pretoria: Government Printer.

SOUTH AFRICA. 1996. The South African Schools Act, Act 84 of 1996. Pretoria: Government Printer.

SOUTH AFRICA. 2002. Mental Health Care Act, Act No 17 of 2002. Pretoria: Government Printer.

SOUTH AFRICA. 2008. The National Strategy on screening, identification, assessment and support. Pretoria: Government Printer.

SOUTH AFRICA. 2012. National Mental Health Policy Framework and Strategic Plan, 2013-2020. Pretoria: Government Printer.

SOUTH AFRICA. DEPARTMENT OF BASIC EDUCATION. 2012. Curriculum Assessment Policy Statement. Pretoria: Department of Basic Education.

SOUTH AFRICA. DEPARTMENT OF EDUCATION. 1996. White Paper 6. Inclusive education and training system for South Africa. Pretoria: Government Printer.

SOUTH AFRICA. DEPARTMENT OF EDUCATION. 2002. Regulation prohibiting initiation practices at South African schools. Pretoria: Government Printer.

SOUTH AFRICA. DEPARTMENT OF EDUCATION. 2008. Policy on screening, identification, assessment and support. Pretoria: Government Printer.

SOUTH AFRICA. DEPARTMENT OF EDUCATION AND CULTURE. 2002. Towards effective school management: a guide to norms and standards for school funding. Manual 5. Pretoria: Maskew Miller.

SOUTH AFRICA. DEPARTMENT OF HEALTH AND EDUCATION. 2012. Integrated School Health Policy. Pretoria: Government Printer.

SOUTH AFRICA. DEPARTMENT OF HEALTH. 1997. White paper for the transformation of the health system in South Africa. *Government Gazette*, Notice 677 of 1997. Pretoria: Department of Health.

SOUTH AFRICA. DEPARTMENT OF HEALTH. 2003. Speech by the Minister of Health, Dr. M. Tshabalala, for Mental Health Day, Johannesburg, October. <http://www.doh.gov.za/docs/sp/2003/sp10009.html> Date of access: 02 July 2015.

SOUTH AFRICA. DEPARTMENT OF SOCIAL DEVELOPMENT. 1997. White paper for social welfare. Pretoria: Government Printer.

SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP (SADAG). 2015. Organisation details. [www.sadag.org](http://www.sadag.org). Date of access 15 November 2015.

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS (SASOP). 2016. SASOP world. <http://www.sasop.co.za>. Date of access: 15 January 2015.

SQUELCH, J. 2001. Do school governing bodies have a duty to create safe schools? An educational law perspective. *Perspectives in Education*, 19(4):137-149.

SSEBUNNYA, J., KIGOZI, F., KIZZA, D. & NDYANABANGI, S. 2010. Integration of mental health into primary health care: a case of one rural district in Uganda. *African Journal of Psychiatry*, 13(2):128-131.

STEIN, D.J., SEEDAT, S., KAMINER, D., MOOMAL, H., HERMAN, A., SONNEGA, J. & WILLIAMS, D.R. 2008. The impact of the Truth and Reconciliation Commission on psychological distress and forgiveness in South Africa. *Social Psychiatry and Psychiatric Epidemiology*, 43(6):462-468.

STEIN, J. 2014. Reading research impacting clinical care on Africa. *South African Medical Journal*, 104(2).

STEPHEN, S.H., WEIST, M., KATAOKA, S., ADELSHEIM, S. & MILLS, C. 2007. Transformation of children's mental health services: the role of school mental health. Baltimore, Md.: University of Maryland School of Medicine, Department of Psychiatry.

STOEP, A.V., WEISS, N.S. & KUO, E.S. 2003. What proportion of failure to complete secondary school in US population is attributable to adolescent psychiatric disorder? *Journal of Behavioral Health Services and Research*, 119-124

STRUWIG, F.W. & STEAD, G.B. 2001. Planning designing and reporting research. Cape Town: Pearson.

STRYDOM, H. 2005. Ethical aspects of research in social sciences and human services professions. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont,

C.S.L., eds. Research at grassroots: for the social sciences and human service professions. 3rd ed. Pretoria: Van Schaik Publishers. p. 56-70.)

SUE, D., SUE, D. W., & SUE, S. (2000). Understanding Abnormal Behaviour (6<sup>th</sup> ed.). Boston, MA: Houghton Mifflin.

TABER, K.S. 2013. Causation in educational research. *British Educational Research Journal*, 37(1):192-194.

TALANE, V. 2009. Tackling teenage suicide in South Africa. *Mail and Guardian*.

TALIAFERROL, L.A., RIENZO, B.A., MILLER, M.D., PIGG, R.M. & DODD, V.J. 2008. High school youth and suicide risk: exploring protection afforded through physical activity and sport participation. *Journal of School Health*, 78(10):545-553.

TARRIER, N. 2008. Schizophrenia and other psychotic disorders. (In Barlow, D.H., ed. Clinical handbook of psychological disorders: a step by step manual. 4th ed. New York: Guilford Press: 463-491.)

TARRIER, N., BARROWCLOWGH, F., ANDREWS, B. & GREGG, C. 2004. Risk of non-fatal suicide ideation and behaviour in recent onset schizophrenia: the influence of clinical, social, self-esteem and demographic factors. *Social Psychiatry and Psychiatric Epidemiology*, 39(11):927-937.

TERRE BLANCHE, M., DURRHEIM, K. & PAINTER, D. 2007. Research in practice: applied methods for the social sciences. 2nd ed. Cape Town: UCT Press.

TERRE BLANCHE, M., DURRHEIM, K. & PAINTER, D., *EDS.* 2006. Research in practice: applied methods for the social sciences. Cape Town: UCT Press.

TEWKSBURY, R. 2009. Qualitative versus quantitative methods: understanding why qualitative methods are superior for criminology and criminal justice. *Journal of Theoretical and Philosophical Criminology*, 1(1):38-58.

THE GUARDIAN. 2016. Health care professionals' network. Guardian Professional Networks. <http://www.theguardian.com/healthcarenetwork/2016/feb/24>. Date of access: 15 January 2015.

THE NATIONAL GOVERNMENT HANDBOOK-South Africa. 2015. A complete guide to national government in South Africa. Pretoria: Government Printer.

TOMPSKINS, T.L., WITT, J. & ABRAIBESCH, N. 2010. Does a gatekeeper suicide prevention program work in school setting? Evaluating training outcome and moderators of effectiveness. *Suicide and life-Threatening Behavior*, 40(5):506-515.

TONDO, L. & BALDESSARINI, R.J. 2001. Suicide: historical, descriptive, and epidemiological considerations. *Medscape today*. <http://www.medscape.com>. Date of access: 15 January 2015.

TOWNSEND, J.P., CAVALIERI, D. & HARTL, D.L., 2003. Population genetic variation in genome-wide gene expression. *Molecular Biology and Evolution*, 20(6):955-963.

TROISTER, T., LINKS, P. & CUTCLIFFE, J.R. 2008. Review of predictors of suicide within 1 year of discharge from a psychiatric hospital. *Current Psychiatry Reports*, 10(1):60-65.

TSENG, W.S. 2001. Handbook of cultural psychiatry. New York: Academic Press.

TUISKU, V., PELKONEN, M., KIVIRUUSU, S.D., KARLSSON, L., RUUTTU, T. & MARTTUNEN, M. 2009. Factors associated with deliberate self-harm behaviour among depressed adolescence. *Journal of Adolescence*, 32 (5):1125-1136.

UNICEF. 2009. Child poverty and disparities in Ghana. New York: UNICEF

VAN DER MERWE, J. 2015. Lost, found and confused in darkness. Bloomington, India.: Author House.

VAN DYK, A. 2001. HIV AIDS care and counselling: a multidisciplinary approach. Cape Town: Pearson Education.

VAN HEERINGEN, K., HAWTON, K. & WILLIAMS, J.M.G. 2000. Pathways to suicide: an integrative approach. (*In* Hawton, I.K. & Van Heeringen, K., eds. The international handbook of suicide and attempted suicide. New York: Wiley. p. 223-234.)

VAN ORDEN, K.A., WITTE, T.K., GORDON, K.H., BENDER, T.W. & JOINER, T.E. 2008. Suicidal desire and the capability for suicide: test of the interpersonal-psychological theory of suicidal behavior among adults. *Journal of Consulting and Clinical Psychology*, 76(1):72-83.

VAN VUGT, J. 2009. Young people and technology. South Melbourne: The Allanah and Madeline Foundation. <http://www.ncab.org.au>. Date of access: 02 March 2015.

VANDER STOEP, A., WEISS, N.S., KUO, E.S., CHENEY, D. & COHEN, P. 2003. What proportion of failure to complete secondary school in the US

population is attributable to adolescent psychiatric disorder? *Journal of Behavioral Health Services and Research*, 30(1):199-124.

VARNHAM, S. 2005. Education and the law seeing things differently: restorative justice and school discipline. *Education and the Law*, 17(3):87-104.

VERNONT YOUTH SUICIDE PREVENTION COALITION. 2012. A public health approach to suicide. Williston: Centre for Health and Learning.

VOSSEKUIL, B., REDDY, M., FEIN, R., BORUM, R. & MODZELSKI, W. 2007. US Secret Service safe schools initiative: an interim report on prevention of targeted violence in schools. Washington D.C.: US. Secret Service, National Threat Assessment Center.

WALTER, H.J., GOUZE, K. & LIM, K.G. 2006. Teachers beliefs about mental Health needs in inner city elementary schools. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45 (1):61-68.

WASSERMAN, D., *ED.* 2001. Suicide: an unnecessary death. London: Martin Dunitz.

WASSENAAR, D.R., PILLAY, A.L., DESCOINS, S., GOLTMAN, M. & NAIDOO, P. 2000. Patterns of suicide in Pietermaritzburg 1982-1996: race, gender and seasonality. (*In* Schlebusch, L. & Bosch, B.A., *eds.* Suicidal behaviour 4: Proceedings of the Fourth Southern African Conference on Suicidology, April 28-29, 2000, Durban, South Africa. Durban: University of Natal, Dept. of Medically Applied Psychology. p. 97-111.)

WASSERMAN, D. & WASSERMAN, C., *EDS.* 2009. Oxford textbook of suicidology and suicide prevention: a global perspective. Oxford: Oxford University Press.

WEARE, K. 2000. Promoting mental, emotional and social health: a whole school approach. London: Routledge.

WECHSLER, H. & NELSON, T. 2010. Promoting public health research, policy, practice and education. *American Journal of Public Health*, 100(6):986-992.

WEDIG, M.M. & NOCK, M. 2007. Parental expressed emotion and adolescent self-injury. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(9):1171-1178.

WEIST, M.D., EVANS, S.W. & LEVER, N.A. 2003. Handbook of school mental health: advancing practice and research. New York: Kluwer.

WEIST, M.D., RUBIN, M., MOORE, E., ADELSHEIM, S. & WROBEL, G. 2007. Mental health screening in schools. *Journal of School Health*, 77(2):53-58.

WERTZ, F.J. 2005. Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2):167-177.

WITE, S.W. & KELLY, F.D. 2010. The school counselor's role in school dropout prevention: best practices. *Journal of Counseling and Development*, 88(2):227-235.

WIERSMA, W. 2000. Research methods in education: an introduction. 7th ed. Boston, Mass.: Allyn & Bacon.

WILCOX, H.C., CONNER, K.R. & CAINE, E.D. 2004. Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies. *Drug and Alcohol Dependence*, 76:S11-S19.

WILD, L.G., FLISHER, A.J. & LOMBARD, C. 2004. Suicidal ideation and attempts in adolescents: associations with depression and six domains of self-esteem. *Journal of Adolescence*, 27(6):611-624.

WILKE, D.J. 2004. Predicting suicide ideation for substance users: the role of self-esteem, abstinence, and attendance at 12-step meetings. *Addiction Research and Theory*, 12(3):231-240.

WILLIS, J.W. 2007. *Foundation of qualitative research: Interactive and critical approach*. London: Sage.

WILSON, E.R. 2004. *Mocked with death, tragic overliving from Sophocles to Milton*. Baltimore, Md.: John Hopkins University Press.

WILSON, K.B. 2011. Vocational rehabilitation acceptance in the USA: controlling for education, type of major disability, severity of disability and socioeconomic status. *Disability and Rehabilitation*, 26(3):145-156.

WOLFE, K., FOXWELL, A. & KENNARD, B. 2014. Identifying and treating risk factors for suicidal behaviors in youth. *International Journal of Behavioral Consultation and Therapy*, 9(3):11-14.

WORLD HEALTH ORGANIZATION (WHO). 2001. *Mental health: new understanding, new hope*. Geneva: World Health Organization.

WORLD HEALTH ORGANIZATION (WHO). 2002. *Prevention and promotion in mental health*. Geneva: WHO.

WORLD HEALTH ORGANIZATION (WHO). 2004. *Global status report: alcohol policy*. Geneva: WHO.

WORLD HEALTH ORGANIZATION (WHO). 2005. Health evidence network/Europe report on suicide. Geneva: World Health Organization.

WORLD HEALTH ORGANIZATION (WHO). 2007. Suicide Prevention (SUPRE). Geneva: WHO.

WORLD HEALTH ORGANIZATION (WHO). 2010. Mental health: strengthening our response. Geneva: WHO. <http://www.who.int/mediacentre/factsheets/fs220/en/>. Date of access: 06 July 2015.

WYNMAN, P.A., BROWN, C., INMAN, J., CROSS, W., SCHMEELK-CONE, K. & GUO, J. 2008. Randomized trial of a gatekeeper program for suicide prevention: 1 year impact on secondary staff. *Journal of Consulting and Clinical Psychology*, 76(1):104-115.

XABA, M.I. 2014. A holistic approach to safety and security at schools in South Africa. *Mediterranean Journal of Social Sciences*, 5(20):1580.

YOUNG AND BARRETT, 2001. Research Lorraine Young and Hazel Barrett 2001. Adapting Visual Methods: Action Research with Kampala Street Children. *Area* 33(2):141-152.

YOUNG, J. 2002. Morals, suicide, and psychiatry: a view from Japan. *Bio Ethics*, 16:412-424.

ZALSMAN, G. 2012. Genetics of suicidal behavior in children and adolescents. New York: Taylor & Francis.

ZALSMAN, G., LEVY, T. & SHOVAL, G. 2008. Interaction of child and family psychopathology leading to suicidal behavior. *Psychiatric Clinics of North America*, 31(2):237-246.

ZENERE, F.J. & LAZARUS, P.J. 1997. The decline of youth suicidal behavior in an urban multicultural school system following the introduction of a suicide prevention and intervention program. *Suicide and Life Threatening Behavior*, 27(4):378-403.

ZINS, J.E., WEISSBERG, R.P. & WAN, M.C. 2004. Building school success through social and emotional learning. New York: Teachers College Press.

## APPENDICES

- Appendix 1: Approval from ethics committee
- Appendix 2: Application to the department
- Appendix 3: Approval from the department (head officer)
- Appendix 4: Letter to the Principal
- Appendix 5: Parents consent form
- Appendix 5: Form from parents
- Appendix 6: Structured interview
- Appendix 7: Guided from draw and write
- Appendix 8: Structured interviews
- Appendix 9: Interview transcripts
- Appendix 10: Coded transcripts
- Appendix 11: Programme for teaching practice

## APPENDIX: 1

APPENDIX: 1

**it**

YUNIBESITHA BOKONE BOPHIRI.IA  
NOORDWES UNIVERSITEIT  
VAAL TRIANGLE CAMPUS

Prof. Chrizanne van Eeden  
Psychology: School of Behavioural  
Sciences  
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PO Box 1174, Vanderbijlpark  
South Africa, 1900

1 July 2013

Dear Dr MJ Malindi,

### ETHICS CLEARANCE APPROVED

This letter serves to indicate that your ethics application was approved in principle by the VTC Ethics Sub-Committee for Basic and Educational Sciences of the Faculty of Humanities:

**Faculty application number:** FH-SB-2012-0019  
**Project Leader:** Dr MJ Malindi  
**Applicant:** IMakue  
**Project title:** Suicide prevention among learners in the Northern Free State schools: the views of youths at-risk.  
**Meeting date:** 24 June 2013

Kindly remember to forward outstanding documents (if applicable) to the chairperson of the ethics sub-committee. In the case of post graduate research, please remember to submit your proposal to Ms. D. Claasens (Ext: 103441) for approval and title registration by the Faculty Board.

The VTC Ethics Sub-Committee wishes you well with your research project.

Yours sincerely

*Chr. van Eeden*

Chrizanne van Eeden  
Chair: VTC Ethics Sub-Committee: Basic and Educational Sciences.

## APPENDICES: 2

361 MASILO  
STREET  
BUTAYI SECTION  
FRANKFORT  
9830

The Department of Education  
Directorate Strategic Planning, Policy & Research  
Private Bag X20565  
Bloemfontein  
9300

Dear Sir

### REQUEST TO DO RESEARCH

I, Ms. I Makue, am a registered PhD student at the North-West University (Vaal Triangle Campus). I am busy compiling my thesis as a requirement for the aforementioned degree. The title of my dissertation is: Suicide prevention among learners in Northern Free State schools: the views of youth s at risk. My promoter is Dr. S. Kwatubana (079 180 1649)

I kindly request permission to invite your child to take part in my study. He/She will be asked to make a drawing of what or who can help prevent young people from committing suicide. Drawings will take between 30 and 45 minutes. These drawings will be made after school.

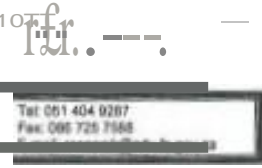
The findings will help us in our schools to support children so that they do not end their lives pre-maturely. If you agree to let your child volunteer, please co-sign the enclosed form in the space provided for the parent/guardian. I can be contracted if more information is needed. My contact details appear on this letter. I wish to thank you in advance.

Regards,

IvonneMakue

Appendix 3

CR 1trca110



2013-07-22

Mr MITHAYIMC

Dear Mr MITHAYIMC..

REGISTRATION OF RESEARCH PROJECT

1. This letter is in reply to your application for the registration of your research project.
2. Research topic: Suicide Prevention among orphans in North West Province Schools: The views of youth at risk
3. Your research project has been registered with the Free State Department of Education.
4. Applicant is granted under the following conditions:-
  - 4.1 The name of participants involved remains confidential.
  - 4.2 The questionnaire completed and the interviews conducted outside normal school time.
  - 4.3 The results shown to participants.
  - 4.4 A bound copy of the report and a summary on a computer disc on the study is donated to the Free State Department of Education.
  - 4.5 Findings and recommendations are presented to relevant officials in the Department.
5. The conditions mentioned above are your own responsibility.
6. You are requested to confirm acceptance of the above conditions in writing to:

DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH, Old CNA Building, Charlotte Maxeke Street Private Bag X20565, BLOEMFONTEIN, 301

We wish you every success with your research

Yours sincerely

  
Mj MTHEBE  
DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH

## APPENDICES: 4

361 MASILO  
STREET  
BUTAYI SECTION  
FRANKFORT  
9830

Dear Principal

### REQUEST TO DO RESEARCH AT YOUR SCHOOL

I, Ms. I Makue, am a registered PhD student at the North-West University (Vaal Triangle Campus). I am busy compiling my thesis as a requirement for the aforementioned degree. The title of my dissertation is: Suicide prevention among learners in Northern Free State schools: the views of youth s at risk. My promoter is Dr. S. Kwatubana (079 180 1649)

I kindly request permission to invite your child to take part in my study. He/She will be asked to make a drawing of what or who can help prevent young people from committing suicide. Drawings will take between 30 and 45 minutes. These drawings will be made after school.

The findings will help us in our schools to support children so that they do not end their lives pre-maturely. If you agree to let your child volunteer, please co-sign the enclosed form in the space provided for the parent/guardian. I can be contracted if more information is needed. My contact details appear on this letter. I wish to thank you in advance.

Regards,

IvonneMakue

## APPENDICES: 5

361 MASILO  
STREET  
BUTAYI SECTION  
FRANKFORT  
9830

Dear Parent/ Guardian/ Care-Giver

### REQUEST TO DO RESEARCH

I, Ms. I Makue, am a registered PhD student at the North-West University (Vaal Triangle Campus). I am busy compiling my thesis as a requirement for the aforementioned degree. The title of my dissertation is: Suicide prevention among learners in Northern Free State schools: the views of youth s at risk. My promoter is Dr. S. Kwatubana (079 180 1649)

I kindly request permission to invite your child to take part in my study. He/She will be asked to make a drawing of what or who can help prevent young people from committing suicide. Drawings will take between 30 and 45 minutes. These drawings will be made after school.

The findings will help us in our schools to support children so that they do not end their lives pre-maturely. If you agree to let your child volunteer, please co-sign the enclosed form in the space provided for the parent/guardian. I can be contracted if more information is needed. My contact details appear on this letter. I wish to thank you in advance.

Regards,

Ivonne Makue

Parents Signature

---

## Appendix: 6

<b>VOLUNTARY INFORMED CONSENT FORM: LEARNERS</b>
--

Title: Suicide prevention among learners in the Northern Free State schools: the views of youths at risk.

If you agree, please place an "X" in the 'yes' boxes to show that you understand and agree with each statement:

1. I understand the information about the study in the information Letter. Any questions I had were answered.	Yes, I understand
2. I realize that participation is completely voluntary and that I can stop the study at any time. If I am uncomfortable answering any question, I may choose not to answer.	Yes, I understand
3. I will be asked to make drawings and explain them in writing. My participation will be confidential. I understand that my full name will not be used, nor will specific details of where I live be shared, when information from the interviews is used by the researcher.	Yes, I understand
4. I understand that what I say may be quoted at great length in publications, presentations and the final report. If I become concerned with anything I said, I can ask for parts, or all, of what I said not to be quoted. I may also have deleted any parts of the interview I want deleted.	Yes, I understand
5. I understand that even if my parent or guardian consents to my taking part in the study, it is my decision whether I want to participate. If I do not wish to participate, or want to withdraw from the study at any time, my wishes will be respected without penalty. My parent's or guardian's consent does not make me have to participate.	Yes, I understand
6. I understand that if something troubles me while participating, the researcher will provide me with information about community resources (e.g. a local psychologist, social worker, etc) that might help me.	Yes, I understand <b>X</b>

I agree to take part in this study.

VJJJK<11

(Research Participant's Signature)

16/04/2014

(Date)

I agree to allow my child to participate

GRadebe

(Parent's/Guardian's/Care-Giver's Signature)

16/04/2014

(Date)

The seen explained to the young person and this form signed by: **LD**

**LD**

\_\_\_\_\_

Researcher's Signature)

(Date)

## APPENDIX: 7

Think about a way in which suicide can be prevented in schools. In the space provided. Please make a drawing of what or who you think can help in preventing young people from committing suicide. How well you draw is not important.

I would like to understand your drawing. Help me understand your drawing by writing a paragraph explaining it. You may write in any language you like. Should you have any problem in writing you may tell me what you wanted to say and I shall write it down for you. I shall read it back to you thereafter.

## APPENDIX: 8

**GIVE ME YOUR FULL INFORMATION UNDER THE FOLLOWING HEADING BELOW:**

1. FamilyBackground
2. SchoolBackground
3. Whatdoyouknowaboutsucide?Oranyexperiencesyouhavecomeacross?

## **APPENDIX 9**

- 1. Family Background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

**Name; Loyiso**

- 4. Family Background**
- 5. School Background**
- 6. What do you know about suicide? Or any experience you have come across?**

**Question 1**

**Family Background**

**Response**

I live in Namahadi Frankfort. My Father is originally from Sasol. My mother is from here in Frankfort. I live with my Grandmother and aunt. My parents never got married, but I have a relationship with my Father and my mother still love them. I mostly see him on weekends, and go to visit him all weekends and I come back with something for my grandmother on Sundays when I come back.

**Question 2**

**School Background**

**Response**

I started to attend crèche at the age of 3 years old, at little flower. I 2009/2004 at the age of 5 and half years old. I started Grade 1 at Meduwaneng Primary school. After Primary I went to Falesizwe Secondary school. At the moment I am doing well. In school and I obtain high marks in the school. Now I am doing Grade 11 It is going so well.

**Question 3**

**What do you know about suicide? Or any experience you have come across?**

**Response**

I know that people try or kill themselves because they are hurt or in trouble. But it is not the solution, because you are being selfish and not thinking about people you are leaving behind who care about. My mother told me whatever is bothering I can always talk to her and in time things will get better.

**Name: Oliphant**

- 1. Family Background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

I live with my uncle, my sister, Grandmother, brother, and me and we live in mamello and we live in a 8 room house and I am the only child that learn school and other work accept my grandmother. But the other work they do every thing in the house even my father do things for me, anad my grandmother.

## **Question 2**

### **School Background**

#### **Response**

I learn in a zulu class and our class teacher is Mr Z. Shabangu And in our clas we a 44 all of us and many teacher's think that our class is corrupt and we are not. But there are some of our class mates that are misbehaviour they don't listern to teachers. And I was leaving. In Gauteng province before I came in Frankfort and I start learning grade 1 In phumlani Primary School in Tsakane from grade 1-7 and my grade 8-9 in Reshogofaditswe Secondary School in Tsakane and in 2014 at 11 December I came to free state and now I am doing my grade 9 in Falesizwe senior secondary school And falesizwe is a good Secondary in namhadi Frankfort.

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

When I was tsill leaving in tsakane in 2014 when we going get report I get that I didn't make it then I start drinking alcohol and smoking drags like shwag and I knew that I am doing bad thing and when I am sitting I was thinking something that is bad and the thing that I was want to steal was going to help me, and my friends tell me don't do that thing.

**Name: Sekele**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

My name is Sekele, I live in Frankfort. I am from family of 5 I have two sister wich are twins, Mother and father. We live in a small house and I share a room with my sisters, because we live in a 3 room house. I was born on the 18<sup>th</sup> of May 1997. I enjoy playing soccer, listening to music and being with my two sisters. I run a small business which is selling sweets, because I help my family through fanacial problems

## **Question 2**

### **School Background**

#### **Response**

I started school in 2004 when I was 7 yrs old. I started in the school called evaton primary in Gauteng and I didn't finish my education there I cam back to Frankfort to learn. My loved me. Whe I was 10 yrs (Gr 09) I almost faile my june exam. I fell for peer pressure and got date for the first time. I failded term 4 and passed with condone. I went to the new high school Tweeling. I finished grade 10 and 11 when I was 17 and 18 yrs

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

It was in 2013 when the suicide happen or take place. In December 20-25 in Chistmas day. When all people celebrate we were in the house looking at the window. We saw a beautiful women passing by, they we 6 girl in all. One of them called cindy. She saw her boy friend and he slapped her until she cries we came out and wanted to help her. She ran away going back home . while running she got to the shop and brought parrafing and drunk it the same time and no one was trying to help because she was a prostitute Zwane Gift

**Name: Thenjiwe**

**1. Family Background**

**2. School Background**

**3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

My name is thenjwe Mokoena. I am 18 yrs old. Mt family we are 4 in the house . I have a small sister and two grandparents. My father died when I was two years old he died in 20006-04-06

when tomorrow it was my birthday. The place that I was at Nelspruit at 10 am the day is 20003-06-24. The reason why my father died he has sugar diabetes as I have it. Its always get wet every after 15 minutes. My family didn't know he was saying goodbye.

## **Question 2**

### **School Background**

#### **Response**

I started school when I was 7 yrs old I have started my grade 1-7 here at Meduwaneng PS my first day at school was boring I didn't know anyone even my teacher. I was so afraid when I saw teacher shouting others. The first term I passed it but second term I failed the teacher told my mother that my problem is id ont know mathematics. At home ive stopped playing I have studied hard to pass term 3 ihave passed. I love other children I give them a love because at home is me and my sister. We always feel so lonely. I have finished primary school now I am at Tweeling High School I have passed senior phase But now I am at junior all I know is my carrer continue

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Moipone Makhoba because that girl is a bad mouth a rotten mouth. She made bad news about other and proctete himself by killing but she hasn't succes

**Name: Dibuseng**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

My name is Dibuseng Twala. Iam in grade 10 at Tweeling High School. At my family we are five(5). Its is my mother, brother, sister and little siste. We are so midde of rich and poor. My mother tryed hard to work for us and brother my father deid manyyrs ago. I was about 3 yrs old. My mother worked at the farm and my brother work at town. My mother are 39 yrs, my brother have 19, my sister have 21 and my little sister have 8 yrs old. I have 2 uncle, grandfather and gradmother. My sister have 2 children.

## **Question 2**

## **School Background**

### **Response**

I am Dibuseng Twala at Tweeling High school. I'm in Grd 10c, my teacher is meneery Dace. I started Grd R at Phuthadichaba Heilbron school until GRD 5. At school I have 3 friends. Their names is Molebogang Tsotetsi, Mampho Molekeni and Nomasonto bonto geni. Other boy liked to treated children out toilets are datity, and we don't have top. We have to come along with our food, water and money. But principal have to tried to buoyght JoJo.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

### **Response**

Few months agao, there were Girl called lebogang Mtombo. She was trying to killed herself by drinking poison. She was trying to killed herself because she killed someoneelse. She is in GRD 8 at Falesizwe Secondary School.

**Name: Lindokhuhle**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

I am 15 years old I have 2 sisters I am the last born in my home but when I was maybe 1 month-5 years I was living with ny grandmother wh otok care of me and raised me, I was not raised alone I was with my cousin Ntekeleng and Teffo, Lerato and Nthabiseng after years live with my parents I lived in villers and now Frankfort.

### **Question 2**

#### **School Background**

#### **Response**

I am in grade 9 I first started school on Zanele in Villers but now im in Falesizwe I am a very talkative peron I like laughing and I am very shy when it comes to people. I have lots of friends at school we are all friendly in our class, I like doing my school work. I was learning in gughulethu my favavrite teacher was Mrs Mochela who teach me zulu and now my zulu teacher is Mrs Mofkeng.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Suicide is when somebody tries to kill himself or herself or just thinking about killing someone or something that is alive. I once thought about suicide but I managed to escape those bad thoughts.

**Name: Masoleng**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

Im 17 years old my name is makubeni. I have two sisters and one brother and my little sister is four years old. My brother works at the kitchen and my ather works on a farm called Mooigelegen farm. At home very poor but we can eat we can was ourselves I live with my aunt at home. She can protect us well as she can to buy food to eat she is a kind woma..

### **Question 2**

#### **School Background**

#### **Response**

I'm in high school at falesizwe secondary school. My school have many years but its still beautiful like a diamond. I like that school very much. It's a very nice school I've ever meet. Everybody speak about our school how it's beautiful they want their children to go there when they grow up. That school yoo is nice school. I need to finish my grade 12 there. Our school is a very quiet school to study at. It have a play ground toilets and have a very big hole. Thank you very much

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

I have a smaller aunt called Ntabiseng. She is 21 years old, she tried to kill herself with jik. She say that she is tired with this life. Second she tried to kill herself with pills that day she mostly

has died. She took maybe 20 pills in one time. My father took him to the hospital fastly, my father didn't want their last born die. That why she tried to kill herself.

**Name: Sipho**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?:**

### **Question 1**

#### **Family Background**

#### **Response**

We are three children at home. I am the first born. The second born is a boy and the third born is a girl. My mother is in Bloemfontein. She is working in the department of social development. She is a social worker. My father works in the correctional department as a prison warden. We are staying with my grandmother at home. She helps us with our homework's were we don't understand. She makes up stories before we sleep and she likes to make funny jokes. I am glad to have such a thoughtful granny in my life. My granny likes the kids that goes to church every Sunday because if we don't go she will punish us.

### **Question 2**

#### **School Background**

#### **Response**

My first school ay was in January 2008. I was six years old, my first class teacher was Mrs Mbele who is pensioner now. On first day I was afraid of many learners and many teachers. Our parents accompanied us to school for a week. Then from there, I enjoyed school. I failed in grade four 4 as I was not ready for grade 5 five , because I was the youngest in the class. I was feeling so badly my friends go to grade five and im still in grade four. I thought I must should study with grade three. But im glad I didn't kill myself. My arents encourage me that I shall be alright don't lose hope and don't give up. Almost I took advice now im in grade 7. I want to show my educators how best I am.

### **Question 3**

I say my friend blontle. She lives in Boksburg. She want to drink paraffin. I asked her why she want to kill herself, she told me that her mother doesn't like her. Her mother is abusive and also his uncle because his brother died by a car accident at Meks Maholo. They beat her even she

sleep. I feel so bad about my friend. I told her that she must go to speak the social worker or even my mom. So that she can get help. Not to try drink paraffin.

**Name:**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

**Question 1**

**Family Background**

**Response**

In my families we have a good background we have never fight for nonsense things if you have a problem with someone you tell the elders and they sit with you down and sort out things. We have had ups and downs but they are sorted now and we hope that they wont happen again. My grandmother is blind and wants to see again that's a problem because she is not able to go further distance, its either she goes by her own foot or a car she is not able to take long she once told us that she cant travel long. at home am a miga family on the Nhlapo family I am also a nineth grandchild. We are one united family. I am so happy of being in those families. We respect each other no one is bossy .

**Question 2**

**School Background**

**Response**

When I was young I went to lesedi crech it was fun. When iwas 5 years I graduated, then next year on which I was 6 years I went to Gugulethu I school that's were I started my grade R-8. I remember in grade 5 we through a party in the class but we asked for permission first, then some girl stole our coldrink but hey we were not interested in that an din grade 6 we also through a party that one was the best because we were not arguing for things because class teachers was there. We went on a N.S quiz it was fun we were in position 4 out of 10 groups we got R50, certificates and silver medals our group was BFF's (best friends forever) and today we are still bff's but two(2) people are out on our group. In grade 8 we went to farewell at emera;d it was fun, I really enjoyed myself. Now I am in grade 9 at Falesizwe, its so much fun.

**Question 3**

**What do you know about suicide? Or any experience you have come across?**

## **Response**

I know about people who want to kill themselves for boys that's suicide they are committing it. And I haven't experienced such thing because I don't care what people say or do about me. I live my life not other person's life.

**Name: Hlubi**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

Me and my Family are living a normal life but sometime there are many bad things that must happen. I live with live with my two brothers and my one sister my mom and dad had a divorce but they both support us with everything that

## **Question 2**

### **School Background**

#### **Response**

When I'm out of school am a good person but sometimes I become bad cause some of my friend dodge periods. I am a zulu learner and I have eat school food but at all I am not that corrupt.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

People kill them selves cause they have many problems that cannot be solved that They do such bad things by killing them selves

**Name: Zwane**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

I came from a family of four children three girls and one boy. I have both parents we live right here at Frankfort. One of my parents suffers from stroke. That is my father. He was told to leave his job but my mom is still working, everything is depending on her. One of my sister is working at Bloemfontein. But she does help my mom here and there. I appreciate everything that do for me and my other siblings. I love and appreciate my father, that he cant talk and walk without his right leg.

## **Question 2**

### **School Background**

#### **Response**

I am a learner at a school called Falesizwe. I really enjoy being around people that love me, even though some of the learners don't like me at all, but I went there to build a future for myself. Before I came to this high school, I attended my primary school gugulethu. That is where I met a person I couldn't trust and I could share everything with. That person became a best friend to me, we are even in the same class this year. Her name is lindiwe.

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

I went through a bad year last year. It was my first time experiencing this when, my father experienced stroke. It was during my last exams in November. I've never seen my mother cry like that. I had a mathematics exam to write.

**Name: Ian**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

In my family background I was so young when, my grandpa died. And my mother says we were 10 of all my family home, and another people die like I said on top of paragraph 1. I grew up without seeing my father and I grew in a poor family, so I want to work hard and make my family better. My children's mother we are six children, my family lives better but not that better. That things of growing without knowing your father it makes me angry and sad. But now is gone I started my life knowing and forgetting about it.

## **Question 2**

### **School Background**

#### **Response**

When I started school I started when I was young, maybe I started when I was 7 years old then I go in grade two and I started telling myself a school is important in my life if you are not educated you will never get a job anywhere. And I started school in 1997 up to 2002 I was in grade 7 C I mean I am in grade 7C now, and when I started school I was so scared but the days go and go I started knowing people meeting some friends. And my favorite subjects are Sesotho, social sciences, Natural sciences and Maths. And school is important in my life because if you are educated you mean something in life.

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

About a suicide a suicide is someone who wants to kill him/herself about something that was wrong to him. Or someone does that to him that he doesn't like, and that's why he wants to kill because he felt angry or bad about that things happened to him. People if people kill themselves is nice and is not right is wrong

**Name: Evlyn**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

Before I came here I was staying in Newcastle, it was very nice living there but because of my aunt I had to leave and come and stay at Frankfort. My aunt was living here at Frankfort alone with two little boys and she was not used to Frankfort she was also scared to live here, so my mother asked if I could come stay with my aunt. I agreed and I was also happy about staying

at Frankfort when I have arrived here my aunt was so happy and she was such a very kind person to me but when time goes on she showed me her kind of person she is, she is very strict and she even cant allow me to visit my fiends I only go outside when she ask me to go somewhere.

## **Question 2**

### **School Background**

#### **Response**

My school backround is very big, it have stairs with many step and my school sometime become undisciplined because of the learners not teachers. But before was at school called Sithobelumhethu S.P School for my grade 5,6 and 7 , I ddidnt do anything wrong eventhough in grade 8 and 9 I was at falesizwe. I chase to come here at falesizwe because it was only biggest school ,but except that I chas to come here because I love this school.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

The experiance I have come across in peer pressure. I sometimes look at my self in a mirror, I then judge myself at many things.

**Name: Tumelo**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

My name is Tumelo, I born in 1996. I live in phomolong. As I said I live phomolong section. I live in a small house with my both parents in a three room house, a kitchen and bedrooms, luckily my parents have only one child, including myself and we are all boys, so it is easy to share the room because we have same danger. My parents try to make our life easy. My work at manucipality and my father drive trucks in herrismith. Everynight we use to play scrable while watching T.V.

## **Question 2**

## **School Background**

### **Response**

I attended a pre-school at Buhleburile edu-care, then I went to Thuto-ke-tsela primary school I really loved that school because it had many excellent different features, we had a library at school and sports grounds most lovely thing I liked about that school it has group organisation like soul buddz and save the children where we were able to share our problems and situation safe. I did be part of scrabble and spelling B members after grade 7 I went to falesizwe senior secondary school(GET) general education training which is senior and F.C.T. Falesizwe is a big school in Frankfort and also have excellent feature it has multipurpose, Maths lap and wifi network even school hall so that we can be protected from rainy times and winter being cold

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

### **Response**

When someone try to kill he/herself in different ways. Or someone do that to him that he don't likes, and that's why he want kill because he felt angry or bad about things happend to him, when you try to kill yourself that will put your family in a serious problem. Some people commit suicide because of stress and depts.

**Name: Qhekeka**

**1. Family Background**

**2. School Background**

**3. What Do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

### **Response**

I am from a family of six girls and one boy. I am the last child in my family. I have both parents. I love my grandfather even though it is always said that I to have a nose that look like his and that he was the wisest man in my family. My grandmother was the sweetest women I have ever knew. She was so loving, caring, kind and sweet. She always gave me the best advice on how to always conquer and show the world that I can really do it. I love my family though, and who are we without family?

### **Question 2**

## **School Background**

### **Response**

I started school at Gugulethu Intermediate School. I did my grade 1 and grade 8. It is the best primary school in Frankfort. Cause I learnt a lot of thing from my grade 1 teacher. She was the nicest person, she always taught us to love GOD. My teacher was god-fearing. At the beginning of 2015, I came to Falesizwe Secondary. My first day at this school was very exciting with all mt friends. I am in grade 9a, in Mr Z. shabangu's class. The real reason why I come to falesizwe is because it is the best school with the best teachers.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

### **Response**

Suicide is when a person kills himself or herself, because of abuse or emotional abuse or maybe relationship problems.

**Name: Nteso**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

At home we are a family of five that is my mom, my father, my younger sister and younger brother. Both of them they go to school at meduwaneng.

### **Question2**

#### **School Background**

#### **Response**

When I was three years old my parents took me to little flower crech. When I was five my parents took me to gugulethu for grade R until I finished grade seven. After grade seven I went to study at falesizwe college next to parys. I studied there from grade eight until now I'm in grade 11.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

## **Response**

Suicide it is when somebody decide to take his or her life. I am going to tell it like it is- if your husband abuses you it is because you allow him to. He can be arrested you.

**Name: Nteso**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

My name is katleho totietsi im a grade 12 learner from mfundo thuto. I stated school in 2003 I started in primary I was seven years old. In my family I have both parents I have three sisters but I stay in my grandmother's house I was born in 1996 in mafube hospital I have a small brother even my big sister he is in grade 12 to. In my family we have passed through a lot of trouble but we are very strong. I started living in my grandmothers when I was a small little kid.

## **Question 2**

### **School Background**

#### **Response**

I love school very much because education is key to success in your dream my favorite subject is physics and science if we want to succeed in our dreams we must be educated. Education is very important thing in our life. I love school because it can teach us many things in our life so that we can succeed people like to quit school because they don't know how important school is. I like to study because I want to change my family education can put you in many thing and you will succeed like many people who like school, school is very important thing in our lives if you don't study you won't get what you have dreamt of in your life

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

What I know about suicide is when somebody wants to take his life I know few people who tried to kill themselves their names are moipone & gontse they are my class mates we are n the same class in grade 12.

**Name: Moyeni**

1. **Family background**
2. **School Background**
3. **What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

We are six in the house including my parents and we are living a normal life under the mercy and protection of God. I love my family because there are no fights between us or saying vulgar languages, respect each other because we are up by good parents who taught us everything. When God made mothers He gave me the best.

### **Question 2**

#### **School Background**

#### **Response**

My first school was Meduwaneng primary school I started attending at the age of seven years until I finished at the age of 14 years. I went to high school named Falesizwe until I reached my matric. Doing grade 12 is not that simple because you must start preparing yourself from the beginning of the year. Matric is a divergent grade that needs time and elucidate. You must study hard so that you get your final matric results you will be so ecstatic.

### **Question 3**

#### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

Suicide is an action of one killing one's self deliberately I haven't come across such things or think about it in my life.

**Name: Morena**

1. **Family background**
2. **School Background**
3. **What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

In 2004 my father was drinking alcohol he was coming out at home earlier in the morning and my mother was fighting for so my father he decided to live drinking know my father decided to live drinking no he is no longer drinking alcohol. Now we are living a better life because my father is no longer drinking now we are always happy because there is no one drinking alcohol and there is no one using drugs weed and dagga.

## **Question 2**

### **School Background**

#### **Response**

At school I do all my activates all the time. but now I decided to dosh because my friends are doshing and I decided to do that because my friends are doshing. One day I came back at 12 o'clock and my mother ask me that why did I came back earlier today and I said there is no teachers at school and was laying so I decided to live that I told my friends that this year I want to pass when iam doshing I will never pass so no more doshing school I want to pass.

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

I know that people are killing themselves for their own risk or they kill themselves for someone who is doing the wrong thing in their life.

**Name: Rampai**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

At home I'm staying with my grandmother and my little sister. My mother assed away when I was 8 years old. with my family we are having a happy life but we use to fight but everthing will be ok when times goes on. My grandmother is 65 years old she only had 3 children. There were only girls she did not have a baby boy, my grandfather also passed away last year on the 15<sup>th</sup> October. At home we hae each other and we respect each other.

## **Question 2**

### **School Background**

## **Response**

I started school at shadrack mbambo at Gauteng then I passed grade 1 I moved to Frankfort when I was seven years old I started my grade 2 at gugulethu primary school. My class teacher was mis ev hadebe I got a friend who is still my friend when i wasn't gtade8 I was selling so that I can have pocket money my grandmother will bake for me then in the morning I take the bucket of cakes to school to sell them. My grade 9 im doing it at falesizwe, I started this year. My class teacher is mr shabangu.i really love to be at falesizwe its nice to se new teachers new school I wish I can pass to my grade 10 next year.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

## **Response**

The year before last year my aunt had a car accident he wheel of the car come out the cars start rolling 3 times with her inside but she didn't die, she is still alive. We always thank god for saving her life

**Name: Victor**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

I come from a big family, my dad and mom were living at hamanskrall before coming here at Frankfort. all my dads children were 6 and my mom were 6 but all in all we are 8. my parents have four grandchildren. Our surname was changed due to apartheid we were hadebes but now we are Radebes at first I couldn't understand how we were relatives with the Hadebes but now I do

## **Question 2**

### **School Background**

#### **Response**

My school was once burned by some silly thing but I still love it like that. I love all the teacher who teach the I always love being one of the learners ere I love the uniform here. Even though there were rumors that this school has evil spirits I love it still.

### Question 3

**What do you know about suicide? Or any experience you have come across?**

#### Response

I tried committing suicide once because Mr. Moloji our family friend died due to illness and jealousy. When he died I also wanted to follow him because he was my motivator God took my other part of life.

**Name: Ndaba**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

### Question 1

#### Family Background

#### Response

~~My father passed on~~ My family is from Helibron. My father passed away when I was about 3 to 4 years old. I am the second child. My grandmother passed away and my sister passed away when I was 8 years old. My uncle has 2 children a boy and a girl they are twins. They were born during 2010. My grandfather passed away. I don't have a grandfather anymore. We used to live in a shack but now we live in a first brick house. My aunt bought a car in 2009. The house is not fully finished there are some things that need to be fixed.

### Question 2

#### School Background

#### Response

I started at a Nursery. My first school is Gugulethu Primary school. The school has 8 grades. I started at the age of six in grade one. I have never repeated a grade in my life. At school I had a streak of not failing a term but I later broke it. My first grade one teacher was Mrs. Nhlapo. At grade two I was in Mrs. Madibo's class. Grade 3 Mrs. Sgasa Grade 4 Mrs. Motaung Grade 5 Mr. Tsotetsi Grade 6 Mr. Stoner Grade 7 Mrs. Machello grade 8 Mr. Makhoba. Now I am at Falesizwe Secondary school I am doing grade 9 in Mr. Shabangu's class.

### Question 3

**What do you know about suicide? Or any experience you have come across?**

## **Response**

I know suicide is when someone kills him or herself. It has happened to my family. My sister killed herself on 2009.

**Name: Sipiwe**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

I am Sepiwe I have 16 years old. I live with my dad, mom, 3 brothers and 2 sisters. One of my brother live in Phomolong Section. Is my brother son of my dad. My dad have two lady. I live with my mother and my father sometime go their. I love my brother it is first born in our home. We lost our brother in 2001-03-11

## **Question 2**

### **School Background**

#### **Response**

I started grade one in Meduwaneng at Mrs Sethole. In grade I go Betlehem the school is Thebe. In grade 4 I go back to Meduwaneng and I live in Mamello Section I failed grade 5 I repeat it I was 10 years. My mom said to Mr Mosia. This boy must be fail because he had the lowest year I afraid my mother. And In grade 6 I passed I go the grade 7 in 2012.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

In 2000 my grandmother want to kill my grandmother. He make a poison so that my grandfather will die my father want to it ate food my grandfather die in 2000-12-05 I gauteng

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

My family's background is always sitting together as a family respecting each other and listening to others. When something happens (eg ceremonies, funerals and weddings) we start to tell the elder what is going to happen so that they can be with us all the way and those elders. They are very respected because they are our grandmothers mothers. As a family we like to visit grave yards or sometimes we are going to wimpy.

## **Question 2**

### **School Background**

#### **Response**

My background is that when I was young I wanted to go to school but when I was five years it was the time I started to go to school the first school I attended is LITTLE FLOWER PRE-SCHOOL and when the time goes I attended school Gugulethu.primary.School and I Enjoyed a lot in that school I wish I could turn time but now its too late for that because time wates for no one,now the year 2015 Its my first time in Falesizwe.Senior.Secondary.School and I want to be a learner which is respecting teachers and be afraid of them. As a child.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

I have been through many things in my life and I wanted to kill myself but I wont such thing because life is too short. You can succeed in life you only live once.

**Name: Zapata**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

Im 18 years old my father's name is thabo tsotetsi my mother is Motlounng Maria. My mother have three children one pretty and two boys. I was born in 1997 13 April. My mother passed away after been pragnent by me. My step mother told me that my mother passed away after finding me at hospital. lwas a baby when my mother pass. I don't how she was. Thank you. Guys

## **Question 2**

### **School Background**

#### **Response**

I'm Grade 12 leaner in Mfundo-Thuto Secondary-School but I started to be clever in Meduwaneng Public School in 2004. I started my grade 1 in Miss Mthembu but Grade 2 miss Selemela, Grade 3 Miss Mokoma Tshidi Gr 4 Miss khonuo, Gr 5 Mr-Mosia, Gr 6 Mr E.P Nhlapo Gr 7 Mr Mofokeng Gr 8 Mrs Mafuba, Gr 9 Mr Gaba, Grade 10 I removed Falesizwe but they didn't agree me, So I got back To Mfundo-Thuto. Until Grade 12. In grade 1 Miss Mthembu was very kind she made me her son with broken heart Thank you.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Suicide is person who wanted or want to kill his/herself I wanted to kill myself because I failed my terms of grade 7 I ate the ratex then I went to hospital send me up to Bloemfontein. So when I wake up Ive seen doctors and nurses. So I don't want to kill myself. Okay guys my name is Boy Zapata. Thank you.

**Name: Selometse**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

#### **Response**

### **Family Background**

My family is a caring and loving family I couldn't have asked for a better family. The is always happiness when our family is under one roof. I could say my family is the best in the world they treat us equality we get want ever we want but not all the time. I have got the best grandmom and the best parents. I am loving my life.

## **Question 2**

### **School Background**

#### **Response**

I started school in 2007 at Gugulethu Primary School. My grade 1 teacher was Mrs Skhosana she was one of the best teachers. After a year then I was promoted to grade 2 I had an amazing teachers to Mrs Madibu. Then I finish my grade 8 at Gugulethu I wanted to see myself at Falesizwe S.S.S I worked hard now am here I am still going to work hard to see my self succesful

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

I have seen are guy trying to kill himself because of his cheating girlfriend but luckily enough his friend talked him out of it.

#### **Name: Matsole**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response:**

My name is Motloun Matsole. I was born in 1997-05-11 I live with my grandmother and grandfather but my grandfather passed away on 25 february 2015 and my family feels scared with my grandfather. My grandfather and grandmother have 5 children. Four girls and one boy but one girl passed away when I so young his name is Moduna Nomahlozi she leat he one boy her name is Moduna Mandla and all over my family we 12 and now we miss my grandfather and he love her children so much and we still love him and miss him thank you.

## **Question 2**

### **School Background**

#### **Response**

First time when I was 6 years old I started attending Lesedi Educare First time on my life when I going to school first day was kind of boring but second day enjoy. School is the key of our future My school name is Meduwaneng Primary school at MEduwaneng the teachers were always (goiding)teaching me to work hard n my school work. Then I told my self that nothing can stop me too be successful my family have striggle for me to get want I want I want then finish primary goin to secondary school I choosen Mundo-Thuto because it

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Suicide is when someone try to kill herself I have come to cross someone close to me tryin to kill herself suicide is a bad thing and it happen when someone depressed or have to much stress. stress is not a good option. My cousin try to kill herself of something that is so very small we fight over my braclet then that braclet was going to cost a life imagine, no guys we have to fight this suicide thing. Guys killing your self is not a good thing to do. If there is something bothering you talk too someone who can cancel a guide you. What about your family people who loves and cares about you they will love you so much life is a precious thing stop killing your selfs guys

**Name: Motsoeneng**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

### **Question 1**

**Family Background**

#### **Response**

My family is very nice family in my family. I stay with my grandfather and my grandmother and my two little sister. In my family we can not the same as common. But my family is a good family the take care of me. My big sister is a good sister, my brother is a seuuos on his school work. But my mother is taking care of us.

### **Question 2**

**School Background**

#### **Response**

I start to go to school on 2005. I was 7 years old. I was very young and clever. Education is a key of success. Without education you will end up eating bones just like dogs eating left overs, of your age. Friend because you didn't success. I love school every much because school is important. I started my first of Meduwaneng Primary School and next year I want to finish my studies at Mfundo Thuto Secondary school. Because I want to aim high as the amplep say aim high.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Is the intentional killing of your. Yes is two girls in grade 7a they want to commit suicide. One girl she said my boy friend she said she don't like him. She said to me I want to drink paraffin. Other girl said please give me a sicceze I want to kill me. But we drag to solve that problem. Thank you.

**Name: Sonti**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

##### **Response:**

Family member Grandmother; Mahamotsa Sophie Grandfather; Mahamotsa Somuzi Uncle ;Mahamotsa Paul Aunt; mahamotsa Evlyn (sonti) Lil sister; Moobi Seabi Mother; mahaotsa maki Me; mahamotsa seipati

I live with my family and take care of as I make them proud every term. I started at poelano primary I was only 6 years old in 1994. So my family we are a normal family when we need something we call my mother at kronstat or my granny call her old boy victor. We live happily and things that make me sad is seeing my father's mother after my father died they tieded as bad at kicked as at sunrise.

### **Question 2**

#### **School Background**

##### **Response**

I started school in 1994 I was a brilliant child until I got in grade 7 at primary. I did not fail but when I reach grade 9 it was difficult so I failed term 1 but term 2 to 4 I passed. Grade 10 and 11

I was not looking at my books playing my mother told me that if I listen to my friends I will not pass and I will be old in the same grade so I took advantage by listening to my mother it was in 2012 I was 15 years old. At school people who make me sad are boys, boys make fun of us like a we are their puppets are tell them the punch.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

Maduna Tau killed himself because his family did not love him. his family was against him they always talk negative things about him and they said to his teachers that Tau answer back and he's disrespectful and that happened after his parents passed away, they treated him like someone whos not a normal person.

**Name: Nkosana**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

### **Question 1**

#### **Family Background**

#### **Response:**

My family backround my family started to belong together at 1841. My mother and father meet at 1847 at sebokeng they move sbokeng 2005. They came frankfot my father get a job slaagpaal and my mom get a job at absa bank my mom like to cook and my father and my family like people my family is riendly they aways happy they don't like to see other people sad

### **Question 2**

#### **School Background**

#### **Response**

I started school at gugulethu grade r. and I like to do my homework I study until I finish my grade 8 . after finish my grade 8 I go to falesizwe to do my grade 9 and I always like to finish my grade 12 and go to university to be a doctor. I like a maths subject.

### **Question 3**

My tired to kill himself because he was sad because of family he failed his grade 12 she was angre to tell them

**Name: Siphso 2**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

**Question 1**

**Family Background**

**Response:**

I was born in 1997 on 17 September. In, Frankfort and I have been raised in namahadi. I'm only single to my mother and I have been raised by my grandmother because my mother was working out of ht town. I only have four uncles and four aunts. We are just an ordinary family but my two uncles are working with my mother. Two are unemployed currently, but they are helping me with my school work and things which are necessary at school.

**Question 2**

**School Background**

**Response**

I have started school in 2004 at meduwanemg p.s I was only seven years old and my first teacher was Mrs. mathembu and my previous principal as Mr. T,Mofokeng. At school I was performing drums and I was going to competitions. I was passing by flying colors. My favorite teacher was Mrs. mothembu and Mrs. mosia, up until I finished grade seven and went to falesizwe S.S, that is where I met Mr. motlounge who inspires me currently and until now.

**Question 3**

**What do you know about suicide? Or any experience you have come across?**

**Response**

Suicide is someone who kills himself or herself. My friend killed herself when she found out that she failed grade 10 ten, that's whereby she took poison and poisoned herself and she died suddenly.

**Name: Beaty**

**1. Family Background**

## **2. School Background**

### **3. What Do you know about suicide? Or any experience you have come across?**

#### **Question 1**

##### **Family Background**

##### **Response**

My family background my family were don't understand each other my family last stof year my mother were loved to drink alcohol when I was in grade 3 so my father an dmy mother they were love to fight so my family were don't understand after my mother and my dad do a divorce Everything was ok because my mother last year leave alcohol so me and my sister we were like to fighti but when my parent going but this year me and family every thing is ok we love people.

#### **Question 2**

##### **School Background**

##### **Response**

At school when I do grade 6 I were very good with my school work but at grade 8 and 9 I don't love to read but gugulethu any teachers were no me but accept mrs Nhlapo she were don't love me and her subject I were fail it but after out at gugulethu everything was fine thank you

#### **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

##### **Response**

I know when you kill yourself you go to hell but when you don't kill your slef you never go to hell and when people die other people's born that person other dig at the soil I only know that.

**Name: Malchubu**

## **1. Family background**

## **2. School Background**

### **3. What do you know about suicide? Or any experience you have come across?**

#### **Question 1**

##### **Family Background**

##### **Response:**

My name is olifant a grade 10 learner from tweeling high and am 15 years old. I was born in 17 January 1999. At home I live with my granny, my sister, my uncle and my sisters son actually we are five and we are a happy family. I don't have a mother, my mother died in 2006 the exact year I started my schooling, but that didn't affect my work at school. I carry on studying until I forget our loss as a family.

## **Question 2**

### **School Background**

#### **Response**

I started school at meduwaneng primary in 2006 and I enjoyed being at meduwaneng. I studied there until grade 7 and I joined Tweeling High at grade 8 and I'm still at Tweeling. At first I didn't enjoy being at Tweeling, but now I'm proud to say I'm fitting in, I have friends and everything I need. Even at school I'm achieving good marks and I am a good student. I like being around my friends and studying and I like my work.

## **Question 3**

**What do you know about suicide? Or any experience you have come across?**

#### **Response**

I don't know much about suicide but mainly watch it on TV or around our community when people are killed or kill themselves

**Name: Nthabiseng**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

**Question 1**

**Family Background**

**Response:**

The family I live with at home is a parent my big uncle and my sister with her child and me only the lifestyle we live is an unsuffering life but we live good as long as we eat at home my mother is not working only my sister is working in komdraai and coming with something

**Question 2**

**School Background**

**Response**

At school im here for studying but for me and for myself im here for playing cause last year live played a lot after I failed my parents was happy firstly when I was doing my grade 9 at falesizwe secondary senior school only me I am learning in secondary my small sister is in primary grade 7 so my sister is in Sasolburg in secondary grade 10 so I don't want to lose again my family thinks about is smoking.

**Question 3**

I experience, I know about is if you have failed a lot here at school they will push you until end of grade 12 and you worth be more study and any job now they will need grade 12 certificate

**Name: Leboheng**

- 1. Family background**
- 2. School Background**
- 3. What do you know about suicide? Or any experience you have come across?**

**Question 1**

**Family Background**

**Response:**

I bam 18yrs old I live with my grandmother, two little brothers and my oldest 1 when is walking, I grew here free state but I wat to Gauteng to stay my mother and my step mother my step father

was treating me very bad so I went to stay free state with my grandmother and my grandmother is the person who like to be friendly some times and love people. My mother is living in Tembisa with two little sister my mothers children are four and my grandmother are 7

## **Question 2**

### **School Background**

#### **Response**

I started school at guteng living with my mom, I started grade 1 to grade 5 then I left Gauteng to stay with my grandmother my first school is Bussi Bee the second is Moduopops the one is Meduwaneng the fourth Tweeling High School I finished my grade 12 there at Tweeling High. I'm trying so hard to study to go to university, so that I could do my engineering properly.

## **Question 3**

### **What do you know about suicide? Or any experience you have come across?**

#### **Response**

I think the name suicide is anger you love in your feeling it is when you feel alone so you think of killing yourself.

#### **Name:**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

## **Question 1**

### **Family Background**

#### **Response**

I grew up on a farm. The name of the farm is Gretna Green. Me and my siblings all grew up there. I am the last born. We are a family of nine. Two parents both living. 7 children, all of them still alive. Five girls and two boys, of which 1 am one. My other three sisters are married with families The fourth is away from home working in big cities. The last one is still at home. My brother tpp lives in our township but is married with his own family. I am at school

## **Question 2**

### **School Background**

#### **Response**

As I have said I grew up on a farm. I did my grade R up until Grade 3 there. When I was supposed to do my Grade my parents sent us to the township to get better education because we only had one teacher on the farm who taught all the Grades. When I arrived in the township I was supposed to proceed at school from Grade 4 but because I couldn't write and read my class teacher referred me back to grade 3. The Grade fitted well with my age because I will complete grade 12 at the age of 18 which is still acceptable The name of the farm school is rapere, it closed few years after we moved to the township because the teacher was a heavy drinker

### **Question 3**

I don't know a lot about suicide except for that people do it if they can't cope with their everyday problems. No one in my family has attempted it and none of my friends have committed it but I have heard from hearsays that they do it because of love, when they run away from debt collectors and police.

**Name: Moleboheng**

- 1. Family Background**
- 2. School Background**
- 3. What Do you know about suicide? Or any experience you have come across?**

### **Question 1**

**Family Background**

**Response**

I stay Namahadi Frankfort at home I stay with my Brothers at home we live a normal life at home I am a last bone and I don't have one parent my mother but my father still alive he buy food every the end of mou... and we still live at home my both brother are working but they don't earn better salary

### **Question 2**

**School Background**

**Response**

T school come to learn and fix all problems that we get at home during weeks and I wish I could build a home to my family but I can't because I am still learning at school and my problem at school I don't understand other teachers and others teachers we don't write their work during school hours and other thing that can make us not get bright future is because we can't behaves like school children we think that we clevers.

### **Question 3**

**What do you know about suicide? Or any experience you have come across?**

**Response**

Many people killed their self and you ask why that person killed himself that person he got problems and now he can't fight his battle. He think that is the end of his life and if he can't kill himself he will get more worse than before and you will killed yourself.

**Name: Kabelo**

**1. Family Background**

**2. School Background**

**3. What Do you know about suicide? Or any experience you have come across?**

**Question 1**

**Response**

I live In a family of 3 is me, mother and my big sister who recently has moved in. I was raised by my grandmother an d I have a nice home a mother is willing to do anything she can to give me what I need. In short im living a ,idle class life im not poor nor rich.

**Question 2**

When I was you I used to fight at school. I used to dodge at crèche and went to four different crehce's. I went to three different primary schools. I participated in athletics, school rugby and I'm a member of the RCL in my grade.

**Question 3**

**What do you know about suicide? Or any experience you have come across?**

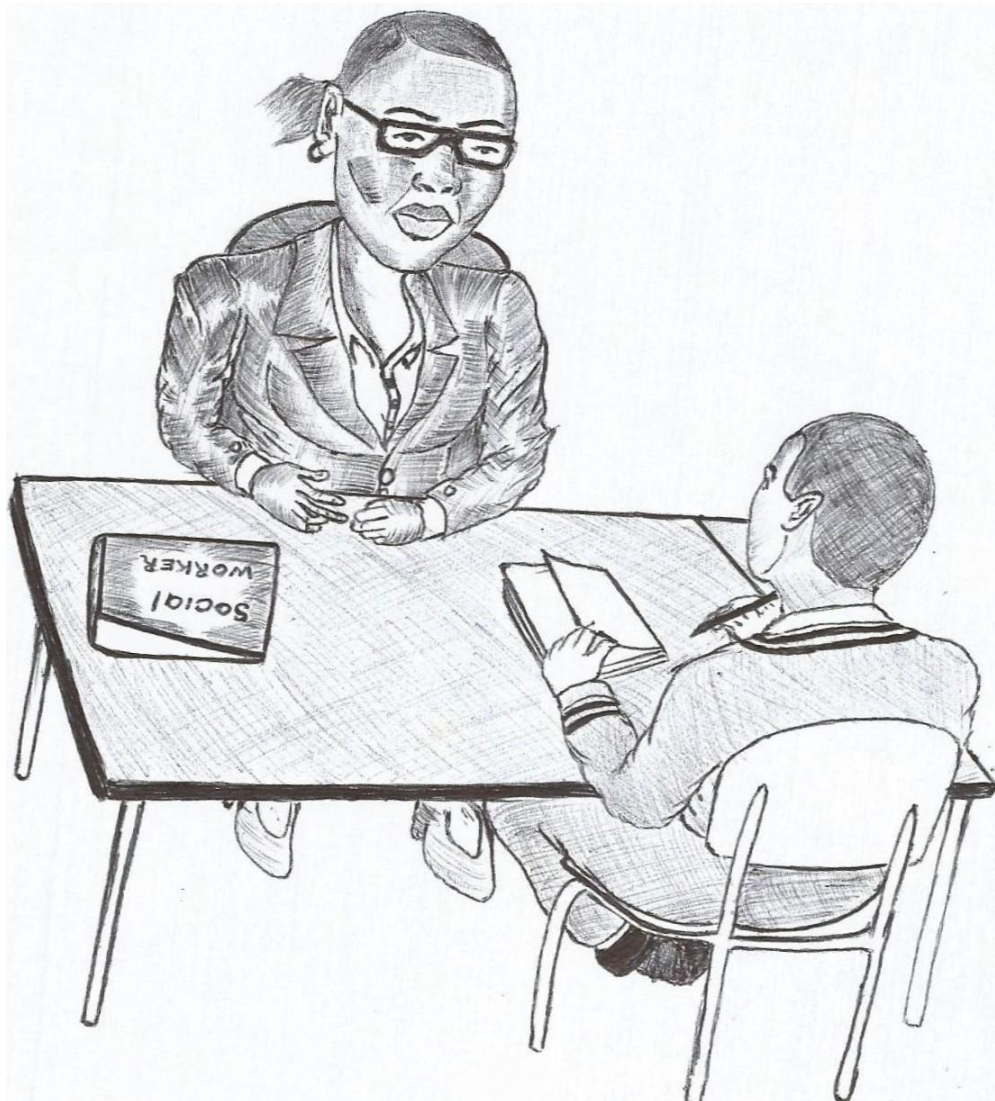
**Response**

Suicide is an attempt to kill yourself usually because of situations happening at your household e.g. abuse. Yes I once thought of committing suicide because of words that the only person I love in the world said to me.

**Appendix: 10**

INnk a<sup>1</sup> way in Which Suicide<sup>1</sup> b<sup>c</sup> Preve<sup>1</sup>; ed<sup>1</sup>; SCI1001!; I<sup>1</sup>; thC; SiJace Pro1<sup>1</sup> IOd. 1  
please make a drawing of what or who you think can help in Preventing young people  
from committing suicide. How Well you draw is not important

P 48



Therijwe 9c, 18 yrs

Tweeling High

GIVE ME YOUR FULL INFORMATION UNDER THE FOLLOWING HEADINGS BELOW:

1. FAMILY BACKGROUND

My name is Therijwe Maroena. I am 18 yrs old. My family we are 4 in the house. I have a small sister and two Grandparents. My father died when I was two years old he died in 2006-03-06 when tomorrow it was my birthday. The place that I was at Nelspruit at 10 am the day is 2003-06-24. The reason why my father died he has sugar diabetes as I have. It's always get wet every after 15 minutes. My family didn't know he was saying goodbye.

2. SCHOOL BACKGROUND

I started school when I was 7 yrs old 2000 I have started my grade 1-7 here at Medunwaneng PS. My first day at school was boring I didn't know anyone even my teacher. I was so afraid when I saw teacher shouting others. The first term I passed it but second term I failed the teacher told my mother that my problem is I don't know mathematics. At home I've stopped playing I have studied hard to pass terms I have passed. I love other children I give them a love because at home is me and my sister. We always feel so lonely. I have finished primary school now I am at Tweeling High School I have passed this senior phase. But now I am at Junior T11 I now is my career continue.

3. WHAT DO YOU KNOW ABOUT SUICIDE? OR ANY EXPERIENCE YOU HAVE COME ACROSS?

Moipone Makhoba because that girl is a bad mouth a rotten mouth. She made bad news about others and proccete herself by killing but she hasn't succes

I would like to understand your drawing. Help me to understand your drawing by writing a paragraph explaining it. You may write in any language you like. Should you have any problems in writing you may tell me what you wanted to say and I shall write it down for you. I shall read it back to you thereafter.

Many children commit suicide because they don't have anyone to talk to about problems that they are having. So basically what my drawing is suggesting is that at schools the School Management Team (S.M.T) along with the Department of Education can organise Social Workers and Psychologists to visit schools at least twice a month to have one-on-one counselling sessions with the pupils, I believe that this is whereby they can pick up children that are emotionally troubled and thinking of killing themselves. I think this will help a lot of children to have a future.

Girl ~~15 yrs~~ Sr 10 15 yrs Tweeling High.  
Mkhopho  
Dibweng

## GIVE ME YOUR FULL INFORMATION UNDER THE FOLLOWING HEADINGS BELOW:

### 1. FAMILY BACKGROUND

My name is Dibuseng Twala, I'm in GRADE 10 at Tweeling High school. My family we are five (5). It is my mother, brother, sister, little sister. We are so middle class rich and poor. My mother tried hard to work for us and my brother sister were ~~born~~ ~~born~~ ago. I was about 3 yrs old. My mother work at the farm and my brother work at town. My mother have 39 yrs old, my brother have 19, my sister have 21 and my little sister have 8 yrs old. I have 2 uncle, Grandfather and grandmother. My sister have 2 children.

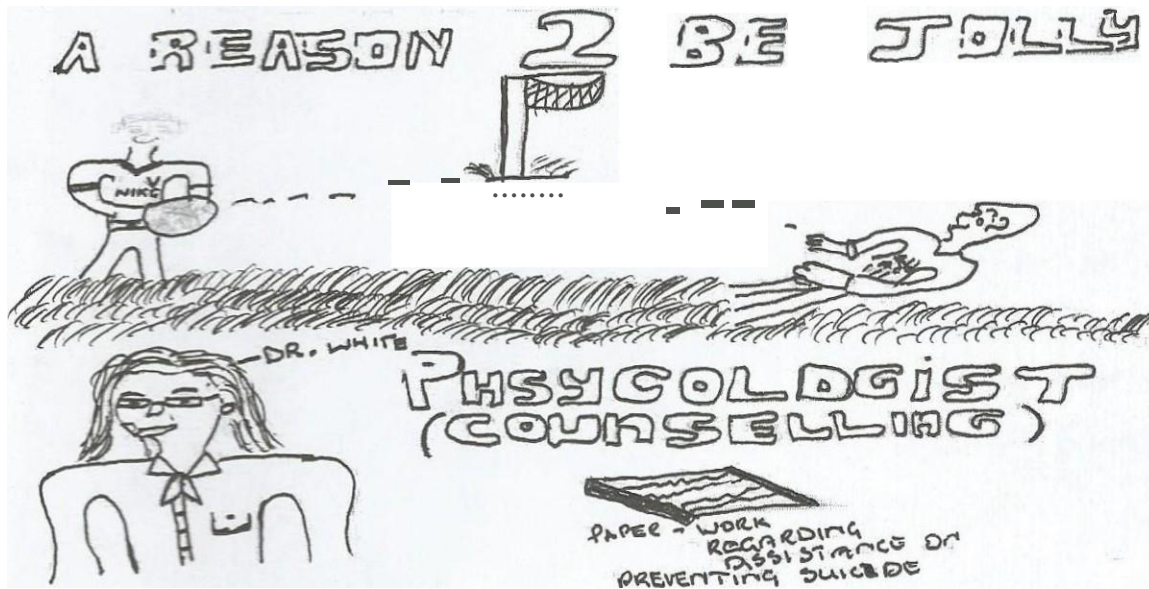
### 2. SCHOOL BACKGROUND

I am Dibuseng Twala at Tweeling High school, I'm in GRADE 10, my teacher is Mphahlele. I started at Phuthaditjaba Heilbronn school until GRADE 9. At school I have 3 friends, their names is Makhobane Tsotetsi, Mamphele Makhobane and Nomasondo bontogani. Other boy liked to treated children. We have to work for detity, and we don't have top. We have to come along with our food, water and money. But principal have to tryed to buygught 1000.

### 3. WHAT DO YOU KNOW ABOUT SUICIDE? OR ANY EXPERIENCE YOU HAVE COME ACROSS?

Two month ago, there was girl called Mkhobane Mkhobane. She was trying to killed herself by drinking poison. She was trying to killed herself because she killed someone. She is in GRADE 8 at Fole-Sizwe Secondary School.

The drawing shows two boys playing basketball together in front there is a basketball post on top there are word saying "REASON TO BE JOLLY "below there is a DR. White she is a psychologist .



.Mhlophe in his H ustration indicated that:"The drawing that I've drawn simply explaining on how can we be able to prevent suicide from schools, firstly this drawing of kids playing a basketball and my title saying a "REASON TO BE JOLLY" is actually saying a reason to be jolly you can be able to forget the negatives in life and bad attachments that may lead to such thing (suicide) for a picture a woman "DR WHITE" is regarded as a person whom can also prevent suicide in schools because I believe that she may talk this through in schools advising or gain if she can be able to negotiate this with the department that there should always be a class for just motivating and advising or more less counseling of any kid from intermediate phases to senior phase who are in such difficulties of trying suicide or committing suicide."

## APPENDIX: 11

DAY 1: MONDAY, 26 OCTOBER 2015		
07:30 – 09:30	Registration & Refreshments (at Heron)	
09:15 – 09:30	Welcoming Address: Prof E Fourie Venue: Heron	
09:30 – 11:00	Venue: <i>Heron</i> Session Chair: Dr AJ Van der Bijl (CPUT)	Venue: <i>Bishop</i> Session Chair: Dr A Fouché (NWU Vaal)
09:30 – 10:00	You can't go on teaching like this! <i>Dr C Olivier (Private)</i>	Teaching practice: perceptions of mentor / supervising teachers <i>Dr JA Souls (Ennerdale Secondary School)</i>
10:00 – 10:30	Project based inquiry – an approach in teaching practice <i>Mrs I Muller (NWU Vaal)</i> Presented by: <i>S Buthelezi, MA Kganakga, P Majola, G Masuku, O Mbele, P Moshosho, C Nolte, P Xaba,</i>	How and Where did you Learn to Teach? <i>Dr M Childs &amp; Prof P Bean (NMMU)</i>
10:30 – 11:00	Implications of TVT and AET/CET policy frameworks for teaching practice <i>Dr AJ Van der Bijl (CPUT)</i>	Teaching 4 <sup>th</sup> year student social workers how to evaluate a child sexual abuse parent-focused prevention programme: an authentic learning project <i>Dr A Fouché &amp; Dr E Truter (NWU Vaal)</i>
11:00 – 11:15	Refreshments	
11:15 – 12:45	Venue: <i>Heron</i> Session Chair: Prof JM Dreyer (Unisa)	Venue: <i>Bishop</i> Session Chair: Prof BJJ Lombard (NWU Vaal)
11:15 – 11:45	The reflective voice of a teaching practice student: "What a disappointment when you realise that your teaching practice dream has been scattered in pieces!" <i>Prof CA Jansen &amp; Dr HJ Kriek (Unisa)</i>	Multi-dimensional assessment in English for Foundation Phase <i>Ms AA Jensen (NWU Vaal)</i>
11:45 – 12:15	Perceptions of school principals on the effectiveness of a mentorship approach during teaching practice <i>Mr B Bunt &amp; Prof E Fourie (NWU Vaal)</i>	Suicide prevention among learners in northern free schools: the views of youth at risk <i>Ms I Makue &amp; Dr S Kwatubana (NWU Vaal)</i>
12:15 – 12:45	Types of mentors student teachers encounter and what value they gain from them <i>Prof JM Dreyer (Unisa)</i>	Fourth year student teachers' experiences of research methods modules: a case study <i>Prof BJJ Lombard (NWU Vaal)</i>
12:45 – 13:30	Buffet Lunch: Venue - Restaurant	
13:30 – 15:00	Venue: <i>Heron</i> Session Chair: Dr LF Meiring (NMMU)	Venue: <i>Bishop</i> Session Chair: Mr B Bunt (NWU Vaal)
13:30 – 14:00	Overcrowded classrooms: A nightmare for student teachers <i>Prof P Marais &amp; Prof EC Du Plessis (Unisa)</i>	The magic of puppetry to advance children's learning <i>Dr MJ Booyesen (NWU Vaal)</i>
14:00 – 14:30	Wat van die "sagte vaardighede"? <i>Mrs KE Buys &amp; Dr RJ Davin (AROS)</i>	Perceptions of support given to learners from child headed homes by the institutional level support teams <i>Mrs M Ebrahim &amp; Dr S Kwatubana (NWU Vaal)</i>
14:30 – 15:00	Squaring the Circle of School-based Learning <i>Dr LF Meiring, Dr L King, Dr D Edley &amp; Ms D Botha (NMMU)</i>	The potential benefits of a Puzzle Video Games - Cognitive Enrichment Program (PVG-CEP) on the development of critical thinking and problem solving <i>Mr B Bunt (NWU Vaal)</i>
15:00 – 15:15	Refreshments	
15:15 – 16:15	Venue: <i>Heron</i> Session Chair: Ms GJ Gericke (UP)	Venue: <i>Bishop</i> Session Chair: Prof ER Mathipa
15:15 – 15:45	Stress of student teachers during teaching practice <i>Mr NPR Mahlangu &amp; Mr NL Raulinga (TUT)</i>	An exploration of the role ethics play in building the professional character of the teacher <i>Prof ER Mathipa Mrs DM Mampuru &amp; Mrs S Mukhari (Unisa)</i>
15:45 – 16:15	Schools as sites for social change: applying the TEARS principle <i>Prof P Du Toit, Prof R Ferreira &amp; Ms GJ Gericke (UP)</i>	The role of the school governing bodies in creating an educative climate in schools: a case study of a school in Soweto South Africa <i>Dr MM Thekiso &amp; Prof ER Mathipa (Unisa)</i>

**DAY 2: TUESDAY, 27 OCTOBER 2015**

08:30 – 09:00	Registration & Refreshments (at Heron)	
09:00 – 10:30	Venue: <i>Heron</i> Session Chair: Prof JM Dreyer (Unisa)	Venue: <i>Bishop</i> Session Chair: Mrs T Viviers (AROS)
09:00 – 09:30	The value of teaching practice as perceived by post graduate certificate students <i>Dr S Kwatubana &amp; Dr M Bosch (NWU Vaal)</i>	Reflection: Models of work integrated learning <i>Prof E Fourie, Mr B Bunt &amp; Ms U Fourie (NWU Vaal)</i>
09:30 – 10:00	Integration and collaboration between students and subjects <i>Mrs R Botha &amp; Mrs M Möller (NWU Vaal)</i>	
10:00 – 10:30	When mentoring goes wrong <i>Prof JM Dreyer &amp; Dr BA Segoe (Unisa)</i>	Pak boekekenis weg want nou begin die werklikheid: leemtes in onderwysopleiding wat eers beseft word as pas-afgestudeerde onderwysers in praktyk staan <i>Mrs T Viviers (AROS)</i>
10:30 – 11:00	Refreshments	
11:00 – 13:00	Venue: <i>Heron</i> Session Chair: Dr MJ Booyesen (NWU Vaal)	Venue: <i>Bishop</i> Session Chair: Prof NMM Mbunyuza-de Heer Menlah (Unisa)
11:00 – 11:30	Verwagtinge en realiteite van Onderwyspraktyk studente ten opsigte van die mentoronderwyser <i>Mrs R Lemmer (AROS)</i>	Using whatsapp to enhance communication with students who are on teaching practice: the case of Lupane State University <i>Mr C Ndlovu (Lupane State University)</i>
11:30 – 12:00	Praktykgereedheid vir die onderrig van huistaal: Aros as gevallestudie <i>Mrs J West (AROS)</i>	Reflective experiences of Post Graduate Certificate in Education students during teaching practice <i>Prof MJ Taole (Unisa)</i>
12:00 – 12:30	An analysis of the competency of mentors in providing support for student teachers <i>Dr SS Ramapela &amp; Mr NPR Mahlangu (TUT)</i>	Evaluation instruments for Teaching Practice: Lesson to learn <i>Prof NMM Mbunyuza-de Heer Menlah (Unisa)</i>
12:30 – 13:00	Reflection on our visit to Netherlands <i>Dr MJ Booyesen (NWU Vaal)</i>	
13:00 -	Buffet Lunch: Venue - Restaurant	

**POSTERS TO BE DISPLAYED**

**NONE**