Suicide Awareness, Prevention, and Intervention Education of Middle School Teachers in North Carolina

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Abstract

Suicide is the second leading cause of death for fifteen to thirty-four year olds and the third leading cause for individuals aged ten to fourteen. Research suggests that community-based trainings and overall willingness to discuss the topic of suicide leads to a decrease in suicidal behaviors and attempts in the teenage population. The majority of suicide prevention programs are targeted at the high school population, though experts suggest that earlier intervention in middle school could help in reducing the amount of youth suicide. This research attempted to gauge current attitudes towards suicide prevention in middle schools. One hundred and twenty-five middle school teachers from across the state of North Carolina were surveyed on their attitude about how important of an issue youth suicide was in their experience, the climate of their current school at addressing suicide, the amount of training they have received over the course of their career to equip them with dealing with the topic of suicide with their students, and what suggestions they had for improving teacher development on the topic. Results showed that teachers recognized that they served as important emotional supports and advocates for their students, they were not extremely confident in identifying or approaching students who may be suicidal, and they desired more professional development and training in the area of suicide prevention and intervention. This information can help to reform policy in training administration, teachers, and pre-service teachers as it pertains to mental health in general, and to help develop suicide intervention programs.

Keywords: middle grades, middle school, teachers, suicide, prevention, intervention

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When I was a junior in high school, I lost one of my best friends to suicide. Although the event is not that far behind me, I have grown immensely from the experience in a lot of different ways. I experienced the effects of suicide as a student, but since starting my studies in the field of education, I have begun to go back and analyze how my teachers handled the event. They were just as shocked, unsure, upset, and unprepared as the student body. In the aftermath of a suicide, it may be a natural reaction for them to say that nothing could have prepared them, or the students, for the event.

Personally, as a pre-service teacher, I have received limited information on the prevalence of suicide and suicidal behaviors in my university coursework thus far. While I have taken the personal responsibility to educate myself and train myself in the event I need to talk to someone about suicidal thoughts or actions, I believe that most of the general education pre-service teachers and licensed teachers feel unsure about how exactly to handle the important issue of suicide.

In all aspects of the medical and educational fields, we have placed an emphasis on early detection and early intervention. We need to look at mental health in a similar fashion, and I believe that middle school is the target age to address suicide awareness. There has been a strong correlation between depression and suicide, and researchers have found that early identification of suicidal ideation and attempts in conjunction with treatment of depression may reduce future suicidal behavior in late adolescence and into early adulthood (Cash, 2009). According to the Center for Disease Control (CDC) (2013), the second most common cause of death in young adult age group is suicide. However, most teens will show warning signs before committing

suicide, and familiarity with these warning signs can save lives (Rudd, 2006). Schools are supposed to support not only the education of students, but also the general wellbeing and success throughout their lives. Holistic mental health care positively impacts all facets of students' lives from academics to social skills and certainly to suicide prevention (Auger, 2011). While home situations, parental involvement, access to health care, and many other factors vary in the lives of adolescents, school is mandatory. Teachers can provide important interpersonal connections in the lives of students, but we cannot expect teachers to automatically know what to do if they are confronted with a student who may be contemplating suicide.

Teacher Reception to Training

There is a serious lack of research in the area of teacher reception to suicide education in the areas of prevention, intervention, and awareness. While some studies do include the efficacy of teacher perceptions to trainings, almost no studies focus on how competent teachers who are not formally trained feel they are to deal with students who are suicidal or identify their peers as being suicidal. While some programs are beginning to become community-based and inclusive of parents and teachers along with other school personal, "suicide prevention programs for youth are often implemented in the schools and are usually directed toward students. This orientation is logical given that the youth themselves are those who are potentially suicidal" (Davidson, 1999). But the heart of suicide prevention lies in the confidence and ability of teachers to ensure proper care for students who are suicidal. Student training is an imperative part to identifying possible at-risk students, as students are most likely to confront their peers when feeling suicidal (Curtin, 2014). Juhnke, Granello, and Granello (2011) state, "it does not make any sense to tell young people that they need to tell an adult if they believe a friend is suicidal if the adults in their world do not know what to do with that information" (Juhnke,

Granello, and Granello, 2011, p. 31). Educating students is a strong start at combating the rising youth suicide rates, but teacher education is absolutely imperative as teachers prove to be invaluable resources for students who are struggling and for their peers who may need help intervening in the lives of their friends. Thus, further research is required to determine just how much teachers know, where they receive their baseline knowledge, how confident they feel talking to their students about suicide and their personal lives in general, and if they know where and how to refer at-risk students to mental health care professionals once identifying a student who is struggling with suicidal ideations or behaviors.

Lack of Knowledge

There is a gap in research about teacher knowledge in the area of suicide education, and this thesis will attempt to address some of the lack of knowledge about teacher attitudes towards the area of youth suicide. How competent teachers feel at suicide intervention, what kind of training they believe they need, and what methods have worked for them in the past at dealing with students who are suicidal are all imperative to understanding how current programs can be improved and new programs can be implemented to be most successful at preventing suicides and improving attitudes towards youth suicide in the school population. Kalafat (2003) suggests: "preparing school personnel to respond to at-risk students and teaching students to seek adult help for troubled peers may not be sufficient if schools do not strengthen the connection between students and the adults in their schools" (Kalafat, 2003, p.1216). This suggests that the first steps are getting teachers to engage with their students on a personal level, educating them about how large of an issue youth suicide is in the population they teach, and working with them to create open and safe dialogues about the issue of youth suicide in their classrooms.

Suicide in North Carolina

Because of the rapid increase in the rate of suicide over the past three decades, North Carolina has made some efforts to introduce and improve mental health care education since 2000. According to the 2015 N.C. Suicide Prevention Plan (2015), suicide was ranked as the leading cause of injury death in North Carolina in 2012, and has held the position since. The plan states that out of all age groups in North Carolina, youth and young adults have the highest rates of self-inflicted injury and related visits to the emergency room. While most of these hospitalizations do not result in death, the suicidal behaviors of young adults can be indicative of successful suicides later on in life (Suicide Prevention, 2015). This is why early intervention into what the signs of suicide are, who to go to for help, and what getting help actually looks like is imperative in the middle school population.

In 1998, the North Carolina Youth Suicide Prevention Task Force team was founded in order to combat extremely high rates of youth suicide in our state. The team published a document in 2004 titled, "Saving Tomorrows Today," which outlined North Carolina's youth suicide prevention plan. Some of the primary goals of the documents laid out twelve years ago included the following: "Promote awareness that suicide is a public health problem that is preventable… [And] develop and implement community based suicide prevention programs," and "implement training for recognition of at-risk behavior" (Saving Tomorrows Today, 2004, p. 14). For each of these goals, the Task Force team placed teachers as being the primary "gatekeepers" to mental health help. "Key gatekeepers—adults who are regularly in contact with youth at risk of suicide—need training in order to be able to recognize the factors that place youth at risk for suicide and to appropriately intervene" (Saving Tomorrows Today, 2004, p. 14). While the Wake County Public School System refers students to, "get expert help through a

teacher, a counselor, or a medical or mental health professional," (wcpss.net, 2016). In Wyman's 2008 study on gatekeeper training programs, found that secondary school staff positively responded to trainings, showing increased communication with students about suicide, especially with teachers who already had open communication channels with students, and that teachers overall felt much more comfortable after being educated about suicide intervention. A study by Davidson and Range (1999) assessed elementary school teachers both before and after a one hour suicide prevention training module, they found that post-training, the teachers were much more likely to confront a student exhibiting suicidal ideations or warning signs. They concluded that teachers would all benefit from repeated sessions of suicide awareness and prevention sessions (Davidson, 1999).

In the 2015 N.C. Suicide Prevention Plan, there is a lot of focus about implementing training sessions for teachers in the state. There are a lot of resources listed, including the youth-centered suicide resource website, itsok2ask.com, which was developed as a direct result of the 2004 publication *Saving Tomorrow Today*. There are a lot of varying attitudes about how successful teachers believe they are at identifying warning signs of suicide, talking to students about mental health issues in general, and how much professional development they are getting in the area of suicide prevention.

The purpose of this thesis is trifold: 1) Gauge North Carolina teachers on their beliefs regarding preparation to understand the signs and risk factors of suicide in students, 2) Determine if NC teachers are getting the professional development they need, and 3) Discover strategies for teacher development in the area of student suicide prevention. This information is necessary to train teachers to become the most effective advocates, allies, and supporters of students who may be contemplating suicide.

Literature Review

The purpose of this chapter is to review the literature on suicide statistics in the United States, identify common characteristics among suicide prevention programs currently being utilized in schools, and analyze the Signs of Suicide (SOS) program and gatekeeper training programs, two of the most common suicide education models.

Suicide in the United States

Suicide is a major public health problem, as outlined by the Center for Disease Control (2016). Suicide is the second leading cause of death for the fifteen to thirty-four-year-old age group and the third leading cause for individuals aged ten to fourteen (Suicide, 2015). Recent analysis released by the CDC, through researchers Curtin, Warner, and Hedegaard (2014) indicate that there has been a relatively recent spike in suicides, as the suicide rate has risen by nearly twenty-five percent since 1999 alone. Although much of suicide research has been stratified and specialized into specific age groups, there has been an increase for every single age group from ages 10-74, regardless of gender. However, the most concerning age group that has seen a rapid increase in rates of successful suicides are females between the ages of ten and fourteen, which have increased threefold since 1999 (Curtin et al, 2014). One way the rate of suicide in the United States is analyzed is through "Years of Potential Life Lost," which is calculated based on the average years a person would have lived if he or she had not died at a considerably premature age, such as the case with youth suicide. Every year in the United States, child and youth suicides account for 270,000 years of potential life are lost (Juhnke, 2011).

While the literature is lacking on rates of suicide and suicidal ideation in the middle school population, several studies have been completed on the prevalence of suicide and suicidal

behaviors in the high school population. Kann's (2013) Youth Risk Behavior Surveillance study assessed health-risk behaviors in twenty-one representative school districts for students in grades nine through twelve, finding 17% of students had seriously contemplated death by suicide in the past twelve months before the survey was conducted. The survey also found that 13.6% of students had made a suicide plan, and 8% of students had attempted suicide at least one time in the past twelve months. In addition, about 3% percent of students throughout the nation had actually made a suicide attempt that required treatment by a medical professional (Kann, 2013). Though suicide is typically thought to be a concern in older teenagers (Curtin et al., 2014), these results combined with the rate of completed suicide rate of the 10-14 year olds show an increased need to educate students even before middle school about recognizing the signs of suicide and being aware of the resources available to help them or their friends. With proper education and awareness, suicide is highly preventable. The youth suicide rate can be combatted through raising awareness of the issue in middle schools in the United States, and schools are beginning to pay more attention to programs that can be implemented at school-wide levels, personal interventions, and other ways to reduce stigma and bring awareness to the issue of youth suicide (Juhnke et al., 2011).

Suicide Prevention Programs in Schools

One of the methods for addressing the issue of youth suicide with the middle school population is through universal programs that are implemented throughout the entire school. Schools have been identified as the best environment for educating students about suicide for several factors (Lazear, Roggenbaum, & Blase, 2003). As students spend a majority of their time in school, problems that could contribute to suicidal behavior such as problems with peers and academics, are more likely to manifest there. Further, students have access to more resources and

people in school such as nurses, counselors, teachers, and peers rather than at home where there may be one or two parents. Finally, students who feel connected to their schools (believe that teachers care about them, positively associate with other students, etc.) are less likely to engage in suicidal behaviors, and suicide education can help foster a connected and safe environment for the students (Lazear et al., 2003).

Kalafat (2003) outlined some of the most important components necessary to include in universal programs in order to be able to consider them comprehensive: 1) A thorough administrative consultation to confirm appropriate policies for addressing at-risk students are in place, 2) Gatekeeper trainings for all school faculty and staff (including cafeteria workers, maintenance staff, bus drivers, etc.) in order to educate the school community about what to look for in regards to suicide, 3) parent trainings, 4) community gatekeeper trainings in order to inform the wider community of how to best identify, support, and interact with students and families who are dealing with suicide, and 5) extensive student classes which include resources, role-playing, and question and answer sessions in order to reach as many students as possible to be proper advocates for peers who may be suicidal and also to address any students themselves who may be dealing with suicidal ideations or behaviors (Kalafat, 2003). It is imperative that these programs are comprehensive because it is impossible to know how or when a student who may be suffering from suicidal thoughts or plans will reach out for help. Kalafat (2003) also states, "Comprehensive universal prevention programs fit within the school's resources and culture because they have an educational rather than clinical focus," (Kalafat, 2003, p. 1216). The main idea behind most of the suicide prevention programs is open dialogue in order to reduce stigma, education about warning signs, and acknowledgment of resources available for students to utilize, and it is important that the approach does not stigmatize the topic of suicide

even further through a sterile and condescending context. There are a few different programs that have been widely implemented throughout the United States, the most popular of which are the Signs of Suicide (SOS) program and gatekeeper trainings.

Signs of Suicide. Signs of Suicide (SOS) is one of the leading programs in the area of school-based education programs, and it has been widely implemented in the secondary school population (Juhnke et al., 2011). It includes a two-day program that both assesses each student's risk for suicide and suicidal behaviors and provides education and training for students to familiarize themselves with how to intervene when a peer or the student themselves is suicidal. The first step in the program is to screen the entire student body for depression and suicide risk and to refer any students considered at risk to professionals who may need mental health care that is beyond the scope of school psychologists or counselors. After this first screening, the program proceeds with educational modules that includes teaching students to recognize signs of suicide and depression in other people, what the best response is after they identify these signs, how to be a supportive friend to someone suffering from suicidal tendencies, and how to tell an adult either with or without the friend whom has been identified as being at risk for suicide. The program also includes built-in sessions for open discussion about suicide, depression, and mental illness on the whole for students to express their concerns and ask questions about the subject. The main objectives of the SOS program are to prevent suicide attempts, increase overall knowledge about how suicide presents itself in the youth population, develop positive attitudes towards addressing suicide and depression in the student population, and increasing help-seeking behaviors on an individual level and on behalf of peers (Juhnke, 2011).

Aseltine and DeMartino (2004) researched effectiveness of the Signs of Suicide Program for high school students, and the results were positive. They concluded that the SOS program has

a substantial short-term impact on high school-aged students, as there was a large drop in self-reported suicide attempts in the three months after the program was implemented in schools. It also showed concrete proof of increasing student knowledge and developing more adaptive attitudes towards approaching issues of depression and suicide. However there was no proof of significant impact on reducing suicidal ideation or increasing help-seeking behaviors in the three months following the SOS program, which could be attributed to the fact that the SOS program puts an emphasis on action and intervention, schools still lack available staff to support students who may come forward with suicidal concerns (Aseltine & Demartino, 2004). The study also found after the three-month period that students were hesitant to go to staff as their primary outlet for discussing emotional problems, but continued to favor peer relationships. While speaking with peers is not discouraged, this approach alone poses a potential problem and shows the need for follow up sessions that remind students what to do if their peers present with suicidal behaviors or ideations (Aseltine & DeMartino, 2004).

Schilling, Lawless, Buchanan, and Aseltine (2014) looked at the efficacy of Signs of Suicide in the middle school population. The program has been implemented in both middle and high schools, however the efficacy has only ever been observed in high school students. Similar to the results found by Aseltine and DeMartino (2004), middle school students were found to have a more positive response to discussing suicide and depression in the follow up after the Signs of Suicide program was implemented. Posttest scores testing the knowledge of issues surrounding suicide improved greatly from pretest scores, demonstrating that the SOS program is effectively educating students at this level. Students who took part in the SOS program also self-reported fewer suicidal ideations following the training (Schilling et al., 2014), which is important as suicidal ideations are considered the precursor to forming a plan to commit suicide,

attempting suicide, or completing suicide. Thus a reduction in suicidal ideations could indicate that the Signs of Suicide program is effective to, "interrupt the progression from suicidal ideation to more active and serious stages of contemplation, planning, and attempt" (Schilling et al., 2014, 663). Unfortunately, similar to the high school population, there was no change in help-seeking behaviors after the implementation of the SOS program. However the positive change in attitude towards discussing suicide along with the decreased suicidal ideation suggests that SOS is a viable program for middle school students. While not without flaws and gaps in the design of the program, it has been proven to have some positive effects on reducing suicide in the middle school population.

Gatekeeper Training. Gatekeeper training is another widely implemented tactic for suicide prevention trainings in the United States. It puts an emphasis on having trusted adults trained to identify students who may be suicidal and then serve as advocates and allies for these students. Juhnke and colleague (2011) states: "an important key to suicide prevention is to gain the ability to detect and treat people who are exhibiting signs of mental and emotional distress at the earliest possible occasion and to take action to get them help" (Juhnke, Granello, & Granello, 2011, p. 37). This is particularly important considering that in the week prior to an attempt 80% of young adults will tell someone that they are planning to attempt suicide, and almost 90% of youths will show clear warning signs of being suicidal (Granello & Granello, 2007). Granello (2010) also lists gatekeepers as being crucial to initial suicide risk assessment, and that average teachers and school staff can be certified to complete this step, not just trained school counselors. She insists that suicide risk assessment is the first step in getting treatment for suicidal behaviors, and it is best done in a cultural context. The better versed in what to say and how to ask students

if they are suicidal, the more success teachers will have in being effective communicators with the issue of youth suicide.

Gatekeeper trainings can be implemented with both school staff and with parents, as studied by Cross (2011). A study in both parent and school programs, Cross found that after one hour gatekeeper programs, both groups showed improved knowledge and attitudes towards engaging with youth who may be suicidal. However, practicing the gatekeeper skills by engaging in dialogue did not make those trained any more effective, which was unexpected. It is significant to note that when comparing the two groups, school staff and parents were equally as comfortable or confident about intervening with youth exhibiting suicidal behaviors. Cross believed that because teachers spend more time around a higher concentration of teenagers, they would be more comfortable approaching students who may be suicidal. She determined that except for mental health professionals such as counselors and school psychologists, school faculty does not receive any special training or education about mental health or suicide prevention, so they are on equal level as parents when it comes to suicide prevention and intervention. However, the one area that parents and school personnel differed was in actually being able to refer youth who are suicidal to health care professionals, and they also reported higher rates than parents for the amount of students referred in the period of intervention post-training. This can be accounted for by the fact that teachers and school staff are typically surrounded by more youth, but it opens up the need for designated school counselors and mental health professionals to be available for parents to make referrals to when they encounter students who may be suicidal or otherwise under emotional distress (Cross, 2011).

A specific kind of gatekeeper training is the "Question, Persuade, and Refer" (QPR) program. Reis and Cornell (2008) completed an evaluation of seventy-three counselors and one

hundred and sixty-five teachers who completed the QPR program. After completing the training, they assessed how many school professionals were actually using the skills learned in the QPR gatekeeper training. The study concluded that the training was positive for preventing students' suicidal behavior for both school counselors and for teachers, as both groups showed a great increase in knowledge of suicide risk factors. Both groups also reported an increase in drafting no-harm contracts with students whom they identified as possibly being at risk for suicide. School counselors did demonstrate higher suicide knowledge test scores after the follow up period of four months, and also self-reported more instances of referring possible suicidal students to outside mental health professionals than teachers did, but both groups showed an increase in this area. This suggests that gatekeeper trainings can be effective for all members of school staff, not just teachers, and will provide various avenues for students who may be suicidal to seek help. It can also help to create an inter-school dialogue and an overall stronger support system for students who are struggling with mental health issues on the whole (Reis & Cornell, 2008).

Wyman and colleague (2008) looked at a more personal view of gatekeeper training programs, and analyzed the perceived strength of school personnel and student relationships. While the QPR program that they looked at did help staff increase their knowledge about risk factors and ways to communicate with students about suicide, it identified that staff baseline levels were the greatest contributing factor to effectively implementing suicide intervention in the school population. The staff members who benefitted the most were those who were already the most comfortable asking students about their emotional wellbeing and personal lives, which Wyman describes as staff who "already have close communication with students either through their ongoing job role (e.g. nurses, school counselors) or by virtue of personal qualities, such as

warmth and empathy, that draw in students for supportive interactions" (Wyamn et al., 2008, p.114). The teachers and faculty who had already previously questioned students about their mental health and if they were suicidal were the ones who benefitted the most from the training, and that staff who had never asked students if they were suicidal did not ask post-training either. This highlights the importance of continued professional development that encompasses open dialogue tactics and stresses the importance of addressing suicide in the youth population (Wyman et al., 2008).

Methodology

The methods section will outline the design of the survey that aimed to gauge North Carolina middle school teacher's suicide prevention knowledge base and assess their desire for further or different suicide education methods. This section will also describe the process of randomly selecting participants to take part in the study as well as an overview of the data collection and analyses of that data.

Research Design

The research of this thesis was an exploratory study that attempted to gauge a representative sample of public school teachers in the state of North Carolina in the area of suicide intervention, prevention, and awareness. This data was collected in the Spring of 2016 through use of an online survey, designed using the Qualtrics program at the University of the North Carolina at Chapel Hill. The survey design experts at the Odum Institute at UNC were consulted before piloting the survey. The survey consisted of mostly Likert-Scale questions about whose responsibility it is to educate both middle school students and teachers in the area of suicide and how strong the personal development surrounding suicide is for teachers.

Instrumentation

The instrument of this study was an online survey created by the researcher designed to collect information in five different areas: 1) teacher education on suicide 2) teacher perception of youth suicide 3) teacher beliefs on school climate 4) teacher demographics 5) personal comments pertaining to the research topic (see Appendix A for completed survey). When teachers clicked the link, the initial question was a statement that outlined the parameters of the study and included detailed instructions about how to remove themselves from the study at any point. Then, they confirmed their informed consent by selecting either a "yes" or "no" option.

Teacher education related to suicide. The first section of the survey was background information that addressed the amount of teacher education participants had received related to the topic of suicide. This included training or education that had occurred in a university-based teacher preparation program, professional development provided by the school system in which the participant was employed, and/or independent knowledge or training sought out by the individual teacher. If the teacher indicated they did receive training through any of these methods, they were redirected to a free-response question and asked to provide a description of the program in which they participated.

Teacher perceptions of youth suicide. The next block of questions covered teacher's perceptions of youth suicide in the general population. This section included nine questions on a 5-point Likert Scale (strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree) asking if teachers saw it as part of their job to emotionally support students and listen to their concerns about personal matters, if they felt comfortable identifying and approaching students whom they believed to be suicidal, whether or not suicide in the middle school population is an important issue, and whether or not suicide prevention is

receiving adequate attention in the greater middle school community. The section concluded with two subjective questions asking how many students the teacher believed to be suicidal and that the teacher had referred to counselors at their school as well as how many of these students were confirmed to have received treatment for their mental health issues. This section of the survey also provided a free-response question that asked where teachers would look for additional resources in a situation where they did identify a student exhibiting signs of suicidal tendencies or ideations.

Teacher beliefs about school climate. The third section of the survey was concerned with teacher beliefs about school climate and the topic of youth suicide. It included 5-point Likert-Scale questions on the same scale as the previous section asking teachers to identify whether or not school staff was open to discussing suicide prevention plans, if the teacher believed providing more suicide education would help to reduce the stigma in the middle school population, whether or not it is the school's job to provide suicide training for the students, staff, and teachers, and if they believed their individual school would benefit from community-wide suicide prevention trainings. The final question in the section was a yes/no question about whether or not the individual teacher would like more professional development in the area of suicide prevention.

Teacher demographics. The fourth section of the survey collected basic demographic information. The questions were placed toward the end of the survey as to not skew the answers of the other sections. Teachers were asked what grade/grades and subject/subjects they currently taught, in what school system they taught, and how many years they had been teaching. Teachers were also asked for their birth year and asked to identify any/all degrees they had received as well as what the degrees were and from where these degrees were received.

Teachers' additional thoughts on the topic of suicide. The final section of the survey included two open-ended questions, allowing for teachers to give optional feedback as to why they chose to participate in the survey and express their personal desire for further education. The first question asked in what ways they felt their school and school district could extend the professional development of teachers in the area of suicide prevention education. The second question was a general appeal for teachers to share any other personal experiences or insights on the topic of suicide that may be helpful in the analysis of the data or general knowledge of the researcher.

Pilot Study

The survey was initially piloted with a population of middle school teachers who worked in a private school and therefore did not fit the criteria for participation in the larger scale survey. The pilot was conducted in order to ensure optimal clarity in the question design. The pilot teachers were recruited by contacting the principal of a local Catholic middle school who then distributed the survey to the staff. The participants consisted of sixteen middle school teachers. Of the sixteen, all of the teachers opened the email and started the survey. Only twelve of these teachers completed the survey from start to finish indicating a seventy-five percent response rate. The results were informative, and no changes were made to the wording of the questions as the desired results were achieved through the pilot testing. These answers were not included in the analysis of the survey that was sent to public school teachers across the state.

Participant Recruitment

The participants were selected by categorizing all of the 463 North Carolina public middle schools into the three major regions: Mountain, Piedmont, and Coastal Plain and assigning each school a number. Using a random number generator, the middle schools within

those regions were randomly selected in an attempt to have 33% representation for each respective region in order to gauge the overall attitude across the state and avoid focusing on the urban areas alone. The public domains of every single teacher from the selected schools were found through the schools websites. The surveys were then emailed for a total sample size of teachers contact as five hundred and seven teachers. The densest populations in the state are concentrated in the Piedmont areas of Raleigh-Durham-Chapel Hill and Charlotte. There is also a large population in Fayetteville, located in the Coastal Plain region, so as a result most of the teachers that participated in the survey were from these areas. However each area of the state was represented in the distribution process. While this method of participant selection attempted to be as random as possible, the final selection was limited to public school teachers that had their emails available on school websites as part of public domain. If a number was selected and that middle school did not have teacher emails available, another number was generated and that school was then included in the participant pool.

Survey Distribution

All of the teachers were contacted five times (see Appendix B), using the Dillman (2001) method for effective survey research. The results were stored in a secure file through UNC's School of Education, and were analyzed using the Qualtrics program. The survey was emailed to a total of 507 middle school teachers across the state. This made the entire sample just over the desired sample size of n=500. Of the total population, sixty-two of these emails failed either due to incorrect listings on school websites or from firewall settings set up by individual teachers. Of the 445 teachers who received the email, one hundred and forty teachers started the survey. However, only one hundred and twenty finished the survey to completion, meaning the survey had a 27% response rate.

Following Dillman's methodology (2001), the first contact did not contain the link to the survey, but served to alert the participants that the survey would be distributed in the coming week. Five days later, the second point of contact was made, 61 teachers started the survey, and this distribution yielded 49 completed surveys, which was the highest amount of all of the distributions. After another five days, the third point of contact was made. This distribution resulted in 43 started surveys and 32 completed surveys. One week after the third point of contact, an email informing the teachers that this was the second-to-last contact was sent, and this distribution resulted in an additional 34 started surveys and 23 finished surveys. The final distribution which was conducted one week after the fourth point of contact resulted in an additional 29 surveys that had been started, and of the 29, 16 were completed. Overall, 27% of the North Carolina teachers who received the email completed the survey from start to finish.

Data Analysis

The quantitative survey data was collected on Likert Scales allowing it to be analyzed using basic statistical parameters including the mean, standard deviation, and variance in the data using the Qualtrics program. Qualtrics codes the Likert Scale from "Strongly Agree" (1) to "Strongly Disagree" (5). The researcher examined the willingness of teachers to talk to students about their personal lives and how strongly of a responsibility they believed they had to support their students emotionally. The researcher also examined how confident teachers were in their ability to identify students with suicidal tendencies and how comfortable they felt in approaching their students whom they believe to be suicidal. Questions about how important teachers felt it was to create opportunities for dialogue about suicide in their classroom, if the participants felt that teachers have a key role in suicide prevention, whether or not suicide was a widespread issue, and how much attention they believed suicide prevention should receive in middle schools

were also examined in this way. The 5-point Likert-Scale questions from the "Teacher Beliefs" section were also quantitatively analyzed. These questions included: if school staff at the participants school was open to discussing suicide prevention plans, if providing more suicide education in schools would reduce the stigma surrounding suicide among students, if it was the responsibility of schools to provide suicide education for students, if it was the responsibility of schools to provide suicide education and training for school staff, and whether or not the participants' school would benefit from community-wide suicide prevention trainings.

There were a few questions that asked for numeric values and also yes/no questions which were quantitatively analyzed in more traditional methods using the same parameters of percentages in relation to the overall sample size, mean, and standard deviation. These questions included whether or not teachers had received formal education in the area of suicide education, if they had received personal development in the area of suicide prevention, if they had sought out education on the topic of suicide intervention, if the teacher had or ever referred a student whom they believed to be suicidal to a counselor (as well as how many students they had referred over the course of their career), and how many students that they had referred had received treatment for suicidal thoughts or tendencies. Whether or not the participant would like to receive more professional development in the area of suicide prevention was also asked and analyzed as a yes or no question as well. Teacher demographics included grade, subject, years of teaching experience, birth year, school system, and levels of degrees were similarly quantitatively analyzed.

Qualitative data was reviewed extensively and included in this report to help give context as to why teachers responded in the manner that they did and how their opinions on the Likert Scales were formed. These contextualizing questions included the following: what form of

trainings and professional development they had received, what addition resources (within the school, community, etc.) teachers knew were available to them if they were to identify a student who exhibited signs of suicidal tendencies or ideations, the nature of advanced degrees that the participants had earned, and personal comments about what ways teachers felt their school or school district could further support the development of teachers in the area of suicide prevention and education as well as any other personal experiences or insights about suicide they wanted to share. This qualitative data helped to understand current teacher perspectives and attitude towards suicide in general as well as suicide intervention, prevention and education in the middle school population (including both the students and teachers).

Both the quantitative and qualitative components were included in order to fully understand the current opinions among the educators surveyed in this study. This analysis helps to most clearly understand the climate in middle schools and draw proper conclusions for possible implications from this research for pre-service teachers, teachers, counselors, administrators, schools, and school systems.

Results

The results of this study were derived from the participants that completed the survey in its entirety (n=125, 27%). The survey was not forced response, and participants could choose to omit any questions that they felt uncomfortable answering. This section will include the demographics of the respondents, the statistical analysis of Likert Scale questions, and then the responses for the yes/no questions from the survey. The qualitative questions are included as well, with several examples of how participants responded to each. A copy of the survey has been inserted in Appendix A for reference.

Demographics

All of the participants surveyed taught middle school (grades six through eight), and 8% indicated that they taught multiple grades ("Other"). About 87% of the teachers surveyed taught one of the four core subjects—English, social studies, math, and science. The other respondents taught electives such as physical education, art, technology, and special education. Seventeen percent of respondents indicated they taught "Other." The responses for "Other" included health, orchestra, Science, Technology, and Math (STEM), Advancement Via Individual Determination (AVID), media services, In-School Suspension (ISS), family and consumer science, English as a Second Language (ESL), instructional coach, and dance. The age of respondents ranged from age 24 to age 67, and the most responsive age group was 40-49 (30.2%). Teaching experience ranged from one year to thirty-four years, and the majority of teachers (46.30%) having taught between one and nine years. Fourteen of one hundred counties in North Carolina were represented in this survey, with the majority of respondents coming from Cumberland County (containing Fayetteville), Wake County (containing Raleigh), and Charlotte-Mecklenburg (containing the Charlotte area). While the schools were chosen to represent North Carolina's population equally, 42% of respondents taught in Coastal Plain (eastern), 33% were from the Piedmont (central), and 25% of the respondents taught in the Mountain region (western). All demographic information is displayed below, by percentages and number of respondents, in Table 4.1, with the exception of qualitative responses.

Table 4.1

Demographic Information

Variable	n	%

Grade Taught			
	6	58	47.94%
	7	68	56.00%
	8	70	57.85%
	Other	8	6.61%
Subject Taught			
	English	34	28.57%
	Social Studies	27	22.69%
	Math	21	17.65%
	Science	22	18.49%
	Physical Education	8	6.72%
	Chorus	0	0.00%
	Band	3	2.52%
	Art	3	2.52%
	Technology	7	5.88%
	Foreign Language	3	2.52%
	Special Education	8	6.72%
	Other	17	14.29%
Age			
	20-29	22	19.0%
	30-39	26	22.4%
	40-49	35	30.2%
	50-59	25	21.6%

	60-69	8	6.90%
Highest Degree			
	Bachelor's	64	53.33%
	Masters	55	45.83%
	PhD	1	0.83%
Years Teaching			
	1–9	56	46.30%
	10–19	40	33.10%
	20–29	24	19.80%
	30–39	1	0.01%
County			
	Cumberland[3]	35	29.66%
	Wake[2]	28	23.73%
	Charlotte-Mecklenburg[1]	11	9.32%
	Orange[2]	10	8.47%
	Avery[1]	7	5.93%
	Clay[1]	6	5.08%
	New Hanover[3]	6	5.08%
	Wayne[3]	6	5.08%
	Swain[1]	3	2.54%
	Columbus[3]	2	1.69%
	Catawba[1]	1	0.85%

Cherokee[1]	1	0.85%
Gaston[1]	1	0.85%
Rockingham[2]	1	0.85%

Note: [1] Denotes Mountain (western) counties, [2] denotes Piedmont (central region), and [3] denotes Coastal Plain (eastern counties).

Likert Scale Questions

Likert Scale Questions were statistically analyzed by coding the values of the responses. "Strongly agree" was given the value of five, "somewhat agree" was a four, "neither agree nor disagree" was a three, "somewhat disagree" is a two, and "strongly disagree" is was a one. A few overall conclusions can be drawn by the nature of the responses.

Dialogue with individual students. Teachers believed that they have an overall obligation to support their students emotionally (Q5 mean of 4.54, standard deviation (SD) of .68), and most of the teachers who participated felt comfortable listening to students talk about their personal lives (Q6 mean 4.05, SD of .92 and Q7 mean 4.12, SD of .82).

Identifying students with suicidal tendencies. There was an overall hesitancy to identify, approach, or talk about and with students with suicidal tendencies as addressed in questions eight through ten. For question 8: "As a teacher, I feel confident in my ability to identify students with suicidal tendencies," the mean response was 3.44 with a SD of 1.05. Question 9 stated, "As a teacher, I feel comfortable approaching students whom I believe may be suicidal." Fewer respondents felt comfortable with this, and the mean was 3.15 with a SD of 1.20, indicated a wider range of responses and a polarized opinion. Question 10 said: "I feel it is

important to create opportunities for dialogue about suicide in my classroom." The mean for Q10 was 3.54 with a standard deviation of 1.05.

Attitude towards suicide in the middle school population. The next block of questions assessed how important of an issue participants believed suicide was in the middle school population. Q11 said, "Teachers have a key role in suicide prevention" and the mean of 4.07 and SD of .87 indicated a very strong response that teachers mostly agreed with this statement. Q12 stated: "Suicide is a widespread issue in the middle school population," and had a mean of 3.61 and a SD of .99. Question 13 stated: "Suicide prevention should receive more attention in middle schools," and received a mean of 4.23 with a SD of .87, indicated that a majority of teachers either "agreed" or "strongly" agreed with the sentiment.

Individual school climate regarding suicide. Participants were asked to assess the overall climate/attitudes towards suicide prevention in questions 15 through 19. Results indicated that school climate is still slightly uncomfortable, but teachers believed that addressing suicide would help improve conditions in middle schools. Question 16 said, "In general, school staff at my school are open to discussing suicide prevention plans." The mean was 3.62 and the SD was 1.05, which indicated more polarized responses. For question 17: "providing more suicide education in schools will reduce the stigma surrounding suicide among students," the mean was 3.97 and had a standard deviation of .80. Question 18 stated: "It is the responsibility of schools to provide suicide education for students," and had a mean of 3.76 with a SD of .91. Teachers also believed that it was the responsibility of the school to provide education regarding suicide. Q19 stated: "It is the responsibility of schools to provide the training that school staff need regarding suicide education." The mean response was 4.31 with a SD of .84. When asked, "My school

would benefit from community-wide suicide prevention trainings," in question 20, the mean response was agreeable mean of 4.02 with a SD of .87.

Table 4.2

Likert Scale Statistical Analysis

	Mean	SD	Variance	Count
Q5	4.54	0.68	0.46	125
Q6	4.05	0.92	0.85	125
Q7	4.12	0.82	0.67	125
Q8	3.44	1.05	1.09	125
Q9	3.15	1.20	1.44	122
Q10	3.54	1.05	1.10	125
Q11	4.07	0.87	0.75	125
Q12	3.61	0.99	0.97	125
Q13	4.23	0.79	0.63	125
Q16	3.62	1.05	1.11	121
Q17	3.97	0.80	0.64	121
Q18	3.76	0.91	0.83	120
Q19	4.31	0.84	0.71	121
Q20	4.02	0.87	0.75	121

Yes/No Questions

The next category of results yes or no questions, which were analyzed according to percentage of sample size. Table 4.3 displays all of the responses broken down by question,

number of respondents indicated yes or no, and the overall percentage in respect to sample size. Question 2 asked respondents, "In the course of your career as an educator, have you been required by your school system to have any Professional Development in the area of suicide education and/or prevention?" Out of the 132 respondents, 36% of teachers indicated "yes" whereas 63.64% of teachers responded "no." Question 3 asked, "Has your current school provided you with any suicide prevention training." There were 133 total respondents, and 34.59% of teachers indicated they had received suicide prevention training at their current school whereas 65.41% had not. Question 4 was concerned with personal efforts of the teachers to educate themselves on suicide in the middle school population. Q4 stated: "In the course of your adult life, have you sought any type of training or education in the area of youth suicide of your own accord (i.e. not required by your school)?" Of the 132 participants who answered the question, 15.15% responded "yes" and 84.85% responded "no." The last yes/no question was Q20, which stated: "I would like to receive more Professional Development in the area of suicide prevention." Of the 121 respondents who chose to answer the question, 69.42% indicated they would like to receive more professional development on suicide prevention, whereas 30.58% responded that they would not.

Table 4.3

Yes/No Questions

Question	Response	n	%
Q2			
	Yes	48	36.36%
	No	84	63.64%
Q3			
	Yes	46	34.59%
	No	87	65.41%
Q4			

	Yes	20	15.15%
	No	112	84.85%
Q20			
	Yes	84	69.42%
	No	37	30.58%

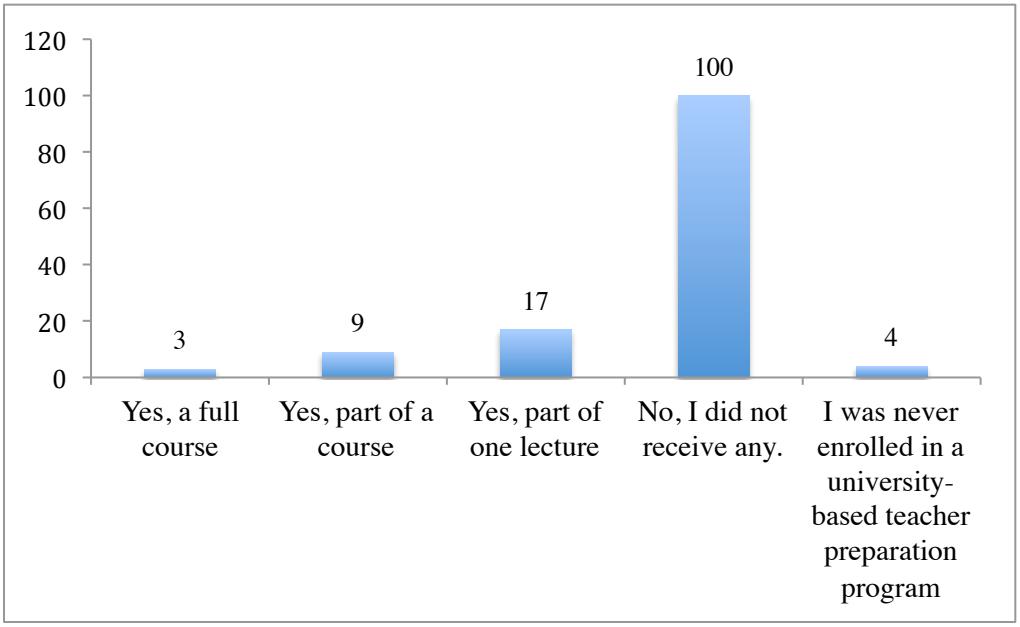
Varied Quantitative Research

Some of the quantitative questions on the survey were neither 5-point Likert Scale nor yes/no questions. These questions inquired about the amount of suicide education the participants had received at the university level, how many students who they believed to be suicidal the teachers had referred throughout their career, and how many of those students had received treatment.

University-based teacher programs. Question 1 asked, "In the course of your university-based teacher preparation program (at any degree level), did you receive any formal education in the area of suicide education and/or prevention?" Most of the teachers who responded that they had received suicide education reported it at the Masters level, though 53.33% of respondents indicated that the highest level of education that they received was at the Bachelor's level. One hundred and thirty-three participants responded in total, and the responses were as follows (see Figure 4.1): 3 teachers (2.26%) indicated they had received a full course of suicide education; 9 teachers (6.77%) responded that part of one course was focused on suicide education; 17 teachers (12.78) answered that part of one lecture was focused on suicide education; the majority of respondents answered, "No, I did not receive any education about suicide," where n=100 (75.19%). The fifth option was "I was never enrolled in a university-based teacher preparation program," and 4 participants (3.01%) selected this option.

Figure 4.1

Question 1



Amount of students referred. If a participant responded "yes" to question 14: "Over the course of your teaching, have you ever referred a students whom you believed to be suicidal to counselors?" they were redirected to a question that asked, "If you said 'yes,' how many students have you referred over the course of your career?" Seventy-one teachers answered "yes" out of 125, which indicates that 56.8% of the teachers who responded had referred a student whom they believed to be suicidal. The answers were typed into a response box, and ranged from one student to sixteen students over the course of their career. Of the seventy-one teachers who indicated they had referred a student whom they believed to be suicidal, the mean response was 3.49 students.

Table 4.4

Question 14

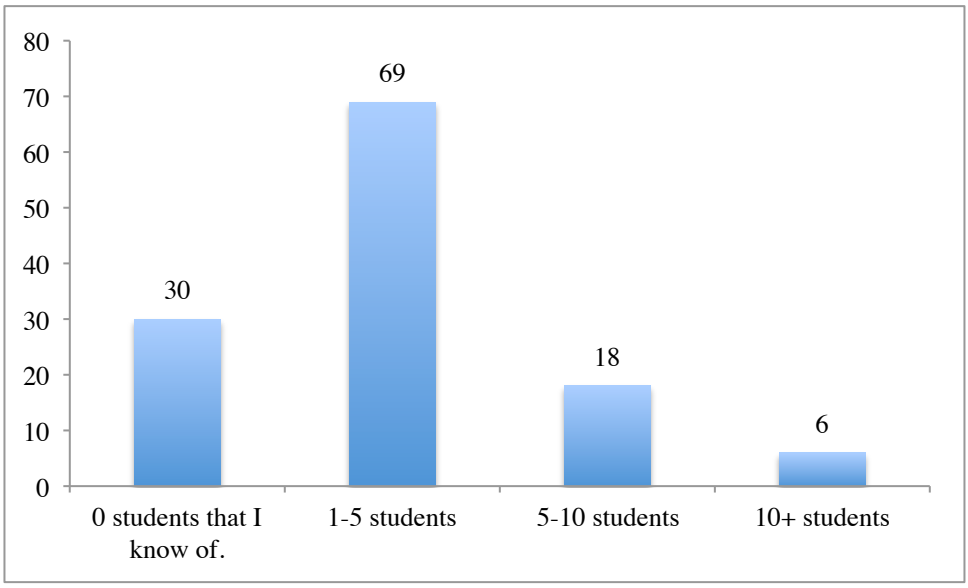
Number of Students Referred	n
1	11

2	25
3	13
4	5
5	9
6	1
7	1
9	1
10	3
15	1
16	1

Students who received treatment. Question 15 was designed to assess how many students that the teachers were aware of had received treatment for suicidal thoughts and/or tendencies over the course of their career (see Figure 4.2). Q15 was a multiple choice answer question with four possible responses: “0 students that I know of,” “1-5 students,” “5-10 students,” or “10+ students.” The total sample size of participants that responded to the question was n=123. Thirty participants (24.39%) indicated that they knew of no students who had received treatment for suicidal thought or tendencies. The most concentrated responses was the 1-5 student range, with 69 respondents (56.10%) selected this range. Eighteen participants (14.63%) indicated that they knew of 5-10 students who had received treatment for suicidal thoughts or tendencies. Six participants (4.88%) selected the highest range (10+ students).

Figure 4.2

Question 15



Qualitative Results

Six of the questions on the survey were designed for subjective, qualitative answers to help contextualize the quantitative answers as well as why the teachers elected to participate in the survey at all. These questions included: 1) asking teachers to describe any professional development they had received in the area of suicide prevention, intervention, and education 2) the frequency of the suicide prevention training the teacher's current school had provided 3) if the teacher had sought any independent training for suicide intervention 4) where a teacher would go for additional resources if they were to identify a student who exhibited signs of suicidal tendencies or ideations 5) asking what ways the respondents' school or school district could further support the development of teachers with suicide prevention education and 6) any personal experiences or insights regarding the topic of suicide that the respondent wanted to include.

Professional development. Question 2 asked participants, "In the course of your career as an educator, have you been required by your school system to have any Professional Development in the area of suicide education and/or intervention?" Of the 132 teachers who responded, 48 respondents indicated "yes" and therefore were redirected to a sub-question: "If you answered 'yes' to the previous question, please describe the training you received as Professional Development." Forty-two of 48 respondents who were redirected to the question provided a written response detailing their experiences in professional development. One of the responses consisted solely of the word "Suicide," and was not categorized with the other answers.

Staff meetings. There were a range of answers, most of which involved the counseling staff educating the faculty at meetings on the warning signs of suicide. Thirty-one of the responses indicated that the professional development teachers had received were one-time, partial sessions during faculty meetings. One teacher responded: "During a staff meeting, the school counselors, school psychologist, and other personnel train staff members on what to look for in the classroom as an indicator for suicide. We also discuss the statistics and myths involving suicides." Many of these answers indicated that schools use PowerPoint presentations or videos that educated the staff about stories or situations where students presented with suicidal tendencies were not taken seriously. Administrators, school nurses, guest speakers, and counseling staff are all stated as sources of education in professional development. One teacher stated: "at the beginning of each year the school nurse and counselor have a brief (10 minute?) PowerPoint with reminders of things like 'washing hand to prevent the spread of germs' and 'warning signs of depression' etc.)." Others indicated that their professional development was focused more on legal issues surrounding suicide in schools. One respondent said, "I remember

being told that as a Teacher you are to report anything a student has said concerning a suicide. Do not engage in a lengthy conversation with the student but contact the Guidance office and Administration immediately." Another respondent stated: "We had a training consisting of what to do legally when a child mentions suicide, it was not a PD on suicide prevention."

Workshops. Of the 42 responses that described professional development, 10 of the respondents indicated a more in-depth workshop or training for teachers on suicide intervention, prevention, and education or otherwise just on general mental health of students. One teacher responded: "We had to participate in a Mental Health Seminar, which allowed to us to notice the typical behaviors of a child who may benefit from Mental Health." One respondent described a program available for Wake County, which had the second-highest response rate of the counties that participated in the survey. The teacher wrote, "Wake county healthful living teachers partner with the guidance department to present several lessons on SOS (signs of suicide). We also have programs at Heritage Middle School called "Bully Busters" which also touch on the subject."

Frequency of trainings. Question 3 asked: "Has your current school provided you with any suicide prevention training?" One hundred and thirty-three teachers answered the question, and 46 respondents (34.59%) indicated "yes." These 46 teachers were then redirected to an open-ended question asking, "If you answered 'yes' to the previous question, please indicate the amount and frequency of the suicide prevention training your current school has provided you with." Of the 46 teachers who were redirected to the write-in question, 42 chose to respond. Twenty-eight of the responders indicated that they received training once a year. One respondent answered that they received training twice a year. Thirteen teachers indicated that they received training less frequently than once a year. Four respondents answered with a combination of once a year and also "as needed" if an incident occurs or if a student is identified to have exhibited

signs of being suicidal. One teacher said, "We have had one in service training and all of the students are screened each year," which provided information both about faculty and staff education and initiative to screen students who may show signs of suicidal tendencies or ideations. One respondent said, "I remember staff training around 2004 in the county at a different middle school. It was a 4 hour work shop."

Independent suicide education. Question 4 asked, "In the course of your adult life, have you sought any type of training or education in the area of youth suicide of your own accord (i.e. not required by your school)?" Of the 132 teachers who responded to this question, 20 indicated "yes" and were redirected the question, "if you answered "yes" to the previous question, please describe the training and/or education you've received." Of the 20 teachers who were redirected to the follow-up question, 18 chose to elaborate on their response. The various responses ranged from spiritual direction to internet searches (see Table 4.5 below).

Table 4.5

Independent research responses.

Respondent	Response
1	reading of various articles; listening to discussions on the topic (NPR)
2	law enforcement
3	I was a mental health counselor and the training was part of my employment requirement.
4	Internet searches for more information
5	suicide trainings
6	Religious purposes
7	Through the military as a military spouse
8	I have read by myself on the internet.
9	Training done in being a Foster Parent. Look for signs that could signal a call for help.
10	From my pastor, or personal research on the subject.
11	Not sure if "education" is the correct term but I have read countless books on suicide prevention, signs and bullying. Since our county does not

	provide these resources, I felt I needed to go out and search information on my own.
12	I am a lateral entry teacher and spent 16 years as a child protective services social worker. I have previously attended training for suicide prevention in my social work career.
13	My husband minored in Christian Counseling, so I often read some of his resources and we discussed it a lot. I often sought information from the counselors with which I worked and have asked for more professional development for working with all mental health issues because so many of our students have been diagnosed.
14	As a Resident Assistant in college, I attended several training sessions each year.
15	Suicide Prevention Program offered through another employment agency.
16	I have done a little independent reading.
17	Independent research on contemporary articles relating to suicide detection and prevention.
18	Therapeutic foster care training required us to take a seminar on this

Additional resources. At the end of the second section of the survey, the participants were asked: "If you were to identify a student who exhibits signs of suicidal tendencies or ideations, where would you go for additional resources (school, community level, etc.)?" One hundred and six teachers responded to the question, with a variety of answers. Of the 106 responses, 94 indicated that they would contact a guidance counselor, school psychologist, or school social worker first for additional resources. The second most common answer was a principal or school administrator with fifteen respondents indicating that they would look for additional resources from these sources. Other sources that were listed were hospitals, teen health clinics, medical professionals, and sheriffs. One teacher said: "I would notify my principal and guidance counselor immediately and follow any further procedures required. I would personally make an effort to keep an eye out for that student's whereabouts throughout the school day and make an effort to assure the student that I am available if they need someone to talk to." Another teacher echoed a similar sentiment to individually emotionally support the student: "I

would refer them to the guidance counselor and perform independent research regarding ways to support them within my classroom." Other less common answers were pastors/spiritual directors or youth ministers and suicide hotlines. Three responses indicated that they would reach out to the students' parent as well.

Improvements. Question 28 asked, "In what way or ways do you feel that your school/school district can further support the development of teachers in the area of suicide prevention education?" Of the 79 participants who chose to respond to the question, 68 of them suggested professional development. Improvements in this area included more frequent sessions, more clarity in the information, providing an environment for teachers to discuss these situations with each other, and conversations that went beyond how to follow a protocol if a child says that they are suicidal. Several respondents requested "refreshers" throughout the year and even having pamphlets and other literature available to help gain confidence in recognizing suicidal tendencies. Some respondents indicated that schools were not addressing suicide at all. One teacher said: "I think the school system should stop sweeping the idea that children commit suicide under the rug and address the issue. There should be some classes offered to teachers in the county from certified, qualified professionals."

Some of the responses affirmed that the teachers felt they were well-educated, but still offered advice for improvements. For example:

> "My school district does a very good job of training teachers to identify students to refer to our school counselor who then has the training to assess the level of risk. My students also have training in health about this and other risk behaviors such as cutting and come to us very quickly when they suspect an issue. The biggest issue is the lack of follow through with therapy for at-risk students."

Other respondents stated that they did not believe addressing suicide was the responsibility of teachers. One respondent replied, "To simply help teachers recognize the signs of suicidal tendencies in students. Other than that, professional staff with training should take over." Another teacher responded that they believed recognizing the red flags of students who may be suicidal is where the responsibility ends:

> "I think suicide is important to know and understand the signs of in children, but I feel it is not always up to the teachers to be the emotional support for helping a child through this. We have an awesome school counselor that does well to handle situations like this. As a teacher, we do not need to bare the responsibility of dealing with suicide when our schedules are already jam packed with so many other responsibilities."

Other suggestions included community-wide workshops, particularly for informing parents on what warning signs to look for in their own children. Two teachers suggested discussions with students in homerooms and mentoring programs where older students pair up with younger students to help provide support and create welcoming environments in schools.

Personal experiences. The final question of the survey asked, "Are there any other personal experiences or insights regarding the topic of suicide that you would like to share?" Forty-seven participants provided answers, but 31 of the responses were "no," "n/a," "none," or "not at this time." Of the remaining sixteen responses, teachers shared stories about losing parents to suicide, helping their own children with mental health struggles, and general opinions about mental health care. Other responses highlighted the importance of taking students' feelings and emotional wellbeing into account.

A critique that was offered in four of the responses was that the topic of suicide is not addressed in schools enough or at all. One teacher responded:

> "I believe that mental illness as a whole is not discussed enough in our society. It is too often brushed aside as being nonsensical or even non-existent ("just in someone's head"). It is too often limited to describing those with autism, or schizophrenic, bipolar (manic depressive), sociopathic or psychopathic tendencies. However, just because some people do not experience these more obvious or extreme conditions, does not mean that their mental illness is not worth addressing, discussing, and treating. So many individuals suffer silently from chronic depression and anxiety disorders, being told that they are overreacting or "just a little sad." These conditions affect their education just as much as other illnesses. Mental health education needs to be improved overall."

Another respondent shared that in his or her rural community there have been multiple adult suicides, but the community lacks the resources to provide workshops or support for students other than sending them to the psych ward and not providing adequate follow-up treatment.

One teacher directly critiqued the post-vention tactics of her school in response to a recent suicide:

> "We have had students commit suicide recently and administration wanted us to just act like it didn't happen. Students and staff were greatly affected and it was very difficult to not open discussion with kids who had questions. I didn't feel qualified to answer their questions but felt it was better to address concerns and let them know other options were available to them."

One participant expressed the belief that suicide should not be discussed in schools stating, "I don't feel suicide prevention should be shown or discussed with children. I believe that to be something parents should handle." Two additional responses expressed the importance of

following protocol and having good connections with administrators and school counselors as being crucial for suicide intervention.

Discussion

Past research in the area of youth suicide education has highlighted a major gap in the area of professional development and training of teachers, particularly of the middle school population. A study that attempted to address these issues in the middle school teacher population (and was not a direct study of the efficacy of a particular suicide education program) was not found in the literature. The purpose of this research was to assess how confident a sample of teachers in North Carolina believed they were in identifying students who may be suicidal, how schools across the state are currently developing teachers to support students who struggle with suicidal tendencies, and how much of a role teachers believe they have in supporting students who may be considering suicide.

Personal Relationships with Students as Related to Suicide

As indicated by the results, the teachers of this study felt mostly comfortable talking to students about their personal lives, and believed that teachers had a very strong obligation to support their students emotionally. However there was a decrease in their comfort level when those relationships with students involved identifying suicidal tendencies. The analysis on most questions indicated a “neutral” level of confidence in identifying and approaching students whom they believe may be suicidal. There was also a neutral-to-agree level of importance to create opportunities about dialogue in the classroom. These findings indicate that teachers have positive intention to engage in open dialogue regarding suicide with the class, but would need more support in taking action.

Reducing Suicide in the Middle School Population

Forty percent of teachers strongly agreed and 18.4% of teachers agreed with the statement that suicide is a widespread issue in the middle school population, which suggests that education about youth suicide in general is lacking, as it is the second leading cause of death for teenagers above age fourteen and the third leading cause of death for children ages 10-14. The majority of teachers also indicated that suicide prevention should receive more attention in middle schools. Most participants in the survey believed that it was the responsibility of the schools to provide education for students, and that by providing more education for students it would reduce the stigma that exists among students. This belief reinforces the findings of Lazear and colleagues (2003): that students who felt connected to their school and felt the adults in their community cared about them were significantly less likely to engage in suicidal behaviors.

Teacher Education

The results of this survey suggests that overall, teachers are dissatisfied with the amount of education they are receiving in the area of youth suicide prevention and intervention. Only 36% of teachers said they had been required to attend professional development in the area of suicide education and/or prevention by their school system, but nearly 70% of teachers indicated that they would like to receive more professional development in the area of suicide prevention. Only 15% of teachers had individually sought information about suicide intervention, but most of the respondents indicated that teachers have a key role in suicide prevention.

Many of the participants said that their counseling staff and administration would be the first place they would turn to for advice on helping a student who may be suicidal. This is concerning considering 43.8% of teachers did not agree that staff at their school were open to discussing suicide prevention plans. Participants also strongly believed that it was the

responsibility of the school to provide proper education for teachers, and that community-wide trainings would greatly help to inform the population about youth suicide.

Most of the information and professional development that teachers had received regarding student suicide took place during part of a staff meeting at the beginning of the year, and the majority of respondents felt that this was not sufficient. The most common response in the qualitative section that asked for possible improvements was that teachers believed their schools and school districts should have trainings implemented more frequently, with common refreshers and casual dialogue to create a comfortable and supportive environment for students to express their thoughts and emotions. Aseltine and DeMartino (2004) found a strong need for follow up sessions for teachers, parents, and students to be adequately equipped to engage in dialogue and help youth who may be feeling suicidal. These survey results confirmed that in order to reduce the rate of suicide among the youth in middle schools, teachers feel the need to have complete confidence in their skills identifying and confronting students whom exhibit suicidal tendencies.

Juhnke, Granello, and Granello (2011) emphasized that training students who may be suicidal to seek help from trusted adults was ineffective unless all of the adults in the school community felt absolutely confident in their ability to talk to students who struggle with suicidal ideations, can refer students to the proper resources, and support all of their students emotionally in the classroom. Aseltine and DeMartino (2004) showed that there was a significant short-term reduction of suicidal behaviors and an increase in communication among students who were feeling suicidal when teachers felt prepared to engage in dialogue. This survey has confirmed that teachers understand the influence they can have in preventing suicide in the middle school population and provides powerful insights about the lack of professional development among

teachers in North Carolina to effectively do so, but also provides information about potential ways to improve teacher competence in the area of suicide prevention, intervention, and education. At all levels, this study suggests that overall openness to discussing mental health in general needs to be improved.

Implications for Education

The results of this study provide implications for multiple stakeholders including policy, administration, educators, pre-service teachers, and for future research. First, implications for policy, which include more frequent and widespread education programs in the state of North Carolina and even provide basis for more policy change then outlined in the most recent 2015 N.C. Suicide Prevention Plan. Implications for administrators include creating an open and supportive environment for both students and teachers and to shift the conversation away from following protocol but rather encouraging the emotional wellbeing of their entire community. Implications for educators include advocating for more thorough trainings and professional development in their school and school systems, as well as the importance of taking an individual responsibility to educate themselves in the area of suicide intervention and prevention. Implications for pre-service teachers and university-based teacher preparation programs includes recognizing mental health as an important part of teaching, and preparing future teachers to engage in challenging dialogue that could save lives.

Implications for policy. One of the main findings of this research is that suicide education is inconsistent and erratic depending on multiple conditions, including what teacher preparation program educators completed, what school system educators teach in, the education provided at an individual school, and how much research an individual had completed individually about suicide. The 2015 N.C. Suicide Prevention Plan (2015) provides ample

statistics about the growing rate of suicide in North Carolina, but the amount of variables for baseline knowledge are not discussed. A standard program for baseline knowledge needs to be established in the state to inform teachers of how important an issue youth suicide is, and help to inform them of how important their role as gatekeeper can be. Under ideal circumstance, required trainings for staff, teachers, students, and even families should be implemented at least yearly for the school systems across North Carolina. A budget for suicide education programs needs to take the cost and efficacy of the programs into account. The budget must also allow for a plan to be developed that provides concrete steps for implementing suicide education programs in every single school system in the state. According to the 2015 N.C. Suicide Prevention Plan (2015), three of the counties with the highest suicide rates are Alexander, Stokes, and Carteret. The way that these counties implement a program may differ from Cumberland, Wake, and Mecklenburg, which are more populated and have better access to resources. All counties should have resources to attend to this life threatening challenge in the state's middle school youth.

Implications for administration. First and foremost, school administrators have a responsibility to create school-wide comfortable environments for teachers and students. They should encourage their students and staff to discuss difficult topics, such as suicide, and assure all members of their communities that there are advocates and supports for students who may be feeling suicidal. Teachers in this survey indicated that schools have the responsibility to provide education and resources for the faculty and staff. Administration needs to acknowledge the desire for formal trainings and recognize that even yearly trainings can help improve the confidence of teachers to confront students who may be feeling suicidal can save lives. Administrators should require dialogue about suicide that assures students and teachers that they are not alone, that they will be cared for and taken seriously, and that their emotional wellbeing is at the forefront of

concern. Administrators also have a responsibility to provide follow-up to teachers who report students so that the students can have a well-informed team of advocates surrounding them to better their mental health. Administrators need to put less emphasis on "following the protocol" to legally protect themselves, and look at suicide as a widespread issue in the middle school population that can be prevented with proper education and advocacy.

Implications for educators. Implications for educators include understanding the important roles that they possess in the lives of students and recognizing they have a responsibility to be advocates for students who may be suicidal. In this study, most participants indicated that it is important for teachers to support their students emotionally, and that students feel comfortable coming to them with personal issues. Most teachers also identified that teachers play an important role in suicide prevention and intervention, but also expressed a lack of confidence in their abilities to properly confront students who may be exhibiting suicidal tendencies. If teachers can recognize that they are important gatekeepers for students who need help knowing where to go for resources if they themselves or a friend is feeling suicidal, they take a stronger personal responsibility to advocate for more thorough trainings and professional development in the area of suicide intervention, prevention, and education.

The lack of confidence and personal initiative also suggests that if teachers are able to, even the smallest amount of individual research (finding a hotline, reading articles on the internet, etc.) made teachers feel more confident in their abilities to identify students exhibiting signs of suicidal ideations and also confront these students. Teachers can help to reduce the stigma around suicide in their own classroom environment by creating opportunities for dialogue and assuring students that they are always available as trusted gatekeepers of the community who can help refer them to get the proper professional mental health care that they require. Teachers

need to not only teach, but also listen to student feedback in the classroom, which will help to create an inclusive and comfortable environment.

Implications for teacher preparation programs. Part of teacher preparation programs need to include proper education about youth suicide because it is a prominent issue in the middle school population. A major component of preparing to work with students includes being prepared to deal with their holistic wellbeing. Preparation for teaching includes cultivating a background in methods for teaching particular subjects, literacy classes, child development courses, and even classes gauged at understanding exceptional children and differentiating lessons for children with disabilities. As supported by Auger (2011), holistic mental health care is greatly beneficial to the overall wellbeing and success of students, and therefore first-year teachers should be well-equipped at addressing mental health issues in their classroom. If university-based teacher preparation programs are preparing future teachers to be equipped to address the specific needs of students with learning disabilities, or have extensive classroom management plans, or how to use technology in the classroom to be the best advocates for every individual student that comes through their door, they should also equip future teachers with how to be the best mental health advocates for their students. The way a student performs on standardized tests, or the grades they get, or even the way they behave in the classroom are all of minimal importance if a student does not feel safe or cared for and is struggling with suicidal thoughts or tendencies alone.

In this survey, one of the teachers expressed “we [teachers] do not need to bare the responsibility of dealing with suicide when our schedules are already jam packed with so many other responsibilities,” and some of the other participants echoed a similar sentiment that it is the responsibility of counselors and administration to address the topic of suicide. As Juhnke et al.

(2011) stated, it cannot be known when or to whom a student who is planning to commit suicide will reach out to. A first-year teacher may feel overwhelmed with the amount of work they have to complete with lesson planning and grading, but if they were properly trained to recognize the signs of suicide and how to engage in dialogue with struggling students, it would not seem like an extra responsibility. If we train teachers to view mental health care as being essential to a student's school experience, to prioritize a student's mental stability, to communicate with their students and help to form them as people first and then as students, we can reduce the rate of suicide. It makes logical sense to begin to emphasize the importance of open dialogue and recognizing the signs of suicide with pre-service teachers so they can go into their careers and schools confident, prepared, and with the knowledge to be trusted gatekeepers for students and advocates for improving suicide intervention and prevention trainings.

Strengths and Limitations

The strengths and limitations of this study have to be considered in order to analyze possible applications for future research in the area of teacher preparedness in the area of suicide education, prevention, and intervention. Data was collected from a self-report survey, and participants voluntarily chose to participate in the survey via email, which is both a strength and limitation. While the responses ranged from positive to negative, this method creates some bias. Participants who completed the survey in its entirety have strong opinions about the topic of youth suicide and teacher involvement, which also lead to detailed qualitative responses. The use of an electronic survey allowed for participation from populations across North Carolina, however the stratified selection of teachers who were emailed were limited to those middle schools that had teacher emails available on the school websites. A sample size of 500 was selected in order to elicit enough responses to make the data significant, but could not be truly

random as a result of limited access to emails. While a relatively large sample size, this is only a small percentage of the amount of teachers in the state. The range of geographic location across the three areas of the state of North Carolina did yield diverse and relatively representative responses, versus if the data was only collected from one region, county, or city of the state.

Another strength of this study was the average amount of teaching experience found among the participants. A significant amount of participants responded from each range (1-9 years, 10-19 years, 20-29 years), which means that different attitudes based on when a teacher was initially trained and the clinical experience a teacher accumulates from teaching are represented. Only one teacher had 30-39 years of teaching experience, which could be from a lack of teachers in this experience group or a limitation of the nature of the survey being electronic. A major limitation in the collection of data was that gender data was omitted from the survey unintentionally. If the survey were to be conducted again, gender of participants would be asked in order to sort the data in this manner and analyze gender differences.

Another limitation of this study was that only public middle school teachers were surveyed. This neglects the teachers who serve the private, charter, and religious middle schools in the state, but the youth suicide rates are calculated from children who attend all varieties of institutions. The pilot study was conducted on a population of middle school teachers from a religious institution, but only for the sake of assuring optimal clarity of survey questions. While the responses of these teachers were not analyzed in the results of this study, there was an overall lack of knowledge about suicide prevention and intervention strategies in the pilot population as well, and ideally all middle school teachers from every institution would be surveyed to get the complete view of teacher preparedness.

A limitation of this study was in the background research conducted for the introduction and literature review. Consideration of race in youth suicide statistics, both in how youth show signs differently and which racial groups exhibit the highest rates of suicide and suicide attempts were neglected. If the study were to be conducted again further research in this area should be completed in order to gain a more comprehensive view on the issue of youth suicide in North Carolina.

Another limitation that arose in the course of the study was that some administrators may not have allowed their staff to partake in the survey. In spite of the five contacts as outlined by Dillman's method, only 27% of people who were contacted responded. While online surveys are typically found to have lower response rates than paper surveys, several studies that compared the response range found the average online response rate to be between 20-47% (as compared to 32.6-75% on paper), so the results of this survey were in the acceptable range for academic studies (Nulty, 2008). An email from a teacher in Wake County, which as previously mentioned claims for their teachers to be "experts" in the area of suicide on the school system's website), was sent saying "I was instructed by the Principal not to participate in this" after the final contact. This could indicate a wider trend of principals forbidding their staff to complete the survey for a variety of reasons. Teachers may also have been concerned that the information they provided could lead to negative professional implications despite being assured that their responses would remain completely anonymous. The nature of the topic of suicide is still seen as taboo, as indicated by the responses collected, and teachers may have feared that criticizing the current practices of their schools or school systems could jeopardize their employment. However despite the fact that 73% of the people who were contacted did not respond, the

teachers who did respond provide a glimpse into the current climate in North Carolina regarding suicide training.

Implications for Future Research

Implications for future research include a wider population, more in-depth analysis of how to best equip teachers and administrators to address youth suicide in the middle school population, and studies to improve the overall dialogue about mental health in schools.

This study indicates a general trend amongst middle school teachers: teachers recognize the positive impact they can have at reducing the rate of youth suicide, but desire more frequent and thorough training before they will feel confident in taking on this role. Further research should be done on a wider scale to get a more comprehensive view of middle school teachers in not only North Carolina, but in the nation, to conclude best practices for preparing teachers in the area of suicide prevention, intervention, and education. A future study could gauge the climate and attitude in other school systems, as well as to identify specifically what teachers need in order to gain confidence in their abilities to help students.

Similarly, future research should be done to assess the attitudes of principals and administration. While many teachers emphasized "following the protocol" when students are identified as having suicidal thoughts or tendencies, an administrative voice was not provided as to why this exists. A study should be conducted to gauge who principals believe has the main responsibility for the lives and wellbeing of middle school students as well as a self-assessment of their schools' current programs for both students and teachers.

While research is currently being done into the effectiveness of suicide prevention programs among students, most of these programs are aimed at the high school population. Further research should be done into the attitudes about suicide among middle school students.

More specifically, research should be conducted that analyzes the interconnectedness between students' attitudes, teacher support, perceived administrative policy and attitude about discussing and supporting students who may be suicidal, and how community-based trainings could possibly change student outlook. More research is needed to see if these factors can help to reduce the stigma surrounding suicide and increase help-seeking behaviors.

Conclusion

Findings suggest that of the middle school educators surveyed in this sample, teachers recognize the importance of being competent in suicide prevention and intervention, but overall feel they do not receive training of proper depth or frequency. The majority of teachers expressed a desire for more adequate training and personal development in the area of suicide prevention and intervention. Furthermore, teachers also believe that openness to discussing mental health in general will improve the overall wellbeing of the middle school population, and would help to decrease the rate of youth suicide. This study has implications at several levels of the educational field including policy, administrators, teachers, and pre-service teaching programs. Overall, increasing training and education and bringing awareness to the prominence of youth suicide will help to normalize discussion of the topic, and make both teachers and students more comfortable in situations where a student may be exhibiting suicidal thoughts or tendencies.

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Appendix A

Survey

Suicide Education in Middle School Teachers

Please take a moment to consider participating in my online survey regarding suicide education for prevention, awareness, and intervention of North Carolina middle school teachers . The survey consists of five major sections: educational background related to suicide, teacher perceptions of suicide in the middle school population, teacher beliefs on suicide education, demographic information, and a section for you to share any comments that may be pertinent to this area of research. The majority of the questions are Likert-scale multiple-choice questions (except for the final section), and the survey will not take you more than fifteen minutes to complete. You may withdraw from the study at any point by closing your Internet browser and you will also have the option to refrain from answering any question or questions that you choose. All responses will be anonymous and extremely confidential. Any report of this research that is made public will not include your name or any other personal identifiers. Once you have completed the survey, feel free to email me with any questions or concerns you may have about the survey or your participation in it. I understand the parameters of my participation in this study and I consent to participate:

- ❍ Yes, I consent to participate in this survey.
- ❍ No, I do not consent to participate in this survey and do not wish to continue.

Q1. In the course of your university-based teacher preparation program (at any degree level), did you receive any formal education in the area of suicide education and/or prevention?

- ❍ Yes, a full course of suicide education.
- ❍ Yes, part of a course was focused on suicide education.
- ❍ Yes, part of one lecture was focused on suicide education.
- ❍ No, I did not receive any education about suicide.
- ❍ I was never enrolled in a university-based teacher preparation program.

Q2. In the course of your career as an educator, have you been required by your school system to have any Professional Development in the area of suicide education and/or prevention?

- ❍ Yes
- ❍ No

If you answered "yes" to the previous question, please describe the training you received as Professional Development.

Q3. Has your current school provided you with any suicide prevention training?

- ❍ Yes
- ❍ No

If you answered "yes" to the previous question, please indicate the amount and frequency of the suicide prevention training your current school has provided you with.

Q4. In the course of your adult life, have you sought any type of training or education in the area of youth suicide of your own accord (i.e. not required by your school)?
- ❍ Yes
- ❍ No

If you answered "yes" to the previous question, please describe the training and/or education you've received.

Please indicate how strongly you disagree or agree with each of the following statements:

Q5. Teachers have an obligation to support their students emotionally.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neutral
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q6. In general, students feel comfortable talking to me about their personal lives.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q7. I feel comfortable talking to students about their personal lives.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q8. As a teacher, I feel confident in my ability to identify students with suicidal tendencies.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q9. As a teacher, I feel comfortable approaching students whom I believe may be suicidal.
- ❍ Extremely comfortable
- ❍ Somewhat comfortable
- ❍ Neither comfortable nor uncomfortable
- ❍ Somewhat uncomfortable
- ❍ Extremely uncomfortable

Q10. I feel it is important to create opportunities for dialogue about suicide in my classroom.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q11. Teachers have a key role in suicide prevention.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q12. Suicide is a widespread issue in the middle school population.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q13. Suicide prevention should receive more attention in middle schools.
- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q14. Over the course of your teaching, have you ever referred a student whom you believed to be suicidal to counselors?
- ❍ Yes
- ❍ No

If you said "yes," how many students have you referred over the course of your career?

Q15. Over the course of your career, how many students have you taught that you know have received treatment for suicidal thought and/or tendencies?

- ❍ 0 students that I know of
- ❍ 1-5 students
- ❍ 5-10 students
- ❍ 10+ students

If you were to identify a student who exhibits signs of suicidal tendencies or ideations, where would you go for additional resources (school, community level, etc.)?

Please indicate how strongly you disagree or agree with each of the following statements:

Q16. In general, school staff at my school are open to discussing suicide prevention plans.

- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q17. Providing more suicide education in schools will reduce the stigma surrounding suicide among students.

- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q18. It is the responsibility of schools to provide suicide education for students.

- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q19. It is the responsibility of schools to provide the training that school staff need regarding suicide education.

- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q20. My school would benefit from community-wide suicide prevention trainings.

- ❍ Strongly agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Strongly disagree

Q21. I would like to receive more Professional Development in the area of suicide prevention

- ❍ Yes
- ❍ No

Q22. What grade(s) do you currently teach? (Check any/all that apply).

- ❑ 6th grade
- ❑ 7th grade
- ❑ 8th grade
- ❑ Other (please specify) _____

Q23. What subject do you teach? (Check any/all that apply).

- ❑ English
- ❑ Social Studies
- ❑ Math
- ❑ Science
- ❑ Physical Education
- ❑ Chorus
- ❑ Band
- ❑ Art
- ❑ Technology
- ❑ Foreign Language
- ❑ Special Education
- ❑ Other _____

Q24. How many years have you been teaching?

Q25. What is your birth year?

Q26. What school system do you teach in?

- ❍ Alamance-Burlington Schools
- ❍ Alexander County Schools
- ❍ Alleghany County Schools
- ❍ Anson County Schools
- ❍ Ashe County Schools
- ❍ Asheboro City Schools
- ❍ Asheville City Schools
- ❍ Avery County Schools
- ❍ Beaufort County Schools
- ❍ Bertie County Schools
- ❍ Bladen County Schools
- ❍ Brunswick County Schools
- ❍ Buncombe County Schools
- ❍ Burke County Schools
- ❍ Caldwell County Schools
- ❍ Camden County Schools
- ❍ Carteret County Public Schools
- ❍ Caswell County Schools
- ❍ Catawba County Schools
- ❍ Chapel Hill-Carrboro Schools
- ❍ Charlotte-Mecklenburg Schools
- ❍ Chatham County Schools
- ❍ Cherokee Central Schools

- Cherokee County Schools
- Clay County Schools
- Cleveland County Schools
- Columbus County Schools
- Craven County Schools
- Cumberland County Schools
- Currituck County Schools
- Dare County Schools
- Davidson County Schools
- Davie County Schools
- Duplin County Schools
- Durham Public Schools
- Edenton Chowan Schools
- Edgecombe County Schools
- Forsyth County Schools
- Franklin County Schools
- Gaston County Schools
- Gates County Schools
- Graham County Schools
- Greene County Schools
- Guilford County Schools
- Harnett County Schools
- Haywood County Schools
- Henderson County Schools
- Hertford County Schools
- Hickory Schools
- Hoke County Schools
- Hyde County Schools
- Jackson County Schools
- Johnston County Schools
- Jones County Schools
- Kannapolis City Schools
- Lee County Schools
- Lenoir County Public Schools
- Lexington County Schools
- Lincoln County Schools
- Macon County Schools
- Martin County Schools
- Mcdowell County Schools
- Mitchell County Schools

- Montgomery County Schools
- Moore County Schools
- Mooresville City Schools
- Mount Airy City Schools
- New Hanover County Schools
- Newton Conover City Schools
- Northampton County Schools
- Onslow County Schools
- Orange County Schools
- Pamlico County Schools
- Pasquotank County Schools
- Pender County Schools
- Perquimans County Schools
- Person County Schools
- Pitt County Schools
- Polk County Schools
- Randolph County Schools
- Richmond County Schools
- Roanoke Rapids City Schools
- Robeson County Schools
- Rockingham County Schools
- Rowan-Salisbury Schools
- Rutherford County Schools
- Sampson County Schools
- Scotland County Schools
- Stokes County Schools
- Surry County Schools
- Swain County Schools
- Thomasville City Schools
- Transylvania County Schools
- Tyrrell County Schools
- Vance County Schools
- Wake County Schools
- Warren County Schools
- Washington County Schools
- Watauga County Schools
- Wayne County Public Schools
- Weldon City Schools
- Whiteville City Schools
- Wilkes County Schools

- ❍ Wilson County Schools
- ❍ Yadkin County Schools
- ❍ Yancey County Schools

Q27. Please indicate any/all degrees you have received:

- ❍ Bachelors
- ❍ Masters
- ❍ PhD
- ❍ Other

Please indicate the following information about your degrees:

	University/Institution	Degree/Program
Bachelors		
Masters		
PhD		
Other		

Q28. In what way or ways do you feel that your school/school district can further support the development of teachers in the area of suicide prevention education?

Q29. Are there any other personal experiences or insights regarding the topic of suicide that you would like to share? If so, please elaborate:

When finished, please click the >> to submit your responses.

Appendix B

Participant Contacts

First contact
May 6, 2016

Dear Educator,

A few days from now, you will receive and email to request your participation in a survey being conducted for a School of Education Honors thesis at the University of North Carolina Chapel Hill. You have been selected to participate in the project because you are a public school teacher in the state of North Carolina.

This survey seeks your important contribution to understanding teacher preparedness in the area of suicide prevention, intervention, and awareness in the middle school population.

I am writing in advance because I have found many people like to know ahead of time they will be contacted. The study is an important one that will help in understanding of how to best prepare future teachers in the area of suicide prevention.

Thank you for your time and consideration. It is only with the generous help of people like you that research such as this can be successful.

Sincerely,

Melissa Walsh
UNC-Chapel Hill School of Education Class of ‘17
Middle Grades Education

Second Contact
May 11, 2016

Dear Educator,

My name is Melissa Walsh and I am an Honors student in the University of North Carolina at Chapel Hill School of Education's Middle Grades program. For my Honors thesis, I am researching the role of teachers in suicide prevention in the middle school population. I want to know what training teachers have been given on suicide intervention, as it is the second leading cause of death in the young adult age group. Your voice is imperative to understanding the depth of this issue, and also to identifying successful prevention and intervention programs. As educators, you have the ability to impact students' lives every day, and this applies not only to academics, but also to who these students are as people and how they see the world after they leave your classroom. I want to know how college programs, school systems in our state, and you individually are informed on the issue of youth suicide, and explore the possibilities for prevention and intervention in our middle schools.

Please take a moment to consider participating in my online survey of North Carolina middle school teachers. The survey consists of four major sections: demographic information, educational background related to suicide, personal development in suicide education, teacher beliefs, and a section for you to share any comments that may be pertinent to this area of research. The majority of the questions are Likert-scale multiple-choice questions, and the survey will take approximately fifteen minutes to complete. If you agree to participate, the online survey form will ask for your consent and will allow you to continue in the study. You may withdraw from the study at any point by closing your Internet browser and you will also have the option to refrain from answering any question or questions that you choose. All responses will be anonymous and extremely confidential. Any report of this research that is made public will not include your name or any other personal identifiers. Once you have completed the survey, feel free to email me with any questions or concerns you may have about the survey or your participation in it. The University of North Carolina Chapel Hill's Internal Review Board has approved this survey, and its identification number is 16-1090.

Here is the link: https://unc.az1.qualtrics.com/SE/?SID=SV_3locvetDOD6GufH

Thank you for considering my request to participate in this survey. I am drawn to this area of research in order to gain insight about how teachers are being trained to help students who may be considering suicide, what we are doing successfully at a state level, and how we can improve education of educators in the area of suicide prevention. If you have any further questions or concerns, please do not hesitate to contact me at mmwalsh@live.unc.edu.

Sincerely,

Melissa Walsh
UNC-Chapel Hill School of Education
Middle Grades Program Class of 2017

Third contact
May 16, 2016

Dear Educator,

Last week, you received an email seeking your feedback regarding how North Carolina is preparing teachers in the area of suicide prevention, intervention, and awareness in public schools. Your school's name was randomly selected in a sample of all public schools across your region.

If you have already completed the survey, please accept my sincere thanks. If not, please do so today. I am especially grateful for your help, because without your feedback, I cannot explore the topic of suicide prevention, awareness, and intervention in our state. Your voice on this important topic will assist in developing professional development and intervention programs to assist future educators like myself, who will work with middle school students in our state.

Here is the link: https://unc.az1.qualtrics.com/SE/?SID=SV_3locvetDOD6GufH

If you have any questions, please do not hesitate to contact me. Thank you!

Melissa Walsh
UNC-Chapel Hill School of Education Class of '17
Middle Grades Education
Phone: (919) 745-9989
Email: mmwalsh@live.unc.edu

Fourth contact
May 23, 2016

Dear Educator,

About three weeks ago I sent you an email containing a link to a survey regarding how North Carolina is preparing teachers in the area of suicide prevention, intervention, and awareness in public schools.

People who have already responded have had important insights to share about how North Carolina is preparing our teachers to best support students who struggle with suicidal tendencies and also at reducing the stigma surrounding talking about suicide. I believe the results will have some real implications for future educators in UNC's School of Education and hopefully for the education of teachers in the state of North Carolina as a whole.

If you have already completed the survey, thank you! But if you have not, I ask that you please do so at your earliest convenience. With every response I receive, my data becomes more and more representative of the state of North Carolina and allows me to make stronger and smarter conclusions about the important issue of teacher preparedness in the area of youth suicide education.

Here is the link: https://unc.az1.qualtrics.com/SE/?SID=SV_3locvetDOD6GufH

Sincerely,

Melissa Walsh
UNC-Chapel Hill School of Education Class of '17
Middle Grades Education
Phone: (919) 745-9989
Email: mmwalsh@live.unc.edu

Final contact
June 1, 2016

Dear Educator,

During the last month I have sent you several emails about an important thesis research study I am completing for the University of North Carolina Chapel Hill's School of Education.

Its purpose is to learn more about how prepared middle school teachers feel in the areas of youth suicide prevention, awareness, and intervention. The results are very important to me in my academic pursuits, but also have some real implications here at UNC's School of Education and how we prepare pre-service teachers to be the best advocates and allies for their future students as possible.

The study is drawing to a close, and this is the last contact that will be made with the random sample of middle school teachers in North Carolina.

I am sending this final contact because of my concern that people who have not yet responded may feel differently about how their needs are being met than those who have responded. Hearing from everyone in this small, statewide sample helps assure that the survey results are as accurate as possible.

I also want to assure you that your response to this study is voluntary, and if you prefer not to respond, that's fine. If you have not responded yet, but still want to participate I would greatly appreciate it!

Here is the link: https://unc.az1.qualtrics.com/SE/?SID=SV_3locvetDOD6GufH

Your time and your opinions are very valuable to me, and I thank you deeply for your participation in my survey.

Sincerely,

Melissa Walsh
UNC-Chapel Hill School of Education Class of '17
Middle Grades Education
Phone: (919) 745-9989
Email: mmwalsh@live.unc.edu