

Knowledge of Suicide Counselling by Counsellors in Selected Secondary Schools in Choma District, Zambia

Mapenzi Masilani and Daniel Ndhlovu

The University of Zambia

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ABSTRACT

This study sought to explore what the school counsellors in selected secondary schools of Choma district of Zambia knew about suicide counselling. To achieve this aim, a descriptive phenomenological design was used. The universal essence of counsellors' subjective experiences on causes and warning signs of suicide, awareness of suicide related information in the school curriculum and their training in suicide counselling were described. Purposive sampling method was used to select 12 participants for the study. Data was collected using semi-structured in depth interviews and focus group discussions, thereafter, it analysed thematically. The outcomes of the study showed that 5 of the 12 school counsellors knew the causes and warning signs of suicide. Their knowledge was however, was mostly as a result of experience and not training, 4 out of 12 school counsellors were aware of suicide related information in the school curriculum. 9 of the counsellors did not have training in suicide counselling. As a result, they held stigmatising perspectives towards suicide. However, the school counsellors felt they had a role to play in suicide prevention but this role was compromised by inadequate knowledge in suicide counselling. It was therefore, recommended that trainee school counsellors should be equipped with knowledge in suicide counselling. In addition, school counsellors were encouraged to go through continuous professional development in suicide counselling.

Keywords: suicide counselling, causes of suicide, warning signs of suicide

BACKGROUND TO THE STUDY

According to the American School Counsellor Association (ACEA), it is the school counsellors' ethical and moral responsibility to report suspected suicide risks to legal guardians and appropriate authorities (ACEA, 2022). To achieve their ethical obligation of protecting students, school counsellors must maintain current knowledge of suicide counselling. Counsellors should be informed about signs of suicidal thought, be knowledgeable about resources available, prepare learners, staff, colleagues, and parents to recognise warning symptoms of suicidal behaviour and refer learners who demonstrate signs of suicidal thoughts to suicide counsellors (ACEA, 2022). Despite school counsellors facing child and adolescent suicide as frequently as any other group of mental health professionals, not much has been done to understand the experiences of school counsellors regarding suicide counselling (Valente, 2003). Knowledge of suicide counselling may influence suicide intervention strategies and, therefore, aid or hamper suicide.

More than 700 000 people die due to suicide every year. For every suicide, there are many more people who attempt suicide. A prior suicide attempt is an important risk factor for suicide in the general population. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15–29-year-olds globally in 2019 (WHO, 2021). Suicide does not just occur in high-income countries but is a global phenomenon in all regions of the world. In Africa, research on suicidal behaviour is very scarce. However, studies report that it is a substantial public health burden. Crude estimates indicate that there are over 34,000 suicides per year (Mars *et al.*, 2014).

In Zambia, reports on suicide have mostly been from the media, highlighting suicidal behaviour as a social problem. On August 6, 2015, Kalunga in the Zambia Daily Mail highlighted that "there is a need to include

suicide counselling in learning institutions to help reduce suicide cases among learners. Many children come from different homes and face different situations. Therefore, schools must offer suicide counselling services to help learners with suicide ideation and suicide attempts. Similarly, Tuchili and Ndhlovu, (2018) found that students who received guidance and counselling services were better developed in interpersonal, study, vocational and problem-solving skills than their counterparts in the control group. Further, Ndhlovu et al. (2021) found that counselling was viewed to be very important in helping the victims of road traffic accidents to live and cope with life after disability. Based on this literature, it implies that school guidance and counselling services can help people with various problems including suicide. However, it was not clear what school counsellors in Zambia's secondary schools knew about suicide counselling. It therefore, became necessary for this study to explore what the school counsellors in selected secondary schools of Choma district of Zambia knew about causes and signs of suicide, suicide counselling and suicide supportive information in the school curriculum. An understanding of the causes and warning signs of suicide in learners, suicide counselling and available resources about suicide in the school curriculum by school counsellors may help to effectively use counselling as a behaviour change mechanism on such a clientele.

Statement of the problem

Zambia faces escalating suicide rates among adolescents, yet research understanding the public health implications remains limited (Walubita, 2019). Notably, Lee's (2022) study revealed 12.5% of respondents (n=1,034) experienced suicidal thoughts or attempts. The 2004 Centres for Disease Control and Prevention (CDC) Global School-based Student Health Survey (GSHS) study found Zambia's suicidal ideation prevalence among grades 7-10 students was 31.9% (n=2,257), the highest in Sub-Saharan Africa. Globally, studies (Gallo et al., 2022; ASCA, 2013) demonstrate schools effectively addressing suicide through guidance and counselling. Despite existing guidance and counselling frameworks (MESVTEE, 2013; MESVTEE, 2014), regional best practices (Woof et al., 2016; Shilubane et al., 2023), and school based services (Kabamba et al., 2020; Tuchili and Ndhlovu, 2018) Choma District School Counsellors' knowledge regarding suicide counselling remain unknown. Given school counsellors' extensive interaction with students (>1,000 hours/year), they play a critical role in identifying and supporting at-risk adolescents. While prior studies (CDC, 2004; Muula et al., 2007, Pengpid and Karl, 2022) documented high suicide rates among Zambian learners, the understanding of school counsellors remains understudied. This paper bridges this knowledge gap, providing insights for interventions in Choma District contributing to the development of evidence based prevention strategies.

LITERATURE REVIEW

The World Health Organisation, (2023) on suicide report indicates that every year 703 000 people take their own life and there are many more people who attempt suicide. In addition, World Health Organization (2021) points out that suicide is among the leading causes of death worldwide, with more deaths due to suicide than to malaria, HIV/AIDS, breast cancer, or war and homicide. More than one in every 100 deaths (1.3%) in 2019 was the result of suicide, (World Health Organization, 2021)

Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15–29-year-olds globally in 2019. Suicide does not just occur in high-income countries but is a global phenomenon in all regions of the world. In fact, over 77% of global suicides occurred in low- and middle-income countries in 2019 (World Health Organization, 2019). While the link between suicide and mental disorders (in particular, depression and alcohol use disorders) and a previous suicide attempt is well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness. In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. Suicide rates are also high amongst vulnerable groups who experience discrimination (World Health Organisation, 2023).

Several authors indicate that suicide is the 3rd leading cause of death among adolescents (ages 15-24) (Eisenberg, 2003). Newman (2004) reported that in South Africa, suicide is committed every hour, and twenty

or more unsuccessful attempts are made simultaneously. This prevalence rate of suicide is alarming. Despite this, adolescent mental health is neglected but is an increasing public health issue in most developing countries, including Zambia (Muula *et al.*, 2007). Paul *et al.* (2017), who conducted a study in Zambia on cases of para-suicides at the University Teaching Hospital (UTH), reported a scarcity of information on suicide and para-suicide in Africa and Zambia. A study by Mars *et al.* (2014), entitled Suicidal Behaviour across the African Continent: Review of Literature, highlights that data on the epidemiology of suicide in Africa, the world's second most populous continent, is limited. This study systematically reviewed the published literature on suicidal behaviour in African countries. This study crudely estimated the incidence of suicide based on country-specific data and compared these with published estimates. Regional or national suicide incidence data accounted for less than one-third (16/53) of African countries. Crude estimates were over 34,000 suicides annually in Africa, with an overall incidence rate of 3.2 per 100,000.

School counsellors have been identified as gatekeepers who serve as first-line assistance for distressed young people; they play a vital role in preventing adolescent suicide (ACEA, 2022). Most studies investigating the knowledge of suicide highlight the need for training and education on suicide counselling for school personnel. Many teachers feel unprepared or uncomfortable addressing suicide with students (Mo *et al.*, 2018). Teachers have reported several barriers in intervening with students at risk of suicide, such as limited education or training and concern that they will make the crisis situation worse (Hatton *et al.*, 2017; Ross *et al.*, 2017). As a result, there is a need to train teachers in suicide prevention and how to effectively respond to students in crisis (; Ross *et al.*, 2017; McConnellogue & Storey, 2017).

Considering the gravity of suicidal phenomena, it is pertinent for school counsellors to possess accurate information in suicide counselling to establish effective preventive and intervention strategies. In Zambia, many pupils join secondary school with various economic, social and psychological difficulties, including poverty, hunger, and the HIV/ AIDS epidemic, as evident from the GHSS (2004) study. Under these circumstances, it would be expected that with the pressure of studying in secondary school, learners would exhibit high levels of suicide and ideation.

Theoretical Underpinning

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

The theory that guided this study was Therapist Skills: A Cognitive Model of their Acquisition and Refinement. The model features three principal systems: declarative, procedural, and reflective (DPR model) by Bennett-Levy (2006). In this theory, Bennett-Levy proposes that knowledge can be divided into declarative and procedural knowledge. Declarative knowledge concerns factual information acquired through lectures, observational learning, supervision, or reading assignments.

Reflective practice refers to the activity of reflecting on the therapeutic experience, including attitudes and perspectives. Bennett-Levy presents a perspective on the reflective system at the centre of therapist skill development. The reflective system impacts practice, for example, in the therapeutic process, treatment process, treatment plan, and measures of the therapeutic process. Research has shown that reflection is particularly important for developing and refining therapist interpersonal skills (Chaddoet *et al.*, 2014).

Therefore, this study sought to explore the knowledge of suicide counselling by school counsellors as the DPR model advances that counsellor development depends on positive interaction between the three information processing systems. A counsellor needs to have knowledge and understanding (declarative system), skills/ practises (procedural system), and reflective capacity (attitudes /perspective) as these interact and have an impact on counsellor practice/performance.

Many teachers of guidance and counselling may lack skills to work effectively to reduce cases of suicide among pupils in schools. The nature of this deficit of skills can be understood through the DPR model of skill development. The relevance of the DPR model in this study was that it helped to identify deficits in the knowledge base among counsellors, identify the deficits in practical skills of counsellors, and the ability of

school counsellors to reflect on their own counselling work with service users. The model also provided a methodical explanation of how Guidance and Counselling educators can develop and advance their skills to deal with suicide cases among pupils in schools. Therefore, adapting the DPR model allowed the identification of specific areas of skills deficit, thereby making it possible to make clear recommendations regarding how to address those deficits.

METHODS

The study used the qualitative method. The qualitative method of enquiry was used because the research is aimed at exploring and obtaining detailed descriptions of the counsellor's existing knowledge of suicide counselling. Moser (2018) explains that qualitative research is a type of research that explores and provides deeper insights into real-world problems. Qualitative research gathers participants' experiences, perceptions, and behaviour. It answers the how's and whys instead of how many or how much.

The study used a descriptive phenomenological design. Phenomenological design is a qualitative design that focuses on an event, phenomenon or activity. Phenomenology is rooted in the philosophical tradition developed by Edmund Husserl in the early 20th century, which was later expanded by his followers at universities in Germany and subsequently spread to the rest of the world (Zahavi, 2003). The study sample was twelve (12) participants. Twelve (12) school counsellors were selected from 12 secondary schools in Choma district. A purposive homogenous sampling method was used to select counsellors from the secondary schools that based on two key criteria: having been in existence for more than five years, and having a functional guidance and counselling unit in place. The first criterion, having been in existence for more than five years, was chosen to ensure that selected schools had established a stable and functional guidance and counselling program. This helped minimise the potential impact of variability of school policies, procedures, and personal on the study findings. The second criterion, having a functional guidance and counselling unit in place, was chosen to ensure that the selected schools had a dedicated team responsible for providing guidance and counselling services to learners. This ensured that the study's findings would be relevant and applicable to the context of school based guidance and counselling. By selecting schools that met these two criteria, this study aimed to gather insights from schools with established guidance and counselling programs, thereby increasing the validity and reliability of the study findings.

Data were collected using a semi-structured in-depth interview schedule and a focus group discussion guide. A tape recorder was used to enhance the accuracy of the data transcribed and reported. During the interviews, questions regarding being straightforward and respectful of the participant's knowledge, perspectives, and practises were disbursed. The questions were also adaptable to the changing conditions of the interview process, meaning that their exact wording was sometimes altered, while some questions were not used. Supporting questions drawn from the interviewer's experience as a counsellor were spontaneously dispersed throughout the interview. The focus group discussion focused mainly on counsellors who had experienced an attempted or completed suicide. This discussion enhanced and validated the information obtained through the semi-structured interview schedule.

Thematic analysis was used to analyse the data. The six-phased thematic analysis steps described by Braun and Clarke (2006) were used. This involved reading and re reading the data, coding, crosschecking with participants, categorisation, generation of themes and report writing.

FINDINGS

This section presents the findings of the study on the knowledge of suicide counselling by school counsellors.

School Counsellor Knowledge about Suicide Warning Signs: The findings reviewed that 5 out of 12 school counsellors expressed knowledge of the warning signs of suicide. *"Isolation, writing notes that God has rejected him/her. Also, you can tell from the class performance that it goes down suddenly. When a child who has been active all along does something wrong, he begins to isolate himself. I recall that sometime back; we had a case of a pupil who committed suicide. The boy was a very committed prefect in charge of the dispensary. It was discovered that he had been going out of bounds and had even made a girl pregnant. When*

he was stripped of his duties, he began to isolate himself and later committed suicide with the drugs from the dispensary. From that time, the school decided that no boy would work in the dispensary.” (Participant # 02)

Assessing suicide risk: The study revealed that most school counsellors did not assess suicide risk among learners because they felt incompetent. The text below from one of the counsellors exemplifies the point. *“I have never conducted a suicide assessment. Maybe it is not knowing or getting proper guidance on how to go about it. In addition, there is too much work as we have to teach too. One cannot concentrate on the counselling entirely.” (Participant 10)*

Training in Suicide Counselling: The findings showed that the school counsellors were not trained to handle learners with suicidal behaviour. Two of those who were trained were school counsellors and clergy simultaneously, while one was a mere school counsellor. *“I was trained, though not directly. During our training at the seminary, we were taught to tackle various problems, including suicide.” (Participant 07)*

Counsellor Awareness of Suicide-Related Information in the School Curriculum: It was found that most school counsellors were not aware of the suicide-related information available in the curriculum. *“Is there any? I have not seen any.” (Participant 01)*

School Counsellors’ Role in Suicide Prevention All the school counsellors felt they had a role in suicide prevention. They explained how they were playing that role. *“I provide care and support to the learners. I talk to them about drugs and alcohol, as most suicides come from.” (Participant 12)*

DISCUSSION

Understanding the knowledge of counsellors with regard to suicide counselling is cardinal as it has implications for practice. The authors considered the Therapist Skills: A Cognitive Model of their Acquisition and Refinement" by James Bennett-Levy as the appropriate model to guide this work. The model proposes a structured approach to understanding how therapists acquire and refine their skills over time. It emphasizes the cognitive processes involved in learning therapeutic techniques and interventions (Bennett-levy, 2006).

The therapist skills theory encompasses a range of competences, including that include problem solving abilities and self-awareness. These skills are essential for counsellors to effectively support and guide the counselling process. Additionally, therapists often undergo training and supervision to enhance their skills and ensure the highest level of care for their clients. He emphasises continual learning and development which is one of the 6 stages in his model. According to Bennett-Levy, the process of skill acquisition and refinement is on-going and requires lifelong learning and development. Thus therapists must stay updated with the latest research findings, attend training workshops, engage in supervision, and participate in professional development activities to enhance their competence. (Bennett-levy, 2006).

Knowledge of the causes and warning signs of suicide

The study shows a lack of suicide and crisis training. Only five of the school counsellors expressed knowledge about the causes and warning signs of suicide. Among the warning signs mentioned were isolation or withdrawal, being uncooperative, drug abuse, refusing to open up during a counselling session, being too emotional, depression, pregnancy, drops in school performance, writing suicide notes, absenteeism, sleeping in class and low self-esteem. These findings agree with those of Muula *et al.* (2007), who investigated suicide ideation among adolescents in Zambia and found that worry, loneliness, ever-smoked marijuana, hopelessness, and being drunk were associated with suicide ideation. Further, the findings of this study are consistent with those of Appleby (2016) who in a sample of 152 teachers, only 23.6% of teachers felt they could ask a student at risk of suicide if he/she/they is suicidal, and relatively few teachers (9.2%) strongly agreed that they could recognize a student at risk of suicide.

Assessment of suicide risk among learners

The study revealed that most school counsellors did not undertake suicide assessments because they felt

incompetent. Their self-efficacy was low. Some counsellors who had experienced death by suicide and had several years of experience indicated that they would undertake primary assessment/screening whenever they suspected a learner to be at risk of suicide. It is worth noting that this primary assessment/screening resulted from personal research and not formal training. School counsellors must use assessments and screening to determine suicide risk. This result is in tandem with previous studies that found that years of experience positively correlated with assessment and self-efficacy. Years of school, counselling experience appear to play a role in suicide assessment self-efficacy and reduced anxiety (Douglas & Wachter Morris, 2015). This result agrees with Stickl Haugen et al.'s (2021) finding that school counsellors exposed to a student's death had higher levels of suicide assessment self-efficacy than those not exposed.

Counsellor training in suicide counselling

Most secondary school counsellors were not trained in suicide counselling during their teacher training, but few had some general counselling training. These findings are consistent with those of III and Foster (2000), who found that professional training for a suicidal crisis, is briefly touched upon in graduate studies. The lack of training or minimal emphasis on suicide counselling is of particular concern, as counsellors have regular contact with pupils who are "at risk" of suicide. III and Foster (2000) emphasised that minimal emphasis does not match the magnitude of the crisis as a reality in practice. It is the view of this study that this lack of training is likely to compromise the preventive potential of the counsellor position advocated by Mwanza (2021). Further exploration is required. The above findings are interesting because some participants in this study were knowledgeable about suicide causes and risk factors but did not possess formal training in suicide counselling. A possible explanation for these findings is that although the counsellors have not been trained, they had experience with suicidal learners and thus knew the causes and warning signs of suicide. Their demographic profiles also show that they have been in service for more than eight years.

If teachers are expected to play a significant role in school-based suicide prevention, it is imperative that they are trained in the identification and assessment of students at risk for suicide. They should also be trained in how to provide immediate support, and how to refer at-risk students to appropriate mental health professionals. Without training, a counsellor may be ineffective with their population, unaware of the complexity of related concerns, and unequipped to respond appropriately to them.

Counsellor awareness of available information related to suicide in the school curriculum

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

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

The role of school counsellors in suicide prevention

The results of this study indicate that most secondary school teachers recognise their value in the youth suicide prevention process. They believe they have a role in recognising students at risk of suicide. The study highlights that school counsellor training programs should devote more time to developing the skills essential to improving teacher efficacy as gatekeepers.

Implications to research and practice

Although research has demonstrated the high likelihood that a school counsellor will experience a student suicide, school counsellors continue to report a lack of preparation in suicide prevention, crisis intervention, and suicide post-prevention. These results have several implications for school counsellors and suicide counselling. Regarding suicide prevention, crisis intervention, and suicide post-prevention, there are far too many untrained school counsellors among the current body of school counsellors. The Ministry of Education must support school counsellors' professional development. Furthermore, school counsellors should prepare to face the probability of dealing with student suicide attempts and student deaths by suicide. If school counsellors do not receive this training during their training, then they must seek continuing education opportunities that address suicide prevention, crisis intervention, and suicide post-prevention to prevent further loss of life among learners.

CONCLUSION

Schools have a unique opportunity to reduce the number of adolescent suicides as they provide an apt environment for identifying suicidal adolescents and assisting them in finding help. To create this environment, all school counsellors should possess appropriate knowledge of suicide counselling. Counsellors can help prevent adolescent suicide through early identification and effective management of suicidal behaviour. One way of preventing suicide is by increasing awareness among school counsellors of their knowledge about suicide. The study provides preliminary evidence that contemporary school counsellors possess insufficient knowledge of suicide counselling and lack training in suicide counselling. Their knowledge might be a result of their experience with suicidal adolescents. Training school counsellors will improve confidence in suicide counselling and knowledge relevant to suicide prevention. School counsellors feel they play a role in suicide prevention, but insufficient knowledge and resources hinder this role. Providing adequate resources and on-going capacity building may be necessary to expedite changes. It is worth noting that this study found that the Therapist Skills: A Cognitive Model of their Acquisition and Refinement declarative-procedural-reflective model (DPR model) is vital as it provides it is a strength based model provides a comprehensive framework for understanding how therapists acquire and refine their skills.

RECOMMENDATION

Based on the findings of the present study, the study recommends that:

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

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