**Providing support in a time of crisis: An investigation into how Educational Psychologists in the UK respond to a death by suicide within the school community.**

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**Abstract**

A key part of the Educational Psychologists role is to respond to school community critical incidents, including death by suicides. The number of suicides in young people under 25 years old is steadily increasing across the United Kingdom and many of those bereaved by a suicide will be in education. It is therefore an important issue to research to gain an understanding of EPs work in this area. The aim of this research was to investigate how EPs are responding to a school community death by suicide and their experience of this. The research used a mixed methods design combining a national survey, to gather an understanding of the scope of practice and experience of EPs, with semi-structured interviews to gather a more in-depth understanding of EPs experience in responding to this kind of incident. The survey received 76 responses from EPs and the researcher interviewed 5 of these. The survey data was analysed using descriptive statistics and the interview data was analysed using a Grounded Theory approach. The findings showed that the most common form of support EPs provide to schools is face to face consultations and support around the correct language to use when discussing suicide. The most common form of support EPs receive included co-working with a colleague and individual debriefs. The Grounded Theory analysis produced 15 axial codes leading to the overarching theory of 'Containment Across and Within the System'. This study shows that there are multiple systems involved in responding to a death by suicide that the EPs provide containment to and receive containment from. Implications for practice and directions for future research are considered and discussed.

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## 1. Introduction

### 1.1 Introduction

This chapter will discuss the national context in relation to suicide, including relevant statistics, government initiatives and the policies in place. The link between mental health and suicide will be considered and the impact of Covid-19 on this. The work of Educational Psychologists' (EPs) in critical incidents will be described, including their role in responding to deaths by suicide, before the researcher shares reasons for the interest in this area. Lastly, an overview of the thesis chapters will be given.

### 1.2 National Context

Death by suicide is becoming an increasing concern across all age brackets within the United Kingdom (UK), but suicide has been identified as the biggest killer of young people in the UK (Office of National Statistics [ONS], 2019). The number of registered deaths by suicides rises every year (ONS, 2016). A total of 3,441 suicides were registered in England between January and September 2020 (ONS, 2020), which is currently lower than the same period of 2019, which registered 3903 suicides (ONS, 2019). However, there has been a delay to inquests due to the Covid-19 pandemic and it is thought that this number will increase (ONS, 2020). The number of deaths by suicide in people under the age of 25 has increased in recent years. In 2018, 759 young people took their lives in the UK and Republic of Ireland, of which three-quarters were male (Samaritans, 2019). Suicide rates among men aged 20-24 years old had been decreasing; however, in 2019, there was a 30% increase in suicides within this age group (Samaritans, 2019).

In the last two decades, the government have recognised suicide prevention as a growing priority and as a result, they have increased their focus, support and funding in this area. For example, in 2002, the government directed the Department of Health to develop a National Suicide Prevention Strategy for England. The strategy aimed to reduce the death rate from suicide by at least one fifth by 2010 (Department of Health and Social Care, 2012). Later, in 2012, the coalition government published the first Cross-Government programme: Preventing Suicide in England: A Cross-Government Outcome Strategy to Save Lives (Department of Health and Social Care, 2012). This outlined commitments to prevent suicide by improving

mental health from departments across the government, including the Health, Education, Transport, Justice and Home Office. The programme recognised the complexity of suicide, as the paper stated:

> Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This strategy is intended to provide an approach to suicide prevention that recognises contributions that can be made across all sectors of our society. (p. 4)

Furthermore, the document identified children and young people (CYP), as a group for whom "a tailored approach to their mental health is necessary if their suicide risk is to be reduced" (Department of Health and Social Care, 2012, p. 6). The strategy emphasises community-level interventions in schools, colleges and universities after a suicide, to prevent 'copycat' behaviour and suicide clusters. The paper also refers to the Samaritan's Step-by-Step Service (2010), a support programme to help the school community, reduce stigma and prevent further deaths after a suicide has occurred.

The Fourth Progress Report of the Suicide Prevention Strategy (Department of Health and Social Care, 2019) recognised the pressures students face at different ages; for example, amongst those who died by suicide in the under 20 age group, academic pressures and bullying were common experiences. In contrast, financial problems, workplace and housing issues were more prevalent in the 20-24-year-olds who took their own lives. The report highlighted that supporting mental health is key to effective suicide prevention. It outlined a range of support that has been (or is) in the process of being implemented by the Department of Education, Health and Social Care, alongside charities and organisations such as Papyrus and the Samaritans. Moreover, the Five-Year Forward View for Mental Health was published by the Independent Mental Health Taskforce (2016). The report emphasised the importance of suicide reduction and prevention, including reducing suicides by 10% by 2020/21. Additionally, the report recommended local authorities (LAs) have a multi-agency suicide prevention plan in place by 2017.

Beyond research, legislation and education, suicide is becoming a high-profile topic in society. CYP are continuously exposed to media coverage, news and conversations about this type of death, as several well-known celebrities have died by suicide. Research has found a

substantial increase in the suicide rates following incidents of celebrity suicide, mainly if people identify strongly with that celebrity (Fu & Yip, 2009). This highlights the importance of CYP having a space to ask questions and process this type of death when it occurs or when they learn about it. Additionally, several factual documentaries on suicide have recently been aired on UK National Television, including the BBC documentary *'Roman Kemp: Our Silent Emergency'* (2021) and the ITV documentary *'Caroline Flack: Her Life and Death'* (2021). These programmes aim to raise awareness of suicide as an important issue in society and to shift the stigma. However, alongside these documentaries there are also fictional programmes, such as the Netflix drama *'13 Reasons Why'* (2017), which portrays suicide in an unrealistic and somewhat glamorous way due to the popularity and attention the character gained from her 'enemies' after her death by suicide. Such portrayals of suicide can lead to myths, misunderstanding of the topic and confusion. Ayers et al. (2017), found that internet searches on precise suicide methods rose following the series' release. Research in the USA also found an immediate increase in suicide beyond generally increasing trends among the target audience of the show (10–19-year-olds), in the three months after the shows release (Niederkrotenthaler et al., 2019).

**1.3 Mental Health**

Death by suicide has been linked to a range of complex risk factors, including social and cultural issues which impact mental health. Research has found that several mental health difficulties are closely associated with suicide including, depression, trauma, anxiety and eating disorders. Indeed Bradvik (2018) found that the risk significantly increases when such difficulties go untreated. Furthermore, Adverse Childhood Experiences (ACEs) such as abuse, neglect and household dysfunction (Felitti, Anda & Nordenberg, 1998) have been linked to poor physical and mental health, unhealthy coping mechanisms (Dube et al., 2001) and underdeveloped executive functioning (Shonkoff, 2016). Experiencing ACEs have also been found to lead to poor life outcomes such as reduced educational attainment, unemployment and low income. Research in this area has seen a strong relationship between ACEs and the risk of attempted suicide throughout the life span (Dube et al., 2001), however the ACEs are not considered predictors of suicide.

Mental health difficulties in CYP remain a growing concern for the UK, with one in six (16%) children aged 5- to 16-years experiencing at least one mental health disorder (National Health Service [NHS], 2020). Furthermore, 52.7% of young women with a mental health disorder reported having self-harmed or made a suicide attempt (NHS, 2020). Research has found that 70% of CYP who have experienced mental health difficulties do not receive appropriate intervention at an early age (Mental Health Foundation, 2016).

### 1.3.1 Covid-19

In March 2020, the UK underwent a government-enforced lockdown due to the Covid-19 pandemic. Reports of mental health difficulties increased during this time, particularly in CYP (Kooth, 2020). Indeed, national survey data found a 161% increase in 11-25-year-olds reporting sleep issues, 63% said an increase in feelings of loneliness and self-harm had increased by 27% (Kooth, 2020). The majority of schools were closed, and learning took place remotely at home, meaning that most CYP across the UK were faced with great uncertainty and a sudden change in routine. Research shows that sudden life changes can induce fear and anxiety (Kontoangelos et al., 2020), which means that the mental health of CYP were more likely to be at risk. Between March 2020 and October 2020, suicidal thoughts in CYP rose by more than one-fifth compared to the same period last year (Kooth, 2020). Due to the time it takes to register deaths by suicide and the fact that the pandemic is still ongoing, it is still too early to officially know the pandemic's true effect on suicide rates (Samaritans, 2021). However, due to the concerns around CYP's mental health, the government issued the Wellbeing for Education Return Grant (Department of Education, 2020) to all LAs across the country, to provide continued support for the mental wellbeing of children on their return to school.

### 1.3.2 EPs Supporting Mental Health

Social Emotional and Mental Health (SEMH) was recently recognised as one of four Special Educational Needs (SEN) in the SEN Code of Practice (Department of Education and Department of Health and Social Care, 2015). This means that students experiencing significant difficulties with their mental health are eligible for an Education Health and Care Plan. As key contributors to these documents, EPs are often asked to complete an assessment

and write recommendations for supporting students' mental health needs in school. The British Psychological Society [BPS] (2017) outline the five core functions of the EP role including, consultation, assessment, intervention, training, and research, which operate across individual, group and organisation levels. Therefore, EPs can support student's mental health in a variety of different ways. For example, EPs may provide whole school training and psychoeducation on how to support pupil mental health, individual and group interventions, or provide consultation to the adults around the CYP. Additionally, the Wellbeing for Education grant has meant that EPs have been more focused on supporting students SEMH needs in the last year. EP's work in this area can be viewed as suicide prevention as they ensure CYP's mental health is supported throughout their education.

## 1.4 Critical Incidents

The government review of EPs' function and contribution highlighted that critical incident response had become a crucial role of EPs across the UK (Farrell et al., 2006). The term critical incident encompasses a range of incidents and situations, including suicide. There is a breadth of definitions within the current literature outlining what constitutes a critical incident. For example, Houghton (1996) defines a critical incident as "A sudden, unexpected event that is distressing to pupils and/or staff, it may involve violence against members of the school, a serious accident or the sudden death of a child or teacher" (p. 59). Whereas Rees & Seaton (2011) define a critical incident as:

> Any incident that has a dramatic and potentially traumatising impact on school aged children or school personnel, for example, a sudden death, extreme violence (including shootings/knife attacks), suicide, bullying, bombing, terrorism, accidents or disasters such as floods, storms and fires. (p. 76)

More recently, Beeke (2011) provided the following definition:

> A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school

community. It may be the result of an accident, criminal act, illness or natural disaster that affects members of the school community, school property or both. An act of suicide or attempted suicide by a member of the school community may also constitute a critical incident. (p. 169)

Despite the range of definitions available in the literature, each description shares common themes, such as the unexpected and sudden nature of a critical incident, the emotional impact of a critical incident, and examples of the type of event that may happen to cause this, including death by suicide. The definitions also refer to the school's coping mechanisms, which may determine the level of support the school requests from the Educational Psychology Service (EPS).

The Civil Contingencies Act (HM Government, 2004) requires each LA to formulate an emergency plan emphasising multi-agency practice. This has led to many EPS's creating critical incident policies detailing how the service will respond in this event. There is no official guidance that specifies what the response should entail, which means that the responses outlined in the policies can differ between LA services. Nevertheless, psychological theory and evidence-based interventions will always help inform the response that the EPs provide. For example, EPs may draw on the work of Kubler-Ross & Kessler (2005) Stages of Grief theory, which outlines the five stages of grief children may experience, including denial, anger, bargaining, depression and acceptance. Similarly, Worden's (2009) Tasks of Mourning theory suggests that grief is not a linear process, and individuals will dip in and out of an array of emotions whilst grieving. EPs will use this theory when providing psychoeducation to support the schools understanding of how CYP may respond in this event. Additionally, trauma theories have been fundamental in helping to restore the school and community equilibrium after a critical incident. The Five Essential Elements of Mass Trauma theory (Hobfoll et al., 2007) suggests that creating a sense of safety, calm, community efficacy, connectedness, and hope is essential after a trauma has occurred. EPs will draw on this literature to help inform their response.

### 1.4.1 Suicide as a Critical Incident

In the UK, suicides are defined as "Deaths with an underlying cause of intentional self-harm (ages ten years and over) and deaths with an underlying cause of the event of undetermined intent (ages 15 years and over)" (ONS, 2020, p. 8). By this current definition of suicide, children under ten years old are either assumed to have accidentally caused their death or been victims of neglect or abuse, which has led to their death (ONS, 2016). This is because children under the age of 10 years old are believed not to have the developmental maturity to take their own life with intent due to their incomplete concept of death (Whalen, Luby & Barch, 2018). Therefore, all reported deaths by suicide will be children aged ten years and older. This significantly affects the statistical data gathered on death by suicide, as it is unknown if suicide is an issue in children under ten years old. This also means that EPs are more likely to respond to a death by suicide in secondary schools compared to primary schools.

Moreover, coroners use this definition alongside the legal standards of proof to determine the cause of death. Until recently, the high criminal standard of proof was in place, meaning coroners had to prove 'beyond all reasonable doubt' that the death resulted from suicide. However, adjustments from the High Court lowered the proof to civil standards of proof on the balance of probabilities (ONS, 2020). This means that less evidence is now needed to rule death by suicide. The adjustment to the civil standard of proof was welcomed by suicide prevention charities such as Papyrus, as it was felt the criminal standards of proof added to the taboo and stigma around suicide. Furthermore, this change will lead to more deaths recorded as suicide, giving a more accurate picture of the number of these deaths a year.

Supporting those bereaved by suicide requires particular sensitivity and caution, as there are additional factors involved and repercussions following this type of incident. For example, the language used to report a death by suicide has been adjusted in recent years. The word 'commit' is no longer an appropriate term as it holds connotations with crime and immorality (Nielson et al., 2016), which can discourage individuals from seeking help. Instead, the term 'completed suicide' or 'death by suicide' is recommended (World Health Organisation [WHO], 2008). These two terms will be used interchangeably throughout this thesis. Furthermore, the language concerning suicide attempts, such as 'unsuccessful suicide', suggests suicide is a desirable outcome. Rather, language such as 'non-fatal suicide attempt'

provides a more accurate and neutral account of what has happened (WHO, 2008). It is crucial EPs are aware of the language they are using when responding to an incident of this nature.

An additional issue that EPs must be aware of is that those bereaved by suicide are at an increased risk of completing suicide themselves (Crosby & Sacks, 1999). A 'Suicide Cluster' is a term used to describe multiple suicides over a short time or within the same geographical location (Jones et al., 2013). An example of this is from 2008, where a suicide cluster occurred in Bridgend, Wales, where ten deaths by suicide occurred between December 2007 and February 2008. These deaths raised more awareness of suicide clusters. Professionals working with those bereaved by suicide must be extra vigilant and assess for vulnerability. This highlights the sensitive nature of suicides and the critical need for up-to-date knowledge and an evidence-based response. This means that EP support in relation to a death by suicide should be seen as reactive to the event and preventative towards any future deaths by suicide.

## 1.5 Reasons for Interest in the Research Area

My interest in this research area has resulted from both my personal experiences of being bereaved by suicide and my professional experiences in the area of educational psychology. Such personal experiences include the death of family members and a fellow school pupil as well as supporting a close colleague grieving after her husband's suicide. As an assistant psychologist I noticed the EPs within my team responded to multiple death by suicides within the nine months I was there.

My personal experiences highlighted the stigma attached to suicide and the resulting reluctance to discuss the event which made it difficult to emotionally process the loss. Furthermore, experiencing a school community death by suicide as a pupil, I felt a range of emotions, including fear, shock, confusion, and stress, which naturally impacted my wellbeing and ability to focus and learn. My professional experience highlighted the emotional toll on EPs after responding to this kind of incident, whereby time was given to discuss and debrief within team meetings. Now, as a Trainee Educational Psychologist (TEP), I am keen to explore how EPs are responding to this kind of incident to ensure the pupils, staff and EPs themselves are well supported during this time. Experiencing suicide

across different contexts and with varying connections to the death, has highlighted the significant impact it can have on people within the school and family system and the professionals that are responding. Therefore, as a TEP entering the profession where responding to a death by suicide is part of my job role and with numbers steadily increasing incrementally, I feel it is an important topic to explore.

## 1.6 Outline of Thesis

This thesis is organised into five chapters, including the current chapter. The chapters are set out in the order in which the research was completed. Chapter two contains the literature review. The third chapter includes the methodology, focussing on the research questions, research paradigm, design and implementation. The fourth chapter includes the findings from both Phase 1 and Phase 2 of the research. Lastly, chapter five contains the discussion, reviewing the current study's findings in relation to other research and theory, strengths and limitations of the study, the implications to EP practice and direction for future research. This section also provides a conclusion of the study.

## 1.7 Chapter Overview

This chapter provided the context and rationale for this study. A brief outline of the structure of the thesis was also described.

## 2. Literature Review

### 2.1 Introduction

This chapter provides an account of the relevant literature on EP's response to death by suicide. In keeping with the mixed method methodology, a literature review was undertaken before the data collection. This was to help inform and develop phase 1 of the study. The current literature review has been conducted to answer the following question: 'How can and do EPs support the school community following a death by suicide?'

#### *2.1.1 Search Strategy*

To find relevant research in this area, a literature search was conducted in February 2021 using the database PsychINFO and PsychExtra to identify pertinent articles in this area. The Boolean operators AND and OR were employed to combine the profession search terms: "Educational Psycholog*" "School Psycholog*," with the setting and systems search terms: "School", "Education", "Provision", "College," "Educational Setting," "Family" "Community" and the critical incident search terms "Suicide," "Suicide Attempt." The limiter "Language – English" was applied to the search. Furthermore, the researcher aimed to review all of the relevant literature in this area and thus, no year timeframe was chosen, and papers were not restricted to the UK. Articles were selected for review through a process of screening the title, abstract and full article against the inclusion and exclusion criteria (see Table 1).

**Table 1**

*Inclusion and exclusion criteria for the papers included in the literature review*

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| Printed in English | Studies using secondary data |
| Peer-reviewed publications | Papers focussing on violence in schools |
| Doctoral theses or dissertations | News articles in magazines |
| Studies where primary data was collected | Papers without an English translation |
| Educational Psychologists or School Psychologists work with schools in relation to suicide | Papers that did not discuss the Educational Psychologist or School Psychologist role in relation to suicide |

Educational Psychologists or School Psychologists
responding to suicide

*2.1.2 Data Selection and Extraction*

Figure 1 presents the search process and outcome in a Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) diagram (Moher, Liberati, Tetzlaff & Altman, 2009). The search yielded a total of 17 results, which had automatically excluded duplicates. A further two papers that were not printed in English were removed, leaving a total of 15 papers for screening. The titles and abstracts of these remaining papers were reviewed, and three were excluded based on the inclusion and exclusion criteria. The researcher attempted to access the full texts of the remaining papers and screened these using the inclusion and exclusion criteria, this led to the exclusion of five papers, leaving a total of seven. The reference list of the articles was hand searched to retrieve any other relevant papers missed within the search. Two further papers were identified and screened, and one of these met the criteria. This left a total of eight articles that were suitable for review. Of these eight, six of the studies utilise a quantitative design, and two use a mixed-methods design.

All of the studies that were selected and available for review were carried out in the United States of America (USA) with School Psychologists (SPs). There are close similarities between the EP and SP role, as both professions work at an individual, group and systems level to understand and make sense of student's and school's needs, as well as applying evidence-based interventions to support development. Furthermore, both EPs and SPs respond to school community-based crises (National Association of School Psychologists [NASP], 2020; BPS, 2017). However, legislation, policies and societal statistics of suicide are unique to the geographical area the SP or EP is working in, which will inform and shape their role, meaning there will be differences between them. Nevertheless, as the purpose of the roles remain similar, research with SPs is useful to review and will help develop our understanding of what EPs can do.

**Figure 1**

*PRISMA diagram illustrating the total search strategy and screening process (adapted from Moher et al., 2009)*
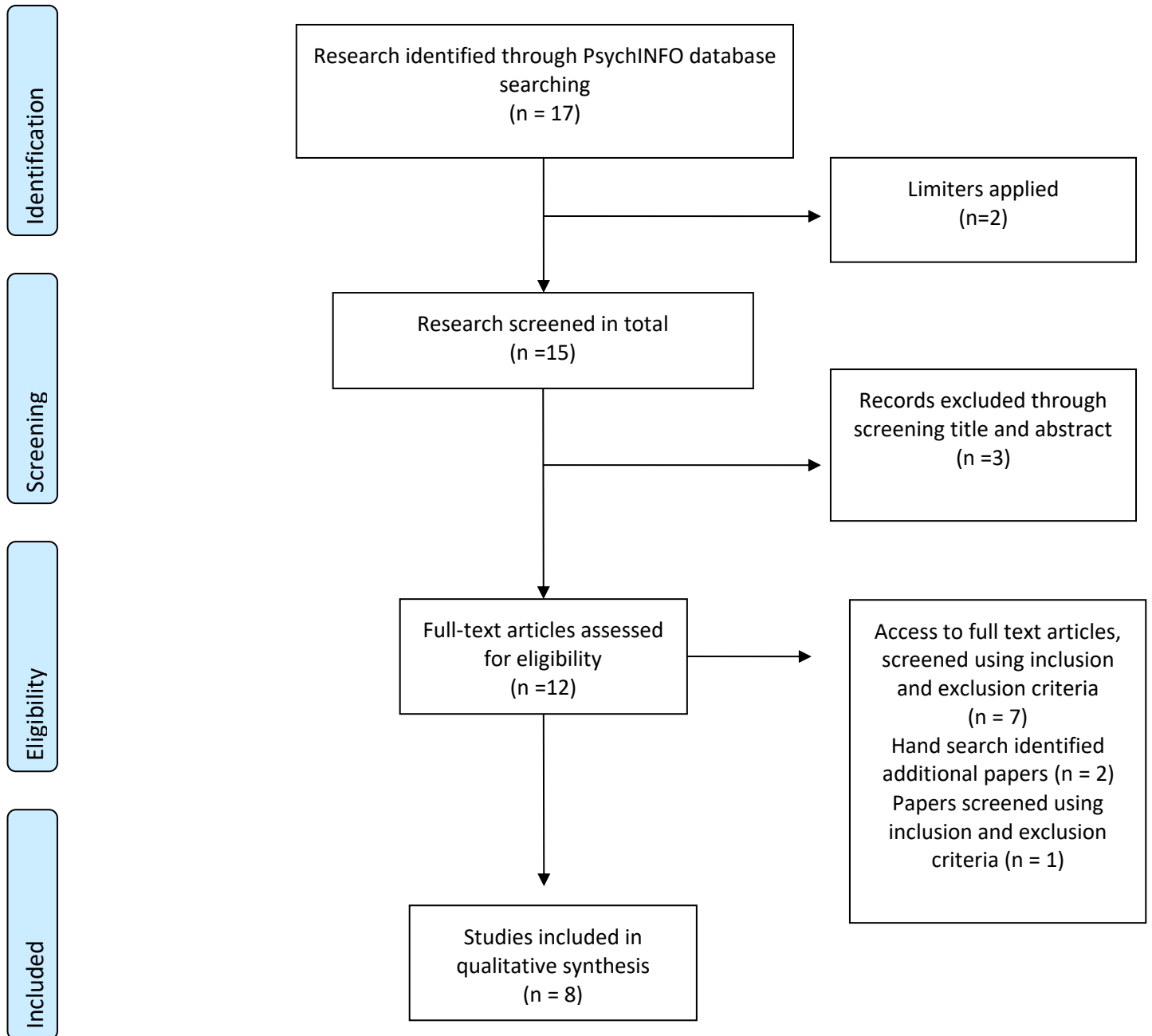
### 2.1.3 Literature Appraisal

A variety of critiquing tools were consulted to identify ones that were relevant to the papers selected. Holland and Rees (2010), Framework for Critiquing Quantitative Research Articles was employed as a guide when appraising the studies utilising a quantitative design. The Mixed-Methods Appraisal Tool (Long, Godfrey, Randall, Brettle & Grant, 2015) was used as a guide when appraising the studies that had a mixed-methods design. These tools were utilised to inform the evaluation of the methodological rigour of the studies.

All of the studies included within this review, outlined in Table 2, discussed EP's experience or work with death by suicides. However, the focus of the studies varied, four of the studies investigated preventative work that EPs are involved in or could be involved in, concerning death by suicide (Eckert et al., 2003; Nickerson & Zhe, 2004; Brown, Goforth & Machek, 2017; Erps, Ochs & Myers, 2019;). In comparison, the four other studies investigated EP's skills and knowledge in relation to this type of work (Debski et al., 2007; Suldo et al., 2010; O'Neill et al., 2019; Savoie, 2016). An overview of each study will be given, followed by methodological considerations.

**Table 2**

*Overview of studies included in the review*

| Number | Author and Title | Aim | Sample | Design and method of data analysis | Tool for data collection |
|---|---|---|---|---|---|
| 1 | **Brown, Goforth & Machek (2017)** | Investigate SPs involvement and training in suicide assessment and the related challenges | 37 SPs from Montana, USA | Mixed methods design. Descriptive stats used to analyse quantitative data. Thematic analysis to analyse the qualitative. | A 22-item online survey |
| 2 | **Erps, Ochs & Myers (2019)** | To explore SPs perception of both their role and competency in suicide risk assessment | 92 SPs across the USA. | Descriptive quantitative design. Descriptive statistics to analyse the data. | Online survey |
| 3 | **Nickerson & Zhe (2004)** | To explore SPs current practice concerning crisis preparedness prevention and intervention. | 197 SPs across the USA | Descriptive quantitative design. Analysis not explicitly described. | Online survey |

| 4 | **Eckert, Miller, DuPaul & Riley-Tillman (2003)** | To investigate SPs perception of three different types of suicide prevention programs that aimed to reduce the number of adolescent suicides. | 211 SPs from across the USA | Experimental between subject's design. Inferential statistics used to analyse the data. | Online survey. Exposed to one of the three interventions and then asked to rate acceptability. |
|---|---|---|---|---|---|
| 5 | **O'Neill, Marraccini, Bledsoe, Knotek & Tabbori (2019)** | To assess North Carolina SPs training, experiences and access to postvention protocols to support postvention response with and without the context of suicide contagion effects. | 111 SP in the state of North Carolina, USA. | Multivariate correlational quantitative design. Descriptive statistics and multivariate analysis were used to analyse the data. | Online survey |
| 6 | **Suldo, Loker, Friedrich, Sundman, Cunningham, Saari and Schatzberg (2010)** | To evaluate a professional development intervention aimed to improve SPs knowledge and confidence in relation to suicide. | 57 SPs were recruited for the baseline and post-intervention measure; 41 SPs were recruited for the nine-month follow-up. | Experimental repeated measures design. Inferential statistics used to analyse the data. | Exposure to 4-hour workshop and survey |

| 7 | Debski, Dubord-Spadafore, Jacob, Poole & Hixson (2007) | To investigate the level of preparedness and involvement of school psychology practitioners in suicide prevention and postvention. | 162 SPs from the USA. | Quantitative design. Descriptive and inferential statistics used to analyse data. | Questionnaire including a Test Your Knowledge section. |
| --- | --- | --- | --- | --- | --- |
| 8 | Savoie (2016) | To examine the knowledge of SPs regarding several common myths associated with suicide that often inhibit effective suicide prevention efforts. | 120 SPs from New York, USA. | Quantitative design. Descriptive and inferential statistics used to analyse data. | Online survey |

*Note:* The following abbreviations have been used in this table: United States of America (USA), School Psychologists (SPs).

**2.2 Overview and Methodological Critique of Each Study**

*2.2.1 Eckert, Miller, DuPaul & Riley-Tillman (2003) Adolescent Suicide Prevention: School Psychologists' Acceptability of School-based Programs*

Eckert et al., (2003) investigated SPs perceptions of three different types of suicide prevention programmes, that aimed to reduce the number of adolescent suicides. These suicide prevention programmes have been widely researched; however, SPs views on these programmes had not yet been sought. The first programme consisted of a two-hour staff training delivered by the SP to raise awareness and understanding of suicide and warning signs to the personnel within schools. The second intervention was a curriculum-based programme presented to students. This programme aimed to a) heighten students' awareness regarding suicide, b) training students to recognise possible signs of suicidal behaviour to assist others, and c) provide students with information about the various school and community resources. An SP would deliver this programme during a classroom period. The final intervention was a school-wide screening programme where all students would complete a self-report rating scale, to determine if anyone was at-risk of engaging in suicidal behaviours, informed by Reynolds's (1991) model for identifying potentially suicidal students.

Eckert et al., (2002) recruited 211 SPs through the NASP. The study obtained a large and geographically representative sample, as participants were from a range of regions across the USA. The participants were asked to complete a survey that detailed one of the three interventions and were asked to rate their acceptability of the programme using the Suicide Prevention Program Rating Profile (SPPRT) (Eckert et al., 2002). The use of the survey allowed the researchers to obtain a large amount of data, in a cost-effective way and at minimal inconvenience to the participants. The SPPRT has previously been used in research and has been found to have high internal consistency (Cronbach's alpha = .95 - .97). However, the researchers acknowledged that the use of a between subject's design within this study, reduced the statistical power of their findings.

Inferential statistics were applied to the data to determine if there was a significant difference between SPs acceptability of the different interventions. The results of the study revealed that the SPs viewed the staff training and curriculum-based programmes as significantly more

acceptable than the school-wide screening programme. The school-wide screening programme was rated as significantly more intrusive by the SPs than the other two programmes. The use of inferential statistics allowed the study to extract more meaning from the data, helping to identify the most appropriate intervention. The study concludes that the staff training and the curriculum-based programmes are most viable for SPs.

### 2.2.2 Brown, Goforth & Machek (2017) School Psychologists' Experiences with and Training in Suicide Assessment: Challenges in a Rural State

This study investigated SPs current involvement and training in suicide assessment and the related challenges they have encountered within a rural state. Participants were recruited through the Montana Association of School Psychologists. As this study was specifically looking at challenges within a rural state, this sampling method was appropriate; however, as a result of the narrow focus, this study obtained a small sample (n=37). Future research interested in rural states could be carried out nationally seeking to compare SPs responses within rural and urban areas. This would increase the sample size and develop the research.

The participants completed an online survey about their current practice in relation to suicide assessment and the challenges they have experienced. This study used a mixed-methods approach and gathered both quantitative and qualitative data from the survey. This allowed the researchers to obtain a fuller picture and meet the study's aim. The survey included mainly closed questions and two additional open questions, which allowed participants to elaborate and provide their view. The survey used in this study was modelled on a survey developed by Allen et al., (2002), which was piloted and reviewed. Whilst this study aimed to understand SPs perspectives through open-ended questions on the survey, interviews or focus groups may have provided more information. However, having the combination of both data types strengthens the validity of this study.

The data was analysed using descriptive statistics and thematic analysis. Descriptive statistics helped to provide a clear overview of the data gathered, producing frequencies and percentages. The thematic analysis was conducted using a coding program called NVivo. The analysis was carried out by two researchers, who used analyst triangulation to increase the inter-rater reliability. The researchers acknowledged that conducting additional reliability

checks would have been optimal; however, on the whole, the study provided a thorough explanation of the analysis used and took reasonable measures to ensure good reliability. The findings from this study indicated that 58% of the SPs reported that the school counsellor took the lead on suicide assessment, whereas only 17% said they took the lead on suicide assessment. The frequency of this type of work was generally low, with 47% reporting they are involved less than five times a year, and 19% of SPs reported being involved a few times a month. 91% of participants said they had not attended a course exclusively devoted to suicide assessment during their graduate training programme, and 58% of participants reported having had more than 10 hours of training post-graduation.

The qualitative data investigated the challenges that SPs experience about this type of work and identified nine themes. These included: Lack of team collaboration, high level of suicide completion and access to lethal means, the stigma associated with mental health, limited knowledge of and relationships with students, numerous obligations of SPs, parents or school professionals do not take suicide seriously, standard school procedures are not available, lack of resources/and or training, and lack of available community health support and follow-up. The study concluded that considering the high number of suicide rates within Montana, SPs have surprisingly irregular involvement in suicide assessment. This could be to do with the range of challenges SPs are experiencing in relation to this type of work. Furthermore, SPs are more likely to obtain training and experience in suicide assessment once they qualify instead of on their training programmes.

### 2.2.3 Erps, Ochs & Myers (2019) School Psychologists and Suicide Risk Assessment: Role Perception and Competency

Erps et al., (2019) aimed to explore SPs perception of their role in suicide risk assessment, competency, comfort and confidence in intervening. The study recruited 92 participants through a SP social media group. This method obtained a representative sample across 28 states in America; however, it excluded participants who were not active on social media. Furthermore, this study could be subject to response bias. SPs interested in critical incidents and responding to death by suicides may be more inclined to reply to the advert and participate in the study. The participants were required to complete an online survey which obtained quantitative data.  Erps et al., (2019) explained that the survey was reviewed and

checked by external experts within the field. In line with this feedback, the survey was adjusted to improve content validity. This indicates that this study used a valid instrument to collect data.

Furthermore, Erps et al., (2019) used descriptive statistics to analyse the data collected. Percentages and frequencies were utilised to explain the findings clearly, and tables were used to present the results in an accessible way to the reader. This study was exploratory, aiming to gather a wide range of information to understand the topic better. Therefore, descriptive statistics can be seen as an appropriate method of analysis for this research. The findings indicated that 90% of participants agreed that SPs should have a role in suicide risk assessment; however, fewer (approximately 70%) stated that they had a role in suicide risk assessment when endorsing their own role. Moreover, 14% of participants reported having a role in designing or delivering curriculum-based programmes to increase student's awareness of suicide, 52% had a role in educating the school personnel on resources, and 72% reported having a role in the identification and direct assessment of youth who are potentially suicidal. Over half of the participants indicated that they would like to have a more significant role in suicide risk assessment.

SPs were also asked about their perceptions of their competency in recognising, identifying and intervening with students at-risk of suicidal behaviour. The results indicated that over 75% of participants felt well prepared to handle a crisis situation, knew the warning signs of suicide and are aware of contagion effects. However, over half of the participants reported that they did not feel that they received adequate graduate training in this topic; despite this, 73% believed SPs are the most qualified school personnel to intervene with suicide students. These findings suggest that SPs feel that they have a crucial role in suicide risk assessment, with the majority of SPs carrying out this type of work, they also reported educating school staff in suicide identification and utilising direct assessments with at-risk students. SPs are therefore involved in a range of work in relation to suicide prevention.

### 2.2.4 Nickerson & Zhe (2004) Crisis Prevention and Intervention: A Survey of School Psychologists

Nickerson and Zhe's (2004) research looked more broadly at critical incidents as a whole; however, they addressed suicide throughout their study. They aimed to explore SPs current practice concerning crisis prevention and intervention by asking SPs to complete a survey about their experience of this type of work. The study was exploratory in nature and obtained information about SPs a) direct experience with different kinds of crises, b) use and perceived effectiveness of crisis prevention and intervention strategies, and c) role in developing, implementing, and evaluating these interventions. 197 participants were recruited through the NASP. This can be considered a fair and reasonable quality recruitment strategy that provided a geographically representative sample of SPs in America. The survey allowed Nickerson & Zhe (2004) to obtain a large amount of data in a quick and easy fashion. However, the self-report nature means the answers provided by participants may be subject to demand characteristics, impacting the validity of the findings.

Nickerson & Zhe (2004) did not explicitly discuss the analysis they used, and they shared little detail about the process. From reviewing the findings, it appears that descriptive statistics have been applied to the data; however, this is not clearly stated, and thus transparency and replicability of this research are limited. The findings indicated that the most common type of crises SPs are involved with are student-student physical assault, student serious illness/injury, unexpected student death and suicide attempts. In contrast, the least common events included industrial disasters, kidnappings, natural disasters and aeroplane crashes. Furthermore, the most common type of preparation and prevention strategies utilised by the SPs for these types of events were crisis response team, delivering anger management/social skills programmes, employing a police or resource officer in schools, crisis plans and crisis drills. However, far less common prevention strategies were suicide prevention programmes and the use of metal detectors. The SPs reported that they would like to be more involved in the evaluation and implementation of the preventative programmes; however, they reasoned that lack of time and not being in the same schools every day makes this problematic.

Additionally, the most common form of support SPs offered teachers was 'providing them with information about referring students,' 'providing general information about the crisis' and

'debriefing teachers'. The most common form of support SPs offered students was 'referring for mental health services,' 'individual counselling', and 'psychological first aid'. Lastly, the most common form of support SPs offered families was 'referrals to mental health services' and 'providing general information about crises'. Overall, this study suggests that SPs are frequently involved in responding to suicide attempts; however, they have limited involvement in suicide prevention work compared to other types of preventative work they are involved in (for example, providing anger management classes). In general, SPs support teachers in referring students to other services and processing their own emotions about the event whilst completing direct work, such as counselling with students. These findings suggest that SPs work as frequently with the teachers as they do with the students. However, the findings were considered surprising by the authors as other studies have found that direct interventions and counselling represent a small proportion of SPs responses.

### 2.2.5 Debski, Dubord-Spadafore, Jacob, Poole & Hixson (2007) Suicide Intervention: Training, Roles and Knowledge of School Psychologists

This study aimed to investigate the training, roles and knowledge of SPs in relation to suicide. A random sampling technique was used to recruit participants. 400 SPs registered with the NASP, were selected at random and were emailed the study questionnaire to complete. Of these 400, 162 usable surveys were obtained. The demographic information gathered from the surveys indicated that the sample was reasonably representative. While the study obtained only a 40% response rate, this recruitment method can be seen as effective. The questionnaire collected data regarding participants suicide prevention and postvention roles, training, preparedness and knowledge. Within the survey, they were asked to complete a 'Test Your Knowledge' (TYK) section. This involved selecting the correct actions associated with a piece of suicide work, comparing three vignettes, ranking them in terms of severity of suicide risk, reading two situations, and identifying the appropriate actions to take. The method used in this study is appropriate considering the aim of the research, however, no data regarding the instrument's technical adequacy was gathered. This significantly impacts the reliability and validity of this measure.

Both descriptive statistics and inferential statistics were utilised to analyse the data. Descriptive statistics were used to present frequencies and averages in relation to the

findings. A one-way analysis of variance was conducted to test whether there was a significant difference in the TYK scores and the participants rating of their level of preparedness to handle referrals for potentially suicidal students. An additional one-way analysis of variance was conducted to determine whether there was a significant difference in TYK scores between respondents, who described themselves as 'not at all prepared' 'somewhat prepared' or 'well prepared' to provide postvention support. Using both descriptive and inferential statistics allowed Debski et al., (2007) to give an overview of findings and help further explain the area of research. A disadvantage from this study is that the analysis was embedded in the results section, making it difficult to follow the exact procedure used, decreasing the replicability.

The findings indicated that doctoral-trained practitioners felt better prepared to respond to suicidal students than non-doctoral trained practitioners. The majority of participants reported 'somewhat prepared' (50`%) or 'well prepared' (43%) in handling referrals for students who are potentially suicidal. Furthermore, 60% of participants felt 'somewhat prepared', and 29% felt 'well prepared' in responding to a death by suicide. Moreover, participant's knowledge in risk factors, warning signs and dealing with a suicidal student were strong, but respondents showed less familiarity with postvention and response to a death by suicide. Additionally, most participants (70%) correctly ranked all three vignettes in terms of their severity. Those who reported better preparedness to handle postvention achieved significantly higher scores on the TYK, indicating that SPs are aware of their preparedness and knowledge within this area. Furthermore, there was no significant difference in the scores between the SPs who had completed masters training and those who had completed the doctorate training on the TYK section. This study's findings indicate that SPs feel slightly more prepared to work preventatively with students who are suicidal, rather than reactively, after a death by suicide.

### 2.2.6 Suldo, Loker, Friedrich, Sundman, Cunningham, Saari and Schatzberg (2010) Improving School Psychologists' Knowledge and Confidence Pertinent to Suicide Prevention Through Professional Development

Suldo et al., (2010) aimed to determine whether a professional development intervention can lead to immediate and long-term improvement in practitioner's knowledge relevant to young suicide, confidence in providing suicide-related professional functions, and confidence in

working with diverse youth in relation to suicide prevention. Suldo et al., (2010) utilised a convenience sampling technique. This study obtained data from participants at three different time points. Firstly, to gather the baseline data, 121 SPs who were present at a district meeting were asked to complete a survey regarding their current knowledge in youth suicide. Of these 121, 57 attended the intervention training and completed the survey postvention. Lastly, 41 SPs completed a survey after nine months. While this technique allowed the researchers to easily obtain participants, it does not produce representative results. The study does not explicitly identify the state or district this research was carried out in limiting our contextual understanding of suicide and legislation.

The study evaluated the professional development intervention's effectiveness by obtaining data at three different time points (baseline, postvention, and nine-month follow up). The participants completed a survey included a TYK section. The participants accessed a four-hour workshop aimed to increase their knowledge of youth suicide. Suldo et al., (2010) detailed the pre-existing literature and research that informed the development of the TYK used. These 'tests' are generally considered an objective measure that allow the researchers to gather highly valid results. Despite this, Suldo et al., (2010) reported that when the TYK was investigated for reliability, the mean alpha values ranged from .26 to .64 across scale composites; this supports some association between the items in a given scale. However, these values are lower than what is commonly acceptable for measures of attitudes or behaviours.

The study combined inferential statistics for the quantitative data and deduced themes from the qualitative data. Repeated measures t-tests were conducted to assess changes in participants knowledge between time point one and time point two of their research, and to assess changes in the understanding of suicide and confidence in working with diverse youth, in relation to suicide risk. Following this, the study used a one-way analysis of variance to measure the gains between the 41 participants who completed the survey at all three time points. Themes were then deduced from the open-ended questions on the survey. However, there was limited information on the exact qualitative analysis and procedure completed for this part of the data. This is a weakness of the study as we cannot determine the quality of qualitative analysis used and thus the validity of the results.

Comparisons of the baseline and post-intervention survey items showed that SPs knowledge relating to suicide, improved reliably following the intervention. Furthermore, participant's confidence in carrying out suicide work (i.e. assessment, referrals, postvention) increased and maintained over time due to the training. The participants rated the professional development training 'mostly' and 'very' useful in facilitating their work with youth suicide. The TYK section measured the increase in SPs knowledge pre- and post-intervention. This approach uses a within subject's design to measure increases in SPs knowledge after receiving the intervention. This design allows for direct comparison between time points; however, it also limits the conclusions one can make, as there is no control or comparison group. As this study utilised a mixed-methods approach, the open-ended questions also allowed participants to share their perspective on how the intervention impacted them. This research indicates the benefit of bespoke training in suicide for SPs to increase their knowledge and confidence when responding to this type of incident.

### 2.2.7 O'Neill, Marraccini, Bledsoe, Knotek & Tabbori (2019): Suicide Prevention Practices in Schools: School Psychologists Experiences, Training and Knowledge

O'Neill et al. (2019), study sought to ascertain SPs training, experiences and access to school district protocols in general postvention, specifically suicide contagion effect prevention. 111 SPs were recruited from North Carolina. Due to the study's anonymous nature, it was unclear whether participants were from rural or urban areas of the state. However, the collected demographic information indicates adequate representation across school type, size and SPs number of years' experience. 111 participants is a good sample size and can be viewed as representative for North Carolina. However, the generalisability of the findings beyond this state is limited. Specifically, because there is currently no legislation mandating schools to adopt postvention policies within this state, however, there are 20 states within the USA that do have this policy. Therefore, if this same study was carried out in a different state or country, the findings may differ.

The participants were asked to complete a survey containing items that assessed SPs experience with postvention response, extent and origins of postvention training, available training opportunities and service protocols. Internal consistency of the survey was calculated using McDonald's omega, which yielded robust reliability estimates for both subscales:

Perceived Knowledge (.91) and Self-efficacy (.95). Furthermore, the study also explained that the survey was reviewed by an external professional for content validity and piloted on a convenience sample to assess for internal consistency, comprehension and general readability. This indicates that this study used a valid and reliable instrument for data collection. However, the self-report nature of a survey can have an effect on the data's validity, impacting the results.

The study used descriptive statistics which were appropriate considering the objective was to explore SPs experience, training and access to district postvention protocols, and ratings of perceived knowledge and self-efficacy. The third aim looked at assessing the relationship between postvention training, experience and available postvention protocols with perceived expertise and self-efficacy. Thus, it conducted a hierarchical linear regression model, which is appropriate and fits the aim. O'Neill et al. (2019), provided in-depth detail about their analysis and procedure, including the programs (SPSS and RStudio) used to do this.

The findings were presented in tables clearly and accessibly for the reader. The study found that more than half of the SP respondents reported limited knowledge, preparedness and confidence with postvention for suicide. SPs felt even less competent in preventing suicide contagion effects. Formal training in suicide postvention and the number of years qualified as an SP significantly affected participant's knowledge and self-efficacy. Moreover, 56.8% of participants endorsed being 'slightly knowledgeable' about suicide postvention. Whilst only 5.4% indicated they were 'very knowledgeable.' SPs perception of their preparedness varied, with 9.9% of participants reporting being 'very prepared' to respond to an incident of this kind, whereas 75% rated themselves between 'slightly prepared' and 'moderately prepared.' Furthermore, 25% of participants reported no formal training on suicide postvention. Overall, this study highlights that SPs feel underprepared and lacking in knowledge to respond to a death by suicide. Formal training on suicide prevention and postvention would help support SPs knowledge and confidence with this work, particularly with suicide contagion.

### 2.2.8 Savoie (2016): School Psychologists Knowledge of Adolescent Suicide Myths

This thesis aimed to examine SPs knowledge of common myths associated with suicide that often inhibit effective suicide prevention efforts. A random sample of 500 SPs on the New

York Association of School Psychologists were emailed the survey for this study. Of these 500, 120 SPs replied which is a 24% response rate. However, 120 participants is a good sample size to obtain for a study of this kind. Additionally, only SPs from New work were included which limits the generalisability of these findings. Furthermore, this method excluded SPs on a national level and those SPs in New York who were not members of this association. The survey contained a section on demographic information and another section with 13 statements about common myths associated with youth suicide and participants were required to select true, false or unsure. While the survey in this study was designed according to recommendations in the literature for conducting survey research and modelled on surveys of similar topics, no data was collected regarding the technical adequacy of the instrument which restricts how confident we can be in the reliability and validity of the findings.

Furthermore, the data was analysed using descriptive statistics, frequencies and inferential statistics. This type of analysis allowed Savoie (2016) to present the data clearly and infer whether there was a statistical association between SPs knowledge and demographic information. To develop this study, a mixed-methods approach to the research could be employed, by also using interviews to gain a more detailed understanding of SPs knowledge of adolescent suicide. This would increase the validity of the research.

The results of the study indicated that the majority of SPs in the sample demonstrated low overall knowledge on statements related to common myths about youth suicide. Moreover, no demographic variables were found to be associated with SPs knowledge of suicide myths. The vast majority of SPs demonstrated correct knowledge on six of the most common suicide myths. The SPs correctly identified that asking questions or talking about suicide will not increase the likelihood of suicide occurring, that youth who talk about suicide are not doing so for attention, that suicide is not an impulsive act, that there are almost always warning signs of suicide, that many parents are unaware of a child's suicide intentions, and that listening to certain types of music will not cause youth to become suicidal. However, the SPs demonstrated incorrect knowledge on seven of the survey statements. These results are concerning considering SPs have been highlighted as key professionals in preventing and responding to adolescent suicide.

**2.3 Synthesis of Findings**

As demonstrated by the literature review, the existing research into EP's work with suicide is limited, as a result, research carried out in the USA with SPs, was reviewed. Due to the similarities between the EP and SP role, this research is still relevant and can be used to help inform the literature review question 'How can and do EPs support the school community following a death by suicide?' Some of the studies discussed ways in which SPs are or could be working preventatively to reduce suicide and suicide contagion (Erps et al., 2017; Brown et al., 2019; Eckert et al., 2003; Nickerson & Zhe, 2004). Other studies focussed on SP's skills and knowledge in relation to suicide (O'Neill et al., 2019; Suldo et al., 2010; Debski et al., 2007; Savoie, 2016). The findings of the studies discussed within this review will now be synthesised under those two themes.

*2.3.1 SPs Skills and Knowledge*

The other studies investigated SPs knowledge and skills they require when working both preventatively and reactively to suicide within the school community. The studies investigated this in different ways by exploring SPs perception of their knowledge, preparedness and confidence with this work (Debski et al., 2007; Savoie, 2016; O'Neill et al., 2019) and the effectiveness of a CYP training to increase SPs knowledge (Suldo et al., 2010). Debski et al., (2007) found that SPs were more familiar, confident and prepared to work preventatively with students who are suicidal, than responding reactively when a death by suicide has occurred. Similarly, O'Neill et al., (2019) found that SPs felt underprepared and lacking knowledge in responding to a completed death by suicide and helping to reduce suicide contagion. Likewise, Savoie (2016) concluded that SPs had low overall knowledge on statements related to common myths about youth suicide, with the majority of SPs incorrectly answering 7 out of 13 statements. These findings highlight that there are gaps in SPs knowledge in suicide. Suldo et al., (2010) found that SPs knowledge and confidence in suicide increased after attending a CPD training that the researchers had developed. SPs gained immediate knowledge after attending the programme and gained a long-term increase in confidence. This indicates that SPs would benefit from additional training and professional development to support their knowledge, preparedness, and confidence to respond to a completed death by suicide.

The majority of findings suggest that SPs lack confidence and knowledge in death by suicides. However, knowledge and confidence were reportedly higher in preventative work or when working with potentially suicidal individuals. CPD training has been proven effective in developing SPs knowledge and confidence and could be embedded into SP training or part of a regular refresher programme.

### 2.3.2 Preventative Working

Preventative working arose as a common theme in the literature reviewed. This included SPs use of suicide risk assessments (Erps et al., 2017; Brown et al., 2019) and carrying out interventions to reduce suicide (Eckert et al., 2003). One of the papers found that SPs had irregular involvement with carrying out suicide risk assessments (Brown et al., 2019). The mixed methods approach within Brown et al. (2019) study allowed them to collect qualitative data to explain these findings. The challenges identified by the SPs included lack of resources and training to handle suicide risk, lack of community support, unavailability of standard school procedures, the community having a limited understanding of the seriousness of suicide and obstacles relating to the stigma attached to mental health and suicide (Brown et al., 2019). By contrast, Erps et al. (2017) found SPs frequently carried out suicide risk assessments in schools and viewed it as a critical part of their role. The participants in this study highlighted that suicide risk assessment involved the identification and direct assessment of youth, who are potentially suicidal and educating school personnel and/or students on available resources.

Furthermore, SPs appear to be responding more frequently to suicide attempts than completed suicides (Nickerson & Zhe, 2004). Nickerson & Zhe (2004) found that SPs were rarely involved in delivering suicide prevention programmes; however, they did report wanting to be more involved in implementing and evaluating them. On the other hand, Eckert et al. (2003) found two prevention programmes that SPs felt were appropriate and acceptable to carry out, including a staff training programme and a curriculum-based programme for students. This highlights that SPs are currently not involved in the preventative work they would like to be, however there are researched prevention programmes that SPs could carry out.

These studies discussed SPs experience of suicide in the school community in relation to preventative working. SPs prevention work appears inconsistent across both practice and definition. However, the literature has identified that suicide risk assessments are used by some SPs and those who do not currently use them, are keen to be more involved. Additionally, SPs are currently not carrying out preventative interventions, however research has found that school staff training programmes and curriculum-based programmes for students are considered the most acceptable by SPs.

## 2.4 Summary

Overall, our understanding of how EPs can or do support the school community following a death by suicide has developed through the literature reviewed in this chapter. The findings indicate that in the USA, some SPs are engaging in preventative working, which includes carrying out risk assessments and signposting students, however other SPs reported not being as involved as they would like. Furthermore, SPs knowledge and confidence in relation to suicide appeared relatively low and could be developed. The literature also identified preventative programmes for SPs to deliver within the school community and CPD programmes to develop SPs knowledge. Moreover, SPs experience of suicide within the school community is relatively limited, both in terms of prevention work and their knowledge and confidence. Whilst these findings help to answer the literature review question and indicate the type of work EPs may be or could be carrying out in relation to school community suicides, it is essential to acknowledge the methodological critiques of each study that were discussed earlier in this chapter and the fact that they were carried out with SPs. Therefore, the studies help to inform our knowledge in this area and have potential transferability to EPs in the UK. The findings from this literature review will be used to help form the current study's survey.

## 2.5 Chapter Overview

This chapter reviewed the current literature in relation to death by suicide. An overview of each study and their methodological critiques were given, followed by a synthesis of the findings. This was then linked to the literature review question.

# 3. Methodology

## 3.1 Introduction

This chapter will present the rationale for the methodology chosen for this study and describe how it was carried out. The researcher will outline the study's purpose and aim, alongside the design, the researcher's orientation, recruitment, and sample; before going on to describe the processes of data collection and analysis, and present considerations of ethics, reliability and trustworthiness.

## 3.2 Research Purpose and Aims

This study aimed to address the research questions:

- How do EPs in the UK support school staff when a member of the school community dies by suicide?
- What is EP's experience of responding to a death by suicide within the school community?

Research traditionally has one or more of the following purposes: to explore, describe and/or explain (Robson, 2002). Typically, exploratory research is used to analyse research questions that have not yet been clearly defined. Providing a description is often used when researching a poorly understood area. Lastly, explanatory research seeks to provide an explanation and reasoning of the phenomenon.

This research is both exploratory and explanatory as the two types of data collection assume different purposes. The quantitative aspect of the study took an exploratory approach. It aimed to gain a national understanding of how EP's support school staff when a member of the school community dies by suicide. It explored whether EPs have experience of responding to a school community death by suicide, how EPs currently respond to this type of incident and how prepared and confident they feel to support the school. The analysis of the quantitative data helped inform the basis of the qualitative interviews. The qualitative data aimed to build on and explain the results found from the quantitative data, by exploring EP's experience of responding to a death by suicide within the school community.

**3.3 Researcher Positioning**

*3.3.1 Ontology*

An ontological position considers beliefs about reality and how it exists in the world. A researcher's ontological position is influenced by how they think bias can impact research and how they feel they can manage it. Two opposing ontological positions are realism and relativism (Robson, 2011). Those taking a realist position postulate "that there is an external reality separate from our descriptions of it" (Robson & McCartan, 2016, p. 23), meaning there is one universal truth that can be researched and understood objectively (Guba and Lincoln, 1994). By contrast, those taking a relativist position believe there is no basis for claims of a general or universal truth (Robson & McCartan, 2016); instead, there are multiple truths, which are subjective to individual experience (Guba & Lincoln, 1994). Realism is closely aligned with a modernist (positivist) movement, emphasising the importance of scientific rigour and arguing there is only one truth. By contrast, relativists are closely linked to a constructivist movement, postulating that there are multiple realities influenced by social, local and personal experiences. These are two extreme positions, which can be thought of on a continuum. Therefore, if a researcher does not align with either position, they may place themselves between the two, through a critical realists or pragmatist stance, which would align with a postpositivist movement.

*3.3.2 Epistemology*

The term epistemology is concerned with the source of knowledge and what constitutes adequate knowledge (Guba & Lincoln, 1998). It refers to how we know what we know (Robson, 2011). Like ontological positions, epistemological positions can also be thought of on a continuum. Two opposing positions are: dualist objectivist and transactional subjectivist. A researcher who takes a dualist objectivist view posits that "the investigator and the investigated "object" are assumed to be independent entities, and the investigator to be capable of studying the object without influencing it or being influenced by it" (Guba & Lincoln, 1994, p.110). A researcher who takes a transactional subjectivist epistemological position, proposes that "the investigator and the investigated object are assumed to be interactively linked with the investigator's values (and of situated 'others') inevitably influencing the inquiry" (Guba & Lincoln, 1994, p. 110). Findings are, therefore, value mediated (Guba & Lincoln, 1994).

### *3.3.3 Researchers Position and Reflexivity*

This research is located within an ontological framework of critical realism (Robson, 2002), which assumes that there is a reality that operates independently of human awareness or knowledge but acknowledges that we can only partially know it (Braun & Clarke, 2013). The realism part of the critical realism position within this research piece, accepts that death by suicide is a reality. It is something that happens, and it is something that EPs respond to. Therefore, death by suicide is something we can quantify and measure in relation to EP response. However, the critical part of the critical realism position, acknowledges how EP's experience of this is different, which may be based upon and influenced by life experience and attitudes. By utilising a two-phased mixed methods design, the researcher hoped to establish both the reality and experience of EPs concerning school community death by suicide. Firstly, the researcher aimed to capture the reality of how EPs are currently responding to deaths by suicide through the use of a national survey. The researcher then obtained an understanding of the individual EP experience of responding to deaths by suicide through individual interviews. Similarly, the way in which knowledge is obtained within this research takes a critical realist position. The researcher remained removed from the quantitative data collection and did not have direct interaction with participants during the process. However, the researcher was embedded within the qualitative data collection as the researcher had interpreted the quantitative data first, which in turn influenced the questions for the qualitative interviews, as well as the researcher knowledge in the area. Additionally, the researcher interacted with the participants throughout the interviews which would have had some influence on the discussion. Therefore, the researcher could not separate herself in the same way from the qualitative data as the quantitative stage.

Moreover, using a mixed-methods approach aligns well with a critical realist position. By triangulating quantitative and qualitative data, the researcher was able to obtain data on current EP practice within the UK whilst also acknowledging that people experience things differently.

**3.4 Mixed Methods Design**

A research design constitutes the "procedures for collecting, analysing, interpreting and reporting data in research studies" (Creswell & Plano Clark 2007, p.58). The three approaches to research design often discussed include Quantitative, Qualitative and Mixed Methods. These approaches should be considered on a continuum, with quantitative and qualitative on opposite ends, and mixed methods residing in the middle as it incorporates elements of both (Creswell, 2009). Mixed methods research has been defined as:

> An approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone. (Creswell, 2009, p. 32)

This type of research is considered a strong and robust method for understanding the research problem, as it combines the strengths of both qualitative and quantitative data (Creswell, 2009). Researchers of a pragmatist, or critical realist position have highlighted the benefits of combining the two types of data collection in a research study (Creswell & Plano Clark, 2007). These benefits include the triangulation of findings, producing a completer and more comprehensive picture of the topic and using one approach to explain the findings from another approach (Robson & McCartan, 2016). However, there are also perceived disadvantages of selecting a mixed methods design including the time-intensive nature of data collection (mainly when the data collection is sequential) and data analysis for both quantitative and qualitative data (Creswell & Creswell, 2017). The researcher must also be proficient and familiar with quantitative and qualitative research methods to ensure the study is carried out correctly.

The researcher opted to use a mixed methods design to obtain both breadth and depth of the research topic. It was felt that this was important as there is currently minimal research within this area. By utilising quantitative data in the form of a survey, the researcher was able to obtain a national perspective on EPs current practice in relation to suicide. Additionally, by

utilising qualitative data, in the form of semi-structured interviews the researcher was able to gain a greater understanding of EPs experience.

The current study used a two-phase mixed method approach to data collection and analysis (see Figure 2). The phases were conducted sequentially starting with Phase 1 (quantitative data) and then Phase 2 (qualitative data). The data from Phase 1 was collected and analysed and the results were used to help inform the questions for the interviews in Phase 2. This was the first stage of integrating the two types of data. Phase 2 aimed to explain the findings from Phase 1, by interviewing a smaller sample of EPs. The researcher chose this sequential design to firstly explore the topic at a national level, to then determine what areas should be focused on in depth.

The findings from the two phases were then integrated together to develop an emergent theory. The researcher chose to give equal weighting to the quantitative and qualitative data, as both stages of data collection and analysis were considered equally valuable. This research is both exploratory and explanatory in nature, as Phase 1 explored the current practice and Phase 2 aimed to explain this. This method aligns well with the critical realist position the researcher has chosen.

*Figure 2*

*Visual diagram illustrating the sequential approach to data collection and analysis*
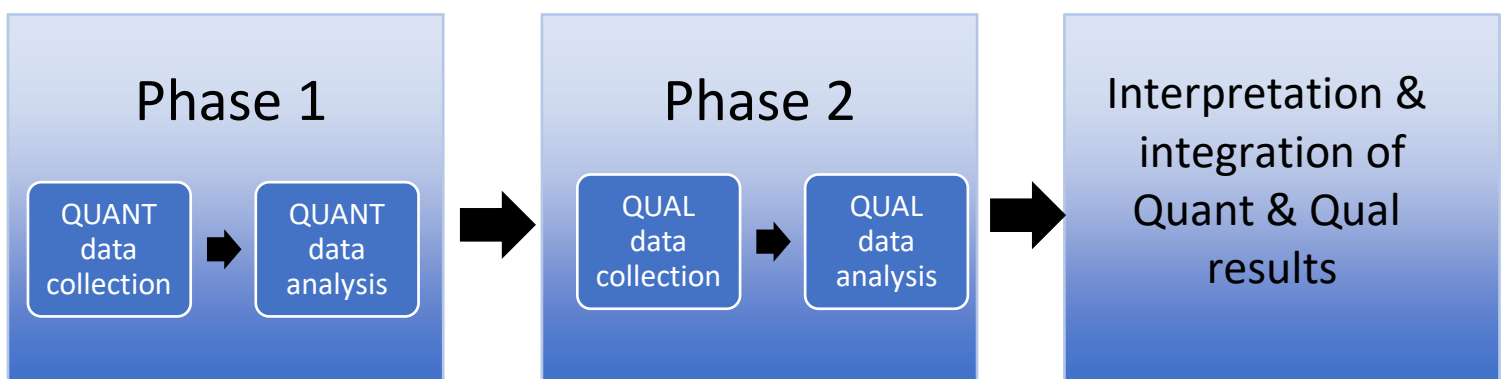
**3.5 Research Strategy**

*3.5.1 Participants*

*Phase 1*
The survey was open to all EPs employed by LAs within the UK.

*Phase 2*

The interviews were open to EPs who had indicated in the survey that they had responded to a death by suicide within the last two years.

*3.5.2 Research Sampling: Recruitment*

*Phase 1*
The researcher posted the online survey on the Educational Psychologists Network (EPNET) welcoming all EPs to complete it. It was also posted out on the National Association of Principal Educational Psychologists (NAPEP) online forum with the request that Principal EPs distribute and encourage the EPs within their service to complete it. The intention was to reach as many EPs as possible to gain a national perspective and representative sample. The survey was live for six weeks and 76 EPs responded to the survey in this time.

*Phase 2*

EPs who were completing the survey and had responded to a school community death by suicide were also asked to provide their email if they were happy to be contacted to take part in a semi-structured interview. Participants were informed that the researcher would contact them within eight weeks, and those who responded most recently to a death by suicide would be prioritised for the interviews. The inclusion criteria for participants interested in being interviewed were:

- EPs who had responded to a death by suicide within the last two years, so they could accurately recall the support they provided.
- Qualified EPs

Participants were excluded if they:

- Responded to a death by suicide over two years ago
- Had not responded to a death by suicide
- Were a TEP

Of the 76 responders to the survey, 18 EPs volunteered to participate in the interviews, and therefore selection was made based on who responded most recently to a death by suicide. As a result, the first six to volunteer who had responded to a critical incident within the last year were selected and contacted via email. Of these six, five responded and consented to interview (see Table 3 for details). The interviews were conducted via a web-based telecommunication platform called Zoom.

**Table 3**

*Interview participants geographical location, recency of response and role within their service*

| Participant number | Location | Recency of response | Role |
|---|---|---|---|
| 1 | North West England | Within the last year | Specialist Educational Psychologist |
| 2 | South East England | Within the last year | Senior Educational Psychologist |
| 3 | South East England | Within the last year | Main grade Educational Psychologist |
| 4 | London | Within the last year | Principal Educational Psychologist |
| 5 | South East England | Within the last year | Main grade Educational Psychologist |

**3.6 Data Collection**

*3.6.1 Phase 1*

Surveys are a popular and useful method in carrying out large scale research. Most surveys are completed using a questionnaire, which can occur face to face, by telephone or self-completion (Robson & McCartan, 2016). Benefits of using questionnaire-based surveys include allowing respondents to remain anonymous, their efficiency in providing large amounts of data at a low cost and in a short period of time (Robson & McCartan, 2016).

Additionally, they are relatively simple and straightforward for both the researcher to devise and the respondent to access (Robson & McCartan, 2016). However, questionnaires can be subject to a low response rate and misunderstandings of the questions without the researcher knowing.

A self-administered questionnaire was chosen as the method of data collection for Phase 1. This was selected as the data that was aimed to be collected was mostly of numerical values, for example, participants would be presented with mostly closed questions and rating scales, which lend themselves well to a survey tool such as a questionnaire. Furthermore, the current study aimed to collect a national perspective of the UK within six weeks, and questionnaires were distributed to reach a large population in a short time period. The research questionnaire was created on Qualtrics Survey Software and the online mediums EPNET and NAPEP were used to distribute the survey to reach as many EPs as possible. This meant that EPs could complete the survey in their own time and anonymously.

In line with the guidance for developing questionnaires (Gillham, 2007; Marshall, 2005), the questionnaire was devised based on the research aims and questions. The questions included in the survey were informed by the findings and gaps in the available literature, as well as the key themes that arose from the literature review (EPs Skills and Knowledge; Preventative Working). Additionally, the researcher reviewed numerous LA critical incident protocols, for relevant practice in relation to suicide.

The questionnaire included Skip Logic, which creates custom paths through the questionnaire that varies based on the participant's answer; this meant participants were only asked to answer questions relevant to their current practice. For example, if a respondent selected that they have not responded to a death by suicide, they were taken straight to the confidence rating scales for responding to critical incidents and deaths by suicide, skipping past the questions about responding to a death by suicide. The questionnaire included a variety of question types including closed questions (whereby the participant was only able to select one answer), lists (where the respondent could choose multiple answers that felt relevant), rating scales (where the respondent was asked to scale their response) and open questions (where participants were given an 'other' option to detail their response if the closed questions were not appropriate).

The questionnaire was piloted with a convenience sample of professional adults, who were not participants in the current study. The pilot sample was selected as these adults had similar educational backgrounds to that of the EPs who would be participating in the study and could help determine if the survey would be accessible to the desired sample. The pilot respondents gave feedback around the clarity of questions, the layout, and ease of use. This feedback also gave the researcher information about how long it took the respondents to complete the questionnaire; as well as helping to establish how the data could be analysed and used. The survey questions were adjusted in line with the feedback which helped form the final survey questions and multiple-choice answers, which can be found in Table 4.

**Table 4**

*Phase 1 survey questions and answers*

| Survey Questions | Multiple choice answers |
| --- | --- |
| 1. How many years have you been qualified as an Educational Psychologist? | - Between 1-5 years<br>- Between 5-10 years<br>- Over 10 years |
| 2. What is your position within the Educational Psychology Service? | - Main grade Educational Psychologist<br>- Senior Educational Psychologist<br>- Principal Educational Psychologist |
| 3. Geographically, where is your Educational Psychology work currently based? | - South East, England<br>- South West, England<br>- London<br>- Midlands, England<br>- North East, England<br>- North West, England<br>- Scotland<br>- Wales<br>- Northern Ireland |

| | | |
|---|---|---|
| 4. Have you ever responded to a critical incident? | - | Yes |
| | - | No |
| 5. How many critical incidents have you responded to? | - | 1-2 |
| | - | 3-4 |
| | - | Over 5 |
| 6. Are you part of a designated crisis team within your service? | - | Yes |
| | - | No |
| 7. How many of the critical incidents that you have responded to, have been a death by suicide? | - | 0 |
| | - | 1-2 |
| | - | 3-4 |
| | - | More than 5 |
| 8. When was your most recent response to an incident of this kind? | - | Within the last year |
| | - | Between 1-2 years ago |
| | - | Between 2-4 years ago |
| | - | Over 5 years ago |
| 9. At which level did you respond? | - | Individual |
| | - | Group |
| | - | Systemic |
| 10. What support did you provide to the school as part of your response to a death by suicide? | | Select all that are relevant |
| | - | Telephone conversation with Head/Special Educational Needs Coordinator |
| | - | Face to face consultation with Head Teacher/Special Educational Needs Coordinator |
| | - | Administrative support including providing letter templates and scripts |
| | - | Providing resources and activities for Head/Special Educational Needs Coordinator to use with students/staff |

- Planning how to share the news with the school community
- Consideration around language used in relation to a death by suicide
- Supporting decisions about funeral attendance and future memorial arrangements for the setting
- Helping to manage internet and social media concerns
- Dealing with the deceased's belongings within the school
- Identification of most vulnerable students
- Psychological support for pupils most affected by the incident
- Psychological support for staff most affected by the incident
- Drop-in sessions for students
- Drop-in session for staff
- Liaison and working with other Agencies/Professionals
- Signposting to other services
- Supporting the family
- Working on a longer-term support plan
- Psychoeducation around bereavement process
- Other (please specify below)

| 11. What support did you receive from your service? | Select all that are relevant |
| --- | --- |
| | Support given by an experienced Educational Psychologist to plan your response |
| | - Additional supervision |
| | - Group debriefs |
| | - Individual debrief |
| | - A reduced workload |
| | - Informal support from colleagues and peers |
| | - Co-working/responding with a colleague |
| | - Other (please specify) |

| 12. Were you satisfied with the support you received from your service in managing the incident? | - Very satisfied<br>- Somewhat satisfied<br>- Not satisfied |
|---|---|
| 13. Did you feel you have sufficient training, knowledge and preparation to respond to a death by suicide? | - Yes<br>- No |
| 14. On a scale of 1-10, how confident do you feel to respond to critical incident in general? | - Likert scale provided: 1- not confident at all, 10- extremely confident |
| 15. On a scale of 1-10, how confident do you feel to respond to a death by suicide? | - Likert scale provided: 1- not confident at all, 10- extremely confident |

### 3.6.2 Phase 2

Interviews are a standard method of qualitative data collection as they help gather rich and in-depth information on a topic. Interviews can be structured, semi-structured or unstructured. This can determine the depth of the responses within the interview. Structured interviews are characterised by a list of pre-set questions which have a fixed wording and order. In contrast, unstructured interviews contain few pre-set questions and allow the conversation to develop, giving the respondents more flexibility and freedom to bring what feels important to them. Semi-structured interviews usually include a guide of questions or topics to cover; however, these can be covered in any order. The researcher may use additional questions and prompts depending on what the respondent says (Robson & McCartan, 2016).

Semi-structured interviews were chosen as the method of data collection for Phase 2. The researcher pre-prepared questions and prompts to ensure data was obtained on the topics that need to be covered, however, the flexibility of semi-structured interviews allowed exploration and clarification of comments and issues brought by the interviewee (Rose, 1994). The researcher formed the semi-structured interview schedule based the findings from the survey in Phase 1.

In line with Robson and McCartan (2016), the interview schedule included introductory comments, a list of topic headings and critical questions, associated prompts and closing comments. Open-ended questions were used (Robson, 2002) to encourage participants to provide as much detail as they could. A copy of the interview schedule was shared with the researcher's research supervisor, to determine whether all questions were open, non-judgemental, and exploratory. The researcher incorporated this feedback into the rewording and made adjustments to the questions. The initial question invited EPs to describe their experience of responding to a death by suicide within the school community. This allowed for the participant to discuss their experience freely without homing in on a particular area. Naturally, participants answered some of the pre-prepared questions during this time, so the follow-up questions were used to elicit more detail. The final question prompted the EP to share anything further, which they felt had not been covered. This increased the study's trustworthiness by enabling participants to talk about topics relevant to their experience that felt important to them. Moreover, interviews are the most common form of data collection when using a GT approach (Robson & McCartan, 2016). Semi structured interviews can also be used with most versions of GT (Willig, 2013).

The use of remote interviewing has rapidly increased in recent years as they allow researchers to reach geographically distant participants and reduce time and travel costs (King, Horrocks & Brooks, 2019). As a result of the Covid-19 pandemic, the semi-structured interviews took place on the online platform, Zoom. Remote interviewing requires participants to have access to high-quality equipment and broadband (Hewson, 2007). As the participants in this research were EPs who were currently working from home and have access to work laptops, they would not have been restricted by the online nature of the interviews. The interviewer used the video function to offer a 'face-to-face' experience and allow the researcher to build rapport and display active listening throughout the interview. The interviews took place in July 2020 and were arranged for a time and day that suited the participants. The researcher

checked the audio and visual quality with the interviewee before proceeding. The researcher recorded the interviews via Zoom so they could be transcribed verbatim. The length of the recorded interviews ranged between 24 and 68 minutes. Table 5 outlines a summary of the interview schedule.

**Table 5**

*Phase 2 Interview Schedule*

| Interview questions | Possible prompts |
| --- | --- |
| Could you tell me a bit about your experience of responding to deaths by suicide that have happened in school community? | Can you say anymore? |
| | Can you give me an example? |
| | How did that feel? |
| | What kind of emotional impact did you notice? |
| | Why do you think that was? |
| | What did you do? |
| As an Educational Psychologist, what do you feel your role was in managing these incidents? | Can you tell me anymore? |
| | Can you give me an example? |
| | Did you do anything else? |
| | Who and what? |
| | How does your service normally manage this type of incident? Procedure/protocol etc. |
| Could you tell me about your interactions with the school staff, how did they cope and respond to your input? | Why do you think that was? |
| | Can you tell me anymore? |
| | Pupils? |
| | What impact did that have on you? |
| What were the main challenges you have experienced when responding deaths by suicide in a school community? | Why do you think that was? |
| | What could have prevented that? |
| | If more than one incident is mentioned- did you provide a different response to the 2 incidents? Why? |
| Could you describe how you felt after working with these incidents? How do you think this work affects you? | Was there something specific that was unhelpful/ helpful? |
| | How do you feel it affected your work? |

| | Is there something you would request from your service in future? |
| | Can you give me an example? |
| | What did that look like? |
| | Personally/professionally? |
| | How did that feel? |
| Is there anything else that we haven't spoken about in relation to this experience that you would like to? | |

*Note:* The questions are not accompanied by a number as the researcher was flexible in the order in which they were asked. Additionally, occasionally interviewees answered a question within their response to another question, meaning some were not explicitly asked.

**3.6.2.1 Core Qualities of the Interviewer.** In line with Roulston, DeMarrais and Lewis' (2003) guidance on learning to interview, the researcher practised the interviews with two non-participating professional adults. These adults were selected as they were of a similar educational background to the pool of interviewees and so would be able to offer feedback in relation to the accessibility and flow of the interview. This helped to ensure familiarity with the schedule and practice rephrasing and reframing questions to ensure they could be understood clearly. This was also a helpful experience in practising responding and acknowledging the emotions the interview may provoke in the interviewee.

The researcher took the time to introduce herself, welcome the participant to the interview and thank them for volunteering. Considering the context of Covid-19, a brief check-in, discussion on the new ways of working from home and their familiarity with Zoom took place. This helped to build rapport with the participants and put them at ease. Before asking the initial question on the schedule, the researcher explained that she was curious about the participant's experience and what they found important in their response, this communicated a genuine interest in their practice (Hollway & Jefferson, 2008).

The researcher applied a range of the consultation techniques used in practice as a TEP, to ensure a successful interview. This included allowing silence and space for participants to think and share their view, conveying non-verbal readiness to listen and gentle questions and prompts to elicit more detail (Schein, 2013). Additionally, when the researcher was unclear about the interviewee's answer, clarifying questions were used to ensure the interviewee's response was understood correctly. Throughout the interview, the researcher employed techniques such as summarising, reflecting back and non-verbal prompts such as 'mmm' to show she was listening and interested in the responses provided. This also helped build rapport. As a result of the sensitive nature of suicide, the researcher validated the participant's feelings and ensured they felt heard.

**3.6.2.2 Data Transcription.** The researcher transcribed all of the interview data, rather than outsourcing a company to complete the transcription. This allowed the researcher to become familiar with the data before the analysis process (Robson & McCartan, 2016). The data was transcribed to preserve the message and meaning of the interviewee's views; this was completed by transcribing word for word and omitting non-meaningful utterances such as 'mmm' and 'erm'. This transcription process is termed a de-naturalism approach (Oliver, Serovich & Mason, 2005), which is an approach that tends to be used for GT analysis (Charmaz, 2014). The interviews were transcribed into Microsoft Word; each participant was provided with an interview number to protect their anonymity.

## 3.8 Research Methodology

### 3.8.1 Rationale for Grounded Theory

GT was the first approach to research which enabled social scientists to generate a theory from their data, rather than testing an existing theory (Glaser and Strauss, 1967). Previously, positivism dominated the research world, placing importance on quantitative methods and hypothesis testing. Thus, the GT approach to research provided qualitative researchers with a new, respected systematic method of analysing qualitative data. However, Glaser and Strauss' (1967) GT was still underpinned by objectivism and closest to a positivist approach. This approach postulated that a GT study must remain open to all possibilities to ensure the theory is grounded within the data. They therefore suggest any prior knowledge of the area of study is put aside and a literature search of the area is not completed prior to beginning the

research. The researcher should then gather their data and code it until they reach theoretical saturation, meaning no new codes are being produced. Following this, the researcher should then complete theoretical sampling, whereby new data is gathered based on the codes that are produced. This process aimed to refines the codes and allow the theory to evolve. Since then, traditional GT has developed varying strands, including the 'Straussian' approach (Corbin & Strauss 1990) and the Constructivist approach (Charmaz, 2005).

Corbin and Strauss (1990) developed the' Straussian' approach, which constituted a revised version of GT. This version maintained the same core GT methods and techniques of the traditional approach, including gathering, coding and sampling (Walker & Myrick, 2006). However, it adapted various other methods to the research. For example, unlike the traditional version of GT, Strauss and Corbin (1990) consider that prior knowledge and understanding of a topic area helps question the data. This meant that whilst the traditional approach to GT advocated against a preceding literature review to keep the process of theory generation free from preconceived ideas (Glaser, 1992), the Straussian (Strauss & Corbin, 1990) approach postulated that the generation of new theory should not be isolated from previous and existing theory. Breckenridge and Jones (2009) have agreed with the Straussian approach, stating: "Pre-existing knowledge can guide the researcher in identifying a starting point for data collection, but this knowledge should be awarded no relevance until validated or dismissed by the formulation of the emerging theory" (p. 119-120). Like that of the traditional version, Straussian GT says the analysis should be driven by the data, taking an inductive approach and allowing the theory to emerge organically from the data.

The Straussian GT approach is typically characterised by developing codes, categories and themes through data analysis. By progressive identification and integration of categories, a theory emerges to help explain the phenomenon being investigated. This occurs through three key stages, including Open Coding, Axial Coding and Selective Coding (Strauss & Corbin, 1990). Open coding is the initial stage of analysis, whereby the researcher is open to all potentials and possibilities within the data set. The researcher breaks down, examines and compares each word, line and fragment of data and applies appropriate codes across the data set. Next, Axial Coding begins to build the data back up by making connections between the open codes and categorising them under a broader term. Lastly, Selective Coding refers to the final stage of analysis where one core category is identified that relates to all the categories produced in the Axial coding stage. Throughout this process of analysis, Strauss and Corbin

(2008) encourage the use of constant comparison, whereby each segment of data is compared with other segments of data for similarities and differences, those that are found to be conceptually similar can be coded in the same way. Furthermore, the researcher should maintain written records throughout the analysis to document their thinking and the process of coding and categorising, these are usually termed Memo's (Strauss & Corbin, 2008).

This research uses the Straussian GT approach to guide the qualitative data analysis and fits well with the ontological and epistemological approach the researcher has taken.  The researcher considered using alternative qualitative data analysis methods, such as Thematic Analysis (Braun & Clarke, 2006). However, it was felt that GT was a more robust approach and would provide a better explanation of how EPs are responding to school community death by suicides and their experience of this. The GT approach emphasises the importance of integrating and triangulating quantitative and qualitative data to produce a coherent and robust understanding of the topic.

## 3.9 Data Analysis

*Phase 1*

The survey received 76 responses from EPs across the UK. The responses produced numerical data which was summarised and organised using descriptive statistics to help understand the findings. The findings were mainly described using frequency, and bar graphs were generated for each survey question to represent the findings visually.

*Phase 2*

In line with Strauss and Corbin (2008), the researcher used three sequential stages to data analysis, including Open Coding, Axial Coding and Selective Coding.

### 3.9.1 Computer-Assisted Qualitative Data Analysis Software

The software MAXQDA-20 was used to analyse the data. This is a specific computer-assisted software for qualitative and mixed methods data analysis. It supports a systematic approach to conducting data analysis, in line with a GT approach to analysis. The program allows codes, memos and folders to be created quickly and keeps track of the codes you have made.

The researcher imported each interview transcript into MAXQDA to ensure the data was stored in one place and could be coded with ease.

**3.9.1.1 Open Coding.** The researcher became familiar with the data by listening to the audio recording of the interview numerous times, transcribing the interviews carefully and reading back through the transcripts as the coding began. Due to this part of the study's explanatory nature, an inductive approach was taken whereby concepts were drawn from the data at a semantic level, with no predetermined coding frame. The researcher remained curious and open-minded, welcoming all potentials and possibilities.

Open coding was achieved by analysing the data word by word and line by line. This helped to identify units of meaning from fragments of the data and in turn, assign codes to the fragments. The units of meaning were coded using single words or short sequences of words. The researcher took an open stance to the fragmentation of the data. Therefore, different data fragments varied in length depending on the subject matter; this included single words, sentences, and longer chunks of text. If there were additional data fragments that helped to explain or expand on a code, then these were added to the code. This reoccurred until the concept was exhausted and new fragments were not adding anything new. Throughout this stage of analysis, the researcher used Constant Comparison. This meant that each time the researcher identified data that seemed to be about another segment of text that had been coded, it was compared with other occasions that particular code had been used. This ensured there was consistency between the data being coded and applied in the same way. Furthermore, coding for action was used to minimise the researcher enforcing their own judgement on the text. Instead, the researcher's thoughts were captured in a memo for each code throughout the initial coding process.

Several of the open codes were in-vivo codes, meaning the participants' own words were used as the codes' title. This was particularly useful when participants used powerful metaphors to describe their experience. For example, "the Voldemort effect" was used by a participant who was referring to the difficulty of saying the word suicide. Additionally, "Emotionally hijacked state of mind" was also used as an in-vivo code, as a participant explained the emotional intensity of a death by suicide. These were powerful descriptions of feelings and experiences, and the researcher felt it was appropriate to use the participants own words. This supported the theory to remain grounded in the data. By the time the researcher completed the

open coding on the final interview, there were noticeably less new codes being produced. See Appendix A for an example of the open codes, the number of segmented texts per code and the memos used throughout the coding. Additionally, Table 6 presents an example of transcript data forming open codes and the memo that accompanied it.

**Table 6**

*Worked examples of open coding*

| Transcript data | Open Code | Memo |
|---|---|---|
| 'I'll go home and ill usually have a good cry coz it's that… I think it's that time when you let your guard down' <br><br> 'Of course, it does emotionally affect you because it's the worst thing that could ever happen to a parent' <br><br> 'I mean it did stick with me the way that she died was quite extreme and shocking I guess and so I guess you're holding that a bit.' | Emotional impact on Educational Psychologists | The interviewees describe the emotional impact of responding to an incident of this kind and continue to experience this after their response. One Educational Psychologist has mentioned crying at home, highlighting that it impacts on their personal life as well as professional. The Educational Psychologist talking about 'letting your guard down' which suggests during their response they are try to keep their emotions in check. Additionally, Educational Psychologists are exposed to the details of a death by suicide which one Educational Psychologist described as 'shocking' and 'extreme' and said she had held onto that. This highlights that responding to this type of event can have an emotional impact long term, as you don't just forget the details you have heard. The emotional impacts seem to vary however are still very present within the response. |

**3.9.1.2 Axial Coding.** The next stage of the analysis was Axial coding which "seeks to refine and differentiate the categories resulting from open coding" (Flick 2006, p. 181). This stage was characterised by the researcher comparing the open codes and looking for relationships and connections between them to help form higher-order categories (Corbin & Strauss, 2008). For example, the open codes 'sibling in the same school' and 'friends of the deceased' were then grouped to form the axial code 'Vulnerable People in the System'. Throughout this stage of analysis, the researcher continued to use memos to document the process and think behind the creation of categories. Whilst open coding and axial coding have been described as two separate stages of analysis; they do go hand in hand. Throughout the open coding stage, the researcher assigned different levels to the open codes to create a hierarchy and link the codes together, which was then developed in the axial stage. From a total of 982 open codes, the researcher produced 15 axial codes (see Appendix B). Furthermore, please see Table 7 for an example of open codes forming part of an axial code and the memo's used by the researcher.

**Table 7**

*Worked example of the axial coding stage*

| Open codes | Axial code | Memo |
| --- | --- | --- |
| Trainee continued professional development on suicide | Educational Psychologists experience and confidence | Educational Psychologists experience and confidence emerged as another axial code, as Educational Psychologists perception of how their experience and confidence impacted on their response was salient throughout the interviews. |
| Working groups to improve practice | | Some Educational Psychologists felt that Educational Psychologists who have experience and confidence in this area is mainly because they |
| Whole service training | | have an interest in critical incidents and responding to critical incident. When an Educational |
| Interest led | | Psychologist has this interest, they tend to seek out opportunities for training and responding i.e., |
| Charities offer training | | volunteering to respond. Most of the Educational Psychologists agreed that the more you respond the |
| Upskilling other Educational Psychologists | | more confident you become, despite it always being a nerve-wracking experience, as each incident is very different. |
| Experience leads to confidence | | It was also highlighted that experience in responding to critical incident is not always in |

relation to the number of years they have been qualified as an Educational Psychologist. Some Educational Psychologists may go their whole career and not respond, therefore even a very experienced Educational Psychologist may not be experienced in relation to critical incident responding. One Educational Psychologist explained that 'it's just not some people's kettle of fish' and 'some Educational Psychologists shy away from it.'

Educational Psychologists shared that they were given training on responding to critical incident and learning about death by suicide during their training to become an Educational Psychologist which was helpful and useful in developing knowledge around the area. Incorporating this training in the training programme means that all of the Educational Psychologists leaving training with similar understanding and knowledge of death by suicide and how to respond. Educational Psychologists explained that they have used some of the resources from the continued professional development they received during their training indicating the value and importance of this. The Educational Psychologists also suggested the importance of continuous continued professional development with working groups and journal clubs so their knowledge of suicide and response to critical incidence is always up to scratch.

The Educational Psychologists suggested that the best experience is shadowing another Educational Psychologist and responding yourself, suggesting that it doesn't matter how much preparation you do, you will always learn more by doing.

**3.9.1.3 Selective Coding and Grounding of Theory.** The final phase of the analysis was the Selective Coding stage. This part of the analysis aims to identify one core category by examining possible relationships between the categories and codes, which has the power to give more explanation to the area of study (Corbin & Strauss, 2008). At this point in the data analysis, the researcher was looking to build a story about what is happening to apply a

theory. The researcher had been immersed in the data for a long time and chose to step away for a few weeks and return to the data set with a clearer mind to approach the data's final stage. The researcher initially found that the axial codes fit into one of two overarching codes, including The Work and Support Needed by the EP, and The Work and Support Needed by the School.  The researcher worked with the data to find a common relationship between these two codes. Ultimately, 'Containment Across and Within the System' was identified as the core category that fit the two over-arching codes as well as the axial and open codes (see Appendix C). The data alluded to the system's various parts that require communication and support after a death by suicide. The support that EPs offered appeared to contain the school system, including staff and pupils. Furthermore, the EPs themselves sought containment through their own service and supervisory processes.

## 3.10 Ethical Considerations

The researcher has taken the appropriate steps to ensure ethical practice was adhered to at all times throughout the research project, practicing in line with the key ethical principles of 'respect for the autonomy, privacy and dignity of individuals, groups and communities,' 'scientific integrity,' 'social responsibility' and 'maximising benefit and minimising harm' (BPS, 2021).

### *3.10.1 Regulatory Approvals*

An ethics application was reviewed and approved by the researcher's research supervisor and the Tavistock and Portman NHS Trust Research Ethics Committee in April 2020 (see Appendix D for the letter of approval). The research complied with the BPS Code of Ethics and Conduct (BPS, 2018) and the Standards of Conduct, Performance and Ethics for Practitioner Psychologists (Health and Care Profession Council, 2015). The ethics application was amended once to provide more detail of the study and to allow for remote interviewing, to fit with the context of the Covid-19 Pandemic (see Appendix E for the final ethics application).

### 3.10.2 Informed Consent

The Code of Human Research Ethics (BPS, 2021) requires researchers to ensure that every person involved in a research study has consented freely and voluntarily to participate and has been given sufficient information to enable them to make an informed choice. All participants in the current study received an information sheet (see Appendix F) before the beginning of the survey and interview. This provided details of the research background, instructions, the voluntary aspect of the research and the sensitive nature of some of the questions relating to critical incidents and suicide. The researcher provided contact details if participants wanted further information before taking part in the study from the researcher herself and the Academic Quality team at Tavistock and Portman. Informed consent was obtained from the survey by participants reading the consent form (see Appendix G) and continuing with the survey, and by an electronic signature on the consent form before the interview.

### 3.10.3 Risk, Vulnerability and Signposting

The BPS (2021) Code of Human Research Ethics outlines that the researcher must take steps to minimise and avoid physical or psychological harm to research participants. The current study did not pose any of the risks identified within the BPS (2021) guidelines as causing harm to participants, however, the participants were asked to talk about their own experience of responding to suicide, which could potentially provoke distressing memories. To mitigate against psychological distress, the Phase 1 survey was designed to be unlimited in duration, to ensure interviewees could take breaks if they needed to. Similarly, the Phase 2 interviews were allocated a slightly longer length of time to ensure interviewees could take breaks if requested and the researcher could offer time to debrief at the end of the interview. Additionally, the use of remote interviews using the camera function allowed the researcher the opportunity to monitor interviewees responses and check in with them throughout the interview. The researcher was also prepared to signpost interviewees to their supervisors within the LA they work in, their local GP and the relevant charities offering suicide support, in the event that they felt distressed or upset during or after the interview.

### 3.10.4 Right to Withdraw

Participants were free to withdraw at any point from the study prior to data analysis, with no adverse consequences (BPS, 2021). This was communicated to participants through the information sheet, consent form and verbally during the interview. No participants chose to withdraw their data throughout the study.

### 3.10.5 Right to Confidentiality and Anonymity

The online questionnaire supported participants anonymity as they were not required to provide their name or contact details to participate in Phase 1. However, if participants completing the survey were interested in participating in the Phase 2 interviews, they were asked to provide their details. These details were only used to contact participants to invite them to interview. The information sheet explained that participants responses would be kept anonymous and confidential, as the researcher would assign a number to the data and names of participants were not saved. In line with the General Data Protection Regulations (The Parliament of the United Kingdom, 2018) the researcher stored all data electronically; password protected it and has planned to destroy it on completion of the project. All data that is reported and discussed in the later chapters, has been anonymised.

### 3.11 Validity, Reliability and Trustworthiness

Validity, reliability and trustworthiness are used to establish rigour and quality within research. There can be advantages and drawbacks of using particular data collection methods in relation to the validity, reliability and trustworthiness; however, using a mixed-method design can help balance the strengths and weaknesses of the different research methods (Johnson & Turner, 2003).

### Phase 1

Validity refers to the extent to which the research is measuring what it intends to measure. The validity of research can be reviewed in three ways including: content (whether the instrument adequately covers all content in relation to the domain it seeks to measure),

construct (the extent to which the tool measures the intended construct) and criterion validity (the relatedness of the instrument to other instruments which measure the same variable) (Heale & Twycross, 2015). On the other hand, reliability relates to the consistency of a measure and whether the same results would be obtained if it were to be repeated (Robson & McCartan, 2016; Heale & Twycross, 2015). This can be achieved by obtaining a representative sample and ensuring the instrument is standardised and accessible (Robson, 2011).

The questionnaire was piloted on a sample of professionals who were not taking part in the study. The pilot sample were asked to provide feedback on the ease and use of the tool, the accessibility of the language used and the range of questions. Additionally, the researcher's supervisor, who is also a practicing EP, reviewed the questionnaire. These steps aimed to enhance the content and construct validity of the tool. Furthermore, the researcher reviewed three LA's critical incident policies, became familiar with the literature on critical incidents and suicide, and examined the questionnaires used in other literature researching a similar topic. There were some overlaps with the questions included in the literature (Nickerson & Zhe, 2004) and the current questionnaire, however the current questionnaire was tailored to the UK and EP practice. This supports the criterion validity of the tool.

To ensure a representative sample of participants was obtained, the survey aimed to reach all LAs in the UK and was posted numerous times on the EPNET and NAPEP online forums. This ensured that a national perspective was gained, increasing the reliability of the data. Furthermore, all of the participants received the survey in the same way, were provided with the same information sheets and consent forms and the questions remained the same. Additionally, testing the questionnaire on a pilot sample allowed the researcher to check the language could be understood, the questionnaire was accessible and not too long. Phase 1 of the study can be easily replicated, increasing the reliability.

*Phase 2*

Qualitative research has often been criticised for lacking scientific rigour (Noble & Smith, 2015) as validity and reliability of qualitative research cannot be measured or addressed in the same way as in quantitative research. Therefore, trustworthiness was a concept introduced to provide a more accurate measure of rigor (Lincoln & Guba, 1985). Lincoln and Guba (1985) propose four key components that help to establish the trustworthiness of qualitative

research, these included credibility, transferability, dependability and confirmability of findings.

### 3.11.1 Credibility

Credibility refers to the confidence in the truth of the findings. This can be achieved through prolonged engagement, persistent observation and triangulation (Lincoln & Guba, 1985). Prolonged engagement refers to the researcher learning about the context to minimise distortions around the topic. The researcher is continuously developing their understanding of critical incidents and suicides through the seminars and doctoral lectures provided on the course, as well as attending EP placement and engaging in reflective practice in relation to this area.  Next, persistent observation refers to the researcher's ability to assess the salient factors that are most relevant to the problem that is being researched (Lincoln & Guba, 1985). The researcher built a rapport with the participants through flexibility of the interview schedule and allocating extra time to each interview to provide a relaxed atmosphere; this also allowed the researcher to explore relevant topics that the participants brought to the interview. Additionally, triangulation refers to the data and analysis being verified by another person (Lincoln & Guba, 1985). The researcher's supervisor reviewed the codes the researcher had established at random time points throughout the analysis, to check that the codes identified by the researcher were logical. This helped increase methodological rigour and credibility of the research.

### 3.11.2 Transferability

Transferability considers the applicability of the findings in other contexts (Lincoln & Guba, 1985). The data obtained from these interviews allowed the researcher to gather rich and detailed information that can be applied to EPs within the profession who have responded to a death by suicide but have not participated in the study.

### 3.11.3 Dependability

Dependability indicates how consistent and replicable the research is (Lincoln & Guba, 1985). Semi-structured interviews have been found to be more reliable than unstructured interviews (Arvey & Campion, 1982). The researcher therefore utilised semi-structured

interviews and maintained a consistent procedure throughout. All interviews were recorded with the same equipment and interviewees were provided with the same set of questions. The researcher transcribed each interview and followed the same GT coding strategy. An audit trail of the data and analysis was maintained throughout the process. The coding and analysis of the data was supported by MAXQDA software, allowing the researcher to save detailed memos to track the thinking and justification behind the codes. An example of a transcript can be found in Appendix H and examples of the coding stages in Tables 6 and 7 and Appendix A, B and C). Furthermore, to ensure transparency, full transcripts and analysis is available upon request.

### 3.11.4 Confirmability

Confirmability considers how well the researcher maintained a degree of neutrality (Lincoln & Guba, 1985). To ensure the codes drawn from the data were an accurate representation of the participant's views and not influenced by the researcher, the researcher did not use any leading questions. Instead, techniques such as summarising and clarifying the interviewee's points were used to ensure the researcher has fully understood the interviewee's state of mind. This also increased the construct validity of the research. Furthermore, the researcher used supervision to discuss any feelings or assumptions that arose throughout the process, to minimise researcher bias.

## 3.12 Chapter Overview

This chapter outlined the ontological and epistemological positions within this study. The researcher explained the purpose and design of the study, and the process of data analysis was described. Furthermore, the steps to ensure the research was ethical, valid, reliable and trustworthy were outlined. The findings of the research can be found in the following chapter.

## 4. Research Findings

### 4.1 Introduction

This chapter discusses and presents the findings from both Phase 1 and Phase 2 of the research.

### 4.2 Findings for Phase 1

Phase 1 of the study aimed to explore how EPs in the UK support school staff when a member of the school community dies by suicide. This was investigated through a survey, to gain a national perspective. The survey was sent out via EPNET and NAPEP to reach as many EPs as possible. The researcher reposted the survey in EPNET four times, to ensure any EPs who had missed the original post, had the opportunity to complete the questionnaire. The survey was open from 1st June 2020 for six weeks. During this time, the survey received 84 responses. However, seven of these were incomplete and excluded from the data; therefore, the researcher analysed 76 responses. In order to monitor the representativeness of the participants, the first three questions of the survey asked for demographic information. The findings from the questions in Phase 1 will now be discussed in the order that they appeared in the survey.

1. How many years have you been qualified as an Educational Psychologist?

The participants were given three options to choose from including between 1-5 years, between 5-10 years and over 10 years. The results, as illustrated in Figure 3, show that 26 had been qualified between 1-5 years, 15 had been qualified between 5-10 years, and 35 of them for over 10 years. Therefore, the majority of the participants had been qualified for over 10 years.

**Figure 3**

*Number of years qualified as an Educational Psychologist*
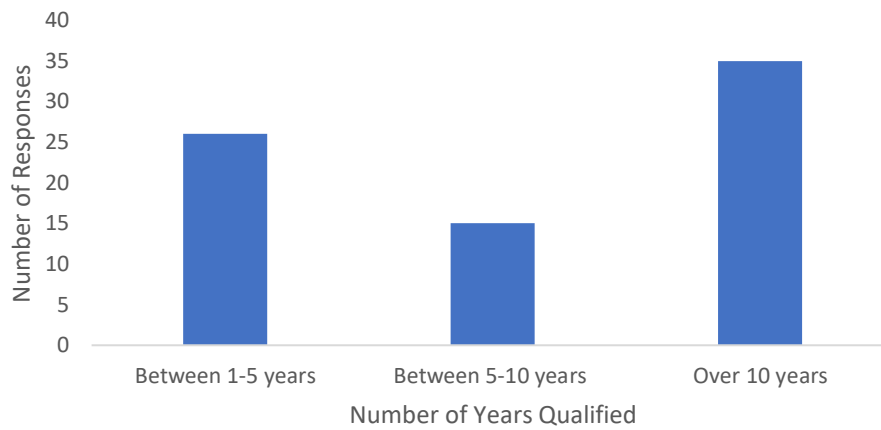


2. What is your position within the Educational Psychology Service?

The results, as presented ion Figure 4, indicate that 50 of the participants were main grade EPs, 18 were senior EPs, and 8 were Principal EPs.

**Figure 4**

*Educational Psychologists professional position within their educational psychology service*
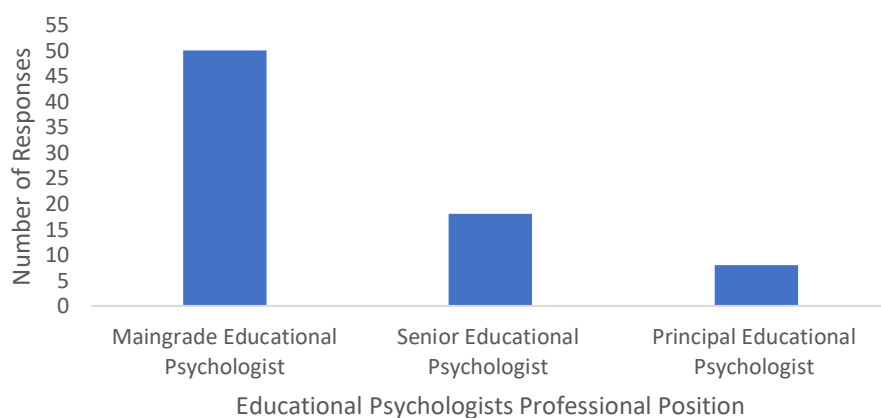


3. Geographically, where is your Educational Psychology work currently based?

The participants were asked to indicate where in the UK they were based, from a prepopulated list of locations. The results suggest, as illustrated in Figure 5, the majority of participants were from London (n = 29), 26 of the participants were from the South East of England, 5 participants were from the North East of England and 5 were from the North West of England, 4 participants were from Wales and 3 from the Southwest of England. Unfortunately, the survey did not obtain any responses from EPs in Scotland and Northern Ireland.

**Figure 5**

*Geographical locations of Educational Psychologist responders*
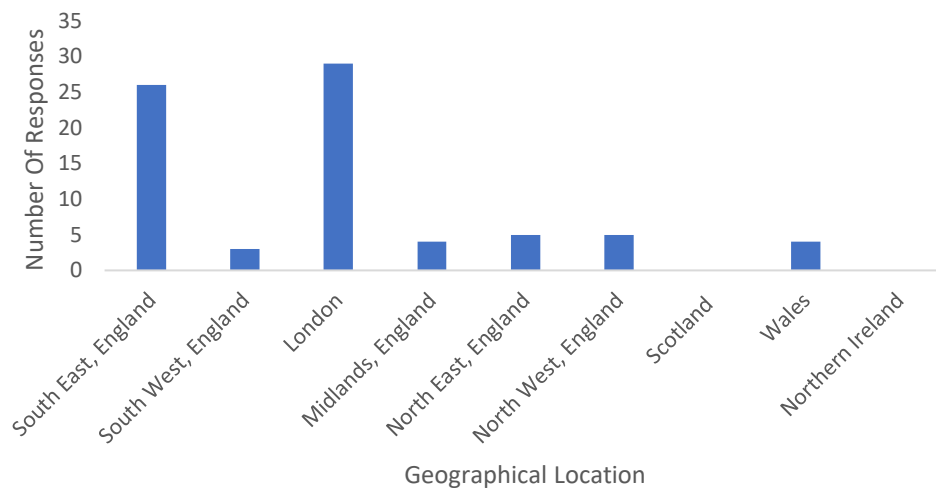


Participants were then asked a range of questions regarding critical incidents, before specifically addressing death by suicide incidents.

4. Have you ever responded to a critical incident?

The results from this question, as displayed in Figure 6, indicate that 62 of the participants responded yes, and 13 responded no. This equated to 83% of the participants having responded to a critical incident. 17% of participants who had never responded to a critical incident were then taken to the last question on the survey to rate their confidence in responding. The participants who selected yes continued with the survey questions.

**Figure 6**

*Educational Psychologists experience in responding to a critical incident*
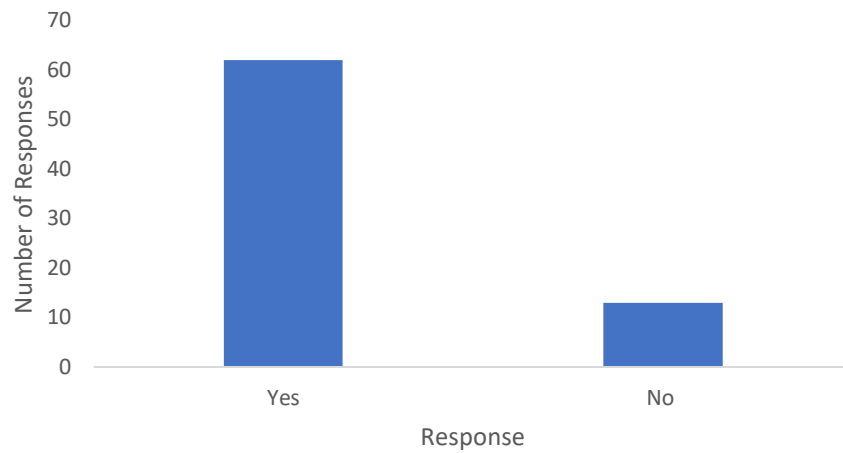


5. How many critical incidents have you responded to?

62 participants continued to this question within the survey. To gauge the amount of experience they had in responding to critical incident, they were asked to indicate how many critical incidents they had responded to from the following ranges: between 1-2 incidents, between 3-4 incidents and over 5 incidents. The results found, as displayed in Figure 7, 19% (12 EPs) reported that they had responded to between 1-2 incidents, 24% (15 EPs) indicated that they had responded to 3-4 incidents and 56% (35 EPs) reported that they had responded to over 5 incidents.

**Figure 7**

*Number of critical incidents Educational Psychologists have responded to*
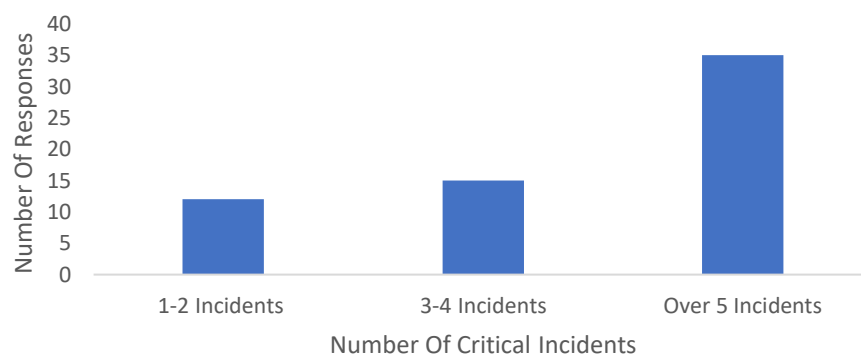
6.  Are you part of a designated crisis team within your service?

The findings from this question, as shown in Figure 8, revealed that 63% of participants (39 EPs) reported that they were not part of a designated crisis team, and 37% of participants (23 EPs) said that they were part of an established crisis team. This indicated that most participants were not part of a crisis team when they responded to an incident.

**Figure 8**

*Educational Psychologist who are part of a designated crisis team*
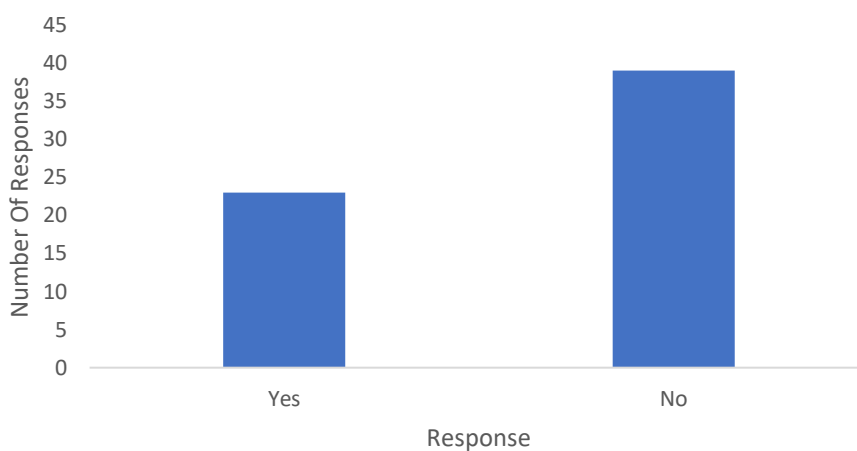


7.  How many of the critical incidents that you have responded to, have been a death by suicide?

The results indicated, as presented in Figure 9, that 44% of participants (27 EPs) stated that they had responded to 1-2 deaths by suicide, 19% (12 EPs) reported that they had responded to 3-4 deaths by suicide and 11% (7 EPs) had responded to more than 5. Overall, 74% had responded to a death by suicide. However, 26% (16 EPs) who had responded to a critical incident, had never responded to a death by suicide. These participants were then taken to the end of the survey and asked to rate their confidence in responding to critical incident and death by suicide. The remaining 46 participants continued with the survey questions.

**Figure 9**

*The number of critical incidents that have been death by suicides*
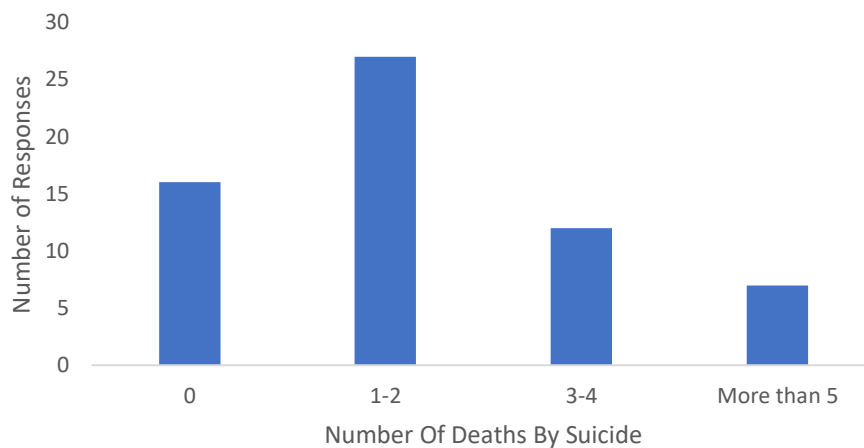


8. When was your most recent response to an incident of this kind?

Participants were provided with multiple choice answers. The results suggest, as illustrated in Figure 10, that 43% of the participants (20 EPs) had responded within the last year, 22% (10 EPs) had responded between 1-2 years ago, 20% (9 EPs) had responded between 2-4 years ago and 15% (7 EPs) had responded over 5 years ago. This indicates that most EPs had responded within the last year. This data was also used to inform which volunteers would be chosen to be interviewed for Phase 2, as the researcher felt it was essential to capture the most recent responses within the interviews.

**Figure 10**

*Educational Psychologists most recent response to a death by suicide*
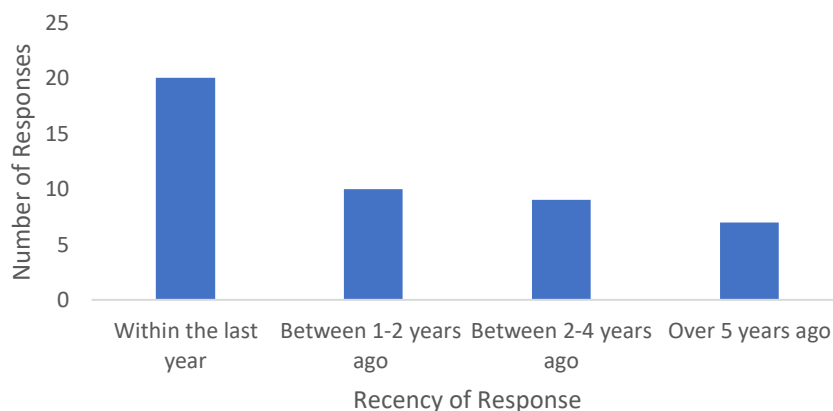
9. At which level did you respond?

Participants were asked to select the level at which they responded to the death by suicide; they could choose more than one answer, if they responded in multiple ways. The participants were able to choose from individual (one to one work with staff or pupils), group (working with groups of staff or pupils), and systemic (working with a few key members of staff to plan a strategic response). The results found, as displayed in Figure 11, that 52% of participants (24 EPs) reported that they provided individual support, 60% (28 EPs) said that they offered support at a group level, and 70% (32 EPs) reported that they provided a systemic response.

**Figure 11**

*The level at which Educational Psychologists respond*
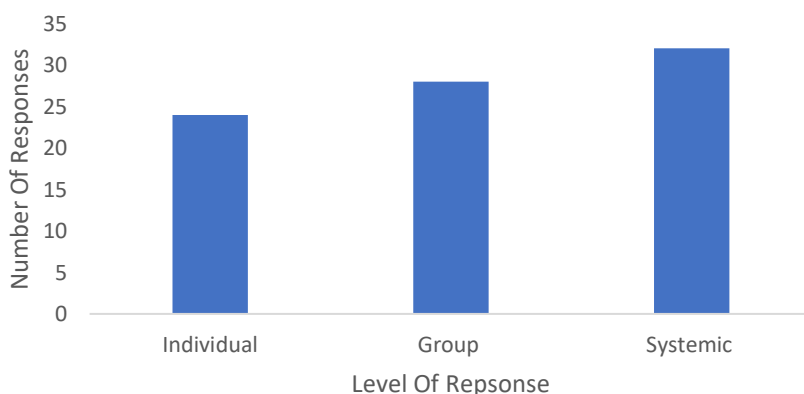


10. What support did you provide to the school as part of your response to a death by suicide?

Participants were able to select as many of the options that were relevant to them. The findings from this question are displayed in Figure 12. The most frequently used forms of support supplied were face to face consultations with 78% of participants (36 EPs) indicating that they used this. 67% (31 EPs) reported that they supported the school to consider the language to use when discussing the incident and 63% (29 EPs) said that they provided psychological support for staff. Furthermore, 63% (29 EPs) provided resources and activities, 63% (29 EPs) supported the school with planning how to share the news, and 61% (28 EPs)

provided drop-in sessions for staff members. The least frequently used support methods were helping deal with the deceased's belongings within the school context, with only 4% of participants (2 EPs) reporting that they provided this support. Only 9% of participants (4 EPs) provided support to the family. Two EPs selected the 'other' option but did not provide details of this support.

**Figure 12**

*Support Educational Psychologists provided the school during their response to a death by suicide*
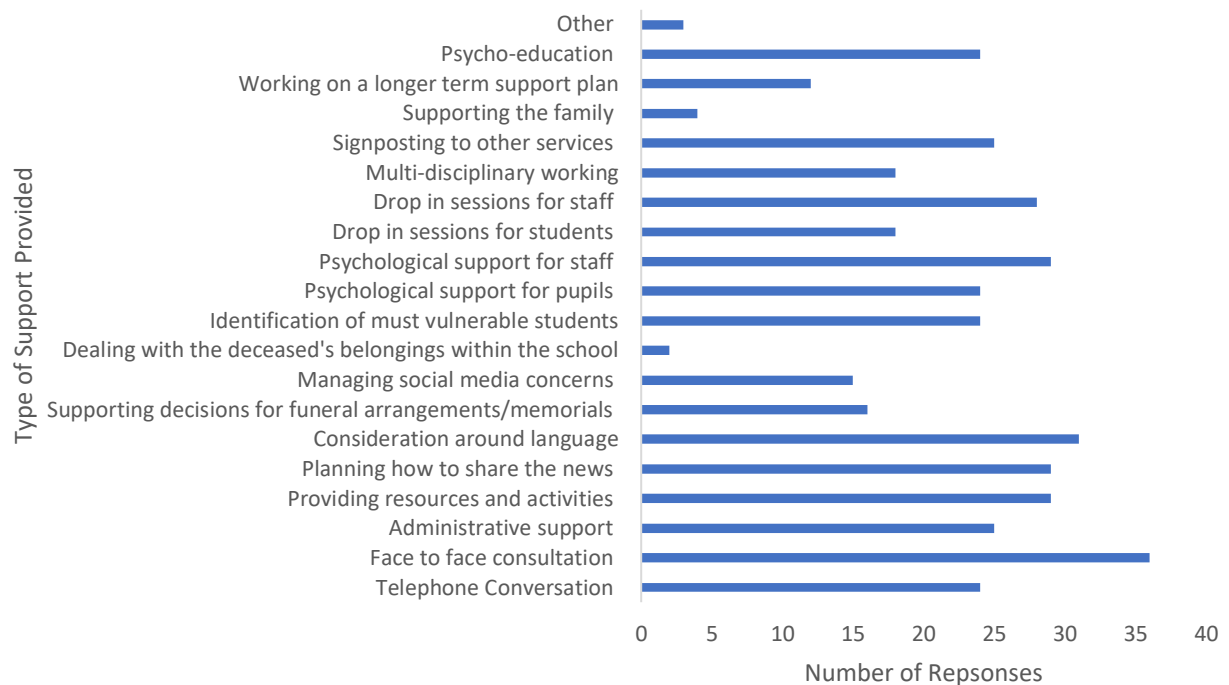


11. What support did you receive from your service?

Participants were given a multiple-choice list and the option 'other' with a text box to detail any additional support that they received from their service. Participants were able to select as many that were relevant. The most common type of support offered to the EPs, as indicated in Figure 13, was co-working/responding with a colleague, with 65% (30 EPs) indicating they received this. The next most common form of support was an individual debrief, with 46% (21 EPs) suggesting that they received this support. Similarly, 43% (20 EPs) indicated that they received informal support from their colleagues. The least common

form of support offered to EPs was a reduced workload, with only 7% (3 EPs) indicating that they received this. Six EPs selected 'other', as the support they received was not listed. However, none of the EPs elaborated on what this support entailed.

**Figure 13**

*Support the Educational Psychologists received from their support during their response to a death by suicide*
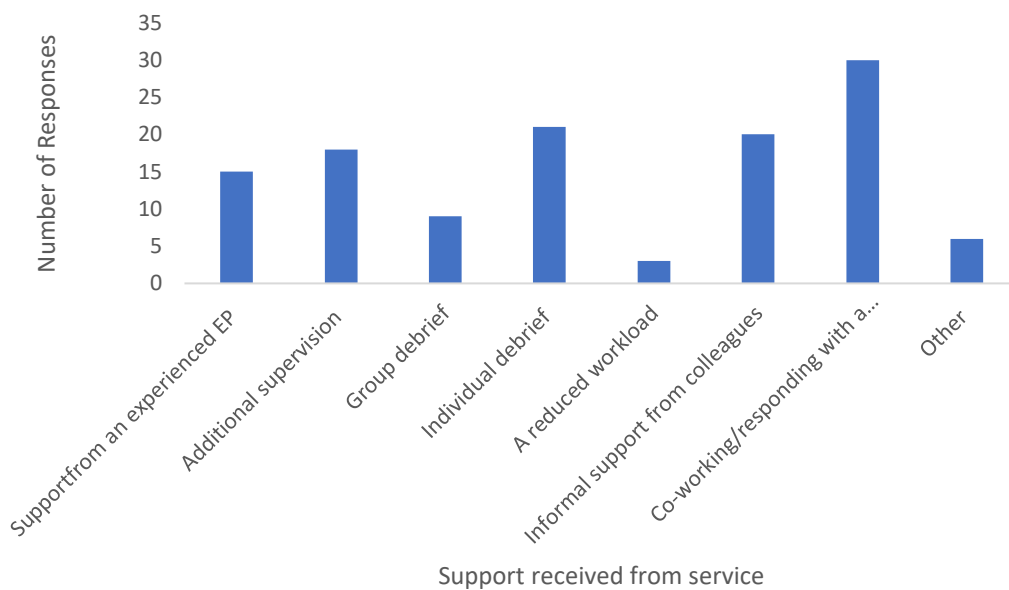


12. Were you satisfied with the support you received from your service?

By the time the participants reached this question, four participants had discontinued the survey, leaving 42. These participants were asked to indicate their satisfaction with the support that they received, by selecting one of the following options: very satisfied, somewhat satisfied and not satisfied. As indicated in Figure 14, the results found that 59% (27 EPs) selected that they were 'very satisfied' with the support they had received from their service. 30% (14 EPs) indicated that they were 'somewhat satisfied' with the support they received, and 2% (1 EP) reported that they were 'not satisfied'. This suggests, that on the whole, EPs are feeling supported by their service during their response to a death by suicide.

**Figure 14**

*Educational Psychologists satisfaction with the support they received from their service*
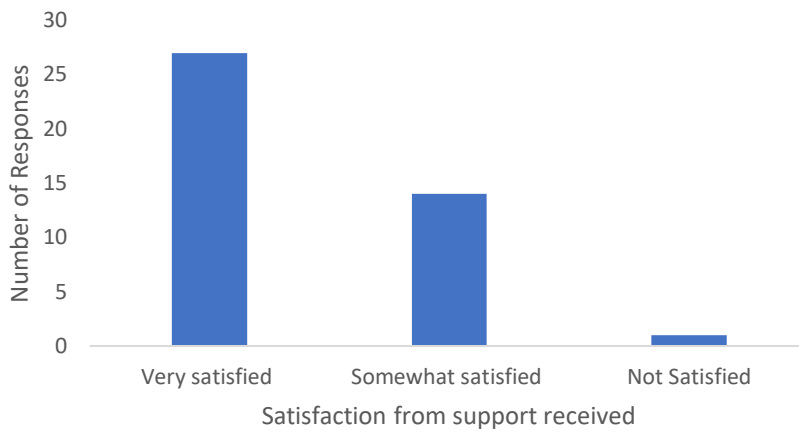


13. Do you feel you had sufficient training, knowledge and preparation to respond to a death by suicide?

As presented in Figure 15, the results found that 79% of participants (33 EPs) indicated that they did feel well prepared and 21% (9 EPs) stated that they did not feel they had sufficient training, knowledge and preparation to respond to an incident of this kind.

**Figure 15**

*Educational Psychologists view of whether their training, knowledge and preparation to respond to a death by suicide is sufficient*
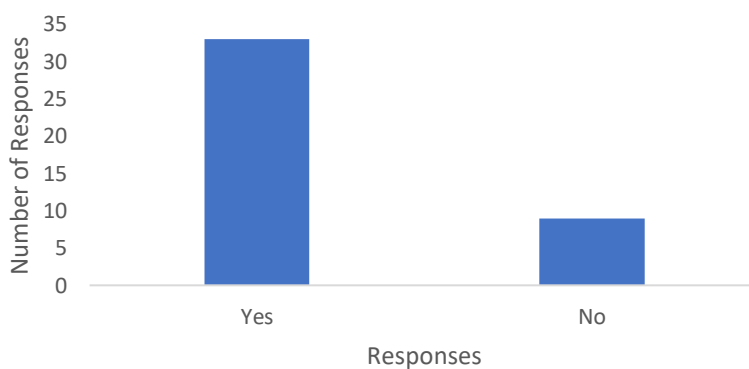
14. On a scale of 1-10, how confident do you feel to respond to a critical incident in general? On a scale of 1-10, how confident do you feel to respond to a death by suicide?

70 participants completed this question. They were asked to rate their confidence on a Likert scale to respond to a critical incident in general and, more specifically, a death by suicide. This was to gauge whether or not EPs felt more or less prepared about a death by suicide. Number 1 of the Likert scale represented 'not confident at all' and number 10 represented 'extremely confident.' The results are displayed in Figure 16, 28% of participants (20 EPs) rated their confidence 8/10 compared to 21% (15 EPs) placing their confidence 8/10 with a death by suicide. This averaged to 6.9/10 for critical incident and 6.1/10 for suicide. Moreover, more EPs scored their confidence higher with critical incident in general, than death by suicide.

**Figure 16**

*Educational Psychologists confidence in responding to a critical incident and death by suicide*
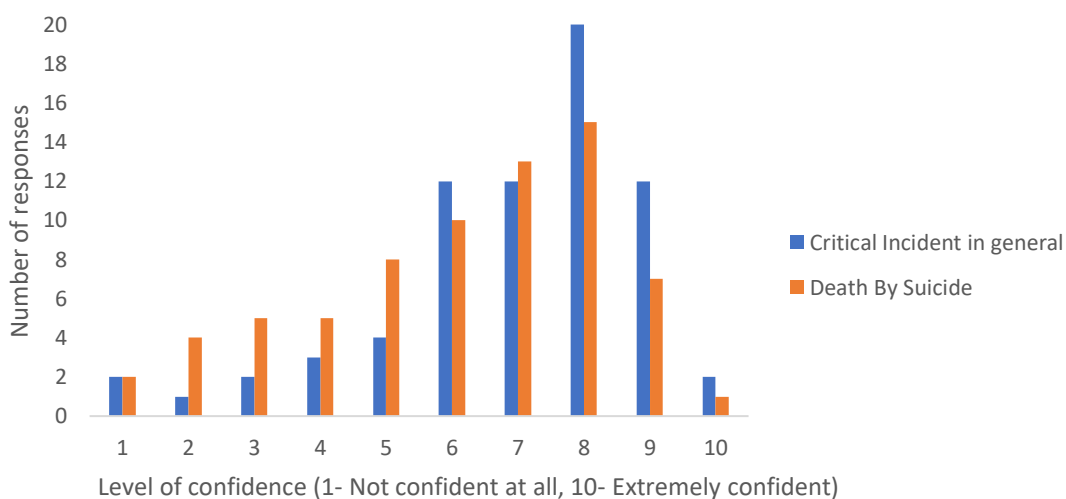
*4.2.1 Summary of Phase 1 findings*

Overall, the findings from Phase 1 show that 83% of participants who took part in this survey had responded to a critical incident and 74% of these had responded to a death by suicide. 70% of EPs responded at a systemic level meaning they work with a few key members of staff to plan a strategic response, whilst 60% of participants reported working with groups and 52% reported providing individual support to key pupils and staff members. The most common form of support offered to schools was face to face consultations, providing support to school staff about the appropriate language to use around suicide, and how to talk about a death of this nature with students. Dealing with the deceased belongings and working with parents, were among the least common forms of support that EPs offered when providing support. On the whole, EPs felt satisfied with the help and guidance their services gave them, as 59% of EPs reported feeling very satisfied and 30% were somewhat satisfied. The most common forms of support EPs received during their response, included co-working with a colleague, receiving an individual debrief and informal support from colleagues. Whereas the least common form of support EPs received was a reduced workload, with only 7% of EPs reporting this.

Furthermore, 79% of EPs felt that their training, knowledge, and preparation were sufficient to respond to this kind of incident, however 21% of EPs felt they were not prepared for this. Lastly, there was only a slight difference in EPs confidence in responding to a critical incident, compared to EPs confidence in responding to a death by suicide, as EPs rated their confidence as 6.9/10 for responding to a critical incident and 6.1/10 for responding to a death by suicide. These findings give an indication of how EPs are currently responding to deaths by suicide, at a national level. However, to obtain a more in-depth understanding of EPs experience of supporting schools and communities in the aftermath of a death by suicide, Phase 2 was conducted, and a GT analysis was carried out.

**4.3 Phase 2**

The second phase of data collection aimed to gain an in depth understanding of EPs experience of responding to a death by suicide within the school community. Interviews were conducted with five EPs who had responded to a death by suicide within the last year. These

interviews ranged in length from 24 to 68 minutes duration. To analyse the data, the data was coded through open coding, the open codes were then developed into axial codes, which were then brought together to produce a core category.

### 4.3.1 The Grounded Theory

'Containment Across and Within the System' was the core category identified through the GT analysis. This theory proposes that Containment is central to the EPs response, by providing it to and receiving it from the system. Throughout the analysis, it became apparent that multiple systems were involved when an EP responded to a school community death by suicide. Firstly, the EP sits within the EPS, within the LA. The staff and pupils affected by the incident are part of the School System. Furthermore, EPs tend to work with other professionals throughout their involvement, who are either part of the LA or external agencies. Lastly, the family of the deceased is a different system to consider within the response. These systems all play a crucial role within the EP response and impact the Containment that EPs give and receive throughout their work.

The open codes and axial codes produced throughout the analysis contributed to the GT of this research and are represented in Figure 17. A bottom-up approach has been used to present the theory with the open codes at the bottom of the pyramid, working up to the axial codes in the middle, followed by the core category at the top.

**Figure 17**

*The core category and related categories adapted from Corbin & Strauss (2015)*



'Containment
Across
and Within the
System'

1. Organising the EP response
2. Emotional impact on EPs
3. EP Workload
4. Duty & responsibility of the EP
5. Multi-agency working
6. Vulnerable people within the system
7. Supporting the school
8. Sharing the news
9. Supporting the pupils
10. Complexities of suicide
11. Impact of the media presence
12. Factors influencing the support
13. Preventative working
14. EPs experience and confidence
15. Support for EPs

Open codes (982 in total)

*Note:* Educational Psychologists has been abbreviated to EP

There were 982 open codes identified through this stage of the GT analysis. The axial codes were then developed through refining, combining and drawing connections between the open codes. This produced a total of 15 axial codes. The axial codes have been arranged in order of how the response would occur. The researcher will now discuss the axial codes in turn.

**4.3.1.1 Organising the EP Response.** The axial code Organising the EP Response emerged throughout the analysis and was identified as the first step after receiving a call that an incident had occurred. The interviewees discussed this in terms of a hierarchy of response. For instance, a few of the interviewees described the Principal EP as overseeing the EP response and the senior EPs as coordinating it.

> "So if an incident came in and it goes to SMT [senior management team], well it goes to our principal first and then she asks either me or the other senior to coordinate."

A senior EP interviewee described this process further:

> "I'd go into kind of like a coordination mode okay… So, what do I need to do? Who needs to speak to... what do we know? I instantly start looking at my diary and my colleague's diaries, so it's very much kind of like, quite a paperwork-y exercise to begin with."

Another senior EP interviewee described the coordination process as:

> "Quite an organisational nightmare."

The initial coordination stage was further explained by another interviewee:

> "A call to the school just to find out what's needed and then we make a decision and sometimes it is just one EP that goes and sometimes it's two, but it also depends on the experience of the EP and on the severity of the event."

They explained that coordinating the response will then determine who and how many EPs will respond:

> "So ideally, we would have three people involved, with two going into school if school wants us to go in, and then someone in the office to debrief. The person debriefing can do things like admin type tasks."

Multiple EPs responding to this type of incident appeared to be part of typical practice as all of the interviewees noted this. This axial code highlighted that a strategic response is usually organised by the PEP and senior EPs.

**4.3.1.2 The Emotional Impact on EPs.** The Emotional Impact on EPs was discussed by all interviewees in relation to responding to a death by suicide. The nature of this type of death, can often be accompanied by graphic details, tragic circumstances and intense emotions, and EPs explained that this type of work does impact them emotionally. EPs discussed the emotional impact in three stages, including before and preparing to respond, during the response and after responding. Another critical factor influencing the EP response,

is what is going on in their own life at that time. Firstly, the interviewees discussed feelings of anxiety and nerves before responding to a death by suicide. One of the EPs emphasised that if you have not responded to a critical incident or death by suicide before, you feel more anxious about it. For example:

> "I have responded but probably any of the rest of the team would be quite anxious about doing it."

> "When you haven't responded to a critical incident, and that can create a bit of anxiety."

However, it seemed that the EPs who have previously responded to an incident of this kind, still feel anxiety and nerves. For instance, a different interviewee explained:

> "I think you're always a bit nervous before you phone up coz you don't know the details, how they're going to be, you don't know what was going to happen next, what level of involvement you're going to have."

Similarly, another EP stated:

> "I still get really nervous, I still feel bit sicky, I feel a bit anxious; it is the unknown it doesn't matter how experienced you are."

The interviewees expressed that each incident can present very different challenges as the response provided for a death by suicide can vary, depending on the schools' need for support. One of the interviewees described this, stating:

> "Every situation you respond to is completely unique, and you just don't really know what you'll need to do."

A few of the interviewees described the difficulty of supporting people experiencing such intense emotions, explaining:

> "Sitting with people's emotions it's just really really hard, really hard to bear."

> "You can feel quite horrific yourself kind of just even listening to someone describe that."

Likewise, an EP described the instant emotional toll it can take, leading them to take on the same emotion:

> "I've definitely cried in schools, quite often I'll cry sometimes it's just being around other people crying, and it's just so sad, and sometimes you connect to it just that second, I just… there's a tear just coming down my cheek, and I don't realise it I'm even crying… I'm crying."

EPs explained that whilst they are in a role and there to support the school, they often become affected by other people's emotions, for example:

> "Kind of feeling the emotion in the room when you're with staff and trying to support them, obviously you know we are humans even if we are psychologists."

These examples detail how EPs are affected emotionally at the time of their response. Moreover, the interviewees also described the aftereffects and longer-term emotional impact of this type of work. For example, the interviewees stated:

> "I mean it did stick with me the way that she died was quite extreme and shocking I guess, and so I guess you're holding that a bit."

> "Of course, it does emotionally affect you because it's the worst thing that could ever happen to a parent."

> "I'll go home, and I'll usually have a good cry because it's that… I think it's that time when you let your guard down."

One of the interviewees became upset thinking back to an incident explaining:

> "It's making me upset now thinking about it."

Another interviewee described how the emotional intensity of this type of work can also physically affect them:

> "The next day I can wake up as if I've run a marathon the night before, I've got headaches, I've got aches in my body, my brain is generally quite fatigued."

This interviewee continued to explain:

> "I don't think people really understand that not only freeing up your diary to do the work, but you do need space in your diary to kind of repair and recover and we don't, I don't think we explicitly have enough evidence in our protocol really for that kind of level of repair."

These segments from the interviews explain that providing this level of containment and support for schools significantly impacts EPs emotionally, which can then leak into their personal lives and affect them physically. Furthermore, the EPs explained that this type of work could be triggering for those who have a personal experience with suicide, recent connection to death or additional stressors in their life. A few of the interviewees described experiences where they realised, they were emotionally unable to engage with this kind of work. For instance, one of the EPs explained:

> "I thought it's not helpful for the school and it's not helpful to me so in that one I did pass it onto someone else."

> "I've turned them down in the past, that one time my grandmother passed away, so I turned them down, times like that."

One of the interviewees was a senior EP, who tends to organise the EP response to a death by suicide and confirmed that EPs are entitled to come off the rota for any personal reasons. She explained:

"Personal circumstances are taken into consideration so you can come off the rota to at any time for any reason it doesn't have to be a bereavement-based thing, it could just be if you're feeling overwhelmed by your work or anything you just come off it."

Overall, this axial code highlights the emotional impact on EPs when preparing to respond, whilst responding and after responding.

**4.3.1.3 EP Workload.** EP Workload arose as a code through the analysis. Firstly, all of the interviewees agreed that critical incident work takes priority over other work already in your dairy. For example, one of the interviewees explained:

"This work does trump everything else."

However, another interviewee explained that there are circumstances where other work such as tribunal would be prioritised:

"Yes, the only thing it doesn't take priority over…. if you had something like a tribunal for example, it would, you would still go to your tribunal and someone else would do it."

The interviewees discussed that colleagues will often try and cover the work that an EP has planned:

"Once where one of my colleagues stepped in and did the training so that me and the senior could do the critical incident it was felt that was better all-round."

Furthermore, cancellation and then rearrangement of work seems to differ among the LAs, one of the interviewees described their LAs arrangement:

"Some authorities have the arrangement across all the schools that if an EP delivers a critical incident response, they then don't have to then to deliver the traded time they would have ordinarily delivered on that day but that's not arrangement we've got in place and I wouldn't be encouraging that."

EPs time for this type of work seems to be either covered in their work allocation or is dealt with at the time, for instance one of the interviewees reported:

"Every EP has got a bit of time in their allocation for responding to emergencies"

Whereas another EP reported:

"If we spend the equivalent to a day on the critical incident, we get something taken off us."

However, whilst these measures are in place, many of the interviewees reported critical incidents as additional work for the following reasons:

"Sometimes actually not spending that much time actually doing it but it's the prep and calling them' and 'then you can't really get stuck into something else coz you're sort of half expecting the phone to ring."

This axial code identifies that this type of work is given priority over the planned work in EP's diaries, however LAs have different arrangements on making up the time. Additionally, the axial code Emotional Impact on EPs discussed the additional time it takes to recover and repair emotionally from this type of work, which is not always considered in the workload.

**4.3.1.4 Duty and Responsibility of an EP.** Despite the emotional impact of responding to this type of incident can have on EPs and the additional work that it can create, it is still considered a key part of the EP role and thus there is an expectation that when an incident such as a death by suicide occurs, EPs will be able to respond. As a result, the axial code Duty and Responsibility of an EP emerged in the analysis. The interviewee's explained:

"As a local authority our aim is that all the EPs within the service are equipped to respond,"

"We also have an expectation in the system, in the protocol, that if it is your school, you'll be ready for this on."

Therefore, all EPs must be prepared to respond to an incident of this kind when it arises. Furthermore, as EPs are a key source of support to schools during this time, it is important they can provide a flexible approach and response, for instance one of the interviewees explained:

> "We know it happens during, you know holidays or weekends, these aren't timed perfectly to fit in with the office hours."

Furthermore, the psychological skill set EPs have positions them as a unique and containing professional to support the situation, offering a different type of support to other professionals who may be involved. For example:

> "You've also got that kind of the containment you know the supervisory skills that come in and the kind of counselling type skills that come in…where you're doing a lot of listening, a lot of containing, a lot of reassuring, erm you're trying to identify you know what's going on."

Other interviewees elaborated on this, stating:

> "So we thought obviously it was the psychoeducation stuff and the active listening stuff so that's kind of what we thought we'd go with"

> "I'm so honoured with how much people do talk to us and share with us and I think they honour our position that we give them that listening space."

One of the EPs explained that working within the LA places them in a unique position as they are not directly part of the school system, however, are usually familiar with the school. For instance:

> "Yeah it is hard, and it can get a little bit overwhelming at times but at the same time I feel that being outside of that situation does make it easier for someone like me to manage those emotions as well."

**4.3.1.5 Multi-Agency Working.** Another axial code that was identified throughout the coding process was Multi-Agency Working. All of the interviewees discussed valuing working with other professionals when responding to a death by suicide. The interviewees mentioned a range of services involved with this type of response, including the police, social services, charities such as Papyrus, Samaritans and Bereavement UK, and Child Adolescent Mental Health Service (CAMHS) safeguarding teams. Multi-agency working before contacting the school was viewed as essential by the interviewees:

"We try and meet as quickly and as succinctly with other services as possible and then we just try and work out what the school needs."

EPs tended to plan their response in accordance with the other agencies who would be involved, being careful not to duplicate work:

"I have found it really useful to sort of have those links, and then we've been able to say right we will do this, and you will do this, and I'm going to make sure that we don't overlap, but we complement each other."

To ensure the EPs continue to information share throughout their response and avoid overlapping in their work, one of the interviewees highlighted the importance of updating a working document detailing the work they had completed each day:

"We fill out another form that kind of says what we've done that day to send to other people who might be going in as well."

Also, the interviewees discussed responding to a death by suicide as a multi-disciplinary pair or team. For example, one of the EPs explained:

"Our protocol was a CAMHS clinician and an educational psychologist to visit the school immediately."

The benefit of this was also described:

"It was really beneficial thing to have a multi-disciplinary team of two going into a school, so you have that kind of richness of somebody who knew the school system and somebody who had that mental health lens as well."

Furthermore, the interviewees highlighted documents and policies that they shared with the school from other professionals. The interviewees showed an awareness of what other services can offer and the support they have available, to ensure a joined-up approach and enable EPs to effectively signpost and make use of and learn from other professionals. Lastly, one of the interviewees described their role as also checking in on the other professionals involved in the case, to see how they are coping with the intensity of the event and emotions surrounding it. This interviewee was aware that the other professionals involved are also providing support to the school community and the family, and therefore reached out to offer Containment to them:

"I called him actually, to ask if he was alright because I was aware that he would be containing the colleagues of the mother, of this youngster as well."

**4.3.1.6 Vulnerable People within the System.** Furthermore, Vulnerable People within the System was another axial code that evolved during the course of analysis. The interviewees discussed that one of the most critical and immediate forms of support provided to the school, is helping them to identify the most vulnerable people within the system. This could include staff and pupils. Firstly, the interviewees discussed staff who they had identified as vulnerable within their response. For example:

"A member of staff who was quite vulnerable and had unfortunately taken some of the calls as well, because she'd lost a brother to suicide relatively recently."

Additionally, an interviewee described staff members who were recently bereaved and thus not in an emotionally secure place to cope with a death by suicide:

"Teachers in the school they were siblings, and their mum also was a TA in the school, but she wasn't currently working at the moment because their dad had recently died of cancer."

Furthermore, staff who have mental health difficulties were identified as more vulnerable to an incident of this kind, for instance:

> "One member of staff had ongoing emotional issues… related to the event…. so then we signposted them on to IAPTS to get some therapeutic help."

EPs will also support the school to identify the most vulnerable students. The interviewees explained that when a student has died by suicide, occasionally, the deceased's sibling is also attending the school:

> "The most likely to be affected, including this boys twin brother…. and obviously his friends in the school and things like that."

Another interviewee explained that before she became involved, the school were already considering ways to support the sibling on their return:

> "I think the school were already thinking about that though, about how to help the sister when she came back."

Moreover, it was identified that having a close connection to the deceased can make a person more vulnerable as an interviewee described a case of a very vulnerable student who was friends with the deceased:

> "As a result of the young person hanging themselves the other young girl took an overdose."

Also, the context in which EPs are working can increase the complexity and the number of vulnerable people within the system, for example, one EP discussed supporting a death by suicide in a boarding school:

> "All the students boarded in houses… obviously normally they might have only known students in their year group but because of the house system it was more vertical so much younger students would have known him as well."

One of the interviewees explained that once they had identified the vulnerable students within the system, they begin to put a safety plan in place:

"we make sure that every young person [identified as vulnerable] has a next step and a member of staff at the who's following them up."

Therefore, the EPs discussed prioritising this as their first form of support, as they suggested this helps to identify where the EP support will be focussed and is most needed.

**4.3.1.7 Supporting the School.** A further axial code that emerged through the course of the analysis was Supporting the School. EPs tend to offer support to the school as soon as they hear about the incident, this was noted by one of the interviewees who stated:

"We go straight into schools within 24 hours of knowing about it."

The EP will work with the school to firstly identify 'Vulnerable People in the System' and then plan the rest of their support. The intensity of the support can vary depending on the schools need and also be adjusted over the coming days, one of the EPs explained this:

"So it was very intense for the first couple days, and then about a week later she [headteacher] asked me a different question, and then I checked in with them again as schools were closing for summer."

All the interviewees described working at a systemic level and liaising with a few key staff members within the school community. The interviews discussed this:

"So our response is always start with the senior leadership team and the headteacher to plan."

"Providing that support for him or her [headteacher] is really important, so they can do the job they need to do, which is to hold school community together and provide that reassurance and clear communication."

Quite often, the EPs will start by providing practical support, this was explained by a couple of the interviewees:

> "It's just about giving them those kinds of practical strategies; you know scripts to use or letters to write."

> "The headteacher drafted letters to go out and then she sent it for us to check."

The EPs in the current study talked about the importance of empowering the staff to feel confident to support the pupils. They discussed a range of ways they do this, from staff drop-in groups, facilitating staff support groups and providing training. One interviewee described how they support the staff in this way:

> "So we give them a lot of encouragement and support to say no no you really are the best person to speak with these young people because you are consistent, you know they trust you; they don't know us from Adam, who are we to them."

The interviewees described providing psychoeducation to staff through modelling the language you should use to describe the incident. For instance:

> "We kind of use it as a tool to teach the adults the phrases, kind of model if you like, modelling how we can talk, you know getting staff to get the confidence to speak about really gammie things and to be able to know what words to use to kind of verbalise that."

Furthermore, EPs may provide psychoeducation around how children may respond to this type of incident:

> "Sometimes it's just about normalising those things and kind of giving them that psychoeducation about grief and what happens, briefing them on you know how children respond to grief."

Another interviewee described the importance of providing reassurance and boosting staff confidence:

> "You're just kind of reassuring them, that I think their confidence… these people feel very unskilled and unsure of what to say, and they don't want to make things worse. But you got to give them the confidence to say look this is its worst it gets so you know just, just chat and just talk."

Also, the interviewees explained that by modelling how to manage one's own emotions, they can support the staff, as the staff are often worried about this when discussing the issue with students:

> "I just take a deep breath have a sip of water, you know it's good modelling I guess, we're humans, this is a really horrible thing that's happened."

Moreover, the EPs discussed the importance of evidence-based practice and following the guidance given in the research. The current recommendation is to not provide therapeutic support straight after an incident of this kind. One of the interviewees discussed this stating:

> "We say it's not counselling because we don't believe that counselling is necessary. In terms of the research, it tells us that when people are in shock in the hearing news that this is not counselling, they need, they just need emotional support to be able to digest."

Therefore, they suggested that when EPs provide space for staff or drop-in's, this is not to provide therapy or counselling.

The interviewees highlighted a difficulty when planning the support, they offer the school. This is when the deceased's parent or family is part of two systems, for example, when they are a staff member in the school. One interviewee explained:

> "An additional factor to consider is when the parent is a member of the school community as well as staff in the school."

Another EP explained a similar situation where the deceased's mother worked alongside the EPS within the LA:

> "It was additionally complicated because his mother was a colleague of mine in the council, and she had a very high-profile position so there were extra sensitivities around it that wouldn't ordinarily have been there that we had to manage as well."

Therefore, the EPs will directly support the school in most cases, EPs must have a flexible approach to provide support even when there is a blurring of boundaries. Additionally, the EPs described the importance of ensuring everyone's expectations are the same to be clear about the EP's work. An interviewee discussed an incident where they held drop-in sessions for staff and, without the EPs knowledge, the parents were invited to come. The interviewee explained:

> "It was just going to be a drop-in session, and then when we got there, the school staff had said 'Oh yeah, the parents are going to be coming in'."

Whilst the EPs were not expecting to provide this type of support to the parents, they allowed the parents to use to the drop-in session to process the news, as they felt it would cause more stress to the parents and school to turn them away. The EP explained feeling unprepared to support the parent, however, knew she could use her psychological skills to support this family:

> "The psychoeducation stuff and the active listening stuff so that's kind of what we thought we'd go with."

Overall, the EPs identified a range of ways they may support a school during an incident of this kind.

**4.3.1.8 Sharing the News.** The axial code Sharing the News refers to how the EP can support the school to communicate the news to the students, parents and community in a safe way. For example, one of the interviewees described how they helped the school to:

> "Work out how they going to tell pupils and staff, how are they going to tell parents."

As previously mentioned within the 'Supporting the School' axial code, EPs may offer practical support by providing letter templates and proofreading the planned correspondence. Furthermore, the interviewees also explained that it is important to understand the families wishes in relation to sharing the news as:

"The family might not want that information out there."

The EP may also support the school to communicate a message with the media about what has happened in order to contain the narrative. This is discussed in more detail in the 'Impact of the media' axial code. Moreover, the EPs explained that ensuring that the news of this type of death is shared in a safe and appropriate way, will help minimise negative impact and contain the response.

**4.3.1.9 Supporting the Pupils.** A further axial code that evolved through the coding process was that of Supporting Pupils. The support offered to pupils varies considerably depending on the incident, as each incident is treated as unique. As aforementioned, much of the work EPs offer is systemic, working with the key members of staff and enabling them to support the rest of the school. This is considered both a more equitable way to ensure lots of students benefit from the support and empower the staff who know the students best. However, the interviewees did mention that on occasion, EPs will provide direct support to pupils:

"So yeah, and I thinking that, we do try to avoid it, but we do end up doing quite a lot of one-to-one work in secondary schools."

One of the interviewees discussed how she provided psychoeducation for pupils following this type of incident:

"I ended up doing- with another EP in the service- some psychoeducation for the students, a session that was optional that students could come to, and we had just a presentation."

This presentation was to help students understand the emotions they might experience after a traumatic incident such as a death by suicide and then normalising these, including signposting in case they wanted further support. Likewise, another EP discussed signposting pupils to other services:

> "We highlighted that Papyrus had got their 'hope line' that people could call if they wanted to."

According to the EPs it is essential to know and be aware of the various services available. Furthermore, one of the interviewees described the support her colleague offered during a separate death by suicide incident:

> "The child that died was in sixth form, so she'd met a group of six formers."

Therefore, if the EP feels that the peer group or a particular group of students would benefit from direct EP support, they may offer this work.

If EPs offer direct support to pupils, they will ask the pupil to name a staff member to share what the pupil said. One of the interviewees explained the reason for this:

> "We always ask the young person for member of staff that we can feedback to and they know that whatever they say will be shared back to the staff member they agreed to."

This aligns with the safety plans previously discussed within the 'Vulnerable People within the System' axial code and ensures the CYP has someone to check in on them, as EPs are not stationed within the school, and their work can be short term.

**4.3.1.10 Complexities of Suicide**. Another prominent area of discussion that arose within the analysis was the Complexities of Suicide. The EPs discussed how this type of critical incident has complexities due to the risk of contagion, the long-standing societal stigma around death by suicide, the complexity of the death and the associated emotions that people experience. This can make it an incredibly intense and complex event to respond to sensitively. Firstly, interviewees discussed how death by suicide can trigger suicidal

idealisations and thoughts in others, leading to suicide contagion. Therefore, whilst the EP responds reactively to the death by suicide, they are also providing preventative work to ensure other, vulnerable members of the school community are protected from the risk of suicide contagion. One of the interviewees discussed ways to manage this risk:

> "We know that's one of the things around risks of contagion and things like that. It is not a good idea to talk about the method."

Therefore, the EPs express talking about suicide and the facts, and not encouraging talking about how it happened. Furthermore, additional professionals who may not be generally involved in critical incidents, may become involved in a death by suicide because of the additional complexity of this type of death leading to contagion risk. For example, one of the interviewees describes how suicide is the only critical incident CAMHS will provide instant support for:

> "I think the death by suicide is a different realm and they said they will always get involved more because of the ramifications of their other clients."

This includes a range of services, which may become involved as a result of this risk:

> "The transport of London was also on high alert because of other potential risks of children following him in with the same method of suicide."

This illustrates that a death by suicide has additional complexities and complications to other critical incidents. Additionally, all of the interviewees highlighted the difficulty in finding the right balance between celebrating the young person's life and not glamorising the cause of death. Overall, a death by suicide can be seen as more complex than other critical incidents, and so the level of containment EPs are required to provide the school community increases.

Additionally, the interviewees discussed that historically suicide was considered an illegal act. This led to stigma, individuals at risk not seeking support and the language used to describe the incident. The interviewees highlighted that despite the shift in the language used around suicide, previous terms such as 'committed suicide' are continued to be used. For example, one of the interviewees explained:

"Even though you know, it's no longer illegal, the word committed is still used, which drives me insane. Because you know you watched the news and almost every time it's committed."

Language can influence the way an individual processes and makes sense of an event, therefore it is important EPs support the schools and community to use the correct language when 'Sharing the news' and discussing the incident.  The interviewees described how the stigma of suicide can lead to an insensitivity around the cause of the death. One of the interviewees stated:

"I think some people are quite insensitive still about suicide and can be quite blaming."

The EPs suggested that a death by suicide can lead to more intense emotions and opinions than other critical incidents, meaning a high level of Containment is needed. Both the language and stigma around suicide can lead people to fear talking about it and knowing how to address the topic. For example:

"I always talk about it like the Voldemort effect… sometimes you got certain words like people just do not want to use."

One of the interviewees described the fear that school staff and much of society have in saying the word suicide:

"People think, if I say the word suicide or I'm going to ask someone are you thinking of suicide or are you suicidal, it's going to make them do it. So generally, I'm all for like busting that myth of stigma, and say no no no we must use these words."

 The EPs highlighted the importance of their role in modelling the correct language to use around suicide and giving staff the support and encouragement to talk about suicide safely.

**4.3.1.11 Impact of the Media.** Following on from this, the axial code Impact of the Media emerged from the analysis. The interviewees discussed how the media is an additional

system to consider when responding to a death by suicide. Firstly, as previously mentioned, the media can influence the language used around the death. One of the interviewees explained this, stating:

"Even in the wider media, you see the word committed and quite insensitive language."

This can mean that if people are reading the news and following the media reports they are likely to use the same language, automatically giving the death negative connotations and stigma. Moreover, the media often report on this type of death quite quickly. This can lead to students and families finding out before the school have managed to share the news with them, in turn influencing the narrative of the death. An interviewee explained:

"So for some of them the media can play a big part in influencing what the reactions been, what rumours are going around."

Liaising with the media was recognised as being part of the EP response by one of the interviewees. For example:

"Thinking about communicating information to key groups, media potentially - especially in a suicide type case the media is obviously always interested."

The EP communicating with or supporting the school to communicate with the media may help control the narrative around the death.  However, this is not always possible, especially in relation to social media where individuals are sharing their knowledge of the situation, for example:

"But then obviously in communities the word often spreads quicker than not… particularly on social media… so quite often students coming to school and they understand the circumstances around the young person's death."

**4.3.1.12 Factors Influencing Support.** Moreover, the axial code Factors Influencing Support emerged throughout the analysis, as a range of things can influence the support the EPs provide. Most of the interviewees described providing an in-person response and

attending the school when this type of incident occurs, however the context in which the incident happens can sometimes impact this. One of the interviewees described this in relation to an incident happening at the end of term which made it less practical to go into school:

> "It was about 2:00 o'clock in the afternoon on their last day of term so I think if it had been like in term time or not so late in the day, they probably would have been more inclined to have us physically go in."

Another interviewee referenced the context of Covid-19, which has led to more remote working:

> "Covid pandemic and the increased use of Skype and teams and so on, you know probably more work could be done remotely in the future."

Therefore, whilst typically EPs are expected to attend the school during their response, various factors can influence this. Furthermore, the type and level of support EPs provide is often influenced by how the school are coping with the incident. One of the interviewees described this stating:

> "Just because there is death by suicide it doesn't automatically mean they might want support from us, we don't measure our support by the nature of the incident is about the impact that it has on the school and for some schools that are unfortunately quite experienced in that or they may have a head teacher who's had it before at different school, if they feel quite equipped to manage and respond with the structures that they got in their school, then they might not need as much support from us."

Additionally, another EP explained a situation where this occurred:

> "We have had a death by suicide where the school hasn't asked for support and when we've enquired and checked in with them that kind of got everything in place."

These examples highlight that it is not the incident that determines the support EPs provide, rather it is assessing what the school needs.

**4.3.1.13 Preventative Working.** Another axial code developed throughout the coding process was that of Preventative Working. This type of work is completed almost straight away, once identifying 'Vulnerable people within the System' who may be at risk of suicide contagion. All of the interviewees made reference to their service policies and protocols in relation to critical incidents and death by suicide. These usually include a section on supporting schools to prepare for an incident of this kind. One of the interviewees discussed a section of her services protocol which is shared with schools to promote emotional wellbeing:

> "So the green section was all preventative, so how have emotionally healthy school throughout to the policy, issues around anti bullying policy, we have various policies around health and well-being and promoting relationships, all those kinds of things."

Promoting emotional wellbeing within schools is considered a way of preventing suicide due to the association between mental health and suicide. Additionally, one of the interviewee's EPS bereavement policy encourages schools to talk about death and loss within curriculum, so that students understand what it means and feel comfortable talking about a death when it occurs:

> "You know looking at bereavement and loss in their curriculums, looking at the language of bereavement and loss and death, there's so many opportunities in a school day to talk about those kinds of things. To encourage their staff to have those conversations."

Whilst the preventative policies are in place across most EPS and LAs, some of the interviewees discussed how schools often only access this information at times of crisis, for example:

> "It wasn't written as a critical incident manual but that's what it became."

> "They'd said that mostly none of them had read it until there was an incident."

One way that an EPS overcame this difficulty was by providing training to schools on the preventative measures and preparation that schools can make in case of an incident:

"Training with them around you know what an incident might look like, you know getting their team together and once they've named who that could include in their school, actually doing some dummy runs with the school so you know actually going through a scenario and getting together."

**4.3.1.14 EPs Experience and Confidence**. Providing the response to a critical incident, as described above, has an impact on EP's experience and confidence. Interviewees discussed how they feel about responding to an incident of this kind and their confidence in relation to this, as a result EPs Experience and Confidence emerged as an additional axial code throughout the analysis. The EPs described feeling more confident responding the second or third time around, for example:

"So when I then got this incident that was very similar, I felt much more confident because I had that experience. I think if you've got it cold and I've never had a suicide based critical incident before, I'd have probably been quite anxious."

This interviewee described her previous experiences of responding as having helped develop her confidence and reduce anxiety.

Similarly, another interviewee recalled an incident where an EP with little experience in responding to critical incidents volunteered to respond to a death by suicide. She explained:

"One other quite inexperienced EP offered to do it, but she was really quite anxious."

It appears that EPs confidence in responding to this type of incident is developed through hands-on responding. This was illustrated by several of the interviewees:

'So, when I then got this incident that was very similar, I felt much more confident because I had that experience.'

"The best training you'll get is actually going and doing it and living and breathing it."

Furthermore, the interviewees explained that the number of years qualified does not directly correlate to the number of critical incidents they have responded to, and some experienced EPs are not experienced in critical incidents:

> "You know there's the odd senior who's never responded to a critical response… I know they kind of get worried about it because they're feeling they should be able to guide and support the team through it, but they've never responded to one themselves."

> "Because I've got very very experienced EP who have been EPs for 15 years and had no experience of responding to a critical incident and she would feel anxious about it."

Overall, the interviewees agreed that EPs would probably continue to feel anxious about responding until they have responded, despite the number of years they had been qualified as an EP.

There are multiple reasons that EPs may never respond to a critical incident of this kind, namely because they are less common than other pieces of work EPs are involved in, but also because some EPs don't have as much interest in the area and thus may not seek out the opportunity to respond. This was explained by the interviewees:

> "I think some people you know is not their kettle of fish really and that's fine"

> "There are still EPs that I think would shy away from it more than others."

On the other hand, the EPs who are interested seem to seek opportunities to develop their skills, training, and experience to respond to this type of incident. All of the interviewees referred to special interest groups within their service, for example:

> "Initially we had a team of EPs that particularly wanted to develop their skills in this area, and we have got EPs that have got special interest in particular this area for example."

These EPs who have expressed interest will then generally go on the training courses to develop their knowledge in this area:

> "Because I've been interested in it, when the training has come up, I've tended to go on it and I have fed it back to the team."

As this interviewee highlights, it is usually one EP to attend training and then feedback to the team. However, the interviewees also valued the Continued Professional Development (CPD) courses on suicide during their own doctoral or masters training to become an EP. They recognised this as developing and increasing their confidence:

> "In your second year, a 3-part course by Storm…. it was really helpful training, so that gave me more confidence as well."

Overall, experience and CPD were thought to develop EP's confidence and ease some anxiety, these were considered a form of Containment for EPs.

**4.3.1.15 Support for EPs.** To provide the response that was detailed in the above-mentioned axial codes, there must be Support for EPs. This axial code explains the containment and support that is needed for EPs. As previously mentioned, responding to an incident of this kind can have an 'Emotional impact on EPs', which is why there is usually support in place for EPs to access. All of the EPs talked about the support they received from their service, including individual supervision, peer supervision, journal clubs, group reflection and informal support from colleagues. This support was offered before, during and after responding to this type of incident.  For example, one EP discussed attending regular journal clubs to develop an up to date understanding of the literature within this area; she described it as a support form. This knowledge supported her ability to respond to a death by suicide and in turn feel more contained.

Furthermore, the interviewed EPs detailed a range of purposes of the support and supervision they receive during their response. For example, one of the EPs discussed the support as a form of validation about how they feel and the work they have completed, for instance:

"Having someone else go, wow that sounds hard, or oh that sounds like you've done that really well."

On the other hand, another interviewee explained that supervision after an event helped to process what had happened:

"That's so awful… I've got that stuck in my head now… I need to process that by telling someone or speaking to someone."

Furthermore, the EPs referred to the support as an emotional check-in such as:

"My supervisor would always check in with me after, just to make sure it was okay' and 'just the thought of knowing that the additional supervision or just I don't know… offloading is there.'

The EPs, therefore, used the supervision and support provided to them, for different purposes. Additionally, four out of five of the interviewees talked about the benefit of debriefing and talking to the EP that they responded to the incident with. For example, the interviewees shared:

"We always have like a little sit in the car afterwards, or we might go for a coffee somewhere, or we might go and have a walk in the park."

"I think it's always helpful to talk about it with the person who was there because they have that experience, and they might have noticed things that you didn't notice, or they'll remember the things that you talk about, so I think that's been really helpful."

Additionally, one of the EPs mentioned receiving support from the LA bereavement response group. This group was set up for all professionals within the LA, responding to a bereavement. The EP explained:

"Within the local authority there's a bereavement group that one of the safeguarding, quite senior safeguarding person, set up this bereavement group because he's been

aware of how many different parts of the council are involved in deaths in various ways."

### 4.3.2 Summary of Phase 2 Findings

A range of axial codes have been identified, which have helped inform the overall GT. These included:

- Organising the EP Response
- Emotional Impact on EPs
- Duty & Responsibility of the EP
- EP Workload
- Multi-agency Working
- Vulnerable People within the System
- Supporting the School
- Supporting the Pupils
- EP's Experience and Confidence
- Sharing the News
- Complexities of Suicide
- Impact of the Media Presence
- Factors Influencing the Support
- Preventative Working
- Support for EPs

These codes emerged from the data collected from the interviewees, as they described their experience in responding to an incident of this kind. The EPs detailed the support that they provide to schools, and the support that they require to complete this type of work. When investigating how EPs respond to these types of incidents, Containment was pertinent throughout all of the axial codes. Firstly, the EPs described providing Containment to the school community through the forms of support they offer (for example, through staff/pupil psychoeducation, help with planning and communications and drop-in sessions, managing risk of contagion) and helping the school to process the intensity of the situation. The EPs also described their work with additional systems such as multi-agency working with other

professionals (including information sharing and signposting to their services) and occasionally working with the family. Lastly, the EPs explained the Containment they require from their service to be able to provide an emotionally sensitive response to this type of incident and recover from the work; they receive this through preparation and training prior to their response, informal and formal supervision support during and after their response. This highlighted 'Containment Across and Within the System,' as an essential component of the EP response to a death by suicide.

## 4.4 Summary of Main Research Findings

Overall, the researcher has investigated how EPs respond to a death by suicide within the school community and their experience of this, using a national survey and individual interviews. The two phases will now be discussed together, to integrate the findings for a richer understanding.

In line with the Phase 1 findings, Phase 2 identified that EPs generally provide a systemic response by working with the SLT within the school. This is usually in relation to planning the type of support the school feels they need and identifying the vulnerable people within the system. After this, EPs may provide support to other staff members to empower them to feel able to support the pupils. For those pupils who are particularly vulnerable the EP may complete direct work with them. Whilst Phase 1 found that EPs rarely provide support to parents of the deceased, Phase 2 identified complexities around cases where the parent of the deceased pupil had been part of both the home and school system, which can lead to more direct work with the deceased's parents. However, Phase 2 identified the importance of contracting EP work to ensure everyone has the same expectations that EPs generally offer a school-based response.

Furthermore, Phase 1 determined that the most common form of support EPs offer during this response is face to face consultations and supporting the school with the language to describe the incident. Phase 2 elaborated on this, firstly discussing the current context on Covid-19, which has led to more remote working. Secondly, EPs find that people generally fear talking about suicide and thus EPs will support the school community with this through letter templates, staff drop-ins, psychoeducation, support groups and modelling the appropriate

language. Moreover, in Phase 2 one of the axial codes identified the complexities of responding to a death by suicide including suicide contagion, the language to use around suicide and the stigma still attached to it, which may help explain why the findings in Phase 1 showed that EPs felt slightly more confident to respond to a critical incident in general, compared to a death by suicide. Phase 1 identified that EPs are satisfied with the support they are offered from their service, which typically includes co-working with another colleague and receiving an individual debrief post response. Phase 2 built upon this, identifying additional forms of support such as multi-professional LA wide debriefs and informal support from colleagues. The EPs identified a range of purposes of the support they receive including emotional Containment, validation of the work completed and a way to digest and process the complexity of the work.

## 4.5 Chapter Overview

This chapter discussed the findings from the data that was obtained in both Phase 1 and Phase 2. The Phase 1 data was described using frequencies and percentages and presented visually in graphs. Phase 2 described the axial code and core category found from the GT. Moreover, a summary of the findings was given.

## 5. Discussion

### 5.1 Introduction

This chapter provides a commentary on the current study's findings in relation to the research questions, relevant theory and literature review. The strengths and limitations of the present study are discussed, implications for EP practice are suggested, and recommendations for future research. Lastly, a plan for disseminating this research is explained before an overall conclusion is given.

### 5.2 Statement of Findings

The purpose of this study was to explore how EPs respond to a school community death by suicide, their experience of this, and to develop a theory explaining EPs current practice. The findings provide an overview of current practice across the UK and EPs experience of responding to this type of incident.

### 5.3 Integrating Findings from Research Question 1 and Research Question 2

*Commentary on Research Question 1*

*Research Question 1: How do EPs in the UK support school staff when a member of the school community dies by suicide?*

The findings from phase 1 and phase 2 of the study have helped identify how EP's support school staff when a member of the school community dies by suicide. The findings indicate that EPs within the UK are increasingly responding to this type of incident, and they provide a range of support to schools, at a systemic, group and individual level. At a systemic level, EP's reported working with a few key members of staff to plan a strategic response. This may include identifying vulnerable people within the system and planning the support that will be needed. Additionally, EPs may help the school to think about how to share the news of the death through practical supports such as letter templates and through upskilling staff on the language to use to describe the suicide. This was identified as a specific complexity of responding to a suicide. Systemic working was considered an equitable and effective way to

support the school, as it provides containment to a few key members of staff, to help them feel empowered to support the rest of staff and pupils. However, it was also recognised that group and individual work is sometimes necessary. This may include drop-in sessions for staff and pupils, providing psychoeducation around suicide and grieving, and direct case work.

During their response, the EPs reported working with multiple systems and professionals, the EPs recognised the importance of making these links with the professionals before an incident happens, to ensure a joined up and collaborative approach can be provided. The EPs also acknowledged the importance of understanding the other professionals' roles, to reduce duplication of work and having the knowledge to signpost vulnerable people to relevant services. Overall, the support that the EPs provide, is working to Contain the school community.

### *Commentary on Research Question 2*

*Research Question 2: What is EP's experience of responding to a death by suicide within the school community?*

The findings from phase 1 and phase 2 have helped shed light on EP's experience of responding to a death by suicide within the school community. On average, EPs rated their confidence in responding to this type of incident as 6.1/10 which indicates there is more training and preparation needed for EPs to feel more confident in this type of work. In comparison, on average EPs rated their confidence in responding to a general critical incident as 6.9/10. Furthermore, the EPs explained that the more practice in responding to this type of incident, the more confident you become. In relation to the support EPs receive from their service, most EPs reported they were very satisfied or somewhat satisfied with this. The findings identified co-working with a colleague, receiving informal support from colleagues and having a formal debrief as key forms of support that they are offered. The EPs described the function of this additional support as having multiple purposes including validating their approach to the work, supporting them emotionally and a chance to process what has happened. Receiving this additional support was considered key by the participants as this type of work can impact EPs both emotionally and physically. For example, EP's discussed

feeling anxious before responding and fatigued and achy after responding. The participants experience in relation to their workload following a response of this kind, varied. Some participants received a reduced workload and others were expected to catch up on their work they had missed as a result of responding as their allocation already included critical incident response.

Overall, EP's experience of responding to a death by suicide within the school community, highlighted the importance of receiving Containment from their own EPS to be able to manage the intensity of the situation and be able to provide the Containment that the school needs. Containment is, therefore, a nested and continuous function, whereby the EPS provide Containment to the EP, the EP offers it to the school staff, and the school staff can provide it to the pupils.

**5.4 Findings in Relation to Theory and Literature**

*5.4.1 Theory of Containment and Link to the Core Category*

The qualitative data collected in this study highlighted EP's experience of responding to an incident of this kind. 15 axial codes emerged from the analysis leading to the core category 'Containment Across and Within the System.' The current study found that EPs experience of responding to this type of incident is centred around providing Containment and support to the school system, the professionals they are working with and possibly the deceased's family. They then also receive Containment from their own system, the EPS. In order to provide an adequate response, the findings show that Containment must be provided and received in both directions.

Bion (1961) developed the theory of Containment. Containment was considered a process by which a child expresses an uncomfortable or distressing emotion; the child's mother then receives and understands the child's emotional communication without being overwhelmed by it. The mother then processes this emotion for the child, communicating understanding and recognition back to them. Bion (1961) postulated that a mother provides a child with emotional security to restores the child's ability to manage feelings of anxiety, consequently enabling them to cope and process difficult emotions. Early and ongoing experiences of

Containment empowers a child to build the capacity to manage their difficult experiences later on in life. If an individual's experience of Containment is inadequate or significantly interrupted, this can negatively impact an individual's cognitive and emotional development. Bion (1985) furthered this theory by including Container and Contained, identifying that for the mother to provide Containment towards the child, she must also feel emotional security.

The theory of Container and Contained has been applied to other dyadic relationships such as the therapist and client. The therapist works to provide a containing environment where the client can express painful emotions or experiences, to process and make sense of them. In turn, the therapist requires their own containment which they may seek through supervision and peer support. This will ensure they have capacity to provide the level of Containment the client needs. This is similar to the support identified in the current study, as EP's work to provide Containment for the school community and also require their own Containment. For example, the EP will enter the school system and work to contain the painful, confusing and distressing emotions that the school staff may be experiencing, by offering a range of organisational, practical and emotional support. The EP, as the container, will be contained through a strategic and managed organisational response, receiving training and preparation in advance, and any other support offered from the EPS.

The idea of Containment has some presence throughout the literature on critical incidents (Beeke, 2011); however, the overall conclusions of the available research has not identified Containment as the central component, unlike the current study. The way in which EPs provide and receive Containment is specified throughout the axial codes.

### 5.4.2 Links to Literature

A key finding from the quantitative data collected in Phase 1, highlighted that most participants (83%) had responded to a critical incident, and 74% of these participants had responded to a death by suicide. Just under half (43%) of these had occurred within the last year. This highlights that this is a prevalent issue within school communities and currently a key part of the EP role. Furthermore, the current study found that only 35% of participants were part of an established crisis team, meaning that 65% of participants who were responding to death by suicides and were not part of a crisis team within their service. This

number was significantly lower than other studies, as 75% of SPs in Debski et al. (2007) study and 70% of SPs in O'Neill et al. (2019) study were part of a crisis team. This may be a more common practice for SPs working in the USA, where those studies were carried out.

The current study found that most EPs (70%) worked systemically when providing support to the school community during a death by suicide. However, 60% of EPs still engaged in group work and 52% were involved in individual work. When asked specifically what this work looked like, the EPs reported face-to-face consultations (78%), supporting schools with the language to use around suicide (67%), sharing resources and activities for the school to utilise (63%), supporting the school to share the news (63%) and providing drop-in sessions for staff (61%). This type of support was similarly reported in the current literature base with SPs, alongside providing information to schools on referring students to other services and completing risk assessments (Nickerson & Zhe, 2004; Brown et al., 2917; Erps et al., 2019).

The current study also identified one of the less frequent forms of support that EPs offered during their response, which was providing support to the deceased's family, with only 9% of EPs reporting they did this. Other available literature has found that SPs offer some support to families; however, this is provided to all the families of the pupils affected by this incident, rather than the deceased family. Nickerson & Zhe (2004) found that the participants in their study supported these families by referring them to mental health services, providing general information about the crises and helping them secure resources. They noted that it was less common to hold support groups or provide debriefing for the families.

EPs within the current study identified co-working with another EP (65%), receiving an individual debrief (46%) and having informal support from colleagues (43%) as the critical forms of support they receive during their response to a death by suicide. This aligns with the current literature on critical incidents, as Beeke (2011) identified 'co-working as a form of supervision' for EPs responding to a critical incident, as the most common form of support offered. Additionally, 'supervision available on request' was also highlighted as a form of support that EPs had the option of requesting, if they felt they needed it. The participants from Beeke's (2011) study thought that this was rarely taken up unless you were significantly affected by the incident.

Correspondingly, the current study found that most participants (79%) felt they had sufficient training, knowledge and preparation to respond to a death by suicide. Similar results were found in Debski et al. (2007) study, where 60% of SPs reported feeling somewhat prepared and 29% reported feeling well prepared to respond to an incident of this kind. Furthermore, in the current study there was only a small difference in the average scores between EP's confidence in responding to critical incidents in general or responding to a death by suicide in the current study, as critical incidents were averaged at 6.9/10 and suicide was averaged at 6.1/10. Ideally, EPs want to feel fully prepared and confident responding to this type of incident. Suldo et al. (2010) found that SP's knowledge and confidence improved reliably following professional development training, and this increase was sustained over time. Therefore, while the current study found EP's knowledge and confidence in suicide was reasonable at an average of 6.1/10, there is still room to improve this score, and Suldo et al. (2010) study outlines an effective CPD programme that could be implemented to do this.

The axial codes that identified how EPs provide Containment to the school community were 'Multi-Agency Working,' 'Identifying Vulnerable People in the System,' 'Supporting the School,' 'Supporting the Pupils', 'Complexities of Suicide,' 'Impact of the Media,' 'Factors Influencing the Support,' 'Sharing the news' and 'Preventative Working.'

Firstly, the current study found that multi-agency working is a crucial part of the response to a suicide. EPs will usually try and meet with the other professionals responding to the incident, to share information and plan a strategic response. This is an attempt to reduce duplication of work and professionals asking the same questions of the school. The interviewees also discussed the importance of understanding other professionals' roles and linking up with them before an event occurs, to ensure good communication is already in place. This acts as Containment for the school, as they feel they have a robust and joined-up network of professionals supporting them. The available literature also found multi-agency working as key to responding to this type of incident (Rees & Seaton, 2011) and identified possible benefits of this, including additional skills and increased capacity (Hindley, 2015). This highlights that a range of skills and attributes are gained from various professionals responding to this type of incident.  This also corresponds well with the SEN Code of Practice (Department of Education & Department of Health and Social Care, 2015) that guides EP work and emphasises the importance of a multi-agency approach.

When there are multiple professionals involved, defining the EP role within this response becomes key. EPs within the current study addressed this by discussing their duty and responsibility as EPs. The interviewees explained that the psychological skill set that EPs have, positions them as a unique and containing professional to support this type of incident. Furthermore, they reported that their ongoing relationships with schools mean they can offer familiarity and distance, which helps meet the school's needs and contain their own emotions. This aligns well with McCaffrey's (2004) findings that suggest that EPs are well placed to offer support during a critical incident, due to their existing relationship with school staff and understanding of the school system.

Identifying vulnerable people within the system was another key finding in the current study. This was recognised as one of the first forms of support the EP provides to the school. The interviewees in the present study discussed the importance of this step, as it helps to plan what support is needed and for who. Additionally, as there is a risk of suicide contagion with any suicide, identifying the vulnerable people in the system is crucial for a safety plan and risk assessment to be completed for these individuals. These findings correspond with the current research that identifies SPs as key professionals in carrying out suicide risk assessments (Brown et al., 2017; Erps et al., 2019; Debski et al., 2007). However, on the contrary, literature has also identified SPs lack of training in suicide risk assessment (Debski et al., 2007). This suggests that while this is common practice among EPs and SPs responding to this type of incident, more training is required for them to effectively complete this type of work and feel confident doing so.

The current study found that most EPs will support the school in sharing the news of the death and incident that has occurred. The EPs described several ways they provide this support to schools, including sharing template letters with the school Special Educational Needs Coordinator (SENCo) or headteacher and proof-reading the amended letters or scripts before the school utilises them. The EPs also discussed supporting the school to choose the language they use around the death and the information they provide. This can be considered a necessary form of Containment that the EP offers, as how pupils, staff members and parents find out about the incident can impact the overall response. These findings are consistent with the Hobfoll et al. (2007) research into post-disaster response, which highlights the importance of good communication of the news, which will, in turn, promote a sense of efficacy and provide a sense of safety for the community. Furthermore, Raphael (1986)

emphasises that during a critical incident, individuals must be given the information to understand what is happening, to eliminate feelings of helplessness and uncertainty.

Moreover, interviewees in the current study discussed the range of work they carry out with both the school staff and the pupils. In line with the findings in Phase 1, the interviewees reported that they try to work more systemically with critical members of the SLT, to support their planning, work to contain their emotions and empower them to feel able to support the pupils. Several studies investigating EPs work in critical incident response have found similar results, concluding that EPs aim to provide a systemic approach (Houghton, 1996; Greenway, 2005). However, at times it is appropriate to complete direct work with staff and pupils. EPs' type of work may include psychoeducation around suicide and the grieving process, staff drop-in sessions, pupil drop-in sessions, and direct casework. This suggests that providing Containment to critical staff members is a more equitable use of EP time. It allows the structures within the school to remain strong and continue to Contain the school community.

The complexities of suicide emerged as an axial code within the current study. The interviewees discussed issues that can arise that are particularly pertinent to suicide cases. For example, the risk of suicide contagion, the language to use when talking about suicide and the stigma attached to this type of death. All of these complexities can make responding to this type of incident more challenging and, as a result, require a higher level of Containment. EPs within the current study discussed encouraging the school communities not to shy away from talking about suicide, refer to the facts and avoid discussing methods. Especially as teachers and parents rarely explain suicide to children, meaning their understanding of this tends to come from overhearing conversations and watching television, leading to a poor understanding of suicide (Marisha, 2003). Furthermore, due to the risk of suicide contagion, additional professionals may become involved with this type of incident. Thus, EPs must continue to provide a joined-up approach to the school and be aware of who might be involved (Department of Education & Department of Health and Social Care, 2015).

The risk of suicide contagion in these types of incidents has also led to preventative working. Therefore, when EPs react and respond to this type of incident, they are also working to prevent any further deaths. This is mainly carried out by identifying vulnerable students and ensuring this type of death is not glamorised. Also, the current study found that the EPS critical incident protocols and policies usually have information for schools on working to

have an emotionally healthy school and detailed ways to support their staff and student's mental health. Given the strong link between suicide and mental health difficulties (San Too et al., 2019), the current study's EPs consider this a good way of supporting schools to help prevent suicide. However, a challenge found by the interviewees was that schools rarely refer to the protocol or implement these strategies before a crisis happens, and so whilst the protocol has a preventative section, it is usually only used reactively.

Furthermore, the interviewees discussed the importance of schools integrating conversations around death and suicide within the curriculum, to enhance students understanding of this, as well as opportunities for students to ask questions and be signposted. Preventative working was a prominent theme within the available literature; however, the type of preventative work differed from the current research. For example, Eckert et al. (2003) found that specific suicide prevention programmes were considered acceptable by SPs within their study; these included staff in-service training and curriculum-based programmes for students. The preventative ways of working identified in the literature directly target suicide, rather than the indirect forms of prevention outlined in the current study. Therefore, it would be beneficial for the EPs within the UK to consider rolling out these programmes.

All of the interviewees recognised the impact of the media during their response. Typically, the media will report on an incident such as a death by suicide; however, their 'framing' of it can often lead to inspire 'moral panic' (Luce, 2010). It was thought that when this is not managed well, it can lead to hysteria and rumours around the death. Some of the interviewees discussed their role in liaising with the media or supporting the school to. However, this was not a consistent finding between all interviewees, highlighting that this is not yet an established part of the EP response. The interviewees also highlighted that social media is an additional worry and concern to now consider, as young people may hear about the death through these platforms before the school are able to explain what has happened. Social media is becoming increasingly popular with young people, meaning this will continue to become a more salient issue when responding to this type of incident. O'Neill et al. (2019) found that only 3.6% of participants rated themselves as very knowledgeable in terms of monitoring social media after a suicide occurs. This highlights the need for more up to date training and guidance on the EP role with the media, particularly as Luce (2010) identified the considerable role the media has in creating a narrative around death.

Additionally, the current study found that there can be various contextual factors that influence the EP response to this type of work. Firstly, the time and date in relation to the school term, can impact the EP going face-to-face or providing specific direct work. For example, if an incident happened on the last day of term or outside of term time, the EP may provide virtual support, as there is no one in the school to visit. Similarly, the context of Covid-19 has led to more virtual ways of working. It is possible that EPs may continue to work virtually in the future and offer a more 'hybrid' model of delivery, meaning practice may change in the future. Furthermore, the interviewees in the current study explained that the support EPs provide is determined by how the school are managing or coping with the incident, not the incident itself. Therefore, the response and level of Containment the EP provides, is driven by the school's needs. This aligns with Beeke's (2011) definition of a critical incident, which refers to the schools' coping mechanisms.

The Containment that EPs require, in line with the Contain the Container theory (Bion, 1985), was identified through the following axial codes: 'Emotional Impact on EPs,' 'EPs workload,' 'Duty of the EP' 'Organisation of response' 'EPs experience and confidence' and 'Support for EPs.' The current study found that this type of work has an immediate emotional impact on the EP when preparing to respond, during their response and after their response.

To cope with the intensity of the situation, the EP requires support and Containment from their service. This is provided in a variety of ways, starting with the EPS organising the response. This means that the EP who is chosen to respond to the incident, has been selected due to their relationship to the school or emotional/practical availability. A form of Containment is provided by having a senior EP or PEP organise the response and provide instruction on who will respond and when, as this minimises an additional task for the responding EP and conveys a feeling of being 'held' (Winnicot, 1960).

Furthermore, the current study found that EP's confidence grew as their experience increased in this type of work. Therefore, providing EPs with the opportunity to respond to a suicide will, in turn, support their confidence and feelings of Containment in the future. Other research identified CPD programmes, formal training and number of years qualified as increasing SP's confidence in this type of work (Suldo et al., 2010; O'Neill et al., 2019). The current study identified a range of additional support that EPs are given when responding to this type of incident. Firstly, ensuring EPs have up to date knowledge and training on this

area was considered key to supporting EPs to prepare for this type of response. Alongside this, the interviewees explained that journal clubs and scenario-based work is also helpful in feeling prepared.

Additionally, when EPs complete this type of work, they usually co-work with a colleague, receive informal support from colleagues and have a formal debriefing, which aligns with other research that identifies supervision as a critical form of support following critical incident response (Beeke, 2011; Hayes & Fredrickson, 2008). The current study found that this type of supervision has multiple purposes, including validating the EPs approach and feelings, processing what has happened and as an emotional check-in. Correspondingly, Beeke's (2011) research outlined three key purposes of supervision during a critical incident, including 'emotional support,' 'professional development', and 'to guide practice.' Despite this, the current study found that there were some concerns that the support currently in place does not consider the time it takes to repair and recover from this type of work. While some of the interviewees noted that their workload is adjusted to reflect this need, others felt this was not considered. Workload and time constraints are challenges that arose in many other research studies looking into critical incidents (Lockhart & Woods, 2017; Nickerson & Zhe, 2004; Brown et al., 2017). The disparity of these findings between participants in the current study shows that there is currently no consistent approach between LAs in supporting and containing EPs.

**5.5 Implications for EPs Practice**

The findings of this study, coupled with previous research, have many implications for EP practice regarding suicide prevention and response. Firstly, suicide is a prevalent issue within society and EPs are well placed to respond to suicides and also work to prevent them. Therefore, EPs should ensure mental health is a priority within schools when working with them. Any concerns around student's mental health, suicide risk or suicide attempts should be shared by the school with the EP in the planning meetings. EPs should ensure this is discussed as standard in each termly meeting and ask the school to update them if anything changes.

Furthermore, EPs can support with this by running intervention groups for emotional wellbeing, particularly for males, considering three quarters of suicide deaths among young people aged 16-24 years old are male. By ensuring CYP are accessing emotional support and intervention early on, may help facilitate coping mechanisms they can adopt in later stages of their adult lives.

Additionally, EPs can help staff to ensure they are teaching emotional literacy, having space for students to discuss how they are feeling emotionally and work to remove the stigma around mental health.  EPs can upskill school staff to identify mental health difficulties in CYP and be familiar with the services available for signposting. Moreover, suicide should not be treated as a taboo subject.  Schools must provide space for reflection and discussion if a suicide within society does occur, for example, a celebrity or someone students know. This is particularly important considering the link between celebrity suicide and increase in societal suicide rates (Fu & Yip, 2009). This should be coupled with signposting to services and helplines if students need it.

Furthermore, EPs should actively work to prevent suicide by delivering school-based suicide prevention programmes. Previous research has indicated that staff training and curriculum-based programmes are considered the most effective by SPs (Eckert et al., 2003). Staff based programmes should be delivered to school staff by an EP to raise their awareness of the signs of suicidal behaviour in CYP, provide information on signposting and relevant services, discuss the language to use and the risk assessments to complete if there are concerns. Also, curriculum-based programmes can be carried out to ensure students have a better understanding of this type of death, have opportunities to ask questions and encourage help seeking behaviours. These sessions will also be a chance for EPs to support schools to become mental health aware and promote positive emotional wellbeing.

In addition to school-based prevention programmes, EPs should also prepare schools on how to respond to a suicide when it does occur. This will provide schools with some feeling of preparedness and Containment. It can be carried out through training headteachers and SENCo's, detailing the steps they should take when hearing this news and the types of supports that EPs may offer. This is particularly important, as organisational psychology research suggests the initial response and actions from a manager following a traumatic event

in the workplace, will impact the recovery process and ongoing wellbeing of the team (Paton, 1997).

EP training and professional development should also be enhanced in line with the current study's findings on EP's confidence and experience in suicide. Firstly, additional teaching sessions on the topic of suicide should be included on the doctoral training course, to raise awareness of this type of death, how to respond to it and how to work preventatively. Information on suicide contagion effects and ways to minimise the risk of this, should be included in this training. Overall, the idea of Containment in relation to suicide will be a key theme within these lectures. These training sessions should be adapted and extended to EP CPD programmes. This will include a detailed breakdown of the forms of containment and support that EPs may offer during their response. For example, the EP role in relation to media and social media platforms when responding to this type of incident, practical support EPs can offer through letter templates and planning with the headteacher or SENCo, types of support offered to the staff and pupils, how to support the school to share the news with the school community and the multi-agency working that may occur. Additionally, the complexities of suicide and the factors that may influence what support EPs can provide will be discussed. By receiving this training, EPs will feel more prepared and confident to respond to these incidents.

In relation to the concerns and inconsistencies around workload detailed in the interviews, implies that the EPS protocol on responding to a critical incident or suicide must include adjustments to EP's workload after responding to an incident of this kind, to not only cover the time it has taken to respond, but also to cover the time it takes to emotionally repair and recover. Furthermore, guidance on the containment EPs require should be set out, such as co-working with a colleague and additional supervision after the event, to process and reflect on the incident.

In line with the Code of Ethics and Conduct (BPS, 2018), it is psychologists' obligation to remain up to date on the current research, literature and practices to ensure they are providing the best service to their clients. Therefore, it is EPs own responsibility to maintain up-to-date knowledge of suicide policies and initiatives and have a good understanding of and links to the services within their own LA that may be involved when this type of incident occurs. Subsequently, by having these strong links with other services, a joined-up approach will be

easier to coordinate when an incident like this does occur. EPs generally had similar experiences of responding to suicides within school communities, however the changes to EP's practice, as aforementioned, will ensure a consistent approach is adopted across all LAs within the UK.

**5.6 Strengths and Limitation of this Study**

This research has provided an in-depth exploration and explanation of how EPs respond to and experience a death by suicide within the school community. The researcher was unable to find any research that had the same or similar focus on UK EPs response, making the current study unique in its field. Suicide is becoming a more prevalent issue within society, particularly with school-aged individuals. Therefore, this research is highly relevant to the present context and should provide support to the EP workforce. The study identified both standard practice and differences between EP practice, which is helpful in thinking about a consistent approach moving forward.

Another strength of the current research is its design. The mixed-methods approach allowed the study to gain a national perspective to help identify EPs current practice. The interviews allowed the study to gather more in-depth and highly valid data about EPs' experience. By collecting both quantitative and qualitative data, the researcher was able to counteract some of the drawbacks of employing just one method of data collection and combine both methods' strengths (Creswell, 2009). The researcher took additional steps to ensure accessibility of the survey and piloted it with a convenience sample, making adaptions from the feedback. Furthermore, semi-structured interviews were used to gather the qualitative data. Prepared questions and prompts were used to ensure data was obtained on the topics that needed to be covered. However, the flexible nature of the semi-structured interviews allowed exploration and clarification of comments and issues brought by the interviewees (Rose, 1994). This data collection method allowed the researcher to use a reliable and replicable approach, whilst also gathering rich data. Overall, the researcher was able to triangulate both data collections' findings to produce a complete and comprehensive picture of the topic area.

Furthermore, the analysis was also a strength of this study. Descriptive statistics allowed the researcher to summarise and present a relatively large amount of data, clearly and succinctly.

However, inferential statistics may have provided more meaning to the data and indicated any significant difference between the scores reported. For example, if EP's confidence was significantly higher in relation to the number of critical incidents or suicides they have responded to, the number of years qualified, or the type of support they were offered. Moreover, the GT enabled the researcher to produce a robust theory and help explain the findings from the quantitative data. The researcher took additional steps during the analysis to ensure a high level of trustworthiness. This was completed by the researcher's supervisor reviewing the codes at random time points, to check that they were logical and representative of the data. This helped to increase the methodological rigour of the research.

The quantitative method of data collection obtained a relatively large sample size of participants (n= 76) and from a range of geographical locations (South East of England, South West of England, London, Midlands, North East of England, North West of England and Wales). Therefore, this can be considered a representative sample of EPs, and the results can be generalised to most parts of the UK. However, there were no EP respondents from Scotland or Northern Ireland. In Scotland, the suicide rate among young people aged 15-24 increased in 2019 by 52.7%, the highest it has been since 2007, similarly Northern Ireland has equally high rates of suicide, particularly among men aged 25-29 years old (Samaritans, 2019). Therefore, it would have been helpful to have obtained data from EPs working in these locations.

Another limitation of this research is that the sampling method is open to selection bias. The EPs who volunteered to participate in the study may have a particular interest in the area of critical incidents, suicide or mental health. Therefore, the participants who completed the survey and were interviewed, may have similar views and experiences, meaning the data could be positively skewed in relation to confidence levels and experience. Also, the sample obtained for Phase two was lower than initially hoped. Six participants who were the most recent responders to a death by suicide were selected for interview. However, one of the participants did not respond to the invitation, and so a total of five participants were interviewed in Phase two. According to Thompson (2011), the ideal number of interviewees for a pure GT study is around 25; due to this study's mixed-methods nature and time limitations of the doctorate, a sample of 5-10 can be considered acceptable. Additionally, once the researcher completed the analysis of these five participants, few new codes were

emerging. Therefore, the researcher felt that a satisfactory level of saturation had been reached, and it was not necessary to seek more interviewees.

Lastly, the data collection was completed towards the beginning of the Covid-19 pandemic. The pandemic is a worldwide critical incident, impacting everyone, including schools and pupils. EP's experience of critical incidents may therefore have been influenced by what they were currently experiencing and how well they felt supported with managing the pandemic. The participants in the current study discussed how Covid-19 had shifted the way of working to virtual platforms. However, as the data was collected at the start of the pandemic, EP's work may have continued to change and adapt during this time. Some of these changes to EP practice, may continue to remain in place post-pandemic. Therefore, the way in which EPs reported that they had responded to a death by suicide in the current study, may differ in the future.

## 5.7 Directions for Future Research

The study produced useful findings for EP practice in relation to death by suicide, however it also identified gaps in EP practice and in the literature. Therefore, the following directions for future research have been recognised:

- The current study and available literature identified the importance of preventative working. Whilst there is research that identifies Curriculum-based programmes and staff-based training as acceptable and favourable by EPs (Eckert et al., 2003), there is no research identifying how effective this type of programme is. Therefore, research that evaluates the effectiveness of a suicide prevention programme for schools in the UK, would be important. This will ensure EPs are practicing in line with the evidence base.
- The current study explores how EPs respond to this type of incident and their experience of this. The literature reviewed within this study also looked at EPs response to this type of work. It would therefore be beneficial to carry out research, exploring how schools currently respond to this type of incident, their level of preparedness and what they feel they need from the EPS when an incident like this happens. Understanding the school's perspective will also help shape the work of the EP and refine the Containment provided.

- Further research that explores how schools are currently discussing suicide and death within the curriculum and school day, would help develop our understanding of how frequently this is being done and whether schools feel equipped to do this. The findings from this type of research will help inform whether EPs need to support schools with this and upskill school staff on talking safely and appropriately about death and suicide.

- The current study managed to obtain a relatively large sample with the quantitative data collection and a standard sample size for the qualitative data collection. However, further research that explores a larger, more representative sample of the UK, particularly Scotland and Northern Ireland, looking into EP's experience of responding to a death by suicide would be beneficial.

- Preventative working was a common theme within the current study and among the available literature, suicide attempts were discussed. Further research exploring how EPs are involved in attempted suicide cases, would be beneficial to develop our understanding of the EP role in these cases.

## 5.8 Dissemination

The researcher intends to produce a training program and guidance for EPs, in relation to suicide within school communities. The training will emphasise the importance of Containment within the EP response and cover the key areas in relation to suicide, as found through the axial codes. The 15 axial codes will be discussed in relation to the EPs response and how they can structure their response, to ensure the highest level of Containment is given and received. They will be considered in the following order to replicate the order in which EPs would respond to the incident:

- Organising the EP response
- Emotional impact on EPs
- Duty & responsibility of the EP
- EP Workload
- Multi-agency working
- Vulnerable people within the system
- Supporting the school
- Supporting the pupils

- EPs experience and confidence

- Sharing the news

- Complexities of suicide

- Impact of the media presence

- Factors influencing the support

- Preventative working

- Support for EPs

The aim of producing such training, would be to increase TEPS and EPs knowledge of suicide and confidence around discussing the topic, to ensure EPs are given the Containment and support they require to carry out this type of work, and lastly, to provide guidelines on the type of work they could engage in, in order to prevent suicide and when responding to a suicide. This will ensure that EP practice is consistent across the UK. The training will be used for both doctoral lectures and EPS CPD and adjusted according to the audience and purpose. It will be delivered in line with adult learning theory (Knowles, 1968) to optimise training outcomes and ensure effective learning takes place. This will include information, opportunities for role play, troubleshooting questions attendees have and a chance to share prior experience and learning. This training will be available through webinars and in-person delivery and will be promoted widely through EPNET and NAPEP forums. The researcher advises that EPs complete this training every two to three years, to ensure they are up to date with the current legislation, initiatives and information regarding suicide, as well as being clear on their response and role in school community suicide.

Furthermore, the findings of the current research project will be disseminated through the written thesis and VIVA process. At a local level, the researcher intends to present the findings to the EPs within her LA training placement, during a team meeting. At a national level, the researcher intends to publish the research in a peer-reviewed journal. Unfortunately, the survey used in Phase 1 did not obtain emails or contact information from the participants, and therefore the researcher cannot share the findings directly with those from Phase 1. However, the researcher plans to disseminate the results to the interviewees from Phase 2 by sharing a one-page summary of the key findings.

**5.9 Conclusion**

This research supports and adds to the current literature base on suicide and critical incidents within EP practice. The findings outline the current practice and experience of EPs responding to death by suicide, within the school community. EPs within this study highlighted the types of support they provide to the school community when an incident like this happens, such as advice on sharing the news, identifying vulnerable people within the system, considering the language to use, drop-in sessions for staff and pupils and sharing resources. The importance of multi-agency working was emphasised by all interviewees, to ensure clear information sharing can take place, as well as avoiding duplication of work and EPs being able to signpost to the relevant professionals. However, the EPs within the study also highlighted some areas that need refining and more consideration in relation to their response. For example, the emotional impact of this type of work on EPs and the support they are given to ensure they have space to process, repair and recover. Furthermore, more guidance and consistency are needed in relation to the EP role in liaising with the media, supporting the family of the deceased and preventative working. Moreover, Containment was found to be central to the whole response, including what EPs provide for schools and what they require themselves, leading to the GT 'Containment Across and Within the System.' Suicide is a pertinent issue within society, especially in the age group EPs are working with. It is therefore important that the findings of this study are shared with the profession. The findings should be considered in relation to the strengths and limitations that have been addressed, the implications for EP practice and the direction of future research.

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# Appendices

## Appendix A

*Open coding example, MAXQDA*

## Appendix B

*Axial Coding example, MAXQDA*



## Appendix C

*Core Category example, MAXQDA*

**Appendix D**

*Letter of ethical approval*

The Tavistock and Portman **NHS**

NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
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Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Laura Brennan

**By Email**

9 April 2020

Dear Laura,

**Re: Trust Research Ethics Application**

**Title:** Providing Support in A Time of Crisis: An Investigation into How EPs in the UK Support School Staff When A Pupil or Staff Member Completes Suicide

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

**Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,

**Paru Jeram**
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-Port.nhs.uk

cc.    Course Lead, Supervisor, Research Lead

**Appendix E**

*Tavistock and Portman Trust Research Ethics Committee form*

## Tavistock and Portman Trust Research Ethics Committee (TREC)

**APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS**

**This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.**

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

**SECTION A: PROJECT DETAILS**

| Project title | Providing Support in A Time of Crisis: An Investigation into How EPs in the UK Support School Staff When A Pupil or Staff Member Completes Suicide | | |
|---|---|---|---|
| **Proposed project start date** | April 2020 | **Anticipated project end date** | May 2021 |

**SECTION B: APPLICANT DETAILS**

| Name of Researcher | LAURA BRENNAN |
|---|---|
| **Email address** | LBrennan@Tavi-Port.nhs.uk |
| **Contact telephone number** | 07907157828 |
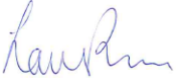
**SECTION C: CONFLICTS OF INTEREST**

**Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?**
**YES ☐   NO ☒**
If **YES**, please detail below:

<br><br><br><br>

**Is there any further possibility for conflict of interest? YES ☐   NO ☒**
If **YES**, please detail below:

<br><br><br><br>

**FOR ALL APPLICANTS**

| 'Is your research being commissioned by and or carried out on behalf of a body external to the trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust) | YES ☐   NO ☒   NA ☐ |
|---|---|
| If **YES**, please supply details below: | |
| Has external\* ethics approval been sought for this research? **(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)** <br><br> \*Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC) <br><br> If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies: | YES ☐   NO ☒ |
| If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research? | |
| Do you have local approval (this includes R&D approval)? | YES ☐   NO ☐   NA ☒ |

## SECTION D: SIGNATURES AND DECLARATIONS

| **APPLICANT DECLARATION** | |
|---|---|
| I confirm that: <br> • The information contained in this application is, to the best of my knowledge, correct and up to date. <br> • I have attempted to identify all risks related to the research. <br> • I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants. <br> • I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research. | |
| **Applicant (print name)** | LAURA BRENNAN |
| **Signed** | *(signature)* |
| **Date** | 21/02/2020 |

## FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

| **Name of Supervisor** | ADAM STYLES |
|---|---|
| **Qualification for which research is being undertaken** | CHILD, COMMUNITY AND EDUCATIONAL PSYCHOLOGY |

**Supervisor –**
- Does the student have the necessary skills to carry out the research?
  **YES** ☐ **NO** ☐
- Is the participant information sheet, consent form and any other documentation appropriate?
  **YES** ☐ **NO** ☐
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  **YES** ☐ **NO** ☐
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  **YES** ☐ **NO** ☐

| | |
|---|---|
| **Signed** | |
| **Date** | |

| | |
|---|---|
| **COURSE LEAD/RESEARCH LEAD** <br> • Does the proposed research as detailed herein have your support to proceed? <br> **YES** ☐ **NO** ☐ | |
| **Signed** | |
| **Date** | |

## SECTION E: DETAILS OF THE PROPOSED RESEARCH

| |
|---|
| 1. **Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)** |
| This research aims to explore how EPs are currently supporting school staff when a member of the school community completes suicide. The study will use a mixed methods design combining a survey, to gather an understanding of the scope of practice and experience of Educational Psychologists and semi-structured interviews with 6-8 participants to understand how they are currently supporting staff when this kind of incident occurs. |
| 2. **Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)** |
| Responding to a Critical Incident has become a key part of the Educational Psychologist role. Additionally, within the UK the number of deaths by suicides in under 25-year olds increased by 23.7% to a total of 730 deaths by suicide in 2018 (Samaritans, 2018). These statistics are particularly relevant to EPs, as their practice has been extended to work within the age range of 0-25 years (Special Educational Needs Code of Practice, 2015), |

therefore they are likely to respond to a death by suicide at some stage. This research aims to explore how EPs are currently supporting school staff when a member of the school community completes suicide. The results of the study will help to identify both consistencies and inconsistencies within practice, as well as strengths and areas of development. This should enable direction for future training to help improve and develop EP practice and ensure the right support is given to a school when responding to a death by suicide. This study aims to address the research question:

How do EPs in the UK support school staff when pupils or staff members complete suicide?

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3. **Provide an outline of the methodology for the proposed research, including proposed method of data collection, *tasks* assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

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This research will use a two-phase mixed methods design. A mixed methods design will enable a rich picture of how EPs are currently supporting schools after a member of the school community completes suicides. The phases will be conducted sequentially starting with quantitative data collection in the form of a survey and then qualitative data collection in the form of semi-structured interviews. There has been little research investigating how EPs in the UK respond and support school staff when a pupil or staff member completes suicide, therefore this explanatory study gives dominant status to the qualitative data within this research. The two-phase nature of this study allows participants to volunteer for the semi-structured interviews when completing the quantitative survey.

The survey will consist of 5-10 questions about EPs response to Critical Incidents and suicides. This will contain a combination of rating scales and closed questions with the occasional choice of 'other' and 'if other, please explain.' Questions may include: 'How many years have you been qualified as an EP?' 'Have you ever responded to a CI?' 'How many deaths by suicides have you responded to?' 'On a rating scale from 1-5 how confident would you feel responding to a death by suicide?' and further similar rating scale questions. The quantitative data will be analysed using descriptive statistics.

The qualitative data will be obtained through semi-structured interviews. These will take place in a safe setting i.e. the interviewee's Educational Psychology Service. I will use my Educational Psychology Service's lone working policy, for example, letting someone know the location and time of the meeting. Once I have confirmed the candidates for interview, I will check their credentials on the HCPC website to ensure these matches with the information they have provided. Semi structured interviews were selected to gain an in-depth understanding of interviewee's perspective as well as ensuring the relevant information is acquired. The interview schedule aims to follow Robson's (2011) format for semi-structured interviews: introductory comments, topic headings with key questions and associated prompts and closing comments. The key questions will be pre-determined however, they will remain open to allow elaboration and detail from the interviewee. The qualitative data will be analysed using grounded theory.

The quantitative data aims to gather a breadth of national data, whilst the qualitative data will help to explain and give depth to the answers given on the survey. This will help to triangulate the data and integrate the results.

**SECTION F: PARTICIPANT DETAILS**

| 4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words) |
| --- |

**Population**

For both phase one and two of the research, participants will be recruited on a voluntary basis. The sample population of this study are Educational Psychologists in the United Kingdom.

**Sample size**

The online survey will be posted on the National Association of Principle Educational Psychologists forum with the request that Principal EPs distribute and encourage EPs within their service to complete it. It will also be posted on Educational Psychology NET forum

with the request for EPs to complete and pass onto colleagues. The intention is to reach as many EPs as possible to gain a national perspective and representative sample.

Participants who state that they have responded to a death by suicide within the school community will be asked to tick a box to indicate if they are happy to take part in a semi structured interview. Due to this being a mixed methods research as well as the fact data has been obtained from the surveys, the researcher will aim to recruit 6-8 participants for the interviews. This will enable sufficient time for data analysis and write up of the doctoral thesis. In the case that there are more than 6-8 participants willing to be interviewed, recency of response to a death by suicide will be prioritised to ensure the study is capturing the most accurate recall. Inclusion criteria for the interviews will ensure that participants have responded to a suicide within the last 2 years, so they can accurately recall the support they provided. The research intends to conduct the interviews face to face. However, considering the current context and if limitations on travel and time permit, the interviews will be held over the phone or a web-based telecommunications platform.

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**5.  Will the participants be from any of the following groups?** *(Tick as appropriate)*

☐ Students or staff of the Trust or the University.
☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
☐ Children or legal minors (anyone under the age of 16 years)[1]
☐ Adults who are unconscious, severely ill or have a terminal illness.
☐ Adults who may lose mental capacity to consent during the course of the research.
☐ Adults in emergency situations.
☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
☐ Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS).**
☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
☐ Healthy volunteers (in high risk intervention studies).
☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
☐ Other vulnerable groups (see Question 6).
☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
☐ Participants who are members of the Armed Forces.

[1]*If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*

*[2] 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*

*[3] Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.*

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**6. Will the study involve participants who are vulnerable? YES ☐  NO ☒**

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.  Please consult Health Research Authority (HRA) for guidance: https://www.hra.nhs.uk/

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**6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?**

If **YES**, the research activity proposed will require a DBS check.  *(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance)*

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**7. Do you propose to make any form of payment or incentive available to participants of the research? YES ☐  NO ☒**

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent.  Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

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**8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

The participants involved in this study will be Educational Psychologist professionals who are required to command a high level of competence in spoken language as part of their role, so this will not be an issue.

## SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

**9.  Does the proposed research involve any of the following?** *(Tick as appropriate)*

☒ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
☒ use of emails or the internet as a means of data collection
☐ use of written or computerised tests
☒ interviews (attach interview questions)
☐ diaries  (attach diary record form)
☐ participant observation
☐ participant observation (in a non-public place) without their knowledge / covert research
☒ audio-recording interviewees or events
☐ video-recording interviewees or events
☐ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
☐ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
☐ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
☐ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
☐ procedures that involve the deception of participants
☐ administration of any substance or agent
☐ use of non-treatment of placebo control conditions
☐ participation in a clinical trial
☐ research undertaken at an off-campus location (risk assessment attached)
☐ research overseas (copy of VCG overseas travel approval attached)

**10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES ☐     NO ☒**
If **YES**, please describe below including details of precautionary measures.

**11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.**

The participants will be asked to recall and discuss how, in their professional role, they responded to a death by suicide. This may cause some distress and discomfort for participants. As a trainee Child and Educational Psychologist I frequently engage in consultations with clients that can become emotionally charged, I manage these situations by using consultation skills such as expressing unconditional positive regard and having empathic understanding of the participants experience. I am mindful of participant emotional reactions and will adapt questions and my response to meet their needs and limit their discomfort.

**12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)**
**NOTE:** Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

Participants will be given the option to read a summary of my findings or full thesis once the analysis has been completed.

**13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)**

The survey will be designed to be unlimited in duration to ensure participants can take breaks if they need to. Similarly, the interviews will be allocated a slightly longer length of time to give participants breaks if requested.

**14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

Participants will receive a debriefing sheet on completion of the survey. Participants engaging with interviews will be offered debriefing after the interview. Participants are asked to talk about their own experience of responding to suicide, which may provoke distressing memories. Signposting to their supervisors within the LA they work in, their local GP and the relevant charities offering suicide support will be provided.

**FOR RESEARCH UNDERTAKEN AWAY FROM THE TRUST OR OUTSIDE THE UK**

**15. Does any part of your research take place in premises outside the Trust?**

☐ **YES,** and I have included evidence of permissions from the managers or others legally responsible for the premises. This permission also clearly states the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event

**16. Does the proposed research involve travel outside of the UK?**

☐ **YES,** I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/

☐ **YES,** I am a non-UK national and I have sought travel advice/guidance from the Foreign Office (or equivalent body) of my country of origin

☐ **YES,** I have completed the overseas travel approval process and enclosed a copy of the document with this application

For details on university study abroad policies, please contact academicquality@tavi-port.nhs.uk

**IF YES:**

**17.** Is the research covered by the Trust's insurance and indemnity provision?

☐ **YES**   ☐ **NO**

**18.** Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

**NOTE:**
For students conducting research where the Trust is the sponsor, the Dean of the Department of Education and Training (DET) has overall responsibility for risk assessment regarding their health and safety. If you are proposing to undertake research outside the UK, please ensure that permission from the Dean has been granted before the research commences (please attach written confirmation)

**SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL**

**18. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES ☒    NO ☐**

If **NO**, please indicate what alternative arrangements are in place below:

**19. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**
**YES ☒    NO ☐**

If **NO**, please indicate what alternative arrangements are in place below:

**20. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document.**

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
☒ A statement confirming that the research has received formal approval from TREC.
☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
☐ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
☒ A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**21. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.**

☒ Trust letterhead or logo.
☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
☒ Confirmation that the project is research.
☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
☒ The proposed method of publication or dissemination of the research findings.
☒ Details of any external contractors or partner institutions involved in the research.
☒ Details of any funding bodies or research councils supporting the research.
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self- and/or others may occur.

## SECTION H: CONFIDENTIALITY AND ANONYMITY

**22. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.**

☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
☐ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers).
☐ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
☐ Participants have the option of being identified in a publication that will arise from the research.
☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
☒ The proposed research will make use of personal sensitive data.
☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

**23. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

**YES** ☒ **NO** ☐

If **NO**, please indicate why this is the case below:

**NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.**

**SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT**

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**24. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES** ☒ **NO** ☐
If **NO**, please indicate what alternative arrangements are in place below:

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**25. In line with the 5$^{th}$ principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**

☐ 1-2 years  ☒ 3-5 years  ☐ 6-10 years  ☐ 10> years

**NOTE:** Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer.
(http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

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**26. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.**

☒ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
☒ Access to computer files to be available to research team by password only.
☐ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
☒ Research data will be encrypted and transferred electronically within the European Economic Area (EEA).
☐ Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **28**).
**NOTE:** Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).
☒ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
☒ Use of personal data in the form of audio or video recordings.
☒ Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.
☒ All electronic data will undergo secure disposal.
**NOTE**: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.
☒ All hardcopy data will undergo secure disposal.
**NOTE:** For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

| |
|---|
| **27. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.** |
| **N/A** |
| **28. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).** |
| **N/A** |
| **29. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES ☐ NO ☒** |
| If **YES** please provide details: |

## SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

**30. How will the results of the research be reported and disseminated?** *(Select all that apply)*

☒ Peer reviewed journal
☐ Non-peer reviewed journal
☐ Peer reviewed books
☐ Publication in media, social media or website (including Podcasts and online videos)
☒ Conference presentation
☐ Internal report
☐ Promotional report and materials
☐ Reports compiled for or on behalf of external organisations ☒ Dissertation/Thesis
☐ Other publication
☒ Written feedback to research participants
☒ Presentation to participants or relevant community groups
☐ Other (Please specify below)

## SECTION K: OTHER ETHICAL ISSUES

**31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?**

**N/A**

## SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

**32. Please check that the following documents are attached to your application.**

☐ Letters of approval from any external ethical approval bodies (where relevant)
☐ Recruitment advertisement
☒ Participant information sheets (including easy-read where relevant)
☒ Consent forms (including easy-read where relevant)
☐ Assent form for children (where relevant)
☐ Evidence of any external approvals needed
☐ Questionnaire
☐ Interview Schedule or topic guide
☐ Risk Assessment (where applicable)
☐ Overseas travel approval (where applicable)

**34. Where it is not possible to attach the above materials, please provide an explanation below.**

Examples of the survey questions were provided in Section E, Question 3. The interview schedule will be informed by the survey results.

**Appendix F**

*Information sheet given to all participants*



**Title:** Providing Support in A Time of Crisis: An Investigation into How EPs in the UK Support

School Staff When A Member of the School Community Completes Suicide

**Who is doing the research?**
My name is Laura Brennan. I am a Trainee Educational Psychologist (TEP) in my second year of studying for the professional Doctorate in Educational and Child Psychology. I am carrying out this research as part of my course.

**What is the aim of the research?**
The research aims to investigate how EPs in the UK support schools when a member of the school community completes suicide.

**Who has given permission for this research?**
The Tavistock and Portman NHS Foundation Trust has given ethical approval to carry out this research.

**Who can take part in this research?**
For the survey, I am looking for EPs who have responded to a death by suicide at some point in their career. For the interviews, I am looking for EPs who have responded to a death by suicide within the last 2 years. This could include a pupil suicide, staff suicide or a member of the school community. If more than the required number of EPs volunteer to take part in the interviews, the 6-8 most recent responders to a death by suicide will be selected.

**What does participation involve?**
If you agree to take part in the survey you will be asked to complete an online questionnaire which should take between 10-15 minutes. If you agree to take part in the interview you will be invited to attend a Zoom call meeting. In the meeting, we will talk for around an hour about how you have responded to a death by suicide. This will be explored through me asking you a small number of open-ended questions. I will make audio recordings of the meetings which will be transcribed for analysis and then deleted.

**What are the possible benefits of taking part?**
There has been very little research identifying how EPs are currently responding to critical incidents involving a suicide. Therefore, there is a benefit to the EP profession in exploring responses and developing the support and supervision for EPs post

response. There may also be personal benefits in having time to reflect on your own practice, which may improve the quality of your work.

**What are the possible risks of taking part?**
As death by suicide is an emotive issue, it may be distressing to think and talk about experiences of this in your work as an EP. However, the open ended nature of the questions gives you freedom in choosing what to share. There will also be options to access additional supervision and/or support from other services if this is required.

**What will happen to the findings from the research?**
The findings will be typed up as part of my thesis which will be read by examiners and be available at the Tavistock and Portman library and University of Essex Database. I may also publish the research at a later date in a peer reviewed journal. You will have the option to read a summary of my findings or the full thesis once the analysis has been completed.

**What will happen if I don't want to carry on with this research?**
Participation in this research is voluntary and you are free to withdraw from the research at any time before analysis, without giving a reason. Any research data collected before your withdrawal may still be used, unless you request that it is destroyed.

**Will my taking part in this study be kept confidential?**
Yes. All records related to your participation in this research study will be handled and stored securely on an encrypted drive using password protection. Your identity on these records will be indicated by a pseudonym rather than by your name. The data will be kept no longer than necessary. Data collected during the study will be stored and used in compliance with the General Data Protection Regulation Act (2018) and the University's Data Protection Policy.

**Are there times when my data cannot be kept confidential?**
Confidentiality is subject to legal limitations or if a disclosure is made that suggests that imminent harm to self and/or others may occur. The small sample size may also mean that you recognise some examples and experiences you have shared in interviews. However, to protect your identity, pseudonyms will be used, and any identifiable details changed.

**Further information and contact details**
If you have any questions or concerns about any aspect of the research, please contact me:
Email: Lbrennan@tavi-port.nhs.uk

If you have any concerns or for further guidance about the research then you can contact Simon Carrington, Head of Academic Quality - academicquality@tavi-port.nhs.uk

**Appendix G**

*Consent form given to all interviewees*

**NHS**
The Tavistock
and Portman
NHS Foundation Trust

**Research Title:** Providing Support in A Time of Crisis: An Investigation into How EPs in the UK Support School Staff When A Member of the School Community Completes Suicide

| **Please initial the statements below if you agree with them:** | **Initial here:** |
|---|---|
| 1. I have read and understood the information sheet and have had the chance to ask questions. | |
| 2. I understand that my participation in this research is voluntary and I am free at any time to withdraw consent or any unprocessed data without giving a reason. | |
| 3. I agree for my interviews to be recorded. | |
| 4. I understand that my data will be anonymised so that I cannot be linked to the data. | |
| 5. I understand that there may be potential limitations to confidentiality such as in the event of unforeseen legal duties or the disclosure of a threat of or actual harm to myself or others. | |
| 6. I understand that my interviews will be used for this research and cannot be accessed for any other purposes. | |
| 7. I understand that the findings from this research will be published in a thesis and potentially in a presentation or peer reviewed journal. | |
| 8. I am willing to participate in this research. | |

Your name: ………………………

Signed……………………………. Date…../…../…..

Researcher name: Laura Brennan

Signed…………………………….                Date…../…../…..

**Thank you for your help.**

**Appendix H**

*Transcript 1*

*(Note: ***** has been used to remove any information that could identify the participant or the case they are referring to)*

**Researcher:** ...there's some set questions for the semi structured interview but we can just see how the conversation goes I'm sure you'll probably answer some of those questions through other questions, but yeah I'm just really interested to see what was important to you in your response and anything that

**Interviewee:** absolutely fine

**Researcher:** and it is a sensitive topic so again if you need to take a break as well. I have got your consent form as well but could I just confirm on the recording that you're happy to continue with interview

**Interviewee:** Yeah that's fine

**Researcher**: Have you responded to more than one death by suicide?

**Interviewee:** Yes I have, one that was pretty much a year ago and 1 that was maybe 3 years ago or so.

**Researcher:** Okay you're welcome to talk about both or just one whatever you like.

**Interviewee:** Okay, yeah.

**Researcher:** So could you tell me a bit about your experiences of responding to deaths by suicide that have happened in schools, please?

**Interviewee:** Yes sure and when I saw you the question on EPNET I was thinking of the one I responded to a year ago, it was a year ago yesterday actually. It was a school, I'd not long returned from maternity leave at that point, I'd returned in the April and then I was covering the school but I'd not really I've been in it like once or something so I didn't have a strong relationship with them. Because the way we do it in our authority, as we try to have the school EP plus a critical incident EP responding to incidents, so that you've got somebody who knows the staff, knows kind of the dynamics of the school and then somebody else to work alongside that EP so although it was my school didn't really know them very well I do have them such a brief time and as, as I'd got back from MAT leave their existing EP had gone on MAT leaves so she wasn't in the service to come coz normally we would have then got her to come and support but nobody knew the school very well which was fine because you know, I don't think it actually in that case hindered the support, but it is something that we were trying to do to have somebody who knew the school supporting. So it was on this day last year and it happens to fall on the last day of term as well which was quite tricky because so the death was a death through ***** who was in the final year of the setting so she was

a college age people but it was her final year in high school but it was a college provision and she died from *****and she was found. So she's been at that school from year 7 and also her mum was a member of staff at the school, not a teacher member of staff but like a member of ***** and are quite, you know she's been there for a long time so there is the additional, factor of the parent being and a member of the school community as in the staff as well. And so I got a call from the one of the assistant heads who sort of has a pastoral safeguarding type role asking for support in responding to the incident and she told me what she knew. So I called her back, the call came in through, through the admin so I've got a bit more information about what happened and then we started our response. So what we do typically with any incidents including ones where it's definitely suicide, suspected suicide, as we have an initial call to school where we just try and find out a little bit more information. We've got a script that… I work for *****educational psychology service and I don't know if anyone from ***** has offered to take part in research but with geographical right next to *****, and there's a couple of staff there who would really really experience so we've had training from ***** EPS historically because they got a couple of members of staff who are really knowledgeable. I don't know if they are on EPNET really so you might not manage to pick them up but they would be quite useful to talk to if you could somehow find them.

**Researcher:** mmm thank you.

**Interviewee:** so ***** have given us support in the past as I say so we've got like a script we use whatever the incident is, which just the kind of… I have it in my diary as I do quite a lot of incidents so it just sort of goes through the initial telephone conversation with the school acknowledging the incident explaining that we're there to help them in a community response, checking in on which staff it's going to be appropriate to talk to and talking to him about striking the balance between, sort of maintaining school routine and typical support for the pupils but also obviously addressing the incident. Then we look at communicating and establishing the facts, thinking about communicating information to key groups, media potentially - especially in a suicide type case the media obviously always interested.

**Researcher:** mmmm

**Interviewee:** And identifying vulnerable people both pupils staff families and then, and then, sort of addressing how we're going to monitor going forward so whatever the incident is that's the script and the model that we use. Then depending on the nature of the incident obviously we adapt it, you know depending on the incident. We used to get, we kind of almost created another role for about one…. but we got to a point where we're getting excessive request for support with incidents not just suicides, I'm probably going off track a bit here but just general incidents and some of them won't necessarily critical incidents, with very sad all difficult things but they were still getting bit removed from actual critical incidents so we devised some training and some centralised training, that was provided free of charge to go over some initial messages and advice of how to respond because we've had a couple of incidents where like for example in ***** school we turned up and they had the entire school community in the ***** and the children are getting really really upset and there wasn't enough staff to support that number children. It was just right in your eyes, and you can't say, right this is ridiculous and everyone get back to class but it really wasn't helpful for anybody and then come the end of the day the kids didn't want to go home coz they were all too

upset it was tough to know what to do with them and it was so things like that it's not giving advice around what to do in those first stages that we still going and support but I'll help them with some structure to begin with but then the school in question had attended that training previously so that was quite helpful that because the done that they've already taken some steps that we would have recommended.

**Researcher**: hmmm okay.

**Interviewee:** I'll just get the log up from when we supported. So we keep a log of all the incidents and that gets sent round like our senior leadership so someone knows what's what and if social care are involved or CAMHS are involved whatever, everyone can see where we're up to. So they'd already (the school), had already attended that training I've just mentioned and they'd already started to try and identify young people who they believed would be quite vulnerable and so they had a member of staff who was quite vulnerable and unfortunately she taken some of the calls as well because she'd lost a brother to suicide relatively recently.

**Researcher:** Right

**Interviewee:** But she was a member of the pastoral staff so she was quite keen to support pupils, but she was in quite a vulnerable position herself really and they had already identified some young people that they wanted to work with. This girl that's mentioned in this log, I actually ended up doing some casework with her the following year which they would have already, well have always wanted that casework but she was close to the pupil who died and that's an exacerbated her problems really. So at that point early on I shared some resources with the school that they might want to use and we've developed these overtime and I think quite a few of these we developed at the previous incidents. So we had a script for teachers to share information about a child's death, an example letter for parents and then a bit of information specifically around where it's alleged suicide from language you might use, we've got like an internal critical incident media guidance advice for schools to use. And then I presume you've seen it but you know the papyrus toolkit…

**Researcher:** yes, yes

**Interviewee:** Yeah to schools we still have highlighted that to them for them to use and talk to them a little bit about like the language around suicide coz obviously often its committed isn't it and that kind of language, so at that point obviously like the police had to be involved and it wasn't confirmed that point so we were using the phrase like alleged suicide at that point. But there's lots of different terminology that could potentially be used isn't there?

**Researcher:** mmm yeah

**Interviewee:** But at that point we was very keen to, you know, be wary that it wasn't confirmed by the police at that point so at that point the assistant head teacher created… was doing a draft letter to go out and then she sent it for us to check and she was sharing the resources that we had with staff she was contacting CAMHs to make them aware of the other case because they were already involved with her. Thinking about communicating with the family members because as I say she was

in school so that was probably an additional factor to that case and they were getting back to me with any support we didn't go in on this incident. Often we do physically go in and have a meeting

**Researcher:** Oh right

**Interviewee:** I think it was a combination of when they called me it was about 2:00 o'clock in the afternoon on their last day of term so I think if it had been like in term time or not so late in the day they probably would have been more inclined to have us physically go in.

**Researcher:** right, yeah.

**Interviewee:** With the other incident which was a few years previous we did physically go into the school on that occasion and we still did the same thing really so you don't necessarily have to go in. And especially now I think you know this Covid pandemic and the increased use of Skype and teams and so on, you know probably more work could be done remotely in the future. But yeah we just did it all over the phone via email on this occasion timing wise really and then, so it's not very relevant to your question but there is there is that a lot of support around the other people, because as a result of the young person ***** the other young girl ***** and ended up in a local… is called the ***** and so then school wanted support around her as well so that's sort of a bit of a side issue really but was part of the response on that occasion that it was supporting another people who became who was already vulnerable but became more so vulnerable because of the suicide. That young person lived on the same road as the young person ***** so she knew her outside the school as well.

**Researcher:** Oh gosh, mmmm

**Interviewee:** They had some questions about the funeral and staff attending the funeral and often it's sort of advice about things that are quite minor in the grand scheme of things like should we attend the funeral? Should we close the school for the funeral? Obviously closing the school wasn't an issue, because it was in the school summer holidays and but we as a service basically get asked about closing the school in normal times, which we tend to suggest no, and keeping the school open as a you know a support and regular routine for the pupils as far as possible but obviously depending on the nature of the incident maybe some pupils going that were particularly close or with their parents to be able to support them. Obviously case by case it varies. So school sent a letter home to parents via email with it being in the summer holiday they discussed as well, so a lot of its advice given like this like they wanted to put some information on school websites about the incident. And at this point it all wasn't confirmed anyway in terms of the police but we were also concerned about the risk of contagion and sort of glorifying the death, by having it on the school website and also pointing out that anybody in the world could come across that school website so I think the reason they wanted to do it is they were very keen that no parent should miss it with it in the summer holidays and not be aware of it, but also they wanted to celebrate the young persons life and so the mum who was in a staff member, wanted to make her feel it was important (pause).

**Researcher:** yeah,

**Interviewee:** We talked to him about sort of contagion. And also consent, the, you know the young person might, the family might not want that information out there, and and in terms of the logs we do as well, everything's anonymized. Because obviously we don't have time to get consent for our involvement and when it's not case work is it? We are supporting the school so on the log it's all just the young persons initials or just sort of enough that the school obviously will know who it is but it's not young persons name on because if he gets sent out and you know even more so GDPR and so on now we can't really have stuff just going out there.

**Researcher:** mmmm

**Interviewee:** Then we help school think about how they could support pupils over the summer and also returning in September. It was, they were mainly concerned about that young person that I did end up doing some casework with and then over the summer we were still available for them to speak to on a needs led basis and I presume they didn't get in touch again cause there's nothing else on the log. But I actually can't remember now to be honest, there's nothing on the log beyond that so I guess they didn't get in touch. I think the assistant head was on like holiday in ***** or something as well to make it even more complicated. She was having summer, she'd already had a holiday booked and she decided to go which is fair enough and so some of it she was doing it from our holiday as well [laughs] which was which was tricky. So when we're supporting often and I think a lot of it is sort of containing their worries and being a bit of a sounding board really and also just a bit of external advice and ideally as I said at the beginning we would know the school and sort of know the dynamics a little bit and so on. But even that, sometimes you know, we get a case and school, a lot of EP's work part time coz it's quite common isn't it, for EPs to be part time staff?

**Researcher:** Yeah, yeah.

**Interviewee:** And you know we also we have a rota system and you take yourself off the rota, so for example one of our EPs lost their sister and her sister was very young and it was very tragic circumstances so she obviously took herself off the rota because she didn't feel able to support incidents at that time. So sometimes it just doesn't work that you know you just end up doing a case that you don't actually know anything about beforehand. We sort of offer a little bit of supervision type support to the staff we encourage them to take it within school if possible and to set up to identify vulnerable members of the school community but also SMT, and also remind the heads that they don't have to be like a superhero who you know particularly like this assistant head, sadly, we had a ***** last week at this school again. So it's not a suicide so I won't sort of go in to that case today, but it was almost, well I think it was about 10 days short of a year and they got, you know, but not thankfully had another incident in between them but they've had a *****now which has been very high profile in the local media with it being a *****.

**Researcher:** Mmmm

**Interviewee:** And she's very much takes it all on and so encouraging her to take supervision either from myself or from members internally and when we do that training that I mentioned earlier we encourage the head teachers to sort buddy up with another head who's there. Because I think sometimes head teachers, particularly secondary head teachers, can be quite reluctant to show any

weakness or any need for support so encouraging them to find a fellow head teacher buddy, so hopefully they would feel a bit more comfortable in saying well actually we don't feel, a little bit wobbly about this one.

**Researcher:** mmm yeah that's a good idea.

**Interviewee:** Yeah, in terms of our own support so we get debriefed and supervise when we return to the office, or at the minute if it's now, actually I've had three critical incidents over lockdown which have all fallen in my schools but none of them have been suicide but we get you know, support from another member of our team on the same day ideally. We've had some liaison with the police and that's come informally really so within the local authority there's a bereavement group that one of the safeguarding, quite senior safeguarding person, set up this bereavement group because he's been aware of how many different parts of the council are involved in deaths in various ways. Anything from like a miscarriage stillborn right up to you know the older you know people just dying from natural you know old age, so he'd set up this organisation of anyone who might be involved in in loss, bereavement or death in anyway. Then I've attended that panel a few times and there's a police officer on it who's, involved in sudden child deaths, whatever the nature of them. So, we've sort of created some informal links which have been quite helpful. But obviously he's bound by… you know he can't tell us things before they're allowed to be released or whatever, but he wasn't aware that we existed as a service so when he's going out to families from a sudden death he's now making sure they are aware or asking the school to ask for our service to be involved as some schools we've had close relationships with and they will phone us a sort of almost instantly. All those just don't know for whatever reason, however we were all having like planning meetings in September and we always mention it then coz we always have the training and like a rolling programme so we always mention that initial sort of awareness raising training. But we always remember about it but I guess it's one of those things until it happens to you as a school you probably don't really think about it that much do you and then the schools where it does happen and by the nature of high schools and particularly suicide and the other incident ive responded to, is also high school suicide case and we haven't had any more ones hopefully at the minute, but I think high schools do tend to get incidents more often because obviously got bigger population and so they are more aware then.

**Researcher:** It sounds like the service itself is quite well prepared you've had the training from ****** EPS, then you've delivered the training to schools to for that 1st kind of response.

**Interviewee:** Yeah

**Researcher:** It sounds like you've got that procedure and protocol in place so how did you feel when you were asked to go and respond to that you feel quite well prepared to do so, or what kind of emotion were you experiencing?

**Interviewee:** I think I felt quite prepared in the one I have mainly spoken about, but I think in the other I haven't talked about so much, I did that one with one of our senior… so I've got my job role, like a specialist educational psychologist so its kind of like a few of us who went to the specialist psychologist roles were almost like a middle management kind of thing as well. Like we don't have a specialism around a certain area but we get different projects to do additionally.

**Researcher:** Oh right

**Interviewee:** So some services do like your specialist in early years or your specialist in whatever but it's just it's really just dedicated time. So the things I do, tend to be around emotional wellbeing mental health but not exclusively and it could be like… well for example, over the summer were doing like an adoption project so and you just get given that because you've got the time to do it. So during the previous incidents I was handed that with one of our seniors who lead on critical incident support in the authority. But she more so, coz she's much more experience so the other incident I had attended with her and she's really experienced and really confident and very you know, she's just the sort person you'd want in a crisis she's really calm, really collected, but really lovely advice. So I mean because I had done it previously, a specific suicide case, a lot of the resources in terms of like the scripts and the letters and thinking about the language and things like that, we did a lot of that together a few years ago. So when I then got this incident that was very similar I felt much more confident because I had that experience from… I think you've got it cold and I've never had suicide based critical incident before, I'd have probably been quite anxious. We had, I lost my voice in January and I couldn't speak at all, and we had a critical incident. It wasn't suicide but, it fell on a Friday and not many of our staff work on a Friday and I was asked to coordinate it and I thought, I can but I literally cannot speak and one other quite inexperienced EPs offered to do it but she was really quite anxious because she had not responded, it wasn't suicide but you know any incident, is still difficult to do. And she'd never done one so she was quite anxious about doing it so we met together and I kind of whispered and made notes for some sort of the process and what to do. So I think having another member of staff whose either more experienced or even if this sort of equally inexperienced and worry don't just having that member of staff sort of bat ideas off is really helpful.

**Researcher:** Mmmmm

**Interviewee:** And as I say, we always go in - if we go physically in for the meetings - we always going in twos. Even if it is a really experienced members of staff, we would still go in like this. And this incident, the hit and run one an school were quite well prepared as sadly they have had other incidents, but that senior that I just talked about, she said if it does need a Zoom meeting or whatever let me know and I'll come in on that as well. So you've got that extra level of support. So I think yeah it's never nice is it? I think you're always a bit nervous before you phone up coz you don't know the details, how they're going to be, you know what was going to happen next what level of involvement you're going to have. But I think having previously done one with her really helped. And I went to… I've been qualified for, I've been qualified since *****and I went to ***** uni, and I don't know if they still do because obviously the course will change like overtime, but they used to do in your second year, a 3 part course by Storm who are the suicide…. have you heard of Storm? Because it might be like just in *****?

**Researcher**: No actually, I haven't.

**Interviewee:** So it's an organisation called Storm and it's like a *****based like community CIC, whatever that stands for. Community Interest…. Like a charity basically they offered a three day training course which I attended as well, that was really helpful so you could look it up later on the

Internet. So they talked all about like language, safety, planning, supporting schools, supporting yourself, so I've done that at uni and then they run courses, I presume they're largely in  ***** that they do them but they run courses now and I've been on a few of them since because they are free one you are on like the mailing list, they offer free courses for professionals that I've been on a few of them which has helped as well. And they tend to be quite multi agency, so they'll have like firefighters police officers all the people that might be involved in a suicide. Il just have a look now, we have recently moved house so id normally have all my files here near me and we moved on lockdown day which was like hell [laughs].

**Researcher**: [Laughs]

**Interviewee:** So just let me look it up I've got some stuff for the incident. So yeah that's like the branding of it [Shows the paper to the camera].

**Researcher:** Ohh yeah

**Interviewee:** It is on Storm enhancing skills and saving lives, and like you wont be able to see this but I can send you like screenshots by email or whatever but like that's a safety plan that they gave us [holding paper up to the camera]. So that's very much around kind of the idea that talking about suicide wont make someone take their own life and if you got a young person is in that crisis position rather than not talking about it and making them feel like it's something we've got to keep secret, you know talk to them about it, ask questions to find out how serious it is. You know, have they thought about it before or about how they actually do it or is it just a bit of a kind of, a dramatic comment or is it actually quite serious? And then how you know you get CAMHS involved and then 999 ultimately if you need it. So yeah if you look up storm on the Internet it's really helpful, I'm trying to remember what the latest training was. There was one that I went to, one of the courses was around suicide in the LGBTQ community as well. I have some quite specific courses as well with the sort of groups that they have identified as been more needy and more than others. I mean if you look on the website they will, you know explain it all to you. But it was really helpful training so that gave me more confidence as well. And then there's the organisation Papyrus and they've got one of their officers in  ***** which is where I live, so again they offer training locally and living locally I'm able to go. I've gone to a few of them as well so they do really help.

**Researcher:** Do you feel that having that training as kind of, whilst your trainee on the course and then topping that up throughout your career as an EP now has helped with your response? Or how you feel about responding?

**Interviewee:** Yeah that has definitely. But one of my friends on the course opted not to do it because her brother has made attempts on his life before. He hasn't died but he's, he's made attempts and she just decided for her it was too close to home and it was too difficult to attend and uni were absolutely fine with it obviously. So I think it is, is a funny one isn't it? Because it is a very sensitive topic isn't it? And she made… it was in our second year and she obviously did feel comfortable to share that but she may have not felt comfortable to share why she didn't want to do that training so it is I think it is a good topic to have teaching or training on, but it's gotta be handled very sensitively doesn't it?

**Researcher**: Yeah of course, mmmm

**Interviewee:** Yeah because you certainly wouldn't want to have it early doors and with people you barely know, having to say well actually my brothers made attempts to do this. It's very tricky isn't it? This was a more… yeah that's it… this is a more broad one but I'd also attended some training that  *****EPS developed and that was around more general critical incident bereavement and trauma I can't actually remember if there was a suicide specific session. I think once you start having an interest in the area as well you end up getting things, signed up to my email you get more. Yeah done that training as a as a trainee, I found it interesting, the fact I mean… when I did that Storm training, I felt quite overwhelmed by it at the time, I guess at the time and I thought you know, I really wouldn't want to have to deal with this in real life it's quite a lot to take on. And then when I went to work in  *****,  I worked in  ***** previously and they had a very structured almost quite cliquey critical incident support group, that they've done it from years and years and they didn't want anyone else doing it. I mean it may have changed since then, I have not worked there for a long time but it was very much something that those people do and it wasn't something that the wider EPS got involved in. Then I moved to  ***** and it was a much more kind of anyone that's interested so at that point I was just interested as well going to these meetings and listen in. A couple of people who were quite experienced moved on to other authorities or took different roles like you know took senior posts elsewhere or whatever, and then gradually I shadow them with some of the staff that had already done them, then overtime I fell into it you know. But yeah the initial training was really helpful.

**Researcher:** Mmmmm it sounds like that definitely helped the emotional side of things as well…

**Interviewee:** yeah yeah and I think the authority where I work we can we have a really good supervision structure anyway and I think that really helps that we've got we have a peer supervisor and we have a line manager and we have like a group reflection every once a month. So we have team meeting well it's slightly different in lockdown because obviously in everything lately, so at the minute we've got a team meeting every other Thursday and then in the gaps we have a group reflection one Thursday in there Journal club on the other Thursday. So we used to just read the Journal of interest over lockdown within reading sort of lockdown specific guidance and stuff but within that group reflection it's a supervision model when we're all together so that's really helpful but it is a very supportive team anyway, so when you have got a very sensitive issue to address like in a supporting school from suicide you've got a lot of support in the team.

**Researcher**: Mmmmm, that comes to my next question actually, so you said about generally as a service you've got a very supportive network on EPs and then when you when you're dealing with a death by suicide or critical incident you then got that extra layer or by the debrief or supervision so how did you kind of feel after responding?

**Interviewee**: I think it does affect you because you know you're only human and its bound to. But I think, I think I feel like I've had enough training and supervision and I'm in a good enough place myself but I feel I can do it and it almost be quite cold, I'm not cold, you know, I'm very supportive in you know and sensitive, but you know it's a role isn't it and it's you know it was totally different if it was suicide of a close friend or a family member or something and I think I think I can kinda box it

off. But I've had training and I'll get supervision, this is my role and this is what you know I'm going to do. When I think… it's… it helps as well but you know ideally you know the school and you remember the school community and you're that bit removed as you probably don't know the young person. I've never had a critical incident and had worked on casework with young person. So ive never known the young person and it's always been a child…. sometimes I've known the name but it's never been a child I've met, so I might feel differently than I have. Actually, you know, It wasn't suicide, but when I was eight months pregnant, there was a death of a baby and it fell to me rota wise and I did start responding to that incident and then I decided it wasn't appropriate because the baby was a month old I was 8 months pregnant, and the baby died  *****  and I did I started responding to it and then I got quite like … I managed to hold it together on the phone but then when I put the phone down and got quite upset knows for now this is not appropriate not helpful for the school it's not helpful to me so in that one I did pass it on Someone else.

**Researcher**: Mmmm yeah so your own circumstance is likely to have an affect on how you cope or manage an incident…

**Interviewee 1:** Yeah it's sort of highlighted importance of knowing when to say no to it yeah so so if I had experienced a bereavement through suicide personally, you probably then wouldn't want… I mean some people interestingly there was a girl, she is from the  *****  and we have a CPD conference with the  *****  every December and there was, there was a girl in Maybe  *****…. Or…. there's a girl anyway who I think her father had died through suicide and she then done her thesis on it as the topic

**Researcher**: Yes I think I've come across her thesis actually yeah

**Interviewee:** yes so for her obviously she's personally experienced suicide and I think for her it has become a passion hasn't it? So it could go either way you couldn't it? But I think for me personally I think about how to either was a really bad place myself or had personal experience I think that would give a total different dynamic to it wouldn't it?

**Researcher:** Yes most definitely. And were there any specific challenges that you experience when you were responding to deaths by suicide?

**Interviewee:** I mean things like the language, thinking about the language and as I said earlier, I think even in that the wider media, you see committed and quite insensitive language don't you? I I think some people are quite insensitive still about suicide and can be quite blaming and there is still that stigma. I mean there's issues like that, in terms of the actual delivery both schools have been involved in and have been very proactive very keen to take the support, we have had other incidents of different natures where schools haven't really wanted the support and that's fine if they don't want it or need it. That's, that's fine isn't it? But I think If I had a school that either didn't particularly want the support and you didn't feel the way they were handling it, they weren't handling that well, that could be quite difficult if I felt they were doing things that weren't going to help young people. Or were going to create contagion risks or a bit of hysteria around the issue I think that could be problematic potentially. The initial incident I attended with my colleague that was tricky in the sense that they had 3 critical incidents in six weeks so they had a  ***** they had death through suicide

and they had a young person  ***** very suddenly. So within a very very quick time they have 3 awful very different incidents. I can't remember now which order they came in I think it I think it might be in  ***** and then the  ***** and then their suicide incident. It was all very recent to one another, so the staff were already at quite a sort of emotional place and quite exhausted anyway and for us as external supporters it was the same issues I've already talked about that you going in very much doing a role and although you have massive empathy for them I didn't know any of young people and you do very much feel like you do in that role. But they were definitely more needy, the more incidents went on and they were getting quite… so, why is it happening to us and we did actually with that incident, about a month later we did we did an event on it. Cos they were particularly, as a school, they were keen to work with us but they didn't have much experience and the head teacher asked us to do like supporting the stuff wellbeing event afterwards to acknowledge that it was very unusual to have 3 incidents in such a short time and how well everyone had coped, in highlighting places that the staff could get support from if they wanted to. And then it felt a bit random as they had a buffet at the end [laughs], as that's what the head teacher wanted to do and you know it felt almost like a wake I guess. They had the buffet in the informal opportunity for the staff to kind of…. I think it was a bit I think the head teacher intended it as a bit of a reflection time and a bit of a thank you because the staff were really tough year, but it did sit a bit… I don't know wasn't quite convinced about the buffet. But yeah so that was that.

**Researcher:** Mmmmm and how did they how did they respond to that kind of input throughout the critical incident? And then after afterwards as well, with the staff wellbeing event?

**Interviewee:** I mean the staff that we spoke to you for the critical incident it was SLT largely, so it was largely kind of the SENCO, pastoral staff, head of years in secondary's. I guess you don't tend to speak to your day to day class teachers or form tutors and unless [pause] you know they really involved I guess that's an element, that they seemed OK but I think the higher up you are the more you put on that brave face don't you? In terms of actually delivering the training they all sort of sat and attended appeared to appreciate it, the feedback was positive in terms of like the evaluation.

**Researcher:** Yeah

**Interviewee:** But I do wonder sometimes about and something that was quite nice actually in this the more recent suicide, that was about a year ago, the form tutor in that case with a very young teacher. Maybe two or three years into their teaching career and this assistant head was quite concerned about them and how they would cope alone. It was a young female teacher and so she took on itself to sort of give a lot of support and you know the teacher was fine I think but she was quite concerned about her well being just with her being young and living alone and she didn't want her to be going home and sort of dwelling on it and so she made it clear that the support was there, more from the school than from the EPS though obviously we would have supported if we had been asked to. But she (assistant head) was offering the support herself really.

**Researcher:** So most of the work is done with the senior leadership team…

**Interviewee:** yeah

**Researcher:** And higher up the school and then those members of staff will then support further down…

**Interviewee:** yeah yeah

**Researcher:** And with your support…. I know with the last one it was over just before summer so it was on the last day of summer, but was that support overtime or was it mainly focused on that day that you got the phone call?

**Interviewee 1:** It was mainly focused on the day or sort of the immediate couple of days we always offer them immediate support and then have a higher level of support for that fortnight, but on a needs led basis. And so on this one that we just done the  ***** has been very recently… so it was very intense for the first couple days, and then about a week later she asked me a different question and then I checked in with them as school were closing. And I would do this for the suicide cases, so yeah so first couple of days really intense support and then the next fortnight also kind of these… tend to get questions coming through and we check in with them and then maybe in sort of, within a month, so we check in again and just remind that should they want any further support. In our authority is provided free of charge it's just if it happens it happens and we just absorb the cost ourselves and I know some authorities have to charge for it don't they? Because of the way their trading works and we felt ethically it would be awful for school didn't feel the could access funding, because of funding issues so we offer that initial training as free and we also offer any support, it's just provided…. and includes like the academies as well yeah, it's just provided if needed. And that in terms of like longer support, and she did mention it again like the suicide when we spoke up the road traffic accident she mentioned it like the year on but she hasn't mentioned it in the interim and I haven't mentioned it to be honest I believe I did check in when I did that bit of casework which was probably like in the autumn, I did check in then, yes I did ask when I went into that bit of casework because it was very relevant to that case. Yeah went in it was it was very early, it was in September that did that bit of case work, I did mention it because I was in doing that but to be honest background would have done if that case work hadn't been related to that, I don't know. I might not have of done it.

**Researcher:** Mmmmm and when the critical incident comes in, the death by suicide, that you responded to a year ago, did or does that take priority of your workload?

**Interviewee:** yeah…

**Researcher**: What happens to the work that you might have had planned for that day or in a couple of days?

**Interviewee:** If like, the one in that incident because it was the last day of term I didn't have any appointments in because no one wants you going in the last day, do they? but if it fell on a Wednesday in the middle of October or whatever, yes, the only thing it doesn't take… well now it doesn't take priority over….  if you had something like a tribunal for example, it would, you would still get your tribunal and someone else would do it. If you had some training that was already in place, you'd likely do it unless there was someone… we have like some core training that we're all familiar with, so if it was something that someone else could easily step into you might do one. Once

where one of my colleagues stepped in and did the training so that me and the senior could do the critical incident it was felt that was better all-round. But yeah, tribunal training would go ahead if possible but you just had a bit of case work, it will just be a matter of our admin team phoning schools and saying, I'm really sorry there has been a critical incident, ***** is going to have to respond to that so she'd be in touch with you to rearrange the work. I've had that happen quite a few times and nobody's ever bothered everyone's just been fine about it. And I've always tried to get that bit of case work in as soon as possible and sometimes then, it has a bit of an impact, you end up moving quite a few things to make it fair really. Obviously statutory where… where you kind of did you…. as I said earlier we tried to do it so the school EP is involved, but most EPs don't work full time in our team, and often things don't necessarily forms peoples working days. In theory we get that time back, but in reality that never really happens [laughs]. So if we spend like the equivalent to a day on the critical incident we get something taken off you, but in reality it just then that's a negative thing, especially if you do like it's not been too bad in lockdown because it's been obviously very different time but like how bad 3 incidents during lockdown so you've got in your diary going to do whatever and then that happens and you have to then put that aside and do it. And sometimes like you know actually spending that much time actually doing it but it's the prep and calling them and then they're not available so you're waiting for them to call you back and then you can't really get stuck into something else coz you're sort of half expecting the phone to ring. So yeah in theory we get the time back but in reality it just gets absorbed really.

**Researcher:** Yeah, I'm just wondering about suicide contagion as you mention that a couple of times and what work you do round with schools and what kind of conversation you might have around that?

**Interviewee:** yeah… we've not, not done much to be honest, I think it's more just been raising their awareness or highlighting it, like the South Wales case where… in Bridgend. You know where there was you know a number of suicides in quick succession wasn't there? So really it's just been highlighted to them that that could be an issue and highlight it and you know, to acknowledge it and be honest but to try and play it down as far as possible and and…. I just found the scripts that we…. we have a script just sort of highlighting that it's very complex if this is suicide and it is not a decision… I'm just trying to find it but we have some quite good….

**Researcher:** Thank you that will be really useful

**Interviewee:** So sort of terms like it's a very complex situation, it's rare, that means it doesn't happen very often it's unusual, when someone's eyes and family and friends have lots of feelings including shock etc and these are normal. And highlighting for young people sort of… if they might feel their shock right that's okay and then we highlighted that Papyrus have got their 'hope line' that people could call, if they wanted to, but we had another document as well and I just set up by that it was it was sort of highlight and try to it was full of staff to talk to the people but highlights like they are trying to basically get the message across that suicide isn't sort of a rash decision- well it can be cant it?- but it shouldn't be it's often a very complex situation and sometimes people might make a very impulsive bad decision, but often it's not just that one little bad things happened is it it's often a very complex overtime situation and trying to get across to people the complexities behind the situation. Trying to contain their worries that it might be something that might become quite

common and just highlighting…. and I think this stuff in that… compiled this document, I'm sure there was a bit in there about contagion.. [holds up leaflet from Papayrus].

**Researcher:** yeah,yeah. Okay that's great thank you for sharing that document. And I just wanted to check, you said there's two people that respond to the critical incident death by suicide, and that's your school EP and then another EP who's on the critical incident rota? Is that anybody that can sign up to be on that rota?

**Interviewee:** Yeah so we don't have trainees on, but if there was a trainee who had a real interest, for example if you were in our service and you wanted to that would be a discussion sort of for SMT but historically we've not had anyone, so we've got an assistant EP and a trainees and we've not had any trainees at all historically, but as I say if it was someone with real interest or some background and they wanted to, that you know maybe we would do that. And then so personal circumstances are taken into consideration so you can come off the rota to at anytime for any reason it doesn't have to be a bereavement based thing, it could just be if you're feeling overwhelmed by your work or anything you just come off it. So if an incident came and it goes to SMT well it goes to like our principle first and then she asks either myself or  ***** who's the senior to coordinate, its largely just done on sort of which days we're working, but we both work part time. For example, if it came in on a Friday, ***** doesn't work, so it would come to me on a Friday. If we're both working, she'll look at diaries and if we're both sort of equally busy she'll give it to ***** probably coz she's senior and well just whoever it makes sense to on that day. If she knows we have a massive workload for whatever reason. So we would coordinate it but wouldn't necessarily do the work but in reality we probably do quite often, it does quite often sits with my school as well [laughs] unfortunately. And so if it's my school and I'm coordinating it, to be honest… and it's not good practise necessarily, but it's often easier to just do it yourself than try and explain it all to someone else again. Yeah and try to coordinate everyone's diaries. But you don't have to do it just cause you're coordinating it and we do have a rota of your name and what you've done so have you been coordinating or have you been responding or have you been supporting for debriefing…. and ideally if you've done responding then you would not do that for quite some time, but the reality is with peoples part time working and it never quite works and it does seem to be some people are keener to do it I think and more confidence do it if you work full time obviously like, I work part time but I only have one day off so you're in more than someone who works two days say…. so it's like it's more likely to fall on your working days and so ideally it will have been the school EP plus another EP, it might be a more experienced member of staff, if it is like for example, we've got two EPS who only, this is like the first fully qualified year, so if either of them were the school EP we would make sure that the other person going in was someone whose either…. I mean everyone's quite an experienced team actually, but we make sure somebody felt confident to support them coz both of them would be less confident I think. Although they are really good EPs, they just not got the experience. And then the debriefing person is just available for after really, it can be, it's always…. So ideally would have three people involved with two going into school if school wants us to go in and then someone in the office to brief. The person briefing as well can do things like adminy type tasks for you, all the admin team are very good at doing that as well so we have like a pack of stuff that we send to schools regardless of the incident, which are like initial documents for them to read and it's very basic information about the process and you know every response, like a typical response to bereavement, it doesn't… is not that's not specific to suicide that's just you know any bereavement

or loss. The initial resource is that we send out and then we tailor additional resources depending on the case, so the debriefing EP could do that all, or the admin team could as well. You can do it yourself however, but if you and at the minute we've been on lockdown so in the office all the time or at home, and if it was in if you were in a school like I've been In the school before and I've just about to start a consultation and I've got a call and then you know you've not got your computer on. And so more so, then you would use the admin support if I got one today and I'm sat at home anywhere probably just do it myself cause by the time you explain where it was you could have sent it to them. I have had cases where like I remember one, it wasn't suicide, but I was in a nursery about to do an observation and my principal wanted me to leave that, leave it …. and go support the critical incident instead the nursery were okay but little bit fed up as I was literally there like pen ready to go but they were OK about it. Coz what could they do? They couldn't say anything and you know I can't say no really. I don't know that's ideal practise; I know it's a critical incident, but you know I think in that case ideally someone else could have coordinated or led. I presume, I can't remember now but I presume it was a staffing issue that no one else was available, coz I think if you've got someone in school already doing something it's not ideal, as it but yeah it must have been a staffing issue or…. Perhaps it was my school I can't remember now.

**Researcher:** okay that's great thank you so much, we have so much information which is all so interesting and really helpful for my research, is there anything we haven't spoken about in relation to your experience that you would like to?

**Interviewee:** I'll just have a quick look through my notes…. The only thing I think I've not mentioned that had noted down this morning - and I might of mentioned it – but one is the fear, people's fear of talking about it, both EPs, staff… and I think that's a big issue when there is a death by suicide, people scared to talk about it, scared of making it worse, scared of bringing it up with the other pupils, and that just purely mentioning the word suicide might make people think it's an option…. So that, that's a big factor. And I think I did mention that a little bit sort of with the contagion and the scripts that we had…. And then the other thing was that I think we're in a fortunate position as EPS that were we are part of the school community to an extent so we know the staff and we know the dynamics, but without being part of the staff team. We are then in a position to be able to support more, so than if we were…. I think if you like…. you know some schools employ an EP directly, don't they? I think that might be quite difficult then, I mean I don't know, I've never done that role, like that so there might actually be advantages as well, but I think having that bit of, being a bit removed, probably helps, but I think I've covered all the things I've jotted down.

**Researcher:** That's great thank you, and just in terms of the fear, why do you think why do you think that is that people are quite scared of using the word suicide or kind of with colleagues back at the office and people still have that kind of fear around it why do you think that might be?

**Interviewee:** I think a lot of it is people are worried that they will make things worst or put ideas in the young people and I think it can be personal lack of confidence and I think it's the way it's reported in the media, the way it's quite, I think it's still quite stigmatised isn't it? Even though you know, it's no longer illegal, the word committed is still used, which drives me insane. Coz you know you watched the news then, in almost every time it's committed. Then you know we've got EPS on the team who are really experienced and lovely lovely people, but say it and I'm sure they don't

mean offence at all, but they just said it. I think it's just common language isn't it? 'committed suicide' its just said. And partly like I do sometimes correct it or say certainly would if it was you know within their response issue but yeah someone senior to you says it in the same team as you…. I bring it up or do I not…. But I think ultimately, it's the fear of making things worse yeah or…. or the contagion sort of making people think about it and consider it as an option.

**Researcher**: yeah yeah

**Interviewee:** And for this EP…. I think I actually most of our EPs, other then myself and  ***** who's the senior, who I've done a lot of work together on it and probably any of the rest of the team would be quite anxious about doing it, because I think they've not got the experience but also not had the training. Because I've been interested in it, when the training has come up I've tended to go on it and I have fed it back to the team and we do another thing actually, that I haven't mentioned as we do every so often, we do like a little role play activity in our team meeting so we get a little scenario and we go into little 3s and we think about how we would respond to that issue what the main points would be and then we come back together as a bigger team and sort of share what we would have done. I think that's helpful but I still think if that was your only experience I think you'd still be quite anxious when a case came up. Some of those scenarios have been around suicide and and some of them have been around wider… wider critical incident work.

**Researcher**: So was that training important in supporting your confidence in responding…

**Interviewee:** yeah yeah and having the sessions as well it's like we've got like we've got like a flow chart if we've got like categories of incidents so I mean I've never been wider the  ***** but for example and there was like the  ***** bombing a few years ago, obviously with  ***** being part of  ***** we had a number of pupils affected by that and I know you know people travelled from all over the UK haven't they? We have categories from kind of something like…. the bombing where it's absolutely multiple people involved and then we have category 3 which is a more one off incident, not that it's any less awful but you know so we had the absolute catastrophe bombing type situation, then we have, sudden/unexpected deaths of the community, and then we have sort of bereavement support in an educational community so maybe like a staff members died or something, and then we have category one would be an individual whose bereaved but it's not a critical incident because it's… it's been expected to an extent so maybe a terminal illness or something. Then we have almost like a category 0 which is the initial training and another thing that's not specific to suicide necessary but I guess part of my interest came from… I grew up in ***** and in the  ***** there was the  ***** bombing and I was a very similar age to the older victim of that, so within  ***** there's always been quite like… there is the **** centre which was a foundation established following that and was quite a lot I guess obviously I've never grown up in another town but I guess there's more out there around kind of death and bereavement and responses because the parents of that young man have done loads in the community to keep that and it is it's more around how the terrorism extremism and stuff but when there is like the  ***** bombing they did loads of work there so I guess that kind of subconsciously is something I have always been aware of…. the benefits of support around these awful incidents is and how getting the right support can… can help.

**Researcher**: Yeah yep, so that might be why you've taken that kind of interest?

**Interviewee:** yeah yeah yeah, possibly yeah.

**Researcher:** So I've we've managed to answer all of my questions and that was really helpful to hear those kind of two extra points where you saying about EPs being external and a bit removed from the school and the fear around an talking about suicide and if there isn't anything else then that comes to the end of our interview.

**Interviewee:** No I don't think there was anything else, thanks. I'd be interested to read the research you are doing when it is completed.

**Researcher:** Thank you so much for taking part in this!