

**AN EXPLORATION INTO THE EXPERIENCES OF PSYCHOSOCIAL SUPPORT  
SERVICES FOR SUICIDAL IDEATION OFFERED AT A SOUTH AFRICAN  
UNIVERSITY**

by

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**ABSTRACT**

The prevalence of suicide among young people in South Africa is a reason for serious concern. The South African Depression and Anxiety Group (SADAG, 2013) reported that the second leading cause of death among university students is suicide, with 20% of students experiencing suicidal ideation during their study years. Suicidal ideation is the first step towards suicide – and thus offers the opportunity to implement an intervention. Most universities in South Africa offer student counselling services, which place universities in an ideal position to create the psychosocial buffer needed to prevent suicide. Research has shown that for psychosocial support services to be beneficial, they must be experienced as effective by the recipients of such services. The aim of this research was to explore the experiences of a recipient of psychosocial support services offered at a South African university to counter suicidal ideation. A qualitative case-study design was used, to allow participant-generated meanings of the psychosocial support to be heard. Volunteer sampling was employed by means of a sampling flyer, which resulted in one participant coming forward, who had attended the student support centre because of suicidal ideation in 2016 and 2017. The participant took part in two semi-structured interviews, which were analysed using Giorgi's (2009) descriptive phenomenological method. The analysis revealed that the participant had experienced certain services as effective and others not. Factors that negatively influenced the experienced effectiveness included lack of capacity, ethical constraints, cost, internal conflicts and lack of openness and honesty, pre-conceived notions, demographic differences, and lack of visibility and awareness. Factors that positively influenced the experienced effectiveness included the counselling environment, staff demeanour and language use, love of a significant other, and self-understanding. Assisting the recipient in understanding themselves and their biases, and strengthening their reason to live, can positively influence the perceived effectiveness of an intervention. Suicidology research on psychosocial support is scarce and the scale of suicidal ideation is vast. Thus, it is recommended that more qualitative and quantitative research be conducted to holistically understand the psychosocial support services offered at universities, from both the recipient's and the provider's perspectives.

**Key terms:** Suicidal ideation, psychosocial support, university students, significant others, self-understanding, mental health services

## CHAPTER 1: INTRODUCTION

### 1.1. Introduction

South Africa, like many other countries, lists suicide as a major cause of death among younger generations (Dachew, Bifftu, Tiruneh, Anlay, & Wassie, 2018; Kimbrough, Molock, & Walton, 1996; Naidoo & Schlebusch, 2014). Globally, suicidal behaviour among people of all ages has become a severe public health concern (Mackenzie et al., 2011; Schlebusch, 2012). According to Mackenzie et al. (2011) and Bantjies, Lochner, Stein, and Taljaard (2017), universities around the world are concerned by the growing rate of suicide among students. University and college students have been identified as a high-risk population with regard to suicidal behaviour (Dachew et al., 2018).

Suicidal ideation forms part of the process of suicidal behaviour and has been identified as a pre-emptive step before attempting suicide (Dachew et al., 2018; Klonsky, May, & Saffer, 2016; Schlebusch, 2012; Mackenzie et al., 2011; Yoder & Hoyt, 2005). Given this pre-emptive nature, the presence of suicidal ideation provides an opportunity for intervention. Universities are limited in their intervention options against suicidal ideation but are able to provide student counselling services (Bantjies et al., 2017). Many universities offer student psychosocial support services to help prevent suicidal ideation because psychosocial support has been identified as a buffer against suicidal behaviour (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Khan, Hamdan, Ahmad, Mustaffa, & Mahalle, 2016; Lin, Hsu, Cheng, & Chiu, 2015; Shilubane et al., 2014). This study focuses on the experiences of a recipient of psychosocial support services at a South African university, regarding his suicidal ideation. This work explores how the recipient viewed the effectiveness of the intervention.

In this chapter, the operationalization of terms applicable to the study are provided. The research problem and research objectives are discussed, the research objectives are outlined, and a justification for the study is provided. The chapter ends with an overview of the remaining chapters.

### 1.2. Operationalization of Terms

To clarify the research, it is imperative to define and explain the study variables. The World Health Organization (WHO, 2016) regards suicide as the action of intentionally ending one's own life. Schlebusch (2012) described suicidal behaviour as a variety of self-destructive



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actions committed by individuals, with various degrees of motive, distress, lethal intent, awareness, psychopathology, and expectations of the outcome of their behaviour. In many instances, before a person commits suicide, they experience suicidal ideation. This refers to thinking, writing, planning, and engaging in suicidal or self-injurious behaviour (Pienaar, Rothmann, & Van Der Vijver, 2007; Schlebusch, 2012). Suicidal behaviour comprises planning, attempting, and completed or fatal suicides (Naidoo & Schlebusch, 2014).

Fatal suicidal behaviour is described as “self-committed, completed suicidal behaviour that embodied the victim’s intent or aim to die and where that person managed to achieve that predetermined goal” (Schlebusch, 2012, p. 179). Non-fatal suicidal behaviour refers to self-committed suicidal behaviour that did not result in ending one’s life (Schlebusch, 2012). Non-fatal suicide includes attempted suicide and parasuicide. Attempted suicide is defined as self-committed suicidal behaviour which is non-fatal and results in the unintended survival of the individual (Schlebusch, 2005). Parasuicide refers to self-committed suicidal behaviour which is non-fatal, but lacks the intention to end one’s life (Schlebusch, 2005). Parasuicide can be viewed as a cry for help and an unsuitable attempt at problem-solving in the form of self-harm (Rontiris, 2014).

Attempted suicide and parasuicide are thus differentiated according to the intent to end one’s life; however, both result in non-fatal outcomes (Schlebusch, 2005). Self-harm indicates a risk of suicide and is referred to as “self-poisoning or self-injury, irrespective of the intent” (Ougrin, Tranah, Leigh, Taylor, & Asarnow, 2012, p. 337). Self-harm includes both fatal and non-fatal suicidal behaviour (Ougrin et al., 2012). The focus in this study is suicidal ideation as defined by Pienaar et al. (2007) and Schlebusch (2012) – namely the thinking, writing, planning, and engaging in self-destructive actions.

Social support refers to the support available to an individual through social ties to other people, groups, and the larger community (Haithcox-Dennis, DeWeese, & Goodman, 2013). This study focuses on psychosocial support specifically. Psychosocial support in this context is defined as a continuous support process intended to satisfy an individual’s physical and emotional needs (Hlalele, 2012). This study focuses on a person’s experiences of psychosocial support, known as “perceived psychosocial support”. Perceived psychosocial support refers to a person’s experience of the physical and emotional support provided by other individuals in the immediate surrounding, and is strongly linked with psychological wellbeing (Endo et al., 2014; Pidgeon, Rowe, Stapleton, Magyar, & Lo, 2014). In this research, only the psychosocial

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support offered as part of the counselling services at the university are examined. The focus is on the perceived psychosocial support, defined by Endo et al. (2014) and Pidgeon et al. (2014) as the person's experience of physical and emotional support, provided by the university's student support centre to counter suicidal ideation.

### **1.3. Research Problem and Objectives**

Many youth health issues in society are related to substance abuse, injury, and suicidal behaviour. Societies should invest in promoting the healthy development of their youth through interventions aimed at these aspects (Du Plessis, 2012). According to WHO (2016), more than 800 000 individuals die from suicide each year, making this the second leading cause of death in the 15–29 year group. Globally, a suicide occurs every 40 seconds and an attempt is made every three seconds (Ramoothwala, 2016). In the United States, suicide is the third leading cause of death among individuals aged 10 to 24 years (Miller, Esposito-Smythers, & Leichtweis, 2015). Van Der Merwe (2015) reported that South Africa has the eighth highest suicide rate in the world. According to records from academic hospitals, suicide comprises 8% of all deaths in South Africa (Ramoothwala, 2016). The South African Depression and Anxiety Group (SADAG, 2013) stated that over the last 20 years, suicide rates have increased significantly for white males and females and black males among the 15–24 age group. In 2014, SADAG reported that there are at least 23 suicides per day in South Africa (SADAG, 2014). However, Kimbrough et al. (1996) and Schlebusch (2005) cautioned readers not to accept suicide figures at face value. Often these figures underestimate the extent of the problem due to many attempted and completed suicides not being reported, which means that true suicide rates are likely to be higher.

According to SADAG (2013), the second leading cause of death among university students is suicide. This statement highlights the vulnerability of students to suicidal behaviour and ideation. SADAG found that 20% of students engage in suicidal ideation within the duration of their studies. Universities are expected to create optimal settings for academic achievement and part of this process includes promoting students' mental health (Bantjies et al., 2017). Most universities in South Africa offer student counselling services, which places universities in an ideal position to create the psychosocial buffer needed to prevent suicide (Eisenberg et al., 2007). Research with undergraduates at universities has shown that logistic barriers to seeking treatment for suicidal ideation include health care costs, unavailable

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resources, lack of mental health screening, and lack of available care options (Klein, Ciotoli, & Chung, 2011; Roesch, 2015).

Most research in the field of suicidology relies on quantitative methodology, specifically focusing on causal explanations of suicide. This approach leads to a limited understanding of suicidal behaviour and interventions (Hjelmeland & Knizek, 2010; Rontiris, 2014). Many studies conducted locally and internationally have focused on the prevalence of suicidal behaviour among different population groups (Kong & Zhang, 2010; Miller, Esposito-Smythers, & Leichtweis, 2015; Naidoo & Schlebusch, 2014; Van Niekerk, Scribante, & Raubenheimer, 2012). An additional common research focus includes the risk factors associated with suicidal behaviour (Ang & Huan, 2006; Eisenberg et al. 2007; MacKenzie et al., 2011; Peltzer, Yi, & Pengpid, 2017; Shilubane, Bos, Ruiters, van den Borne, & Reddy, 2015; Sun, Hui, & Watkins, 2006).

According to Hjelmeland and Knizek (2010), a qualitative approach should be used to study suicidal behaviour and interventions, to achieve a rich understanding of the content and efficiency of interventions. The experience of recipients of psychosocial support services is crucial in preventing suicide. The scientific exploration of a recipient's experiences can help to clarify whether the support services are viewed as positive or negative. Such research may assist in laying the foundation for future research and ultimately may lead to improvement in the prevention of suicidal behaviour through the relevant university student support centres.

The objectives of this research were as follows:

- The main objective was to determine how the recipient of psychosocial support services at the university's support centre experienced the service, with regard to countering his suicidal ideation.
- The second objective was to investigate the reasons why the participant may or may not have experienced this service as helpful.
- The third objective was to identify ways of improving the services offered, based on suggestions by the recipient.

The data informing the present study were collected during two semi-structured interviews with the recipient of psychosocial support at a South African university student support centre. Descriptive phenomenology, grounded in phenomenological theory, was utilised to analyse the experiences of the participant.

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### 1.4. Justification

Suicidology research in South Africa has focused more on the prevalence of suicide than on the causes and prevention of suicide (Du Plessis, 2012; Schlebusch, 2005). According to Endo et al. (2014), scant literature has examined the relationship between suicidal ideation and social support. Internationally and locally, few studies have focused on the relationship between suicidal ideation and social support among university students. International research includes work by Eisenberg et al. (2007), Endo et al. (2014); Kimbrough et al. (1996), Mackenzie et al. (2011), and Rice (2015). Local research includes work by Bantjes, Kagee, McGowan, and Steel (2016); Dachew et al. (2018); Ovuga, Boardman, and Wasserman (2006); and Van Niekerk, Scribante, and Raubenheimer (2012). Local studies have tended to focus on the risk of suicide among high school students.

The prevalence of suicides among the younger generations in South Africa is a major cause for concern (Schlebusch, 2012). An individual's transition to university brings additional life stressors in the new environment. Students face new demands that have inflexible deadlines, with added pressure and expectations, and students are often separated from their previously established social support systems (Eisenberg et al., 2007; Mackenzie et al., 2011; Lewin & Mawoyo, 2014). A newspaper article reported on seven students in South Africa who had attempted suicide; they were asked why they felt they could not carry on living and financial difficulties were often identified as a compounding factor (Peter, 2018). As indicated by the literature, students are at an increased risk of suicidal ideation.

Van Niekerk et al. (2012) reported that suicidal ideation has already been identified at the university where the present study was conducted. A recent report revealed that 23 students from the study's university had attempted suicide, with two fatally committing suicide during 2018 alone. The student body took part in a silent march calling on university management to provide additional psychosocial support due to the rise in suicide incidents. In response, the university management has made an arrangement with SADAG to provide 24-hour telephonic assistance (Kgosana, 2018; Nqola, 2018). Peter (2018) reported that four fatal suicides occurred across three universities in South Africa during August 2018. It is thus important that South African universities provide psychosocial support services that are sound, supportive, and effective to prevent this problem. Prevention of suicide is necessary for students with mental health issues, who are at increased risk of academic failure and dropping out. Students who fail

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courses and drop out cost universities and taxpayers money. Overall, prevention is the best option (Bantjies et al., 2017; Schlebusch, 2005).

Nurullah (2012) and Haithcox-Dennis et al. (2013) stipulated that although psychosocial support services are crucial, it is more important for them to be experienced as effective by recipients of such services. If university support centres are to be effective in helping individuals who have suicidal ideation, the experiences of people who receive those services should be studied. This research is aimed at doing that; to listen and understand the experiences of those affected. The resulting information can assist psychosocial support institutions to improve their services. In addition, the results of this study can lead to future research to understand both the recipients and the providers of psychosocial services better, to counter suicidal ideation.

### **1.5. Chapter Outline**

Chapter 1 has introduced the operationalization of terms guiding this research; the research problem, aim and objectives; and the justification for the present research. Chapter 2 provides a review of the literature. The literature review focuses on suicidal behaviour and suicidal ideation, psychosocial support, and the relationship between the two. Chapter 3 describes the theoretical framework used and its history and basic principles. Chapter 4 discusses the research design and methodology of this study, including the sampling technique, data collection, data analysis, and ethical considerations. Chapter 5 provides an analysis of the research findings as presented by the participant. Chapter 6 presents a discussion of the findings, an explanation of the limitations of the study, and general recommendations, as well as recommendations for future research.

## CHAPTER 2: LITERATURE REVIEW

### 2.1. Introduction

This chapter explores the available literature on suicidal ideation and psychosocial support. It discusses international and South African research on these topics. Although this chapter includes a wide range of literature, the main focus is university students and local research. An overview of suicidal behaviour, prevalence rates and risk factors is provided, with a focus on suicidal ideation. The findings of local and international research are followed by a discussion of suicide prevention. Psychosocial support is discussed as a buffer against suicidal ideation. The chapter ends with a summary and an introduction to the next chapter.

### 2.2. Suicidal Behaviour

Suicidal behaviour has been described as one of the main contributors to death and disability worldwide and is a major public health concern (Klonsky et al., 2016; Liu & Miller, 2014). It occurs across all age groups, in both high- and low-income countries, and across all the main ethnic groups in South Africa. The prevalence of suicidal behaviour continues to increase and is a main contributor to the increasing disease and healthcare liability of many low- to middle-income countries (McKinnon, Gariépy, Sentenac, & Elgar, 2016; Naidoo & Schlebusch, 2014). According to Govender and Schlebusch (2013), approximately 85% of suicides occur in low- and middle-income countries, which are often ill-equipped to meet the general and mental health needs of their populations. The loss of individuals to suicide leads to significant losses for families, friends, and society (Britton, Van Orden, Hirsch, & Williams, 2014, Vawda, 2014). Suicidal behaviour places a serious burden on health care and calls for effective screening, prevention, and intervention programmes.

Suicide is the 15<sup>th</sup> leading cause of death worldwide; it accounts for 1.4% of all deaths (WHO, 2014). It results in roughly 30 000 deaths each year in America and about 5000 in South Africa, with these figures constantly increasing (Masango, Rataemane, & Motojesi, 2008). The WHO estimates that roughly 1.53 million people will die annually from suicide by 2020, which reflects a 0.65-million-person increase from the statistics for 2002 (Bertolote & Fleischmann, 2005; Schlebusch, 2012). Suicide rates are higher among males than females, with a 3:1 ratio throughout the world (Mackenzie et al., 2011; Naidoo & Schlebusch, 2014). Non-fatal suicidal behaviour is higher among females (Schlebusch, 2012). China is the only

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country where females have higher suicide rates than men, specifically in the rural areas (Kong & Zhang, 2010).

In South Africa, most suicides occur in the 15–19 year group. Suicide is the third leading cause of death among the Indian, Black and Coloured population groups and is the second leading cause of death among Whites (Naidoo & Schlebusch, 2014). As mentioned earlier, suicide statistics remain somewhat unclear due to underreporting. Many cultures regard suicide as a social taboo; due to this stigma, suicides are often not reported or are reported under a different category (Zozulya, 2016). Accurate and current suicide statistics are difficult to obtain in South Africa as there is no agency in the country that systematically tracks data on suicides and other-unintentional-injury deaths (SADAG, 2014). The latest published report on mortality and causes of death in South Africa groups suicide with accidents and homicide under the heading of external causes of mortality which comprised of 11.2% of total deaths in 2015 and 2016. There is no indication of what percentage suicide comprises of within this grouping, furthering the difficulty in clarifying and understanding the extent of suicide within South Africa (Statistics South Africa, 2016).

According to Naidoo and Schlebusch (2014), the method chosen to commit suicide depends on several factors. These include the mental state of the individual, their intention to die (high versus low), the intensity of the factor or stressor triggering the suicidal behaviour, the individual's tolerance for the triggering stressor or factor, personal choice with regard to knowledge of the effectiveness of the method, access to the tools needed for the chosen method, and the setting in which the act is to take place. Globally, the most common methods chosen include hanging, shooting, and self-poisoning (Kong & Zhang, 2010; Naidoo & Schlebusch, 2014). Studies in South Africa have reported that hanging is the method of choice for South Africans. A study by Meel (2006) in the Transkei revealed an 11% increase in hangings from 1993 to 2003. Naidoo and Schlebusch (2014) reported that hanging was the method of choice for 61% suicides in 2006 and 62% in 2007. The next preferred methods included shooting, jumping from heights, and overdosing. A recent study revealed that 43.4% of suicides recorded at the Pretoria Medico-Legal Laboratory (PMLL) for January 2007 to December 2010 were the result of hanging. The next preferred methods were shooting, ingestion, or overdose (Engelbrecht, Blumenthal, Morris, & Saayman, 2017).

To prevent suicides, one must explore the risk factors of suicidal behaviour (Schlebusch, 2012). Risk factors that have been identified for suicidal behaviour include major

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depression (Sun, Hui, & Watkins, 2006), bipolar disorder, posttraumatic stress disorder (PTSD), hopelessness, impulsivity (Klonsky et al., 2016), low levels of conscientiousness, lack of emotional stability (Pienaar et al., 2007), loss of social support (Endo et al., 2014), obesity (Carpenter, Hasin, Allison, & Faith, 2000), academic stress (Ang & Huan, 2006), life stressors (Liu & Miller, 2014), interpersonal violence, sexual abuse (MacKenzie et al., 2011), irregular sleep, inconsistent personal relationships, low levels of adjustment, financial stress (Eisenberg et al., 2007), inadequate psychosocial support (Miller et al. 2015), negative life events, poor living arrangements, substance use, physical inactivity (Peltzer et al., 2017), and hyperarousal (Steyn, Vawda, Wyatt, Williams, and Madu, 2013). Hyperarousal includes “sleep difficulties, irritability, reduced concentration, hypervigilance and exaggerated startle response” (Steyn et al., 2013, p. 19). Suicide rates have been shown to peak on weekends and at the beginning and end of a year, particularly among the youth. It has been postulated that these findings are linked to the increased levels of stress experienced at year end, which is precipitated by socio-economic difficulties and academic expectations (Schlebusch, 2012; Naidoo & Schlebusch, 2014).

In many instances, before a person commits suicide they experience suicidal ideation (Schlebusch, 2012). As defined earlier, suicidal ideation refers to the thinking, writing, planning, and engaging in self-destructive actions (Pienaar et al., 2007; Schlebusch, 2012). It has been identified as the first step towards the completion of suicide (Roesch, 2015). According to Potter, Silverman, Connorton, and Posner (2004), the suicide continuum begins with suicidal ideation, followed by planning and preparing, then threatening to take one’s life, followed by attempting suicide, and finally the completion of suicide. Suicidal ideation can result in injury, hospitalisation, and loss of freedom, and can wield a financial burden on society (Klonsky et al., 2016; WHO, 2014). Globally, the lifetime prevalence rate for suicidal ideation is estimated at 9.2%, and at 2.7% for suicide attempts (Klonsky et al., 2016).

Van Niekerk et al. (2012) reported that suicidal ideation is strongly associated with suicide attempts, with 50% of planned attempts occurring within a year of suicidal ideation. Research at three South African universities revealed a prevalence of 6.2% for suicide attempts, with 32.3% of all students reporting instances of suicidal ideation (Van Niekerk et al., 2012). Poor academic performance and anxiety among students at university have been shown to increase the risk of suicidal ideation and attempts (Peltzer et al., 2017). Although not all people who experience suicidal ideation attempt suicide, such thoughts can be an early warning sign for worsening suicidal behaviour among many individuals (Klonsky et al., 2016; Mackenzie et



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al., 2011; Yoder & Hoyt, 2005). Because suicidal ideation is the pre-emptive step before attempting suicide, it provides an opportunity to implement an intervention (Klonsky et al., 2016; Mackenzie et al., 2011; Yoder & Hoyt, 2005).

Globally, mental illness is becoming a common problem among university students. A study by Eisenberg, Hunt, and Speer (2013) in America, across 26 campuses, revealed that 6.3% of students experienced suicidal ideation and 15.3% reported non-suicidal self-injury. Similarly, a study in South Africa revealed that 24.5% of students had experienced suicidal ideation in the two weeks prior to being interviewed (Bantjes, Kagee, McGowan, & Steel, 2016). Suicide has been identified as the second leading cause of death among college and university students (Dachew et al., 2018).

The findings of studies conducted in Africa and internationally, focusing on university students, are discussed below. The aim is to provide a comprehensive understanding of suicidal ideation and psychosocial support.

### **2.2.1. African research on suicidal ideation.**

Not much research has been conducted in Africa on suicidal ideation, with even less focusing specifically on university students presenting with suicidal ideation. The lack of local research on suicidal ideation amongst university students places limitations on the rationale of the study and the assumption that suicidal ideation is a major challenge for students in universities in South Africa. A number of the studies are slightly outdated which also limits the researcher's understanding of the status and manifestation of suicidal ideation in university settings.

In a study by Ovuga, Boardman, and Wasserman (2006) at a Ugandan university, students were identified as facing difficulties regarding high levels of poverty, loss of traditional social support, and the HIV/AIDS epidemic. These difficulties resulted in students having high levels of psychological distress and reportedly increased the risk of suicidal ideation and suicide attempts. The present researcher similarly identified university students as being at risk for experiencing suicidal ideation.

A study with university students in Ethiopia found evidence of strong associations between suicidal ideation and mental distress, family history of mental illness, weak social support, financial distress, and substance use. Many students in university settings have little social support due to having relocated (Dachew et al., 2018). The present researcher similarly

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identified a lack of social support as a major risk factor for suicidal ideation. Because students often experience a lack of social support, universities may offer social support services. The university where this study took place offered psychosocial support services for all students, free of charge, to assist students with the adjustment to university life and the increase in academic demands.

A study by Vawda (2014) with Grade 8 learners in Durban found that 33.8% of the participants reported suicidal behaviour, with 22.5% reporting suicidal ideation, 5.9% suicidal plans, and 23.9% actual suicidal attempts. Risk factors for suicidal ideation were depression, perceived stress, hopelessness, anger, alcohol use, poor self-esteem, and poor perceived social support from family. Another risk factor was friends' suicidal thoughts. The present researcher similarly identified suicidal ideation as a precursor for more harmful suicidal behaviour, which thus provides the opportunity for intervention. In this study, the perception of support is viewed as imperative in the suicidal ideation intervention process. The researcher thus sought to explore the recipient's experiences of the psychosocial support received from the university's support centre.

A national study by Khasakhala et al. (2011) with South African adults found that 61% of participants who reported suicidal ideation had a prior DSM-IV mental disorder, such as major depression, social phobia, panic disorder, or PTSD. PTSD was the strongest predictor of suicidal ideation. Another study by Bantjes et al. (2016) with undergraduate students at a South African university identified depression as the strongest predictor of suicidal ideation. That study found that 24.81% reported suicidal ideation and identified depression, anxiety, and PTSD as strong predictor variables for suicidal ideation. Korb and Plattner (2014) found a relationship between depression and suicidal ideation among undergraduate students in Botswana. The present researcher thus recognises the possible comorbid influence of depression and other mental disorders. However, the focus here is on a single student who suffered from suicidal ideation, as identified from the screening process at the university before psychosocial support is provided.

Focus groups were conducted with a group of 50 high school teachers in Limpopo by Shilubane et al. (2015). The discussion revealed that these teachers lacked knowledge of the warning signs of suicidal behaviour among students and how to support students in the event of an attempted or completed suicide. The teachers also raised concern that the school curriculum lacked information about suicide and suicidal behaviour. For future prevention and

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intervention programmes, it is imperative that teachers, lecturers, and health professionals should be made aware of the warning signs of suicidal behaviour and what to do when one identifies an individual at risk for suicide. The screening process at the university in this study identifies students who are at risk and refers them for personal counselling with a support centre staff member. This study explores the experience of psychosocial support offered by the support centre regarding suicidal ideation. The exploration of these experiences provides insight about the adequacy of knowledge among counsellors at the student support centre.

### **2.2.2. International research on suicidal ideation.**

Due to the limited amount of research on university students with suicidal ideation in Africa, the researcher included international studies to illustrate the similarities and to expand on the local studies. The international studies selected were all conducted with university or college students. They focused on identifying the risks specific to students with regard to suicidal ideation, and the role of social support.

Risk factors for suicidal ideation were identified by Kimbrough et al. (1996) in a study with African American college students at predominantly white and predominantly black universities. The main risk factors were high levels of stress and lack of psychosocial support from family and peers. Students who had non-supportive families were more likely to experience depression and suicidal ideation. These findings mirror the conclusion by Vawda (2014) that severe depression and perceived stress, with low levels of perceived psychosocial support, are risk factors for suicidal ideation. In the present study, lack of social support is considered a trigger for suicidal ideation.

Ovuga et al. (2006) and Eisenberg et al. (2007) reported that students at American universities who had low socioeconomic status reported relatively high levels of suicidal ideation. Psychosocial support was identified as an effective buffer, as students who lived with a spouse or partner reported less suicidal ideation. The present researcher thus identified psychosocial support as a buffer against suicidal ideation, and sought to explore the experiences of psychosocial support offered at a South African university.

Endo et al. (2014) similarly found a strong relationship between the severity of suicidal ideation and perceived psychosocial support in a study with adults in Japan. Individuals who reported high levels of suicidal ideation experienced relatively little support from their relatives and friends and were dissatisfied with the psychosocial support offered. Shilubane et al. (2014)

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found that the risk of suicidal ideation and suicidal attempts were reduced by access to counselling that offered psychosocial support through strong interpersonal relationships. In addition, Endo et al. (2014) found that individuals with high levels of suicidal ideation not only received relatively scant psychosocial support but also provided little such support to others. This reduction in support was hypothesised to be a result of the person devaluing the benefit of psychosocial support. The present researcher believes that an individual's perception of psychosocial support influences whether they experience this service as helpful or not. This study explores a student's experiences in this regard, to understand why he perceived the support provided as helpful or not. His views are discussed as part of the results of this study (see Chapter 5).

A study by Rice (2015) with college students in America found that psychosocial support which contained unhelpful feedback, such as shaming or minimisation of their emotional state, negatively affected how the psychosocial support was perceived. The present study explores the perception of psychosocial support in an attempt to discover the factors that assist in making the services offered more beneficial for students in need. These perceptions are discussed as part of the results of this study (see Chapter 5).

As mentioned earlier, the quantitative focus in suicidology research yields a limited understanding of suicidal behaviour and interventions (Hjelmeland & Knizek, 2010; Rontiris, 2014). Quantitative studies are necessary because prevalence rates and the identification of risk factors help to identify vulnerable people, but they do little to actually reduce the problem (Rontiris, 2014; Schlebusch, 2005). Qualitative studies allow for interpretation and understanding of the relationships between the prevalence rates and the risk factors (Hjelmeland & Knizek, 2010). Many quantitative suicidology studies focus on individual risk factors specific to a population being studied; however, suicide is a complex phenomenon with multifactorial and multidimensional risk factors and causes (Rontiris, 2014; Schlebusch, 2005). A qualitative approach, specifically a phenomenological approach, provides inclusive and effective ways of understanding the differences between individuals and cultures and the way in which people experience the world (Hjelmeland & Knizek, 2010). A holistic view must be adopted to develop effective suicide prevention and intervention programmes. This study helps to fill the knowledge gap by examining the views of an individual with suicidal ideation and how he thought psychosocial support offered at a South African university could be improved.

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### 2.3. Suicide Prevention

It has been argued that the many risk factors implicit in completed and attempted suicide mean that interventions should be aimed at preventative and protective factors, rather than focusing on individual risk factors (Kalafat et al., 1997; Britton et al., 2014). A preventative measure could include the identification and treatment of suicidal ideation (Klonsky et al., 2016; Yoder & Hoyt, 2005). Many people who experience suicidal ideation do not show immediate signs and symptoms, which makes it difficult to identify and treat. Added to this is the negative stigma attached to mental health, which may prevent individuals from seeking help when they realise they are having problematic thoughts that they cannot deal with alone (Klonsky et al., 2016).

Because depression is a precursor for suicide, it has been suggested that prevention strategies at universities should aim to identify initial signs of depression and provide early intervention (Aria et al., 2009). Individuals with primary depression have been estimated to have a 15% lifetime risk of suicide, as opposed to the general population who have a 1% lifetime risk (Kimbrough et al., 1996). The university where the study took place has a screening process to identify and provide interventions timeously for students who present with depression and suicidal ideation.

According to Klonsky et al. (2016), knowledge of common motivations for attempting suicide can assist in developing suicide prevention programmes. Motivations can include a desire to die, the need to escape, an attempt at communication, the wish to change one's surroundings, or an attempt at dealing with an unbearable state of mind. Shneidman (1993) stated that emotional or psychological pain – referred to as “psychache” – which surpasses an individual's tolerance level is the primary motivation for attempting suicide. Baumeister (1990) stated that a person's need to reduce aversive self-awareness is the main motivation for attempting suicide.

Britton et al. (2014) suggested that researchers must explore protective factors that reduce the risk of suicidal ideation and other suicidal behaviour, to inform prevention programmes. Peltzer et al. (2017) stated that suicide prevention strategies should focus on students with low academic performance, mental health issues, and a history of childhood trauma. These authors stipulated that specific attention should be paid to the role of families as a possible stressor for suicidal behaviour among university students. Miller et al. (2015) found

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that high levels of suicidal ideation were reported by individuals who had experienced little school or parental support.

Many suicide prevention techniques focus on improving one's social support, based on Durkheim's (1897) premise that societies with stronger interpersonal bonds have an increased capacity for preventing suicides (Endo et al., 2014). Supportive social relationships have been shown to promote better health and alleviate disease (Nurullah, 2012).

### **2.4. Psychosocial Support**

Psychosocial support has been identified as an effective intervention against suicidal ideation and suicidal behaviour. It acts as a protective factor (Vawda, 2014). Such support promotes health and wellbeing by acting as a buffer against life stress. It can mitigate negative life events, such as loss or failure (Khan et al., 2016; Lin et al., 2015). Psychosocial support offers assistance by meeting informational, emotional, material, and companionship needs, and is recognised as support by both the provider and the recipient (Nurullah, 2012).

Informational support includes providing the information and knowledge a person needs in order to address their problems (Endo et al., 2014). Emotional or affective support includes showing love for and belief in the individual (Endo et al., 2014). Material or instrumental support includes providing help with work or lending money and other objects (Endo et al., 2014). Companionship or evaluative support includes providing an appropriate evaluation of an individual's behaviour and its outcome (Endo et al., 2014). These forms of support are discussed according to the participant's experiences (see Chapter 5).

Psychosocial support can increase positive health behaviours. These include adherence to medical treatments, help-seeking behaviour, maintaining a healthy diet, and exercising; all of which improve one's health overall (Britton et al., 2014). Received social support, such as counselling, is only considered an effective buffer to aversive feelings or situations when it is perceived as effective by the recipient (Haithcox-Dennis et al., 2013; Nurullah, 2012). Compared to received social support, perceived social support is a stronger predictor of well-being (Nurullah, 2012). To understand the effectiveness of an intervention, one must explore the perception of those receiving the intervention.

Counselling can reduce the risk of suicidal ideation and suicidal attempts if psychosocial support is offered through a strong interpersonal relationship (Haithcox-Dennis et al., 2013; Nurullah, 2012; Shilubane et al., 2014; Vawda, 2014). It is therefore maintained

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that the experienced effectiveness of the psychosocial support, the strength of the interpersonal relationship, the willingness of the provider to help, and the quality of this support are crucial factors. The size of a person's social support network might be less important for the perceived effectiveness of psychosocial support (Endo et al., 2014; Nurullah, 2012).

Shilubane et al. (2014) stressed that psychosocial and behavioural support interventions are imperative in school and community settings, to alleviate suicidal ideation and to promote well-being and health. According to Eisenberg et al. (2007), universities are well placed to provide suicide intervention as they incorporate many factors of students' lives. Examples are academics, extracurricular activities, residences, services, and social networks. According to Bantjies et al. (2017), most universities in South Africa offer student counselling services, but due to understaffing and overwork these services are often inadequate.

Mental health in South Africa is often not addressed, as a result of multiple competing health priorities where both public and private health sectors are poorly resourced and fragmented (Robertson, Chiliza, Janse van Rensburg, & Talatala, 2018). Less than 16% of individuals with mental illness receive treatment. 85% of mental health patients depend on public health sectors, where there are only 18 beds for every 100 000 people available in these hospitals (The South African College of Applied Psychology, 2018). In addition to a lack of facilities, South Africa does not have enough trained and registered health professionals, where there are 1.58 psychosocial providers for every 100 000 people (Bezuidenhout, 2016). Although South African universities are ideally placed, they may not have sufficient resources or capacity to provide effective psychosocial support services to their student body.

One may question universities' sense of responsibility for providing health care to students, as their primary function is to promote academics. However, a university is expected to create optimal settings for academic achievement; part of this process includes caring for students' mental health (Bantjies et al., 2017; Eisenberg et al., 2013). As argued by Eisenberg et al. (2007), universities that provide psychosocial support services that are experienced as helpful can lessen the aversive effects of stress and possible suicidal actions. In line with the argument by Eisenberg et al. (2013), the researcher believes that universities in South Africa are in an ideal position to create a supportive buffer to prevent suicide.

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### **2.5. Conclusion**

The literature summarised here has highlighted the worldwide health concern of suicidal ideation among university students. The literature discusses the multifaceted nature of suicidal ideation and the array of risk factors. A discussion of the lack of social support as a major risk factor was provided, and the importance of psychosocial support as an effective buffer was illustrated. The need for psychosocial support services in universities was highlighted, and the motivation for understanding a recipient's perception of the effectiveness of such a service was provided. The next chapter discusses the study within a phenomenological theoretical framework. A history of this framework is provided as well as the basic principles, and how they apply to the present study.



## CHAPTER 3: THEORETICAL FRAMEWORK

### 3.1. Introduction

A phenomenological theoretical framework informs the present study. This chapter includes a description of the phenomenological framework, a brief history, the basic principles, the reasons for choosing the phenomenological approach, and the phenomenological phases. The relevance of this approach for understanding the participant's experiences of psychosocial support at a South African university is highlighted.

### 3.2. Theoretical Framework: Phenomenology

Phenomenology is a philosophy that was formulated by Edmund Husserl in the early 20<sup>th</sup> century, in his publication *Logical Investigations* (Giorgi, Giorgi, & Morley, 2017). His theory was referred to as "transcendental phenomenology" and was intended for use within philosophy and the human sciences (Wertz et al., 2011; Willig, 2013). This philosophical method of enquiry focuses on capturing and providing a detailed description of the subjective or "lived" experiences of individuals rather than on people's observed behaviour (Basson & Mawson, 2011). The phenomenological approach is based on the assumption that descriptions of one's experiences are subjective regarding one's understanding of the world. Phenomenology is concerned with phenomena that result in an individual's consciousness as the person engages with the world (Aspers, 2009; Willig, 2013). This approach focuses on understanding the quality and texture of experience. These aspects are important in this study, as the researcher wanted to know how the participant experienced the services offered by the student support centre. This understanding and the detail of experiences places this study within the qualitative research approach.

### 3.3. A Brief History

Phenomenology as a philosophy became popular in the 20<sup>th</sup> century and resulted in the development of different interpretations and applications of this framework. Husserl's goal of creating the philosophy of phenomenology was to make philosophy a rigorous science (Giorgi et al., 2017; Hopkins, 2010). The phenomenological framework was later extended for use within the social sciences. Due to this study being psychologically based, it was essential to select one of the psychological applications of Husserl's phenomenological method as the research approach.

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This section outlines five categories of psychological applications of Husserl's phenomenological method. The categories or approaches to phenomenology, as described by Giorgi et al. (2017), include the following:

- 1) *Goethean and Brentanian pre-philosophical approaches*. These approaches were initially separate but eventually merged. Johann Wolfgang von Goethe used phenomenology to describe how plants experience colour and light. Franz Brentano introduced the idea of intentionality, which was modified by Husserl. Intentionality posits that the appearance of an object as a perceptual phenomenon depends on the perceiver's context, angle of perception, and mental orientation. Mental orientation includes a person's wishes, emotions, and pre-conceived notions (Willig, 2013). Carl Stumpf combined the two approaches to include careful descriptions of objects without the process of speculation, hypotheses or theories.
- 2) *Grass-roots phenomenology*. This approach, introduced by Donald Snygg and Arthur W. Combs, focuses on the experiential world of the other. The other refers to an individual who is distinct from oneself in terms of racial, sexual or cultural characteristics.
- 3) *Interpretive phenomenology*. This approach was initiated by a student of Husserl called Martin Heidegger, who viewed phenomenology as placed within a social context.
- 4) *Descriptive phenomenological method*. This approach was influenced by Husserl's view of the phenomenological method as based on the intuition of the individual, and focuses on a raw description of lived experiences.
- 5) *Phenomenological analysis that begins transcendently and returns to positivity*. This approach focuses on a level of consciousness beyond the psychological, where the researcher becomes aware of the conditions for the possibility of any experience.

Among these phenomenological approaches with a psychological focus, descriptive phenomenology was chosen for the present study. The researcher was concerned with capturing the lived experiences of the participant as he presented them (Broomé, 2011; Wertz et al., 2011; Willig, 2013).

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### **3.4. Basic Principles**

The phenomenological approach recognises consciousness as the most imperative life aspect that exists co-dependently with the body; therefore, an individual is viewed as an embodied consciousness (Broomé, 2011; Wertz et al., 2011). When studying consciousness, one must be aware that consciousness is both intentional and non-sensorial. In other words, consciousness is deliberate and not experienced through the physical senses. An intentional act of consciousness is the process of directing one's attention towards an object. This object may actually exist in the world, may no longer be alive, or may be an image in the stream of consciousness (Giorgi et al., 2017). The present researcher acknowledges that acts of consciousness can produce objects – such as images and dreams – which differ vastly from the objects of worldly perception, and may also differ from one's awareness of one's lived experiences. The aim of this study is to extract how the participant's experiences of the psychosocial support influenced the perceived effectiveness of that service. The study is concerned with how objects displayed by one's consciousness affected the participant's experience, not whether these objects were real or non-real.

Consciousness is non-sensorial as it is the medium by which we become aware of physical, material, and biological phenomena (Giorgi et al., 2017). Consciousness is understood as synthesising one's experience through intentionality (Broomé, 2011). Intentionality views the self and the world as necessary components of meaning (Willig, 2013). From this perspective, it is assumed that each experience of the psychosocial support services received was separate, and that the same experience could be described in various ways. The researcher believed that the perceived effectiveness of the psychosocial support was influenced by the participant's wishes, emotions, and pre-conceived notions. The reflexive nature of this qualitative research, informed by principles of the phenomenological framework, allowed the researcher to unpack participant-generated meanings of the psychosocial support offered. These participant-generated meanings are outlined in Chapter 5 and discussed more fully in Chapter 6.

### **3.5. Descriptive Phenomenology**

A descriptive phenomenological method “provides the lived-context of the participant and does so by focusing on his or her perspective without the use of deception” (Broomé, 2011, p. 7). This psychological phenomenological method involves the same phases as the

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phenomenological method described by Husserl; however, they occur in a different manner. The main difference is that in the philosophical approach, the researcher explores his or her own experiences, whereas in the psychological approach, the researcher explores someone else's experiences. Additionally, within the psychological approach, the researcher is not concerned about possible existing consciousness but rather the actual existing consciousness (Giorgi et al., 2017).

This approach requires the researcher to focus on the data collected and to extract the essence of the participant's experience, without trying to place those experiences in a sociocultural context. It is the voice of the participant minus the abstraction caused by analysis. Descriptive phenomenology is not only concerned with reactions and behaviours but also focuses on thoughts, impressions, feelings, interpretations, and understandings of the participant's experiences. In descriptive phenomenology, the researcher sets aside their own beliefs, ideas, and assumptions to fully grasp and understand the studied situation as experienced by the participant. This research aims for as "raw" a description as possible (Broomé, 2011; Wertz et al. 2011; Willig, 2013).

### **3.6. Phenomenological Phases**

Husserl described the phases that should occur during a phenomenological analysis. As stated earlier, these phases are applicable when following a psychological phenomenological method. In phenomenological research, the participant's description becomes the phenomenon with which the researcher engages (Broomé, 2011; Giorgi et al., 2017; Wertz et al., 2011; Willig, 2013). This method allows the researcher to "get inside" the participants' experiences, based on their descriptions, and this was the aim of the present research.

Obtaining an understanding through phenomenology includes three phases of contemplation. The first phase is referred to as *epoché* and involves setting aside (bracketing) any presuppositions, assumptions, judgements, and interpretations to ensure one is fully attentive to what is before one (Broomé, 2011; Wertz et al., 2011; Willig, 2013). In his phase, the researcher turns toward the object whose essence or intrinsic nature is in question and endeavours to describe it. The researcher brackets their previous beliefs and enters the phenomenological attitude (Giorgi et al., 2017). The bracketing of previous beliefs allows the researcher to understand how the world was experienced within a specific context at a specific time (Wertz et al., 2011; Willig, 2013).

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The second phase is referred to as “transcendental phenomenological reduction” and involves describing the presented phenomenon in its entirety. Examples of these descriptions include the physical features – such as shape, size, colour and texture; and the experiential features – such as thoughts and feelings (Broomé, 2011; Wertz et al., 2011). This phase involves assuming the transcendental attitude, through which the researcher accesses pure consciousness. Pure consciousness has not yet been influenced by empirical reality and therefore represents any possible existing consciousness rather than actual existing consciousness (Giorgi et al., 2017). By contrast, the present researcher used a psychological approach and was concerned only with actual existing consciousness, rather than possible existing consciousness.

The last phase is referred to as “imaginative variation”; it involves accessing the structural components of a phenomenon by asking how the experience was made possible. This phase identifies the conditions needed for a phenomenon to present itself in a specific manner – such as time, space, or social relationships. Phenomenology combines the textural descriptions from the phenomenological reduction phase and the structural descriptions from the imaginative variation phase, to arrive at a complete understanding of the essence of the phenomenon from the participant’s viewpoint (Broomé, 2011; Giorgi et al., 2017; Wertz et al., 2011).

These phases are important and were used during the analysis and interpretation of the experiences as provided by the participant. A more detailed explanation of when and how these phases were entered is provided in Chapter 4.

### **3.7. Conclusion**

This chapter described how the phenomenological theoretical framework is grounded in individual consciousness. A brief history and the basic principles of phenomenology were outlined. The descriptive phenomenological approach was discussed, and the phases that the researcher was required to enter were explained. Adhering to these phases ensures that one’s own thoughts and feelings do not influence the results of the study. The next chapter builds on this theoretical framework by discussing the methodology used in the study.

## CHAPTER 4: RESEARCH METHODOLOGY

### 4.1. Introduction

This chapter builds on the theoretical framework described in the previous chapter, by discussing the methodology utilised in the present study. It focuses on the research question, the qualitative case-study research design, and details of the sampling method. The use of semi-structured interviews to collect accounts of the student's experiences of psychosocial support services, and the transcription process, are discussed. The descriptive phenomenological data-analysis process is outlined. The chapter concludes with a discussion of the research quality from a qualitative perspective, and the ethical considerations employed in the present study.

### 4.2. Research Question

The study's aim was to determine how the recipient of psychosocial support services experienced this service. The recipient was a single university student who had received counselling at a South African university's student support centre in 2016 and 2017. The study was guided by the following key research question:

- What were the experiences of the recipient of psychosocial support services to counter suicidal ideation, offered by a South African university's support centre?

### 4.3. Qualitative Research Approach

Based on the nature of the research, a qualitative approach was followed. Qualitative research allowed for capturing the participant's experiences and focusing on his expressive descriptions in detail (Leedy & Ormrod, 2014). The qualitative approach is reflexive as it considers the influence of the researcher at each step of the research process. This approach focuses on individual experiences, thoughts, and feelings, and on how meaning is constructed from these experiences (Sutton & Austin, 2015; Willig, 2013). The study was focused on the participant's surroundings, specifically the psychosocial support offered by the student support centre.

Qualitative studies are used when a researcher intends to explore the meanings of social phenomena as they are experienced by individuals within their natural environment (Christensen, Johnson, & Turner, 2015; GROSSOEHME, 2014). In line with the study's aim, the qualitative approach allowed participant-generated meanings of the psychosocial support to be

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heard (Willig, 2013). Hjelmeland and Knizek (2010) stated that qualitative studies, with their focus on understanding at a deep level, allow suicidal individuals the opportunity to interpret themselves, their actions, and their surroundings as they share their experience with the researcher. In addition, these authors argued that an individual's experience cannot be tested or questioned by others; it is genuine for that individual. The present researcher did not want to question the participant's experience, but rather to explore that experience as the student himself understood it.

This study made use of a case-study design to assist in collecting rich and detailed descriptions. The focus was on how a student with suicidal ideation experienced the psychosocial support he received at a student support centre.

### **4.3.1. Case-study design.**

According to Willig (2013), a case study is an in-depth, exhaustive, and concentrated exploration of a natural occurrence. The ideographic nature of case studies concentrates on the detail and uniqueness of the participant's experiences (De Luca Picione, 2015). Case studies are often chosen when a researcher investigates a rare or unique phenomenon that is relevant to a limited population (Willig, 2013). Due to difficulty in sampling participants, the ethical constraints in working with a vulnerable population, and the sensitivity of the research topic, the researcher opted for a case study.

Case-study research involves close collaboration between the researcher and the participant, where the participant is provided the opportunity to tell his story and describe his version of events. In this research, that was the psychosocial support he received (Baxter & Jack, 2008). Listening to the participant's story allowed the researcher to understand the participant's thoughts, feelings, and behaviour.

According to Yin (2003), case studies should be the chosen research methodology when: 1) the study is focused on answering "how" and "why" questions; 2) the behaviour of the participants cannot be manipulated; 3) the researcher believes that contextual factors are relevant to the phenomenon being studied; and 4) the boundaries between the phenomenon studied and its context are unclear. For these reasons, a case study was chosen as the research methodology, as it allowed the researcher to explore how the participant experienced the psychosocial support received. The researcher could not manipulate the behaviour of individuals to engage in suicidal ideation, but rather had to source individuals who had already

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experienced suicidal ideation. The context in which psychosocial support is provided may influence the perceived effectiveness of the service; for this reason, context was considered important to the phenomenon being studied. Case-study research involves a holistic approach where an experience is viewed as part of an integrated system (Willig, 2013). During the data collection and analysis stages of the research, elements such as time, space, and social relationships were considered.

The case study was conducted through the use of two semi-structured interviews. Their content was transcribed and analysed using Giorgi's (2009) descriptive phenomenological method. The use of a case-study design provided the researcher with data, namely interview transcriptions, from which theoretical understandings of the phenomenon of interest could be generated (Christensen et al., 2015). Young (2016, p. 328) stated that generating theoretical understandings of phenomena contributes "to the theoretical and empirical development of psychology". The phenomenological approach assisted the researcher in understanding how the participant experienced the psychosocial support, and gave the student an opportunity to explain why he experienced things in that manner.

### **4.4. Sampling of Participants**

Institutional approval (Appendix A), permission to conduct the study, and permission to sample students from the university were obtained prior to the sampling process (Appendix B). The researcher adopted purposive sampling, as the researcher was interested in a particular population (Gravetter & Forzano, 2016). This population included students who had received psychosocial support from the university support centre for suicidal ideation within the past year (12 months). The limitation on the period for when the service was received (past year) ensured that the intervention would be relatively fresh in the participant's mind. According to Cherry (2018), research suggests that memories are re-encoded as they are recalled which can result in slight changes to the details of the memory where certain aspects may be strengthened, weakened or removed completely. The longer a memory is retained, the more times it is likely to be recalled; therefore by limiting the time since the intervention was received to the past 12 months, the researcher hoped to decrease the possibility of recall bias.

In this study, a variant of purposive sampling, namely volunteer sampling, was used. In volunteer sampling, individuals choose to participate in a study (Willig, 2013). A sampling flyer (Appendix C) was distributed on campus and placed on the university's Facebook page to reach as many students as possible. The flyer requested individuals who fit the criteria for



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the research and who were willing to participate in an individual interview to e-mail the researcher or her supervisor, to obtain information about the study.

The researcher received three e-mails over two months of advertising for participants. Only one of these individuals fit the criteria of the study. The participant was a white male student who had received psychosocial support to counter his suicidal ideation, provided by the university's student support centre. The researcher sent the student details about the study, including an explanation of the aim of the research and what would be required of the student should he agree to participate. He agreed to participate and an interview was scheduled.

Due to the limited response to the flyer and the ethical difficulty of sampling a vulnerable population, the researcher decided that one participant was sufficient for the study. Permission for the use of one participant was requested and granted by the research ethics committee. The use of a case-study design was supported by the observations of Fry (2016) and Giorgi (2009) that one participant is adequate if there is depth in his or her description of the phenomenon. The aim of the study was to explore the experiences of psychosocial support received. Using a case-study design allowed for in-depth exploration of the participant's lived experience, from which participant-generated meanings could be extracted.

### **4.5. Data Collection**

Semi-structured interviews were chosen as the method of data collection as they provided the participant with the opportunity to talk about his experiences. An interview guide consisting of a few open-ended questions was constructed to ensure that the interviewer did not lose sight of the original research question, and to allow the interviewee to redefine the topic under investigation, thus generating novel insights (Appendix D). Once a suitable interview date, time and location had been established, a semi-structured interview was scheduled with the researcher acting as an interviewer. The information sheet (Appendix E) and the informed consent form (Appendix F) was emailed to the participant.

Sensitive and ethical negotiation of rapport between the interviewer and interviewee is necessary for semi-structured interviews (Willig, 2013). Rapport was established by the researcher introducing herself and sharing her background prior to conducting the interview, in an attempt to reach common ground with the participant. The participant then shared his background and was offered the opportunity to ask the researcher any questions. The participant asked questions about the researcher's studies and experience in psychology. Once

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the participant felt comfortable and was ready to begin, he was asked to sign the information sheet and the informed consent for and the actual interview commenced.

Two semi-structured individual interviews took place with the participant, each lasting between 30 and 45 minutes. Both interviews focused on the participant's experience of the psychosocial support received and were voice-recorded to assist the researcher with the transcription process.

The initial interview consisted of four transitions, introducing a shift in the topic covered by the questions (Appendix D). Transition A included screening questions to clarify that the participant fitted the criteria for the study. Transition B included questions pertaining to the experience of the psychosocial support received. Transition C included demographic questions for analysis purposes. Transition D marked the closing of the interview, where the researcher ensured that the participant had not experienced any psychological distress as a result of the interview. If so, she would have recommended that the participant should receive help.

The follow-up interview consisted of obtaining more detail about the participant's three experiences with the student support centre. The participant's experience with the outside counselling psychologist was also discussed. During the transcription of the follow-up interview, the researcher noticed that the participant's descriptions mirrored those of the first and felt that the research objectives had been reached. Due to the objectives of the research study being achieved and having obtained detailed descriptions of each experience, the researcher felt it was not necessary to conduct an additional interview with the participant.

### **4.6. Transcription Process**

Both interviews conducted with the participant were transcribed for data analysis purposes. Recordings were transcribed verbatim by the researcher and these transcripts were used as the raw data of the study. The names of the participant and any other individuals mentioned have been changed to maintain his right to confidentiality and privacy. The transcribing process assisted in obtaining an initial glimpse into the emerging themes. The researcher was more interested in what was said than how it was said. Hence, only the words said were transcribed; whilst non-verbal cues, intonations and similar data were omitted. The interview transcripts appear in Appendix G.

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### 4.7. Data Analysis

The data were analysed using the descriptive phenomenological method proposed by Giorgi (2009) to extract the experiences of the participant. This five-step method is based on some of the principles of transcendental phenomenological philosophy. The first step involved the researcher assuming a phenomenological attitude where she “bracketed” everyday knowledge to view the data with a fresh and clear mind-set (Broomé, 2011; Giorgi et al., 2017). During this step, the researcher separated herself from theoretical, cultural, and experiential presuppositions. This step allowed the researcher to describe the participant’s experiences from his perspective.

The second step involved reading the entire naïve descriptions provided by the participant to gain a sense of his entire experience (Broomé, 2011; Giorgi et al., 2017; Wertz et al., 2011). A phenomenological attitude was maintained throughout the analysis process, to ensure that no critical reflection took place. The aim was to capture only the true essence of the participant’s experiences.

The third step involved the demarcation of psychological “meaning units” capturing dimensions of the whole (Broomé, 2011; Giorgi et al., 2017; Wertz et al., 2011). This demarcation was performed to divide the descriptions into manageable portions. Meaning units were created by looking for areas within the descriptions where a meaning shift took place. The meaning units helped to identify parts of the descriptions that were relevant to the research interests and assisted in answering the research question. To distinguish meaning units, a forward slash (/) was used to separate two meaning units. Each unit was distinguished additionally with a numerical value, beginning at one, placed before the forward slash (e.g. 1/; 2/). The meaning units and their corresponding numerical values are depicted in meaning unit analysis tables, Tables 5.2 and 5.3, in Chapter 5.

The fourth step involved converting the meaning units into psychologically sensitive expressive terms. In this step, the meaning units were stated in the third person to reveal the essential psychological meanings of each unit. The use of third-person language ensured that the researcher remained in the phenomenological attitude and did not change the meaning content of the participant’s experiences. The transformation into third-person explanations required the use of imaginative variation, which involves accessing the structural components of a phenomenon by asking how the experience was made possible (Broomé, 2011; Giorgi et

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al., 2017; Wertz et al., 2011). Imaginative variation was achieved by transforming qualities of the object being analysed to discover which qualities were essential and which were accidental. As the phenomenological attitude was maintained throughout, these transformations were merely a description of the experience; no reason of why that experience occurred was discussed. This step involved describing the “re-lived” experiences of the participant from a phenomenological approach.

The final step involved synthesising the general psychological structure from the psychological elements of the experiences (Broomé, 2011; Giorgi et al., 2017; Wertz et al., 2011). The psychological elements of the experiences were context-dependent and could not be separated from each other but rather formed a cohesive whole. These elements were formed by considering the conversions of the participant’s experiences to indicate convergent meanings. The researcher continued to use imaginative variation by identifying the conditions needed for a phenomenon to present itself in a particular manner, such as time, space, and social relationships. Doing so enabled her to highlight the shared meanings of the participant’s experiences related to their general psychological consistencies. These shared meanings were described in a descriptive paragraph, which forms the results of the analysis.

### **4.8. Research Quality**

Evaluating the quality of qualitative research is critical in an environment that often emphasises the importance of quantitative research (Young, 2016). Four concepts explained by Young (2016) are used here to describe how quality and rigour were ensured in the study, namely coherence, reflexivity, rigour, and richness.

Coherence involves ensuring that the research design fits the research question and aims (Young, 2016). In this study, the phenomenological and qualitative approach, a case-study design, and phenomenological analysis were suited to the research question. They also supported the aim of accessing the student’s experience of the psychosocial support services offered at a South African university.

Reflexivity refers to honest and transparent engagement and self-reflection by the researcher regarding the participant and the data. Reflexivity is necessary because the subjectivity of the researcher is part of the process of understanding the essence of a phenomenon (Young, 2015). Reflexivity was ensured in the present study by the process of bracketing, which involves setting one’s beliefs and assumptions outside of the research

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(Darawsheh, 2014; Willig, 2013; Young, 2013). Bracketing is a necessary component of descriptive phenomenological research as it helps to control researcher bias and increases the rigour of a study. In this case study, the researcher did not let her previously held beliefs or opinions influence the analysis of the transcriptions (Darawsheh, 2014; Willig, 2013). An additional measure to ensure reflexivity included making notes of her observations during data collection, including the personal reactions that the data induced (see Chapter 5).

Rigour refers to the thoroughness, exhaustiveness, and accurateness of a study (Young, 2016). Rigour was ensured by providing a thick, detailed description of the research process, from identifying the participant to the conclusion of the results. The transparency of the study's process is essential for maintaining the credibility and trustworthiness of the research. Credibility and trustworthiness refer to research findings being applicable in analogous contexts, with a similar sample or population and participants (Young, 2016). Credibility and trustworthiness were ensured by comparing the present study's results to those of similar studies to verify if similar results were obtained. Peer review by the researcher's supervisor, and maintaining coherence throughout the study, were strategies used to enhance rigour, credibility, and trustworthiness (Darawsheh, 2014). Justifications for analytical decisions, such as the division of meaning units, were given in light of the phenomenological underpinning.

Richness means full descriptions of research results and interpretation (Young, 2016). Richness was achieved by grounding the findings in examples of what the participant shared about his experiences.

Additional strategies that were used to enhance the credibility, rigour, and trustworthiness of the study's results included: 1) prolonged engagement with the data by reading and re-reading transcriptions; 2) verification through participant feedback, with the participant being provided with the interpreted results so that he could offer his opinion about the accuracy of interpretation; and 3) the use of low-inference descriptions, that is, using verbatim accounts from the interviews (Mamabolo, 2009; Priest, 2003; Willig, 2013).

### **4.9. Ethical Considerations**

This section covers the ethical principles considered throughout the research process, according to the ethical standards stipulated by the American Psychological Association (APA). The ethical standards are listed in accordance with Section 8 of the Ethics Code, "Ethical principles of psychologists and code of conduct", which provides the standards

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required when psychologists conduct animal and human research. Ethical responsibility required the researcher to be honest and respectful to all individuals affected by the present research and protecting the participant from harm (Christensen et al., 2015; Gravetter & Forzano, 2016; Willig, 2013).

Institutional approval was received before the start of the research from the Research Ethics Committee at the university (Faculty of Humanities) (Appendix A). Permission to conduct the study and to canvas for participants from the university was obtained (Appendix B). The sampling and data collection stages began after this approval was received.

The participant was viewed as a vulnerable individual as he had previously experienced suicidal ideation. The interviews thus had the possibility of reviving previous suicidal thoughts; therefore, reasonable steps were taken to avoid psychological harm from befalling the participant. He was encouraged to contact the student support centre again, to receive further counselling at no cost, if he felt distressed. In addition, given the possible conflict of interest with regard to the student support centre, he was also given the contact details of a counsellor based at the university. Prior arrangements were made for him to see that counsellor at no cost (Appendix H) should he feel the need to consult.

Informed consent is required from research participants prior to participating in a study. Informed consent involves being informed about the purpose of the research, what their participation will entail, and how long they could expect their participation to last (Christensen et al., 2015; Gravetter & Forzano, 2016; Willig, 2013). As per the guidelines, two informed-consent forms were compiled, an information sheet (Appendix E) and the actual consent form (Appendix F). The information sheet explained the purpose of the research, how confidentiality would be maintained, his right to withdraw and to refrain from answering any questions he felt uncomfortable, the possibility of a follow-up interview for comparison purposes. The participant was provided with the contact details of the researcher and supervisor in case he had any questions after the interview. He was further informed that the interview would be voice-recorded for accuracy of interpretation and reporting. The informed-consent form required his individual signature, to acknowledge that he understood what his participation would involve and to provide his consent to have the interview voice-recorded.

Confidentiality was maintained by making sure that the only person who had access to any information revealing the identity of the participant, as well as the voice recordings, was the researcher. This information was stored on the researcher's computer and was password-

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protected. Copies of relevant material were made available to the university's archives to be securely stored for 15 years for archiving purposes, after which time it would be destroyed. Any information shared in the form of results, whether in this dissertation, conference or academic papers, and the transcripts, will ensure that the participant and any persons mentioned are anonymous, through the use of pseudonyms. Confidentiality was extended to the researcher's communication with others, through refraining from discussing the participant's personal information (Christensen et al., 2015; Gravetter & Forzano, 2016; Willig, 2013).

### **4.10. Conclusion**

This chapter described the methodological considerations for designing, executing, and analysing the present study. The qualitative approach and the case-study design were carefully outlined, and the sampling method (volunteer sampling) was discussed. The data were collected through semi-structured interviews. The transcription process was outlined and a detailed description of the five-step descriptive phenomenology method was provided. A discussion was provided regarding the research quality from a qualitative perspective, and how the researcher attempted to maintain this quality throughout the research process. The chapter concluded with an explanation of the ethical considerations and strategies followed by the researcher. The next chapter presents the experiences of the participant and the research findings.

**CHAPTER 5: ANALYSIS OF INTERVIEW MATERIAL****5.1. Introduction**

In this chapter, the analysis of interview material using Giorgi's (2009) descriptive phenomenological method is explained and presented. The process of how the researcher assumed a phenomenological attitude, and her reflexivity during data collection and data analysis, are discussed. The demarcation of the participant's descriptions into meaning units is provided. The meaning units were extracted from the raw data, namely the interview transcripts (see Appendix G). In addition, a description of the meaning units through psychologically sensitive expression terms to uncover the "re-lived" experiences of the participant, from a phenomenological approach, is provided. The chapter concludes with a discussion of the shared meanings in the participant's experiences, which reveals the general psychological consistencies across his experiences.

**5.2. Phenomenological Attitude and Reflexivity**

As expressed by Giorgi (2009), the incessant bracketing of one's thoughts, emotions and biases during data collection is necessary. So is adopting the phenomenological attitude of bracketing theoretical, cultural and experiential presuppositions during data analysis. These skills are critical to the success of a descriptive phenomenological study. The act of bracketing ensured continuous reflexivity and allowed the researcher to separate herself from the person being researched and his lived experiences. In addition, these acts allowed the researcher to acknowledge the influence of her personal experience of the phenomenon under investigation regarding her approach to the data collection and data analysis. By acknowledging her personal experience, she did not allow it to hinder the accurate exploration and description of the participant's experiences.

First, the researcher had had previous experience with suicidal ideation. A person who was close to her had experienced suicidal ideation and attempted suicide. This personal experience had an influence on the researcher's interest in the current topic, and provided insight into the phenomenon of suicidal ideation. However, it did not influence the manner in which data were collected or analysed.

Second, the researcher had had previous contact with the support centre on campus on three occasions. Once was for her own career counselling and the other two were related to the



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present study and sampling of participants. On all occasions, the researcher found the reception by administrative staff to be cold, distant, and dismissive. This reaction resulted in the researcher not booking or attending a career counselling session as she felt unwelcome. These personal experiences influenced the construction of the interview guide and questions. However, the researcher did not allow these experiences to influence the data collection or analysis in this study.

During the initial interview with the participant, the researcher silently acknowledged that she was startled by the amount the participant had been required to pay per session for the off-campus psychologist he was referred to. The researcher immediately pondered how an individual who was not financially equipped could be expected to seek the necessary help from an off-campus psychologist. During the follow-up interview, the researcher silently acknowledged that she was emotionally moved by the participant's having admitted that he had planned to commit suicide at the end of his second year, and that he did not really want to be helped. The researcher was further moved by his admission that the only reason he did not take his life was that this would have destroyed his mother. The researcher did not allow these thoughts to influence the remainder of the interviews, nor did she allow them to steer the analysis of the data. She adopted the phenomenological attitude and bracketed her thoughts and emotions.

### **5.3. Meaning Unit Analysis**

As described in the previous chapter, meaning units were created by looking for areas within the transcripts where a meaning shift took place. These meaning units assisted in answering the research question, which can be found in the discussion section below. As described by Giorgi et al. (2017), meaning units are the participant's first-person statements changed into third-person statements to avoid fusion between the researcher's and participant's experiences. The meaning units are depicted in the first column of Tables 5.2 and 5.3. The second column consists of the psychological meanings of each meaning unit. These interpretations assisted in describing the re-lived experiences of the participant from a phenomenological perspective. Table 5.1 clarifies the abbreviations used in Tables 5.2 and 5.3.

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Table 5.1.

*List of Abbreviations*

<b>Abbreviation</b>	<b>Description</b>
C	Counselling session
Q	Question
R	Researcher
S	Screening
SC	Student support centre
SI	Suicidal ideation
X	Participant (Client X)

Table 5.2 contains the meaning units (column one) and the psychological meanings of each meaning unit (column two) from the initial interview conducted with the participant.

Table 5.2.

*Meaning Unit Analysis from Initial Interview*

<b>Meaning Unit</b>	<b>Psychological Meaning</b>
1. In response to a Q by R, X explains that he learned of the SC services through the Psychology Department during his second year. X states that sometimes they had to refer students who approached the Psychology Department for counselling purposes to the SC.	1. X became aware of the SC services through others' assumptions and misunderstandings that the Psychology Department offers counselling services.
2. In response to a Q by R, X states that he wouldn't complain about the reception from the administration staff upon arrival, describing the staff as kind and polite.	2. For X, the reception by administration staff on his arrival was adequate. X had no complaints, describing the staff as kind and polite.
3. In response to a Q by R, X states that the environment in which the Cs are offered is very good, where you are afforded privacy within an office.	3. For X, the environment in which the Cs took place was optimal as the office setting maintains one's privacy.
4. X describes the S support staff as very kind, supportive and helpful.	4. For X, the S support staff were exceptionally helpful, kind and supportive.

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<p>5. In response to a Q by R, X describes the language used by the counselling staff as quite fine with no elevated or complicated language. X states that the language used was normal and colloquial and that he could relate to them quite well.</p>	<p>5. For X, the language use of the counselling staff was casual, simple and relatable.</p>
<p>6. In response to a Q by R, X states that his needs and interests during the S process were definitely addressed and he was referred.</p>	<p>6. For X, the S staff addressed his needs proficiently and referred him to the necessary professional.</p>
<p>7. X states that he has approached the SC on two separate occasions. X explains that during his second year of studies, he experienced SI and approached the SC. X states that he did not say he was experiencing SI and that all he wanted was to see a counsellor. X explains that he was referred to a counsellor; however, he does not feel as though the counselling really helped him or that his needs were properly addressed. X acknowledges that he was not really honest with the counsellor in his second year.</p>	<p>7. X has received support on two separate occasions, once in his second year and once in his third year. X felt as though his needs were not adequately addressed in his second year; however, he acknowledged that he may be at fault for not being completely honest with the SC staff. X neglected to express that he was experiencing SI and approached the SC with the agenda of only wanting to see a counsellor.</p>
<p>8. X states that when he went to the SC in his third year it was much better because he was honest about experiencing SI. X describes the therapist as being much more helpful. X explains that the therapist felt it was better to refer him to an outside therapist because he was a suicide risk. X expresses that his needs were very well addressed and that he felt the therapist cared about his needs.</p>	<p>8. X felt as though his needs were well addressed in his third year because he was open and honest about experiencing SI. For X, the S staff member in his third year was caring and helpful. X expressed her acknowledgement that it was in the best interest of X to be referred to an off-campus professional due to his status as a suicide risk.</p>
<p>9. X describes the first counsellor as being quite a bit older than him, leading to him not being able to relate to her very well, which partly led to him not being completely honest with her. X</p>	<p>9. Despite the first counsellor being sweet and wanting to help, X felt that he could not relate to her as she was an older, black female. X blames this lack of similarity as the cause of him not</p>

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<p>describes her as an older, black female counsellor, making them complete opposites where he couldn't relate to her well. X states that she was very sweet and she wanted to help.</p>	<p>opening up or being honest about his suicidal thoughts.</p>
<p>10. X states that the second-year counsellor was doing her internship for Masters in Counselling Psychology and was a bit younger. He explains that he could identify with her a lot better so he was able to open up to her better. As a result of this, he states that she was much more able to address his needs. In response to a Q by R, X describes the race of the second counsellor as white.</p>	<p>10. For X, the second counsellor, who was a younger white female, was easier to relate to. This led to him being open and honest about experiencing SI. X felt that the similarity and openness led to her being better equipped to address his needs than the first counsellor.</p>
<p>11. In response to a Q by R, X states that in his second year he went for four Cs, where he saw her once every three weeks.</p>	<p>11. X had four sessions with the first counsellor, once every three weeks.</p>
<p>12. X states that in his second year he only attended once (for the S session) after making an appointment. X states that during the S process, he was referred to a psychologist based off-campus.</p>	<p>12. In his second year, he only attended a S session after making an appointment. During this S session, he was referred to a psychologist based off-campus.</p>
<p>13. X states that in his second year he wasn't expecting much from the counselling offered by the SC. X explains that he walked in because he wanted to vent, as his issues were mostly stress-related. X explains that he perceived things as fine at first, as it helped to alleviate the more pressing issues, so it made him less suicidal for a time. But because the real issues weren't dealt with, they came back even worse the next year.</p>	<p>13. X's expectations of the support offered by the SC were low and he experienced the service as adequate. X approached the SC with the goal of venting stress-related issues which temporarily helped with his SI. However, these feelings surfaced the following year more intensely.</p>
<p>14. X explains that in his third year he decided to be more honest about his feelings. He describes the service as much better and more helpful. He</p>	<p>14. For X, his third-year experience was more helpful as he was honest about his SI. He felt that she was approachable, nice and helpful where she made</p>

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<p>explains that the counsellor was an intern counsellor and was very nice and helpful. X states that she referred him to someone else. He explains that she physically looked online for counsellors for him and was very approachable. X states that he wanted to see her initially for further consultations, but she explained that due to limited staff at that time, she would only be able to see him every six weeks. He explains that she said because his needs were quite pressing at that point, he needed someone a bit more open and that is why he was referred to someone outside.</p>	<p>the effort to obtain the necessary help. X wanted to receive counselling through her; however, due to staff shortages and his need for immediate help, she was unable to help him and had to refer him to an off-campus professional.</p>
<p>15. X describes the environment in which the Cs took place as very nice within a comfortable office. He states that he didn't feel threatened at all.</p>	<p>15. X felt that the environment in which the counselling took place was nice, comfortable and non-threatening.</p>
<p>16. X explains that he feels that the staff there might be slightly overwhelmed. He states that the SC does not have enough people working for them so they cannot necessarily address all the student's needs.</p>	<p>16. X felt that the SC is understaffed and overwhelmed, leading to an inability to address all the student's needs.</p>
<p>17. In response to a Q by R, X describes his first experience with the SC as poorer than the second, mainly because he didn't want to be open and honest about everything. He explains that he held back from talking about a lot of issues he was having at that time. X states that it was kind of his fault that it wasn't better; but also he couldn't properly relate to the counsellor the first time, because there were such huge differences, especially with regard to race and gender.</p>	<p>17. For X, his second-year experience was poorer than his first-year experience because he was not open and honest with the counsellor about his feelings. In addition, he was unable to relate to the counsellor as a result of race and gender differences.</p>

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<p>18. X describes his second experience with the SC as better than the first, because he was much more responsive. He explains that he was much more willing and open to talk about how he was feeling. X explains that he felt like he related better to the counsellor the second time and that is why it was much better.</p>	<p>18. For X, his third-year experience was better because he was responsive, open and honest with the counsellor about his feelings. He was able to relate to the counsellor.</p>
<p>19. In response to a Q by R, he found the overall service offered by the SC for SI as very helpful because he was referred to a very good psychologist. X explains that this counselling psychologist was able to help him more regularly. He expresses that he still experiences SI from time to time, but that it is much less and less intense after receiving help from the outside psychologist. He states that he definitely got help from the SC and describes their referral process as very good. X explains that the SC takes care of the student's needs by saying that they can't help you, so they will refer you to someone else. X describes the SC as caring about the students in general and providing a good service.</p>	<p>19. X felt that the service offered by the SC for SI is very helpful because despite being unable to assist the students themselves, they refer the students to off-campus counselling psychologists who are able to help the students. For X, the referral process helps to provide for the students' needs at that time.</p>
<p>20. In response to a Q by R, X explains that the outside psychology sessions were at a cost.</p>	<p>20. X expressed that he had to pay for the services rendered by the off-campus psychologist.</p>
<p>21. In response to a Q by R, X explains that the cost for the outside psychologist did not impact his daily life as he managed to work out a student deal. He states that it wasn't that expensive, but that it did still cost quite a bit. He states that it cost R550.00 per session, which is quite pricy for an hour. He explains that luckily he managed</p>	<p>21. X felt that the price of R550.00 per hour session with the off-campus psychologist was quite pricy, even after student discount. However, X felt overall that the cost did not impact his daily life as he was able to acquire financial support from his parents.</p>

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to get some financial support from his parents so the cost didn't affect him that badly.	
22. In response to a Q by R, X states that he attended eight sessions with the outside psychologist.	22. X attended eight counselling sessions with the off-campus psychologist.
23. In response to a Q by R, X explains that the service could be improved by hiring more psychologists and support workers so that students can be seen more frequently. He states that then students could go for free, without having to be referred to a psychologist where they have to pay.	23. For X, the SC service for SI could be improved by employing more psychologists and support workers to prevent students having to pay for off-campus sessions, and to ensure that students are seen on a regular basis.

The participant in the study was a white male student who approached the student centre on campus for suicidal ideation on three occasions. The participant attended a screening session and was referred to a counsellor at the student centre, with whom he had counselling sessions. The following year, he attended another screening session and was then referred to an off-campus psychologist. He attended eight sessions with the off-campus psychologist.

The researcher conducted a follow-up interview with the participant to gain a richer description of the three experiences he had had with the student support centre. In addition, the researcher sought a richer description of his experience with the off-campus counselling sessions, for comparative purposes. Table 5.3 contains the meaning units (column one) and the psychological meanings of each meaning unit (column two) from the follow-up interview conducted with the participant.

Table 5.3.

*Meaning Unit Analysis from Follow-Up Interview*

<b>Meaning Unit</b>	<b>Psychological Meaning</b>
1. In response to a Q by R, X describes both S sessions as positive. He explains that the first one went rather well because an intern counselling psychologist was present and she was very helpful. He expresses that he feels that the second session was a bit better because she	1. For X, both experiences with the SC S sessions were positive and helpful. X felt that the second session was slightly better as he was referred to someone who provided more effective help than that which he received at the university's SC.

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<p>referred him to receive actual help, which was much more effective than the help which he got at the university.</p>	
<p>2. In response to a Q by R, X explains that the S process works on a first-come, first-served basis. He explains that you walk into the SC and write your name to book a session. He states that S sessions take place between certain times of the day, and if you come in time they are able to see you. He explains that if the service is full, you have to come back another day. X explains that after you write your name down, they come and call you after a while. He describes that you say what is wrong, the person does a brief assessment of you, and then you get sent to whichever counsellor suits you best – whether a clinical, counselling or educational psychologist, whichever works best for you.</p>	<p>2. X described the S processes as working on a first-come, first-served basis. After writing your name down, you are called for the S. X explained that during the S, you explain what is wrong; a brief assessment is done and then you are sent to a clinical, counselling, or educational psychologist, depending on your needs and wishes.</p>
<p>3. In response to a Q by R, X explains that at the first S session, the person asked him why he was there that day. X admits that he didn't want to reveal that he was suicidal, so he just said that he was feeling a bit depressed and down, and primarily felt stress and anxiety. He explains that they referred him to a counsellor and not a counselling psychologist as they thought that she would be the best.</p>	<p>3. X was not willing to admit that he was suicidal, but rather explained that he was depressed, stressed and anxious. X felt that based on his stated issues, he was referred to a counsellor.</p>
<p>4. In response to a Q by R, X explains that the reason he went in but did not really expect much help was that he felt he was beyond help at that stage. He expresses that he had planned to kill himself a bit later in that year, and attending the SC was kind of last resort. He states that he</p>	<p>4. X approached the SC with a pre-conceived mindset that the services would be ineffective because he had already made up his mind to end his life at the end of the year, and believed that he was beyond help.</p>



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<p>wasn't really expecting anything because he had kind of made up his mind already that it wouldn't be effective.</p>	
<p>5. In response to a Q by R, X describes the counsellor in his second year as approaching him in a way that sort of helped, but that didn't really address the issue. He expresses that she perceived him as having a self-image issue and that he was suffering from acute loneliness, which was kind of true to an extent. He states that of course he kept the suicide idea away to an extent, and didn't let her in on that.</p>	<p>5. X felt that the approach used by the counsellor in his second year helped in a way but did not address his SI as he did not share this with her. X expressed that she diagnosed him as suffering from a self-image problem and acute loneliness, which he partially agreed with.</p>
<p>6. X explains that the counsellor gave him homework activities that he needed to do before each session. For example, he had to list a few things that he knows about himself and things that he is grateful for. He explains that they would then talk about these things and she would try and get him to open up about various things. He describes her approach as humanist or positive psychology.</p>	<p>6. For X, the humanist or positive psychology approach that the counsellor used, whereby she would get him to do homework activities, was her attempt to get him to open up and talk about how he was feeling.</p>
<p>7. In response to a Q by R, X explains that the sessions were ended because she said that he was done and that they had managed to address everything. X states that she ended the sessions as she felt that there was no need for him to see her anymore.</p>	<p>7. For X, the counsellor concluded their sessions as she felt that they had addressed all of X's issues and that he no longer needed her.</p>
<p>8. In response to a Q by R, X states that he kind of agreed with the counsellor to an extent, because he did feel a bit better as he was able to talk about things. He expresses that it didn't help in the long term because his problems just got worse over time. He explains that she just</p>	<p>8. X felt that although he was only feeling a bit better when the counsellor decided to conclude the sessions, he agreed, because he no longer knew how to talk about what he was going through. He did not want to admit his true feelings. X admits that although the initial counselling did help him</p>

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<p>decided that was that, and he just agreed with her because he didn't know how else to talk about what he was going through, so it didn't help him to stay there.</p>	<p>feel better, it did not last as his SI intensified over time.</p>
<p>9. In response to a Q by R, X expresses that he did not believe that the first counsellor he saw was very knowledgeable about the field. He explains that he thinks this was because she was only a counsellor, not a counselling psychologist, so she hadn't necessarily received as much training as another person might have. X expresses that he felt like she was not really equipped to help him as much as he needed at that stage. X explains that because he didn't reveal the full extent of what he was going through, they thought he was having a minor issue and that he only needed to see someone with limited training.</p>	<p>9. For X, the counsellor in his second year did not appear to be very knowledgeable about the field; he believes this was due to her having received less training than a counselling psychologist. X felt that she was not equipped to help with his problems due to her limited training. However, he also believes this was due to him not expressing his true feelings, leading to the SC staff believing that he was experiencing minor problems.</p>
<p>10. In response to a Q by R, X expresses that his knowledge of Psychology changed his life entirely because it made him realise we are influenced by both our biology and our environment. He explains that in his second year he went in with that mind-set and it might have influenced the session to an extent. His studies in Psychology and Humanities make him realise that we don't have control over our lives at all. He expresses that this mind-set definitely would have influenced the session because it made him think that it isn't really going to help that much anyway.</p>	<p>10. For X, his studies in Humanities and his knowledge of Psychology led him to believe that we do not have control over our lives due to being influenced by our biology and environment. He felt that this mind-set influenced the Cs, as he believed from the start that they were not going to be effective.</p>
<p>11. In response to a Q by R, X expresses that knowing that the counsellor had received less</p>	<p>11. X perceived the counsellor as less competent because she did not hold a Master's degree.</p>

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<p>training than a counselling psychologist definitely influenced his perception of her. He perceives a person with a Master's degree as being more competent than a person with only a Bachelor of Applied Social Science.</p>	
<p>12. In response to a Q by R, X expresses that the main reason he did not end his life was because it would destroy his mom if he did. X admits that he stayed more for her sake than anything else. He explains that if his mom wasn't there, he probably would have committed suicide. He just didn't want to hurt her and hence he decided to actually try and get proper help.</p>	<p>12. The fear of hurting his mother was X's main reason for not taking his life and it is this fear that drove him to seek effective help.</p>
<p>13. In response to a Q by R, X explains that he felt like he related better to the outside counselling psychologist because he was a man. He expresses that he felt like he could speak to him about various things and actually talk about things that worry him as a male, which he wouldn't be able to discuss with a female therapist as effectively.</p>	<p>13. For X, the fact that the off-campus psychologist was a male made him more relatable and allowed him to talk about things that he was not comfortable sharing with the female counsellor.</p>
<p>14. X explains that the first counsellor wouldn't reflect his statements back at him, whereas, the counselling psychologist would incorporate reflection into the sessions. X describes that the counselling psychologist would reflect what he said back to him, so that he could have insight. He explains that it was primarily insight-based therapy, which he felt helped a lot more in the long run. X suggests that the counsellor could have phrased questions in a different way, used different questioning and answering techniques, and a different therapeutic technique such as</p>	<p>14. For X, the use of insight therapy by the counselling psychologist, and reflecting his statements back at him, really helped him with his SI. X suggested that the counsellor should change her approach to giving therapy.</p>

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insight therapy and psychoanalysis, which worked very well for him.	
15. In response to a Q by R, X suggests that to improve the SC services, they should hire more staff so that more students can be assisted because the main reason he was referred was they were understaffed at that point. He explains that another thing that might help is to consider the demographics of the student, such as their race and gender. He suggests that if the SC can find someone who is similar and a bit more relatable to the student, he/she might have a better experience trying to discuss their issues.	15. For X, the SC services could be improved by hiring more staff and matching the students to therapists through the use of demographics and similarity, in order to assist more students and be more relatable.
16. X explains that the person who referred him to the counselling psychologist off campus said that she couldn't see him because they know each other. He explains that he had met the person who took him for the S a few times in the department, and that she said ethically she wouldn't necessarily be allowed to see him.	16. X was prevented from seeing the person who screened him in his third year because they knew each other and ethically that is not allowed.
17. X explains that the person who did the S session said that she recommended the outside counselling psychologist because he was young and male, and that X would be able to relate to him better. X expresses that the SC do consider demographics, trying to get the best fit therapist. X states that he thinks the person who screened him took that into account when she tried to find someone more relatable.	17. X believed the person who screened him took demographic profiling into account when she referred him to a psychologist who was young, male and more relatable.

#### 5.4. Discussion

As described in Chapter 4, the final step in the descriptive phenomenological approach was to synthesise the general psychological structure from the psychological elements of the

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participant's experiences. The researcher used the experiences described by the participant to highlight the shared meanings across these experiences. They included the two screening sessions, the counselling sessions received from the student support centre, and the sessions received from the outside counselling psychologist he was referred to.

The researcher used the shared meanings to address the research aim and objectives. The first objective was to determine how the participant experienced the psychosocial support services offered at the university's student support centre. As described in Chapter 2, psychosocial support refers to assistance with informational, emotional, material, and companionship needs (Nurullah, 2012). The participant's descriptions revealed that he viewed the first and second screening sessions as "positive", "kind", "supportive", and "helpful". He described the screening session in his third year as helpful and said it addressed student's needs.

*"I found it very helpful because I got referred to a very, very good psychologist... Their referring process is very good and they take care of the students' needs by actually saying, you know, we can't help you as effectively as we can so we'll refer you to someone else"* (initial interview).

*"I found them both as positive... the first one went rather well because one of the intern counselling psychologists was there so she was just very helpful. I feel like the second one was a bit better because she actually referred me to some actual help which was much more effective than the help at [the university student support centre] which I got"* (follow-up interview).

The participant described the four counselling sessions received from the counsellor at the student support centre as "poorer" than the screening sessions and the counselling he was referred to outside the university. He expressed that the counselling sessions at the student support centre did not help in addressing his needs.

*"I didn't feel like it really helped me that much so I didn't feel like my needs were properly addressed in my second year"* (initial interview).

The participant's descriptions reflected that he had experienced the screening sessions as helpful; however, he did not experience the counselling sessions at the student centre as helpful. His descriptions revealed that he had experienced some of the services as effective and others as not.

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The second objective was to determine why the participant may or may not have experienced the psychosocial support services offered at the university's student support centre as helpful. His descriptions revealed that his experience of the services as helpful or not appeared to be based on several factors, which played either a positive or negative role in the perceived effectiveness of the psychosocial support. The researcher divided the factors into two main themes: factors that negatively influenced the experienced effectiveness and factors that positively influenced the experienced effectiveness.

### **5.4.1. Factors that negatively influenced the experienced effectiveness.**

Factors that negatively influenced the experienced effectiveness included a lack of capacity, ethical constraints, cost, internal conflicts, lack of openness and honesty, pre-conceived notions, demographic differences, and lack of visibility and awareness.

#### ***5.4.1.1. Lack of capacity, ethical constraints and cost.***

On several occasions, the participant referred to the student support centre as having a "limited" capacity of staff and referred to the centre as being "overwhelmed" and "understaffed". He stated that this limited capacity meant he was unable to see the intern counselling psychologist whom he wanted to see in his third year; instead he had to be referred to an off-campus counselling psychologist.

*"I actually wanted to actually see her initially for further consultations, but she said... there's very few, limited staff there at the moment, so I would only be able to see her every six weeks. So, and because my needs were quite pressing at that point, I needed someone a bit more open"* (initial interview).

The participant explained that in addition to the capacity deficits, the third-year intern counselling psychologist could not offer him counselling because she was acquainted with him. They were studying in the same department.

*"She said she couldn't see me because we do know each other. The person who actually took me for the screening so, like we've met a few times in the department. And she said ethically, as well, she wouldn't necessarily be allowed to see me"* (follow-up interview).

Having to attend counselling sessions off-campus had financial implications for the participant. He explained that the off-campus counselling psychologist's sessions were quite

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expensive. However, financial support from his parents and reduced pricing meant that the cost did not affect him severely.

*“It didn’t affect me too much, luckily, because I managed to work out a student deal... It was... 550 a session, which is quite pricey for like an hour. But luckily, I managed to get some financial support from my parents for that so it didn’t affect me that badly”* (initial interview).

The researcher noted that a limited capacity of staff and ethical constraints can lead to the psychosocial support services being viewed as unhelpful. In this case study, these issues had denied the participant the ability to seek help from his preferred professional institution.

### ***5.4.1.2. Internal conflicts and lack of openness and honesty.***

When the participant approached the support centre in his second year, he was internally conflicted between his psychological struggle of believing he was beyond help and not wanting to reveal that he was suicidal and the desire to be helped. These internal conflicts prevented him from being open and honest with the second-year counsellor. The participant stated that he had not expected much from the counselling services he received in his second year from the support centre as he believed that he was beyond help. This conflict led to him thinking that counselling would be ineffective.

*“Well in second year, I went in not really expecting much out of it”* (initial interview).

*“Because I felt like I was beyond help at that stage anyway. I was just kind of going as a last resort because I had planned to kill myself a bit later that year anyway. So, it was just kind of a last resort. That’s why I wasn’t really expecting anything because I kind of made up my mind already that it wouldn’t be effective”* (follow-up interview).

The participant deliberately withheld sharing his suicidal thoughts with the staff at the student support centre in his second year, as a result of being internally conflicted.

*“I honestly didn’t want to reveal that I was suicidal”* (follow-up interview).

*“I was having suicidal ideation, but... I didn’t say I was having suicidal ideation”* (initial interview).

*“I honestly didn’t want to reveal that I was suicidal... So, I just said that I’m feeling a bit depressed and down and primarily stress and anxiety”* (follow-up interview).

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The participant attributed his lack of openness and honesty as the main reason why the counselling sessions in his second year were less helpful than the counselling sessions in his third year.

*“I felt the first one was poorer, primarily because of me, because I didn’t really want to be open and honest about everything”* (initial interview).

The lack of openness and honesty, as an expression of the participant’s internal conflicts, persisted throughout the counselling sessions in his second year. He allowed the counsellor to prematurely terminate the counselling sessions, as he wanted to avoid talking about his suicidal thoughts.

*“She said I was done. She said we managed to address everything and that there was no need for me to go see her, so she ended the sessions”* (follow-up interview).

*“She just decided that was that and I just agreed with her because I didn’t know how else to talk about what I was going through. So, it didn’t help me to stay there”* (follow-up interview).

The participant stated that his lack of openness and honesty seemed to have resulted in the counsellor identifying him as suffering from a self-image issue and acute loneliness.

*“She perceived me as having a self-image issue, which was kind of true to an extent and also that I was suffering from acute loneliness, which was true as well. But, I of course, kept the suicide thing away to an extent. I didn’t let her in on that”* (follow-up interview).

The researcher noted that internal conflicts of the participant – believing he was beyond help and not wanting to share his suicidal thoughts – hindered the effectiveness of the psychosocial support services he received. Internal conflicts and a lack of openness and honesty can lead a counsellor to prematurely terminate the counselling sessions. In addition, it might prevent the accurate identification and treatment of the presenting problem. This would impede the ability of a counsellor to provide effective help.

### **5.4.1.3. Pre-conceived notions.**

Before approaching the student support centre, the participant held several pre-conceived notions which were based on the available information within his environment. The



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participant felt that his training and knowledge in psychology were responsible for his pre-conceived notion that people lack control of their lives, because they are influenced by both their biology and the environment. The notion of lacking control over his life led the participant to believe the counselling sessions were not going to help, during his second year.

*“My knowledge of psychology actually just changed my life entirely because it made me realise we’re influenced by both our biology and our environment... psychology, and just my studies in Humanities, kind of makes me realise that we don’t have control over our lives at all. And, it definitely would have influenced the session because it would have made me think this isn’t going to help that much anyway”* (follow-up interview).

The participant also revealed that he did not perceive the counsellor in his second year as knowledgeable or competent, because she had received less training than a qualified counselling psychologist. A qualified counsellor would have had a master’s degree.

*“To be honest, the first counsellor I saw, I didn’t believe she was very knowledgeable about the field. But, I think that’s because she was only a counsellor and not a counselling psychologist, so she hadn’t necessarily received as much training as the next person would have. So, I felt like...she wasn’t really equipped to help me as much as much as I needed at that stage”* (follow-up interview).

*“I definitely perceive a person with a master’s degree as being more competent than a person with only like a Bachelor of Applied Social Science”* (follow-up interview).

The researcher found that pre-conceived notions can result in psychosocial support services being viewed as unhelpful. Specifically, the idea of lacking control over one’s life, and the idea that competence depends on the counsellors’ level of training. These notions may lead to dissatisfaction with the service and the provider of that service.

### ***5.4.1.4. Demographic differences.***

The participant repeatedly attributed the demographic qualities (such as age, race, and gender) of the counsellor in his second year as the reason that he was not open and honest. The participant was a young white male, whereas the counsellor that year was an older black female. He stated that due to these demographic differences, he found it difficult to relate to the counsellor and therefore avoided sharing his suicidal thoughts with her. As discussed

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previously, the participant attributed this lack of openness and honesty as the main reason why he experienced the service as unhelpful in his second year.

*“The first counsellor...was quite a bit older than me, so I couldn’t really relate to her that well; hence why I wasn’t hundred percent honest... It was an older, umm, black female counsellor, so you know, complete opposites so basically I couldn’t relate to her that well”* (initial interview).

*“I couldn’t properly relate to the counsellor the first time because there [were] such huge differences, especially with regards to race and gender* (initial interview).

The researcher found that demographic differences, such as age, race, and gender of the counsellor and client, can negatively impact the experienced effectiveness of the psychosocial support services. These discrepancies prevented the participant from feeling comfortable about sharing his problems or thoughts.

### **5.4.1.5. Lack of visibility and awareness.**

The participant explained that he became aware of the student support services as a result of the area he worked in. He had already decided he was beyond help before attending the counselling sessions and felt that the counselling sessions would not be helpful.

*“I got to know about it through the Psychology Department... [I] sometimes had to refer students that side because they would think the Psychology Department is there for counselling purposes”* (initial interview).

The researcher found that a lack of visibility and awareness of available services that offer psychosocial support can negatively influence the experienced effectiveness of these services. The participant had already decided to end his life before he became aware of the student counselling services available to students.

### **5.4.2. Factors that positively influenced the experienced effectiveness.**

The factors that positively influenced the experienced effectiveness included the counselling environment, staff demeanour and language use, love of a significant other, and self-understanding.

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### ***5.4.2.1. Counselling environment.***

The participant described the environment in which the counselling was offered as “good”, “nice”, and “comfortable”. He explained that the office in which the counselling was offered was private and non-threatening.

*“You do feel as though there is privacy because you do go into an office”* (initial interview).

*“The actual environment in which the counselling session took place was very nice. You know the office [is] very comfortable. You don’t feel threatened at all”* (initial interview).

The researcher found that providing counselling in a private office is optimal and can lead to the psychosocial support services being viewed as more helpful. It allowed the participant privacy while receiving psychosocial support.

### ***5.4.2.2. Staff demeanour and language use.***

The participant described all the staff he encountered as having a positive demeanour, such as “approachable”, “kind”, “polite”, “sweet”, and wanting to help. He also stated that their language use was accessible and relatable.

*“I felt like the language used ... was quite fine. It wasn’t elevated language or anything like that. They just spoke in normal, colloquial terms without complicated terms. You could relate to them quite well”* (initial interview).

The researcher found that a positive and approachable staff demeanour, and accessible language use, can result in the psychosocial support services being viewed as helpful. These qualities allowed the participant to relate to and feel comfortable with the staff who provided the services.

### ***5.4.2.3. Love of a significant other.***

The participant explained that the only reason he sought professional help again was because he feared hurting his mother.

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*“The main reason why I didn’t is because it would destroy my mom if I did. So, I stayed more for her sake than anything else. If my mom wasn’t there, I probably would have [committed suicide]... hence why I decided to actually try and get proper help, just so that I [wouldn’t] hurt her”* (follow-up interview).

The researcher found that the obligation not to burden one’s significant other can positively influence the experienced effectiveness of the psychosocial support services. This sense of responsibility led the participant to be more invested in the intervention being offered in his third year, as opposed to his second year.

#### **5.4.2.4. Self-understanding.**

The participant explained that the psychosocial support services he received during his second year had reduced his suicidal ideation for a while. However, because the real issue of suicidal ideation had not been dealt with, it recurred even more intensely the next year. He had wanted to receive help so that he could to work through – and overcome – his suicidal ideation, and he realised that this desire emanated from a fear of hurting his mother if he took his life. This self-understanding led to him becoming more honest about his thoughts and feelings when he went back to the student support centre in his third year. The result was that the psychosocial support services were then viewed as more helpful.

He stated that his similarity to the counselling intern in his third year (a young white female) helped him to be more honest about his suicidal ideation. In addition, he expressed that he related even better to the off-campus counselling psychologist as they were matched according to age, gender, and race. This close match allowed him to open up about subjects he would not share with a female therapist.

*“It [counselling in second year] helped alleviate the more pressing issues so it made me less suicidal for a time. But then as the real issues weren’t dealt with, it [suicidal ideation] came back even worse the next year. So, I then went back in third year. I decided to be more honest about it and ... it was definitely much better and much more helpful”* (initial interview).

*“I wasn’t really honest with the counsellor then, but in my third year, I went in again and it was much better because I was actually honest about my suicidal ideation”* (initial interview).

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*“I could identify with her [third-year intern counselling psychologist] a lot better, so I could open up to her better. So she was much more able to address my needs”* (initial interview).

*“But the second time was much better because... I felt like I related better to the counsellor that time, so that’s why it was much better”* (initial interview).

*“I feel like I related better to him [off-campus counselling psychologist] because he was a man, so I felt like I could just speak to him about various things and actually talk about things that worry me as a male... that I wouldn’t be able to relay to a female therapist as well”* (follow-up interview).

The researcher found that self-understanding can positively influence the experienced effectiveness of the psychosocial support services. Self-understanding led the participant to be aware of how factors such as dishonesty and demographic differences had negatively impacted his perception of the intervention. Self-understanding can positively impact the experienced effectiveness of the services, as it led to the participant being more invested in the intervention being offered.

The third objective of this study was to identify ways of improving the psychosocial support services offered by the student support centre, by exploring suggestions provided by the participant. The participant’s descriptions revealed that he felt that the services could be improved by hiring more staff. This would allow more students to be seen on a frequent basis and avoid the financial implications of seeking off-campus services.

*“I feel the service could be improved by possibly hiring more psychologists and support workers... so that students can be seen on a more frequent basis, I think. Then students can go for free without having to be referred to a psychologist where they actually need to pay”* (initial interview).

An additional suggestion provided by the participant included matching counsellors with students according to their demographic characteristics, such as race and gender. This may result in students being more comfortable with sharing their thoughts and feelings.

*“To take in the demographic of the student... for example their race, their gender... And if you can find someone who is similar to them, they might have a better experience*

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*trying to relay their grievances. So, just someone a bit more relatable”* (follow-up interview).

When describing the sessions received from the third-year off-campus counselling psychologist, the participant suggested that the second-year counsellor could have tried a different therapeutic technique with him. He suggested using insight therapy and psychoanalysis, which should incorporate reflection in the intervention plan, as these techniques had been effective in helping him overcome his suicidal thoughts.

*“The first counsellor wouldn’t reflect my statements back at me and what he [off-campus counselling psychologist] actually did he would incorporate reflection into it. And like, he would reflect what I said back at me so that I can have insight. It was primarily insight therapy based which I felt helped a lot more in the long run. Maybe she [second-year counsellor] could have phrased questions in a different way. Perhaps, maybe use different questioning and answering techniques and maybe a different therapeutic technique. For example, insight therapy and psychoanalysis worked very well for me”* (follow-up interview).

The researcher found that hiring more staff, matching the counsellor and recipient according to their demographics, and utilising a variety of therapeutic techniques could improve the effectiveness of psychosocial support offered at the student support centre.

In summary, the participant experienced the first screening session as helpful partly because of several positive influences. These included the approachable staff demeanour, the accessible language use, and the perception that the staff member was competent because she was an intern counselling psychologist. The first screening session involved the participant receiving instrumental or material support; help was provided through a brief assessment and the student was referred to a registered counsellor within the student support centre.

The participant did not experience the four counselling sessions in his second year as helpful. This was partly due to several negative influences, including his internal conflicts; his lack of openness and honesty; the pre-conceived notion that he lacked control over his life – and that as a result, the counselling would be ineffective; his perception that the counsellor lacked competence because she held an honour’s degree; and demographic differences between the counsellor and the participant. The emotional or affective support provided by the counsellor being kind and wanting to help was hampered by the participant’s pre-conceived

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notions that the counselling would be ineffective. In addition, his belief that the counsellor had not received enough training to be able to help him undermined such support. Although the counsellor provided informational support regarding what the participant was suffering from, these conclusions were based on the limited thoughts and feelings the participant had shared with her. This limited information in turn limited the counsellor's ability to provide companionship or evaluative support; she could not accurately evaluate his condition or implement an appropriate intervention plan.

The participant experienced the second screening session as helpful due to the following positive influences: the positive and approachable staff demeanour, the accessible language use, the demographic similarities between the intern and the participant, the perception of the staff member as being competent, the obligation of not wanting to burden his mother, and his being open and honest about suicidal ideation. The second screening session involved the participant receiving instrumental or material support, where help was provided through a brief assessment and then being referred to a counselling psychologist off-campus. Informational support was provided by the intern physically searching online for a counselling psychologist who had demographic similarities with the participant. The participant felt that the third-year intern counselling psychologist addressed his needs by referring him to this counselling psychologist. The off-campus professional was a young white male who was able to see the participant more regularly than the student support centre staff would have been able to.

The participant experienced the eight counselling sessions with the off-campus counselling psychologist as helpful. Positive influences in this perception included his being able to receive regular counselling sessions, being open and honest with the counselling psychologist, his perception of the counselling psychologist as competent because he held a master's degree, demographic similarities between himself and the counselling psychologist, the obligation of not wanting to burden his mother, and the use of reflection as part of the intervention process. The off-campus counselling psychologist provided effective informational, emotional, and companionship support. The participant gained a better understanding of himself and his internal conflicts that had prevented him from being open and honest about his thoughts and feelings. The use of insight therapy and reflection certainly improved his emotional state, as the intensity and frequency of his suicidal ideation had decreased. At the time of the interview, he felt that he had control over his own life and emotions.

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### 5.5. Conclusion

This chapter highlighted the findings of the present study through descriptive phenomenology. The process of assuming a phenomenological attitude and separating the researcher from the researched was discussed. Also discussed was the benefit of reflexivity during data collection and analysis. The meaning units, with their psychologically sensitive expressions, were provided for both the initial and follow-up interviews with the participant.

The chapter concluded with a discussion of the general psychological consistencies across the participant's descriptions. These consistencies were grouped according to the research objectives. The participant's descriptions reflected that the participant had experienced the screening sessions at the university's student support centre as helpful. However, he did not experience the counselling sessions at the support centre as helpful. The reasons for his perceptions, whether positive or negative, were divided into two main themes: factors that negatively influenced the experienced effectiveness and factors that positively influenced the experienced effectiveness. Factors that negatively influenced the experienced effectiveness included lack of capacity, ethical constraints, cost, internal conflicts and lack of openness and honesty, pre-conceived notions, demographic differences, and lack of visibility and awareness. Factors that positively influenced the experienced effectiveness included the counselling environment, staff demeanour and language use, love of a significant other, and self-understanding.

Participant suggestions for improving the psychosocial support services included hiring more staff, matching the counsellor and recipient according to demographics, and utilising a variety of therapeutic techniques. The following chapter presents a discussion of the research findings, an explanation of the limitations of the study, and general recommendations as well as recommendations for future research.



## **CHAPTER 6: DISCUSSION OF FINDINGS, LIMITATIONS, AND RECOMMENDATIONS**

### **6.1. Introduction**

In this chapter, a discussion of the research findings as situated within suicidology research is provided. The study's limitations are identified, and general practical recommendations are offered. In addition, recommendations for future research are discussed.

### **6.2. Discussion of Research Findings**

The experiences of the psychosocial support provided by the student support centre, as described by the participant, reflected a complex and multifaceted phenomenon. This phenomenon can be influenced by various factors. The negative and positive influences of these factors can determine whether the psychosocial support received is experienced as helpful or not.

The factors that negatively influenced the experienced effectiveness included lack of capacity, ethical constraints, cost, internal conflicts and lack of openness and honesty, pre-conceived notions, demographic differences, and lack of visibility and awareness. The limited staff capacity at the support centre negatively affected the participant's experience as it denied him the ability to seek help from his preferred professional or institution. The silent march that recently took place at the study's university in response to the rise in suicide incidents, highlighted that the capacity of 16 psychologists to provide psychosocial support for 60 000 students was not enough to cater for all students' mental health needs. However, the university is concerned with the well-being of its students and has an arrangement with SADAG to provide 24-hour telephonic assistance to all students (Kogosana, 2018; Nqola, 2018).

As stated in Chapter 2, Bantjies et al. (2017) reported that universities in South Africa struggle to provide adequate student counselling services due to being understaffed and overworked. Studies conducted by Shilubane et al. (2015) and Rontiris (2014) found that health care facilities in South Africa that provide interventions for suicidal behaviour are seriously affected by a lack of available resources and staff. These findings are not limited to local universities. Roesch (2015) and Rice (2015) stated that mental health care centres at international universities often lack resources and can only provide short-term care, with a set number of annual sessions per student, which means the mental health care needs of students

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are not met. A study by Goldstone (2017) with 18 mental health care providers in Cape Town found that providers felt that a lack of resources, including funding and time constraints and especially the lack of specialised services for suicidal behaviour, rendered them unable to provide or implement effective treatment plans. These studies and the present research all reflect that limited staff capacity is a major problem for mental health care facilities around the globe. The shortages can result in recipients' mental health care needs not being met.

The participant explained that in addition to the capacity deficits, the third-year intern counselling psychologist could not offer him counselling because she knew the participant through studying in the same area. The *Health Professions Act* (56 of 1974) explains that a multiple relationship "occurs when a psychologist fulfils a professional role with respect to a person or organisation and at the same time fulfils or fulfilled another role with respect to the same person or organisation" (SA Department of Health [DOH], 2006, p. 21). The intern counselling psychologist who saw to the participant had a multiple relationship with him as they knew each other as a result of studying in the same area. The ethical guidelines suggest that a health professional should not enter into a multiple relationship with an individual but should rather assist the individual to obtain services from another professional (DOH, 2006). The intern psychologist took the necessary steps to avoid entering into a multiple relationship with the participant by referring him to an off-campus counsellor with whom he had no prior relationship. The present research revealed that ethical constraints and limited staff capacity can lead to student support centres needing to refer students who seek help to off-campus professionals.

Having to attend counselling sessions off-campus resulted in financial implications for the participant. Fortunately, he was able to overcome this challenge with support from his parents and reduced pricing from the psychologist. As mentioned earlier, financial difficulties and health care costs can act as compounding factors for suicidal individuals (Klein et al., 2011; Peter, 2018; Roesch, 2015). University students who lack financial support are not uncommon in South Africa. Devereux (2018) reported that approximately a third of the South African university student population is food insecure due to their financial dependence on family, bursaries, and loans. According to Abraham Maslow's (1943) theory of needs, hunger forms part of the main physiological needs required for human survival. His theory posits that if the basic physiological needs are not met, individuals are not motivated to move up to the higher levels of safety, belonging, esteem, and self-actualisation. According to Maslow's hierarchy, hunger is a far more pressing need than mental health. Given the financial concerns raised in

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this study, it can be deduced that many students from impoverished backgrounds may not seek mental health care if they are likely to be referred to outside assistance that costs money. This study, as well as other research, revealed that limited staff capacity and a lack of financial support can result in suicidal individuals not receiving the necessary treatment in time.

The participant's internal conflict of believing he was beyond help led to him holding the pre-conceived notion that the counselling would be ineffective. Hopelessness or the feeling of being beyond help has been identified as a significant risk factor for suicidal behaviour, both locally and internationally (Handley et al., 2013; Klonsy et al., 2016; Rontiris, 2014; Schlebusch, 2012; Wang, Jiang, Cheung, Sun, & Chan, 2015). Klonsky et al. (2016) developed a three-step theory of suicide (3ST), stating that the first step in suicidal ideation involves a combination of psychological or emotional pain and feeling hopeless about the pain improving. Research has shown that the hopelessness experienced by suicidal individuals can result in the belief that treatment will be ineffective, as hopelessness decreases their ability to appreciate the value of therapy (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Luoma & Villatte, 2012; Pirkis, Burgess, Meadows, & Dunt, 2001).

The theory of intentionality, as positioned within phenomenology, assumes that pre-conceived notions can affect the appearance of an object (Willig, 2013). This phenomenological assumption suggests that if the participant did not believe the service would be effective, he would indeed perceive this service as unhelpful. This study and others (Endo et al., 2014; Goldsmith et al., 2002; Luoma & Villatte, 2012; Nurullah, 2012; Pirkis et al., 2004) have shown that an internal feeling that one is beyond help can lead to the pre-conceived notion that psychosocial support services will be ineffective. This belief in turn negatively influences the perceived effectiveness of these services.

The participant's internal conflict about not wanting to reveal his suicidal thoughts resulted in him being less than entirely honest with the screening staff and the counsellor during his initial contact with the support centre. A study by Blanchard and Farber (2015) with 547 adult psychotherapy patients showed that clients lie about many matters, specifically the extent to which they experience suicidal thoughts. Various studies conducted with university students experiencing suicidal ideation have described social stigma as a main reason these students are reluctant to express their thoughts. Suicidal individuals are so concerned about how society will perceive them if they admit to being suicidal that they would rather avoid seeking professional help for their mental health issue (Eisenberg et al., 2013; Pedersen & Paves, 2014;

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Roesch, 2015; Schlebusch, 2012; Zozulya, 2016). Thus, the participant's wish not to reveal his suicidal thoughts might have resulted from fear of being socially stigmatised, coupled with the belief that he was beyond help. The research revealed that an inner conflict of not wanting to reveal one's suicidal thoughts can lead a person to be dishonest with the mental health care practitioner from whom they receive psychosocial support.

The lack of honesty by the participant in his second year, at the first screening session and during the four counselling sessions at the student support centre, negatively impacted his experience. Blanchard and Farber (2015) found that a lack of openness and honesty in therapy has consequences for the client in terms of their commitment to the therapy and in their self-image. It also has an effect on the therapist in terms of their morale and feelings of self-efficacy. The relationship between the therapist and client is affected, and there is a likelihood of premature termination and a limited effectiveness of therapy. Similar outcomes of dishonesty were found by Newman and Strauss (2003) in their study of the implications of clients being untruthful, in terms of the therapeutic alliance, case conceptualisation, and intervention. Goldstone (2017) reported that health care providers who felt they were unable to properly assess an individual as a suicide risk believed that they would be ineffective in preventing suicide.

The participant in this study had expressed his symptoms of loneliness and depression, which have both been identified as precursors for suicidal ideation (Mushtaq, Shoib, Shah, & Mushtaq, 2014; Wakefield, 2015). However, he did not initially admit to having suicidal thoughts or plans. The counsellor was thus not provided with enough information to accurately identify all the presenting issues. The participant allowed the counsellor to believe she had addressed all the presenting issues, because of his need to avoid being truthful about his suicidal thoughts. Many studies, including this one, have shown that dishonesty by a recipient of psychosocial support can lead to inaccurate identification and treatment of the presenting problem, hindering the counsellor's ability to provide effective help.

The participant's pre-conceived notions were based on the available information in his environment as a scholar of Psychology. His view that people lack control over their lives was influenced by the notion in Psychology that individuals are simultaneously influenced by their biology and the environment. A person with no background in Psychology probably would not have held the view that a counsellor is less competent than a counselling psychologist, as they might not know the difference in training levels. Research has shown that the cognitive state

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of suicidal individuals decreases their ability to appreciate the value of therapy and undermines the competence of their therapist and their capability to address their mental health needs (Goldsmith et al., 2002; Luoma & Villatte, 2012; Pirkis et al., 2001). The present research revealed that pre-conceived notions about service effectiveness or counsellor competence can lead to dissatisfaction with the service and the service provider.

The demographic differences in terms of age, race, and gender between the participant and the counsellor in his second year negatively impacted his experience of the psychosocial support services. Mixed findings have been reported regarding the importance of matching a client and a therapist according to specific variables and the outcome of treatment. However, such matching can facilitate understanding, enhance trust, and strengthen the client–therapist alliance because people tend to identify with individuals who are similar (Bhatt, 2015; Ruglass et al., 2014; Wintersteen, Mensinger, & Diamond, 2005). The participant stated that because the off-campus counselling psychologist was male, he was able to confide about the issues that bothered him as a man. He stated that he might not have felt comfortable sharing these issues with a female therapist. Research has found that that gender matching only seems to have a positive impact on the therapeutic alliance at the beginning of treatment, which may account for the mixed findings (Behn, Davanzo, & Errázuriz, 2018; Bhati, 2014; Kuusisto & Artkoski, 2013). The present researcher suggests that matching in terms of age, race, and gender can assist in forming and strengthening the relationship between the counsellor and the client. This can help the recipient to feel comfortable in sharing their thoughts and feelings.

The participant explained that he became aware of the student support centre through the Psychology Department, because people associate psychology with counselling. He further explained that some students believed that the Psychology Department offered counselling and approached the departmental staff for help. Students would then be referred to the student support centre. The campus map shows that the Psychology Department and the student support centre are quite far apart from each other. Walking from the Psychology Department to the student support centre takes roughly 10 to 15 minutes – and then only if one knows the route, as there is no straight path between the two buildings. One cannot see the support centre from outside; it is hidden by a brick wall and people must descend stairs to enter the building. This setup hinders the visibility of the support centre.

The participant revealed that when he became aware of the psychosocial support services, he had already been experiencing suicidal ideation for some time. He had already

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come to believe that he was beyond help. Schwartz-Lifshitz, Zalsman, Giner, and Oquendo (2012) stated that responsible media coverage is instrumental in the prevention of suicide. These authors stated that awareness that educates people about the available treatment options and health care providers can encourage help-seeking behaviour by individuals who are suicidal. This present research has shown that lack of visibility and awareness may hinder the prevention of suicide, as suicidal individuals might not receive the necessary psychosocial support in time.

The factors that positively influenced the experienced effectiveness included the counselling environment, staff demeanour and language use, love of a significant other, and self-understanding. The sense of privacy offered by the counselling environment for all sessions (screening and counselling) helped the participant feel more comfortable in sharing his thoughts and feelings. Cox and Hetrick (2017) studied the effectiveness of individual psychosocial interventions for the treatment of self-harm, suicidal ideation, and suicide attempts in children and young people. Their findings showed that participants required privacy and confidentiality to open up about the way they were feeling. The present study revealed that providing counselling in a private and safe environment led to the recipient being more open and honest about his thoughts and feelings.

The characteristics of the staff demeanour, in terms of their friendliness and accessible language use, positively impacted the participant's experience. The interpersonal theory by Thomas Joiner (2005) proposes that the combination of perceived burdensomeness and low belongingness, as well as hopelessness about these perceptions, creates the desire for suicide. The capability to act on this desire requires the individual to overcome the fear of death and pain associated with committing suicide. Suicidal people avoid encumbering others with their problems and often feel they do not belong in a community (Klonsky et al., 2016; Rontiris, 2014; Schwartz-Lifshitz et al., 2012). Suicidal individuals are also vulnerable to rejection. Therefore, they should be approached in a kind, loving, and accessible manner. The present research has shown that a kind and loving approach, with accessible language use, positively influenced the experience of the psychosocial support received.

The participant's fear of not wanting to burden his mother in his third year positively impacted his experience, as it led to him being more invested in the intervention. In a newspaper article by Peter (2018), most students attributed the love of a significant other as having either provided a barrier to suicidal behaviour or having acted as a trigger for suicide attempts. The

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love of a significant other can act as a barrier for suicidal behaviour through the support and belongingness they provide the individual, and the individual's fear of hurting or burdening their loved ones if they commit suicide. A study by Tran et al. (2015) with 58 Asian American college students from 27 universities found that most participants who seriously considered ending their lives worried about the emotional and financial impact on at least one significant other. However, love for a significant other can also act as a trigger if that person dies or the relationship is unpleasant. In a media article by Kgosana (2018), an individual revealed that fear of disappointing his parents had triggered a suicide attempt, as he had failed two of his first semester modules. In the 3ST, the second step towards a suicide attempt occurs when emotional pain outweighs the connectedness one feels to a person, community, or any sense of purpose. Such connectedness keeps an individual invested in living. The present study and others has shown that consideration of a significant other, and not wanting hurt or burden them, can prevent individuals from committing suicide and can instead help them to feel invested in the psychosocial support they receive.

The insight that ultimately prevented the participant from committing suicide was the fear of hurting his mother. Studies by Choi and Rogers (2010), Tran et al. (2015), and Wang, Lightsey, Pietruszka, Uruk, and Wells (2007) found that many participants attributed insight as giving them a purpose for living and assisting in overcoming their suicidal ideation. Insight helped these people to find meaning in their lives rather than defining themselves by the events that had initiated their suicidal thoughts. These studies showed that when an individual finds a reason or purpose for living, suicidal thoughts and behaviour are reduced as the person is able to visualise a future. It is imperative that therapists understand suicidal individuals from their point of view and assist them in recognising and understanding their biases towards therapy. Allowing clients to express strong negative feelings without judgement or criticism encourages openness and honesty from clients (Firestone, 2014). The present study revealed that insight into one's internal conflicts and pre-conceived notions can encourage openness and honesty on the part of the recipient. In turn, this can positively influence the experienced psychosocial support. Additionally, and more importantly, insight into the hurt that one may cause a significant other by committing suicide can prevent one from attempting suicide.

The findings of this study and previous research highlight that the perceived effectiveness of therapy is not a one-sided affair. In Chapter 2, the researcher discussed how the strength of the interpersonal relationship, the willingness of the provider to help, and the quality of support strongly influenced the experienced effectiveness of the psychosocial

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support received. The present research has also shown that although these factors are important, they do not act alone. The effectiveness of psychosocial support depends on the recipient as much as the provider. Helping a client to understand themselves and their biases, and providing them with a reason to continue living – such as a significant other or sense of purpose – can positively influence the perceived effectiveness of an intervention.

### **6.3. Limitations of the Study**

The choice of a niche population for the study sample led to difficulties in acquiring participants. The researcher had to use volunteer sampling as it would have been unethical to approach suicidal students who had received psychosocial support from the student support centre. This was due to the sensitive nature of the study and the possibility of re-traumatisation. In addition, the student support centre is not permitted to share the contact details of its clients as this would go against the ethical requirements for confidentiality and privacy. Volunteer sampling and reaching students through flyers was also challenging, due to the sensitivity of suicidal ideation. The stigma attached to suicide, and internal conflicts associated with suicidal ideation, may have prevented more individuals from coming forward.

Although the aim of this study was not to generalise but to forge a deeper understanding of suicidal ideation, the researcher felt that utilising only one participant limited the richness of findings. The case-study design used in this study provided a one-sided perspective of the services, which was purely one participant's view. The viewpoints of the support centre staff were not included, which meant no real insight was gained regarding their experience of providing psychosocial support services to counter suicidal ideation. Case-study research has been criticised for lacking rigour and many researchers using this methodology have been criticised for reporting only evidence that supports their research question (Yin, 2014). The researcher also acknowledges that due to the case study being based on an experience that happened in the past, the participant may have provided a distorted recollection as he might have moved on from that period of his life (Simons, 2009).

### **6.4. Recommendations**

#### **6.4.1. General recommendations.**

Based on the findings, the researcher provides general recommendations for psychosocial support centres at universities. Such recommendations could be implemented to



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improve the experienced effectiveness of the services provided to counter suicidal ideation. Given the lack of capacity and resources and the possibility of multiple relationships, it is suggested that university support centres make use of student volunteers to conduct screening sessions and other tasks that do not require professional registration or qualifications to perform. Students could also present mental awareness campaigns to provide tips and guidelines to people who feel they might require help, and to offer information about the support services available and where to locate the support centre. It is recommended that such campaigns should exclude information about the location and method of actual suicides. Studies have shown that sharing such information can lead to an increase in suicidal behaviour in the community (Schwartz-Lifshitz et al., 2012; Sonneck, Etzersdorfer, & Nagel-Kuess, 1994; Tsai et al., 2011).

Student volunteers could perhaps be recruited from among people who have previously approached the student support centre for help. Research by Poulin, Brown, Dillard, and Smith (2013) revealed that providing informal social support to others has a positive correlation with one's own mental health. Offering students who suffer from suicidal ideation the opportunity to assist others who have similar problems may help both parties. Recruiting student volunteers to assist may give the student support centre the capacity to provide students with psychosocial support from their preferred mental health care practitioner.

Creating a safe space for students to reveal their internal conflicts and pre-conceived notions, and to discuss ways to overcome these internal barriers, can assist student support centres in providing effective intervention. Recommendations for mental health practitioners to encourage clients to be open and honest include the following points:

- provide a safe, private environment,
- highlight the importance of complete honesty throughout the intervention,
- model honesty (tell the truth) if asked a question by the client,
- react positively if clients reveal a previous lack of honesty (Blanchard & Farber, 2015; Cox & Hetrick, 2017; DeAngelis, 2008).

Suicidal individuals are vulnerable to rejection and thus should be approached in a kind, loving, and accessible manner. Accessible language can help people to feel that they belong, and inaccessible language might deepen their hopeless self-concept. The more experienced mental health professionals at the student support centre could hold workshops to teach the

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younger, more inexperienced professionals how to achieve the above recommendations, as well as examples of accessible language use. These workshops can be placed on practical examples that are based on providing a service to the university student and staff population.

The participant recommends matching counsellors with students according to demographics such as age, race and gender. The researcher understands that practically matching students and counsellors on all levels would be challenging; however, matching on one variable would still be beneficial in creating a safe and trusting space between the counsellor and the student. Various therapeutic techniques should be used to improve the experience of the psychosocial support services received for suicidal ideation and ensure the needs of the recipient are met. If a mental health professional from the student support centre feels as though they are not meeting all the needs of the client, they should explore the use of other therapeutic techniques with this client. Challenging clients can also be discussed with one's colleagues during their Friday morning debriefing sessions for some assistance and recommendations.

Overall, the researcher recommends that assisting clients to understand themselves and their thoughts and biases should be a priority. Clients should be advised to think about reasons to live, such as their significant others and a sense of purpose.

### **6.4.2. Recommendations for future research.**

Due to the scarcity of suicidology research, more studies should be conducted to understand psychosocial support to counter suicidal ideation at South African universities. Future research should use larger samples to obtain generalizable results. Increasing the sample size could be achieved by a researcher working in conjunction with a counselling psychologist, who could assist in the sampling process through their contact with suicidal individuals. Research could also be expanded to include various universities that offer psychosocial support services to increase the sample size. A study conducted across various universities would increase the rigour and generalizability of the results. A larger sample could also offer insight into how suicidal ideation presents across gender, race, choice of degree, location of university, and other factors.

To gain a more holistic understanding of psychosocial support services, future studies could focus on providers as well as clients. In addition, future research could examine the

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perceptions and stigma associated with suicidal ideation in universities, and how these aspects influence mental healthcare-seeking behaviour.

The use of triangulation (using a variety of theoretical methods, sources of data, or theories) to collect and interpret data about a phenomenon, or a mixed-method approach, could be used to derive an accurate representation of a real-life situation (Weyers, Strydom, & Huisamen, 2008). Hjelmeland and Knizek (2010) suggested combining qualitative and quantitative methodology to gain an understanding of suicidal behaviour. Future research could include conducting a qualitative study to identify factors that positively or negatively influence the experienced effectiveness of psychosocial support, and supplementing it with a quantitative study. The quantitative study could be based on the qualitatively derived factors to investigate whether the results are convergent and validate each other.

### **6.5. Conclusion**

The goal of this research was to explore the experiences of a recipient of the psychosocial services at a South African university's support centre. The student in question had suffered from suicidal ideation and sought help for this problem. The analysis and discussion revealed that the participant experienced some of the services as effective and others as not. Positive and negative influences by several factors were identified. Factors that negatively influenced the experienced effectiveness included lack of capacity, ethical constraints, cost, internal conflicts and lack of openness and honesty, pre-conceived notions, demographic differences, and lack of visibility and awareness. Factors that positively influenced the experienced effectiveness included the counselling environment, staff demeanour and language use, love of a significant other, and self-understanding.

A lack of honesty because of demographic differences, inner conflicts, and pre-conceived notions appeared to influence the experience of psychosocial support services as ineffective. By contrast, the love of a significant other and self-understanding influences the experience of the psychosocial support services as being effective. However, this study has also shown that the perceived effectiveness of therapy is not a one-sided affair. It depends on the commitment of both the recipient and the provider. It is imperative not only to consider aspects that the provider and support centre can control, but also participant-related factors that could negatively or positively impact the experienced effectiveness of the psychosocial support.

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The research further revealed that self-understanding and thinking about significant others can offer a reason to live. Due to the scarcity of suicidology research and the scale of suicidal ideation, it is recommended that more research – both quantitative and qualitative – be conducted to further understand the psychosocial support services offered at universities. Such understanding should be holistic, covering both the recipient's and the provider's perspectives.

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## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

**APPENDIX A: INSTITUTIONAL APPROVAL LETTER**

UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

18 April 2018

Dear Ms Murray

**Project:** An exploration into the experiences of psychosocial support services for suicidal ideation at a South African University  
**Researcher:** R Murray  
**Supervisor:** Dr B Moteleng  
**Department:** Psychology  
**Reference Number:** 13014707 (GW20170727HS)

Thank you for the revised application that that submitted for ethical consideration.

I am pleased to inform you that the above application was approved by the **Research Ethics Committee**, the Dean of Humanities and the Registrar. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

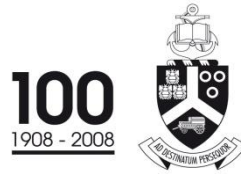
Sincerely

**Prof Maxi Schoeman**  
Deputy Dean: Postgraduate Studies and Ethics  
Faculty of Humanities  
UNIVERSITY OF PRETORIA  
e-mail: PGHumanities@up.ac.za

cc: Dr D Moteleng (Supervisor)  
Prof T Guse (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof RL Harris; Dr L. Mokhele; Dr K. Baoyeni; Ms A. dos Santos; Dr R Fosselt; Ms RT Gwinda; Dr E. Johannes; Mr A. Mkhamele; Dr C. Rutengile; Dr D. Rayburn; Dr M. Soor; Prof E. Tsaljaris; Prof V. Tselias; Ms B. Tsebe; Ms D. Mokoape

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

**APPENDIX B: PERMISSION FOR RESEARCH**

UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

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Faculty of Humanities  
Department of Psychology

21 April

Dear Dr Madiba,

RE: Research permission: An exploration into the experiences of psychosocial support services for suicidal ideation offered at a South African University.

This serves as a formal request to undertake research with students who received counselling for suicidal ideation at the University of Pretoria student support centre within the year prior to the commencement of data collection for the proposed research study. My research topic is: “An exploration into the experiences of psychosocial support services for suicidal ideation offered at a South African University”. The research will be captured as a mini-dissertation for the Department of Psychology at the University of Pretoria. I am currently a registered Masters student in Research Psychology.

The research proposal will include the following sections: brief description and statement of the research question; research problem; literature review; theoretical point of departure; proposed research methodology and ethical considerations.

The proposed research will involve qualitative research based on a phenomenological theoretical approach. The data collection will involve a semi-structured interview with ten individuals who have previously received support for suicidal ideation at the student support centre at the University of Pretoria. These interviews will be audio-taped for accuracy purposes. Data collection will commence upon receiving ethical clearance. The interviews will be held at the convenience of the participants and will be approximately 30 to 45 minutes long. Ethical clearance will be sought from the Ethics committee of the University of Pretoria. The final draft of the research findings will be made available to you. Attached to this letter is a permission sheet to sign if you are in agreement with the use students who have received counselling for suicidal ideation at the support centre in the study entitled: “A phenomenological description of the social support received at a South African University for suicidal ideation”. My research supervisor is Mr Barnard Buti Motileng who can be reached through email at [benny.motileng@up.ac.za](mailto:benny.motileng@up.ac.za)

Kind Regards

R Murray  
Student: MA Research Psychology  
Work: 071 534 0115  
Email: [robynmurray15@hotmail.com](mailto:robynmurray15@hotmail.com)

Barnard Buti Motileng  
Supervisor  
Work: 012 420 2907  
Email: [benny.motileng@up.ac.za](mailto:benny.motileng@up.ac.za)





kgopolo tša Dihlalefi  
of Humanities  
of Psychology

#### PERMISSION TO CARRY OUT RESEARCH

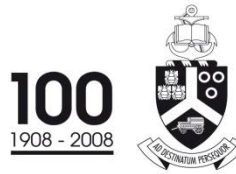
I have read Ms Murray's request to carry out research by using students who received support from the University of Pretoria's student support centre for suicidal ideation, in which she will be investigating their experiences of the support received.

I hereby grant Ms R Murray access to students who have utilised the student support centre services for suicidal ideation for the purpose of her research. She may proceed with her study and I am expectant of a final draft upon completion. This permission is pending ethical clearance from the ethics committee of the University of Pretoria

A handwritten signature in black ink, appearing to read 'Dr M Madiba', written over a horizontal line.

Dr M Madiba  
Director: Student Affairs  
Department of Student Affairs  
012 420 4001

## APPENDIX C: SAMPLING FLYER



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tš'a Dihlalefi

Faculty of Humanities

Department of Psychology

## RESEARCH PARTICIPANTS NEEDED FOR A MASTER'S RESEARCH STUDY

- Have you received support for suicidal ideation\* within the last year?
- Was this support provided by the student support centre on campus (Groenkloof, Hatfield, Mamelodi, Onderstepoort or Prinshof)?

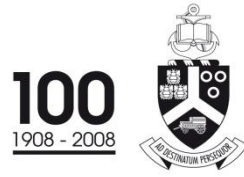
\* Suicidal ideation includes the thinking, writing, planning and engaging in suicidal and self-injurious behaviour (Pienaar, Rothmann, & Van Der Vijver, 2007; Schlebusch, 2012).

If you answered yes to both of the above, please consider taking part in my research which aims to gain a deeper understanding of your experience of the social support you received via individual interviews.

If you are interested in taking part in this study please e-mail myself, Robyn Murray, at [robynmurray15@hotmail.com](mailto:robynmurray15@hotmail.com) and/or my supervisor, Dr Benny Moteleng, at [Benny.Motileng@up.ac.za](mailto:Benny.Motileng@up.ac.za) and we will send you more information about the study.

Robyn Murray

Benny Moteleng

**APPENDIX D: INTERVIEW AGENDA**

UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA  
Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi  
Faculty of Humanities  
Department of Psychology

Hello, my name is Robyn [shake hands]. I am currently completing my Masters in Research Psychology and this research forms parts of my thesis. Firstly, I would like to thank you for agreeing to participate in my study. This research is based on your experience of the social support you received for suicidal ideation at the student support centre. The purpose of this interview is to capture your experience of the social support offered for suicidal ideation.

Before commencing with the interview, I would like to assure you that everything you say during this interview will be kept confidential, and only my supervisor and I will have access to the voice recordings. I want to remind you that you have the right to withdraw from this study at any time during the interview. You also have the right to refrain from answering any question you are uncomfortable with. Should you wish to view the results of this test, please email me and I will forward these to you upon completion of this study. You can find my contact details on the information sheet provided to you prior to this interview.

**(Transition A (Inclusion/Exclusion Questions):** Let me begin with some questions about yourself)

1. Have you received support for suicidal ideation – which refers to the thinking, planning, writing and engaging in suicidal and self-injurious behaviour – within the last 12 months?
  - a. Yes (move on to next question)
  - b. No (nicely end the interview)
2. Was this support provided by the student support centre on campus such as Groenkloof, Hatfield, Mamelodi, Onderstepoort and Prinshof?
  - a. Yes (continue with the interview)
  - b. No (nicely end the interview)

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

(**Transition B:** I would like to move to questions of your experience of the psychosocial support received)

1. How did you get to know about the university social support services?
2. How was the reception by the administration staff when you first got there? **Probe:**  
Would you say it was friendly and warm?
3. How did you feel within the environment that the counselling was offered? **Probe:** Did you feel comfortable?
4. How comfortable were you with the language used by the psychologist?
5. How would you describe the importance given to your needs and interests? **Probe:**  
Would you say that your needs and interests came first?
6. How many times did you have to go or were you contacted? **If more than once, ask:**  
How did you feel about the follow-up sessions?
7. In as much detail as possible, tell me more about how you experienced the counselling you received from the support centre for suicidal ideation? **Probe:** Would you say the service you received was good or poor?
8. Why do you think the service was .....? (**answer given in above question**)
9. Overall, did you find the service offered at the support centre for suicidal ideation helpful or not? Please explain why your answer.
10. In conclusion, how do you think the service could be improved?

(**Transition C:** I would like to capture some demographic information for analyses purposes)

1. How old are you?
2. What course are you currently registered for at the University of Pretoria?
3. How many years have you been studying at the university?
4. What is your marital status?
5. **Record:** Gender \_\_\_\_\_ (Male or Female)
6. **Record:** Race \_\_\_\_\_ (African, White, Coloured or Asian) (Ask if not sure)

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

**(Transition D:** In closing for the interview I would like to ensure that your participation in this interview will not harm you psychologically and to ensure you receive the necessary help if needed)

1. I understand that sharing your experience today could be distressing. If you are feeling distressed at any stage following this interview, I suggest that you make an appointment at the Student Support Centre at 012 420 2333 to receive counselling services at no cost. An alternative counselling session has been pre-arranged with Neo Pule who is based at the University of Pretoria; at no cost should you feel you do not want to return to the Student Support Centre.
2. You are also free to contact myself or my supervisor should you have further questions pertaining to the study or the results.
3. I want to thank you for your help and taking the time to help me with my research.

**APPENDIX E: INFORMATION SHEET**

Dear Student

You are hereby invited to participate in a study that forms part of my masters' studies at the University of Pretoria. The purpose of this research is to explore how recipients of social support for suicidal ideation experience this service. Information shared by you will be used for academic and research purposes only.

**Please note that:**

- 1) Participation in this study is entirely voluntary.
- 2) It will involve a semi-structured interview of approximately 30-45 minutes in length.
- 3) Your name and identity will be kept confidential. Research findings will be reported in a way that protects your personal dignity and right to privacy (assigning you different names).
- 4) You may decide to withdraw from this study at any point within the interview by informing the interviewer that you wish to withdraw. You shall not be penalised in any way if such a decision is made.
- 5) The interview will be voice recorded for the purpose of accurate interpretation and reporting.
- 6) The information shared will be stored for 15 years for archiving and future research.
- 7) You may be requested to participate in a follow-up interview after four to five months. This is to enable the researcher to compare information gathered during the research process.
- 8) To ensure that the information shared is correctly captured and understood, the interview will be recorded and transcribed.
- 9) Results of this study will be disseminated in the form of a mini-dissertation, conference papers and articles in academic journals.
- 10) In the event that you feel distressed or feel you could benefit from social support, you are encouraged to contact the Student Support Centre at 012 420 2333 to receive counselling services at no cost. If you would prefer to obtain support elsewhere, a pre-arranged counselling session with Neo Pule, a counselling psychologist, is available at no cost. Ms Pule can be contacted at [neo.pule@up.ac.za](mailto:neo.pule@up.ac.za).

Thank you for your anticipated participation.

Yours Sincerely

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**Robyn Murray**  
**Student/Researcher**

Work: 071 534 0115

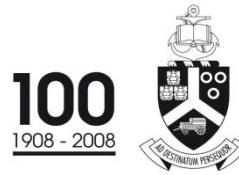
Email: [robynmurray15@hotmail.com](mailto:robynmurray15@hotmail.com)

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**Dr Barnard Buti Moteleng**  
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**APPENDIX F: INFORMED CONSENT FORM**

UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

Faculty of Humanities  
Department of Psychology

I have read the contents of the information sheet and understand that I have been invited to participate and that my agreement is fully voluntary.

I am aware that the interview will be recorded for accuracy of interpretation and reporting.

I am also aware that I may be requested to participate in a follow-up interview within a four to five month period. I understand that I am under no obligation to participate and am fully aware that I can withdraw at any time during the course of the interview.

With full knowledge of all foregoing, I agree to participate in this study on this \_\_\_\_\_ (day) of this \_\_\_\_\_ (month) and this \_\_\_\_\_ (year).

**Participant Details:**

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Researcher and Supervisor**

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX G: INTERVIEW TRANSCRIPTS****Transcript of Interview 1**

Transcript Keys:

- Interviewer: R – Robyn
- Interviewee: X – Patient X

*Note: The name of the participant and any other names mentioned have been changed in order to maintain individual's rights to confidentiality and privacy.*

*[Start of recording]*

R: Hello, my name is Robyn.

X: Hi.

R: I am currently completing my Masters in Research Psychology and this research forms part of my thesis. Firstly, I would like to thank you for agreeing to participate in my study. This research is based on your experience of the social support you received for suicidal ideation at the student support centre. The purpose of this interview is to capture your experience of the social support offered for suicidal ideation. Before commencing with the interview, I would like to assure you that everything you say during this interview will be kept confidential, and only my supervisor and I will have access to these recordings. I want to remind you that you have the right to withdraw from this study at any time during the interview. You also gave the right to refrain from answering any question you are uncomfortable with. Should you wish to view the results of this study, please let me know and I will forward these to you upon completion of this study. You can find my details on the information sheet provided to you prior to this interview. Okay?

X: Okay.

R: Do you have any questions?

X: No questions.

*[Transition A]*



## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

R: Let me begin with some questions about yourself. Have you received support for suicidal ideation – which refers to the thinking, planning, writing and engaging in suicidal and self-injurious behaviour – within the last twelve months?

X: Yes.

R: Was this support provided by the student support centre on campus, such as Groenkloof, Hatfield, Mamelodi, Onderstepoort and Prinshof?

X: Yes, on Hatfield campus.

*[Transition B]*

R: I would like to move to questions of your experience of the social support received.

X: Sure.

R: Firstly, how did you get to know about the university's social support services?

X: I got to know about it through the Psychology Department. [Possible identifiable information removed for confidentiality purposes] we sometimes had to refer students that side because they would think the Psychology Department is there for counselling purposes. Yeah.

R: How was the reception by the administration staff when you first got there?

X: It was fine. I wouldn't complain about anything to be honest. Yeah.

R: So you would describe it as neutral?

X: Neutral, yes definitely. The staff were kind and... and polite and so on.

R: How did you feel within the environment that the counselling was offered?

X: The environment in which the counselling is offered is very good, I feel. You do feel as though there is privacy because you do go into an office etcetera. And the actual support staff themselves, especially with regard to the screening process. They're very kind and very supportive. I remember a specific, the people who were doing the screening there, they are very helpful.

R: How comfortable were you with the language used by the psychologist?

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

X: Umm, I felt like the language used quite fine, it was quite fine. It wasn't elevated language or anything like that. They just spoke in normal, colloquial terms without complicated terms. You could relate to them quite well.

R: Umm. How would you describe the importance given to your needs and interests?

X: The importance given to my needs and interests. Umm. I felt that during the screening process they were definitely addressed. They referred me to a person. I've actually been to student support twice. Once was in my second year. Umm, I was having suicidal ideation, but I didn't go, I didn't say I was having suicidal ideation. I just wanted to see a counsellor in my second year. So they referred me to a counsellor. I didn't feel like it really helped me that much so I didn't feel like my needs were properly addressed in my second year, but then again I wasn't really honest with the counsellor then. But, in my third year, I went in again, and it was much better because I was actually honest about my suicidal ideation and I.. The therapist I saw was much more helpful, but she said because I was a suicide risk in that case, it would be better to refer me to a different therapist off-campus. So I felt like my needs were very well addressed, like she actually cared about my needs at that point. So, yeah.

R: Okay, so with this being your second time, I am very interested in your comparison between your first and your second time because I think both are relevant because your second time you were more natural with the processes involved. So if you could elaborate on both as we go that would be..

X: No definitely, umm, the first counsellor I was with, umm, was quite a bit older than me so I couldn't really relate to her that well; hence why I wasn't hundred percent honest. Umm, it was an older, umm, black female counsellor, so you know, complete opposites so basically I couldn't relate to her that well. Don't get me wrong, she was very sweet and she wanted to help. But then the next counsellor I saw, she was doing her internship for her Masters in Counselling Psychology so she's a bit younger, she is much... I could identify with her a lot better so I could open up to her better. So she was much more able to address my needs and that kind of stuff.

R: Umm, sorry you mentioned the race of the first psychologist, what was the race of the second?

X: She was white.

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

R: How many times did you have to go or were you contacted?

X: Umm, how many times did I have to go to student support?

R: Yes, so obviously you went the first time in your second year, you didn't go back again and then you went in third year.

X: In my second year I went for four consultations with that student support worker. I think I saw her once every three weeks, I think four times at that point. And then when I went again in my third year, I only went once after making an appointment after the screening process and then she referred me to a psychologist based off-campus.

R: Okay, so does the screening session count as one? And then did they refer you at the screening or did you come back for a...

X: I'm not counting the screening session process; I am counting the actual counselling that took place.

R: So it was only one session?

X: Yes, well in second year there were four sessions and then third year, one session.

R: Okay, sorry if I am over-clarifying. I just want to make sure.

X: That's perfectly fine, it's a study. Don't worry.

R: Okay, so in as much detail as possible, can you tell me more about how you experienced the counselling you received from the support centre for suicidal ideation?

X: So just in general why I was unhappy and so on?

R: Just go from when you walked in and whatever comes to mind.

X: Oh okay, sure. So... Well in second year, I went in not really expecting much out of it. I just walked in because I just more wanted to vent as it was mostly stress-related. So, I went in and I perceived it as fine at first. It helped alleviate the more pressing issues so it made me less suicidal for a time, but then as the real issues weren't dealt with, it came back even worse the next year. So, I then went back in third year. I decided to be more honest about it and so on. So, it was definitely much better and much more helpful in that sense. Umm, the counsellor I saw, I think her name was Jane Doe I think, she was one of the intern counsellors there. She

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

was very nice and very helpful. Ultimately, referred me to someone, umm, she was very helpful, she actually physically looked, you know, online for counsellors for me and she was very approachable. And I felt like she was very helpful as well. Umm, I actually wanted to actually see her initially for further consultations, but she said it, umm, they very, umm, there's very few, limited staff there at the moment, so I would only be able to see her every six weeks. So, and because my needs were quite pressing at that point, I needed someone a bit more open. So that's why I got referred to someone outside. The actual environment in which the counselling session took place was very nice. You know the office very comfortable. You don't feel threatened at all. But, overall, it's a very nice environment, but I do feel that the staff there might be slightly overwhelmed, like they don't have enough people working for them so they can't address all the students' needs necessarily.

R: Okay.

X: If that's helpful.

R: Totally. So based on what you have said thus far, umm, I gather from your first experience that you would have rated it as less helpful and your second experience as highly.

X: Yes.

R: So can you tell me why you think the first one was less helpful than the second one?

X: I felt the first one was poorer, primarily because of me because I didn't really want to be open and honest about everything, for example, especially a lot of issues I was having that time, umm, I kind of held back from that, from talking about that. So it's kind of my fault why it wasn't better, but also because I couldn't properly relate to the counsellor the first time because there was such huge differences, especially with regards to race and gender and so on. But the second time was much better because I was actually much more responsive. I was much more willing and open to talk about this. So. And also, just, I felt like I related better to the counsellor that time, so that's why it was much better.

R: Overall, did you find the service offered at the support centre for suicidal ideation helpful or not?

X: Yes.

R: Please explain your answer.

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

X: I found it very helpful because I got referred to a very, very good psychologist. Another counselling psychologist was able to help much more regularly. And who I actually managed to get help from. Umm, I still get suicidal ideation from time to time, but it's much less and it's like less intense. So, I definitely got help. So, their referring process is very good and they take care of the students' needs by actually saying, you know, we can't help you as effectively as we can so we'll refer you to someone else. So I feel like they do care about the students generally. So yeah, it was good.

R: And then, the psychologist you were referred to was this at cost or was it free?

X: It was at cost. Ya.

R: How would you say that cost impacted your daily life?

X: It, umm, well, umm. Luckily I, I managed. Umm, it didn't affect me too much luckily because I managed to work out a student deal with the psychologist there. So it wasn't as expensive, but it did still cost quite a bit. It was like, umm, 550 a session, which is quite pricy for like an hour. But luckily I managed to get some financial support from my parents for that so it didn't affect me that badly.

R: How many sessions do you think you attended?

X: About eight.

R: Sjee, that's quite a lot of money.

X: Yeah.

R: In conclusion, how do you think the service could be improved?

X: Umm, I feel the service could be improved by possibly hiring more psychologists and support workers possibly so that students can be seen on a more frequent basis, I think. Then students can go for free without having to be referred to a psychologist where they actually need to pay and so on.

*[Transition C]*

R: Okay, so I would like to capture some demographic information for analyses purposes.

X: Sure.

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

R: How old are you?

X: I am 21 years old.

R: What course are you currently registered for at the University of Pretoria?

X: I am registered for a post-graduate certificate in Education, PGCE for short.

R: How many years have you been studying at the university?

X: This is my fourth year at the university.

R: So you went straight out of school?

X: Straight out of school, yes.

R: What is your marital status?

X: I am extremely single.

*[Transition D]*

R: Okay, in closing for the interview I would like to ensure that your participation in the interview has not harmed you psychologically and to ensure you receive the necessary help if needed. I understand that sharing your experience today could be distressing. If you are feeling distressed at any stage following this interview, I suggest that you make an appointment at the Student Support Centre to receive counselling services at no cost. An alternative counselling session has been pre-arranged with Neo Pule who is based at the University of Pretoria; at no cost should you feel you do not want to return to the Student Support Centre. You are also free to contact myself or my supervisor should you have further questions pertaining to the study or the results. I want to thank you for your help and taking the time to help me with my research.

X: Thank you so much.

*[End of recording]*

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

**Transcript of Interview 2**

Transcript Keys:

- Interviewer: R – Robyn
- Interviewee: X – Patient X

*Note: The name of the participant and any other names mentioned have been changed in order to maintain individual's rights to confidentiality and privacy.*

*[Start of recording]*

R: Based on your initial interview, I split your experiences into four different categories: screening session one, counselling session one, screening session two, and outside counselling session. So, within those I want you to explain as much as possible if you can.

X: Of course.

R: So, I noticed in your initial interview that you described the screening sessions in a very positive light. So, I just want a little bit more information from you. Were they both as positive? Were there any differences between the two?

X: I found them both as positive, definitely. Umm, the first one went rather well because, umm, one of the intern counselling psychologists was there so she was just very helpful. Umm, I feel like the second one was a bit better because she actually referred me to some actual help which was much more effective than the help at UP which I got.

R: Okay, so I am a little bit fuzzy on how the screening process actually works. So, could you elaborate a little bit on how...

X: Okay, so, umm, well it basically comes on a first come first serve basis. So, you walk into the, umm, the student support services and then write your name down in order to book a session. Screening sessions take place between certain times of the day. If you come in time, they are able to see you; but if it's full, you have to come back another day. That's kind of how it functions, ya. So then, you write your name down, they come call you after a while. You say what's wrong, the person does like a brief assessment of you and then you get sent to whichever counsellor that suits you best – whether it is a clinical psychologist or a counselling psychologist or educational psychologist, whichever works best for you.

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

R: How did they establish who would best suit you at that stage?

X: Well, the person asked me why I am here today and then I honestly didn't want to reveal that I was suicidal and so on. So, I just said that I'm feeling a bit depressed and down and primarily stress and anxiety. That's how I phrased it and they just referred me to a...to a counsellor, not a counselling psychologist as they thought she would be the best.

R: In your initial interview, you stated that in your second year you went in not really expecting much out of it. Can you help me understand why you went in with that mind-set?

X: Because I felt like I was beyond help at that stage anyway. I was just kind of going as a last resort because I had planned to kill myself a bit later that year anyway. So, it was just kind of a last resort. That's why I wasn't really expecting anything because I kind of made up my mind already that it wouldn't be effective.

R: Thank you for sharing that.

X: That's okay.

R: Can you give a little bit more detail on the four separate counselling sessions who attended in your second year? How did she approach you?

X: She approached me in a way that sort of helped, but it didn't really address the issue. Umm, she perceived me as having a self-image issue, which was kind of true to an extent and also that I was suffering from acute loneliness, which was true as well. But, I of course, kept the suicide thing away to an extent. I didn't let her in on that. So, she gave me like homework activities I needed to do before each session. So, for example, list a few things I know about myself, list a few things I am grateful for, basic stuff like that. And then, we would talk about these things and she would try and get me to open up about various things. I don't really remember exactly, but it fell along those lines. So it's kind of like humanist or positive psychology type stuff. Ya.

R: How were the sessions ended? Did you just stop coming?

X: She said I was done. She said we managed to address everything and that there was no need for me to go see her, so she ended the sessions.

R: Did you agree with her?



## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

X: I kind of agreed with her to an extent because I did feel a bit better because I was able to talk about it. It didn't help in the long term, of course, because it just got worse over time. But, umm, ya no, she just decided that was that and I just agreed with her because I didn't know how else to talk about what I was going through. So, it didn't help me to stay there.

R: In the times that you have approached the student centre, do you feel that the people you saw were knowledgeable about the information that they were dealing with?

X: To be honest, the first counsellor I saw, I didn't believe she was very knowledgeable about the field. But, I think that's because she was only a counsellor and not a counselling psychologist, so she hadn't necessarily received as much training as the next person would have. So, I felt like she didn't really...she wasn't really equipped to help me as much as I needed at that stage. But then again I didn't give on the full extent of what I was going through, so they thought I was having a minor issue and that I only needed to see someone with a limited amount of training.

R: Do you feel that your knowledge of psychology influenced the way you approached her?

X: Definitely, umm, my knowledge of psychology actually just changed my life entirely because it made me realise we're influenced by both our biology and our environment. So, I went in with that mind-set and it might have influenced the session to an extent because psychology and just my studies in Humanities kind of makes me realise that we don't have control of our lives at all. And, it definitely would have influenced the session because it would have made me think this isn't really going to help that much anyway. So, ya.

R: Do you think that it influenced your perception of the counsellor knowing she had less training than a counselling psychologist?

X: Probably to an extent, yes, it definitely would have to an extent. Because I definitely perceive a person with the Master's degree as being more competent than a person with only like a Bachelor of Applied Social Science.

R: You mentioned that you had made up your mind about ending your life when you sought help in your second year. What ultimately changed your mind about your decision and plans to end your life?

X: I don't know. I was... The main reason why I didn't is because it would destroy my mom if I did. So, I stayed more for her sake than anything else. If my mom wasn't there, I probably

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

would have because I just didn't want to hurt her. So, hence why I decided to actually try and get proper help, just so that I won't hurt her.

R: What did the counselling psychologist you were referred to do differently compared to the counsellor at UP?

X: Well, umm, I felt like I related better to him because he was a man, so I felt like I could just speak to him about various things and actually talk about things that worry me as a male and so on, that I wouldn't be able to relay to a female therapist as well. And also, I just felt like he was really good at what he did as opposed to the first counsellor. As well, he actually, he... instead of, he wouldn't reflect... umm, the first counsellor wouldn't reflect my statements back at me and what he actually did he would incorporate reflection into it. And like he would reflect what I said back at me so that I can have insight. It was primarily insight therapy based which I felt helped a lot more in the long run. Maybe she could have phrased questions in a different way. Perhaps, maybe use different questioning and answering techniques and maybe a different therapeutic technique. For example, insight therapy and psychoanalysis worked very well for me.

R: In the initial interview, you suggested that the student support services could be improved by hiring more psychologists so that students can be seen on a more frequent basis and they could receive help without having to pay for it. Is there anything else you can think of that could improve the student support services?

X: Like I said, just to hire more staff so that more students can be assisted because the main reason why I was referred was because, umm, they were understaffed at that point. Umm, another thing that may help maybe is to take in the demographic of the student as well; for example their race, their gender, and so on. And if you can find someone who is similar to them, they might have a better experience trying to relay their grievances. So, just someone a bit more relatable.

R: Is there anything else you would like to add before we conclude?

X: The person who referred me to John Doe, the counselling psychologist outside UP, she's...umm, she said she couldn't see me because we do know each other. The person who actually took me for the screening, so, like we've met a few times in the department. And she said ethically as well she wouldn't necessarily be allowed to see me. So, and she also said she recommended John because John is young. So, I am able to relate to him better as well and that

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

he's a male so I will be able to handle... he will be able to handle me a lot better and so on. So, they do the whole, the demographic thing, you know. Trying to get the best fit therapist was definitely there. I think the person who screened me took that into account when she tried to find someone more relatable.

R: Is there anything else?

X: That's all.

*[End of recording]*

## EXPERIENCES OF SERVICES FOR SUICIDAL IDEATION

**APPENDIX H: CONFIRMATION LETTER*****NEO PULE****M.Sc. (Couns. Psych.) (UFS)**COUNSELLING PSYCHOLOGIST**PS 0108502*

155 RELLYSTREET  
SUNNYSIDE  
0002  
Tel: (w) (012) 344-3334/ 344 4000

Cell: 082 715 9703  
E-mail: [npule555@gmail.com](mailto:npule555@gmail.com)

27 September 2017

To Whom It May Concern

RE: Confirmation of my availability to conduct counselling sessions

I hereby confirm having been briefed by Miss Robyn Murray on the research study she is conducting titled "An Exploration into the Experiences of Psychosocial Support Services for Suicidal Ideation Offered at a South African University". I further confirm that I will offer my services (or appropriately refer to any of my practice associates at 155 Relly Street) by debriefing participants who may experience problems due to participation in this study.

Yours Sincerely



Neo Pule

Counselling Psychologist

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