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Secondary Principals' Perceptions and Practices for Implementing Student Suicide Prevention Programs

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Abstract

We explored secondary school principals' knowledge of suicide prevention programs, their perceptions of the logistical and cultural barriers associated with suicide prevention program adoption, and their justification for adopting (or not adopting) suicide prevention programs in their schools. Principals, as positional leaders of schools, can lead the adoption and support of school-based suicide prevention programs for their students. Using a phenomenology framework, we conducted semi-structured interviews of eight secondary school principals working in public schools in the south-central United States. The principals readily identified the importance of supporting students' mental health to enhance their learning as a justification for implementing suicide prevention programs for their students. They shared how limited staffing, time, perception of school responsibility for student mental health, and lack of knowledge of available suicide prevention resources were logistical, cultural, and knowledge barriers to adopting suicide prevention programs for students. Our research has profound implications for practice.

Keywords: secondary principals, suicide prevention program, suicide, school intervention, community support, student well-being, mental health

1. Introduction

The event of a student dying by suicide is highly emotional to school communities (Levine, 2008). The devastating event can leave students and educators emotionally distraught and disrupt the school community (Gould et al., 2018; Poland et al., 2019; Shneidman, 1981). The impact can be lasting, leaving students struggling to adjust socially and emotionally, negatively influencing learning (Solanto, 1984; Williams et al., 2022). The impact on a school community provides impetus to establish and maintain suicide prevention programs as part of the curriculum and general mission of the school.

Principals, as positional leaders of schools, are frequently perceived to be responsible for making decisions that impact the school, such as adopting suicide prevention programs (Miller et al., 1999; Whitney et al., 2011). School principals are commonly perceived to hold a comprehensive view of school climate, student needs, and community expectations (Breux & Boccio, 2019; Lashway, 2003; Nadeem et al., 2011; Stein et al., 2010). School principals as the leaders have the opportunity to adopt and implement change in ways that can impact the school as a whole.

Given the importance of suicide prevention programs to school community well-being and the potential for principals to implement change, there is justification for empirically documenting school principal considerations and perceptions of suicide prevention programs. In our search of the literature, we could not locate any related empirical studies, indicating a gap in the literature. Thus, to address a critical issue and the gap in the literature, we empirically documented principals' knowledge of suicide prevention programs, their perceptions of the logistical and cultural barriers influencing suicide prevention program adoption, and their justification for adopting (or not adopting) suicide prevention programs in their school.

2. Literature Review

2.1 Research Framework

The Health Belief Model is a conceptual framework commonly used to explain health-related behaviors and plan

health-related interventions (Skinner et al., 2015). There are six components in the Health Belief Model, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Skinner et al., 2015). The Health Belief model illuminates the relationships among multiple health behaviors constructs (Skinner et al., 2015). We used the Health Belief Model to contextualize the relationships among principals' perceptions of suicide prevention programs and the implementation of a health and wellness program.

2.2 School-Based Suicide Prevention Programs and Principals Leadership

Suicide prevention programs in schools have evolved substantially over the last 30 years (Franco-Martín et al., 2018; Kessler et al., 2023; Lejeune et al., 2022:). In the past, a popular approach to preventing youth suicide was training a cadre of gatekeepers; however, this approach has been found ineffective (Mann et al., 2021; Robinson-Link et al., 2020). Currently, the most widely recommended approach is preparing school counselors, psychologists, and administrators to intervene and refer students to community and health services experts who can provide the student with appropriate mental health care (Boccio, 2015; Wasserman et al., 2020).

Implementing these programs can be challenging (Breux & Boccio, 2019; Surgenor et al., 2016; Wasserman et al., 2020). The school leader is critical to implementing the programs (Smith-Millman & Flaspohler, 2019; Stein et al., 2010). School principals are positioned to influence the culture and priorities of the school and, therefore, can substantially influence the adoption of a suicide prevention curriculum (Smith-Millman & Flaspohler, 2019). Thus, school principals play a critical role in adopting suicide prevention programs.

Our literature search revealed few empirical studies of principals' perceptions and actions associated with suicide prevention programs. We did locate Acker's (2019) work which focused on principals in California, where suicide prevention programs are mandated by law as part of the education code. The adoption process depends on the program configuration, school demographics, and school leadership (Acker, 2019). Adopting new suicide prevention curricula and school programs can involve a range of processes (Acker, 2019). Building on Acker's work, we were interested in the suicide prevention perceptions and actions of principals working in schools in the south-central United States.

2.3 Justifications for Implementing Suicide Prevention Programs

The justification for adopting and implementing suicide prevention programs may seem obvious. However, the rationalization is commonly not convincing or strong enough to move educators to adopt the programs as part of the school curriculum (Breux & Boccio, 2019). The reasonings for school-integrated suicide prevention programs include saving student lives, establishing a positive school climate, improving learning, enhancing student social and emotional well-being, and advancing school community well-being (Johnson, 2016). There is validation for suicide prevention programs in schools based on the recognition students learn much more in schools than just the core curriculum (Oberle et al., 2016). Thus, schools represent an environment and context for learning that includes personal well-being, as found in physical and health education curricula (Kalafat, 2003). Suicide is associated with mental health issues and, thus, is well aligned with the extant curriculum, making integrating the programs relatively easy to justify (Kalafat & Elias, 1994). Ironically, some try to justify suicide prevention as not being the responsibility of schools (Hazell & King, 1996).

Issues of equity and inclusion are associated with having access to suicide prevention programs (Marraccini et al., 2021). Students in underserved or marginalized communities may attend schools in which suicide prevention programs are not available due to perceived higher priorities (Fang, 2018). Paradoxically, under-represented and underperforming students are more likely to consider suicide, increasing the justification for adopting suicide prevention programs in their schools (Fang, 2018).

Given the array of potential explanations for adopting or not adopting school-based suicide prevention programs, there is justification for exploring principals' perceptions. The principals' perceptions are critical to the level of success in adopting programs. Thus, in our research, we sought to empirically document the perspectives of secondary-level principals in the south-central United States to gather the evidence needed to develop strategies for supporting principals' motivation to promote the adoption of the programs in their schools.

2.4 Logistical Challenges Associated with Implementing Suicide Prevention Programs

Perceived and actual logistical challenges can be significant barriers to adopting and implementing suicide prevention programs. The logistical challenges include staffing, time, access to effective curriculum, lack of preparation, and under-developed system support. A significant concern when adopting suicide prevention programs is who will teach the curriculum (Katz et al., 2013). The faculty, staff, and administrators in most schools already have full days of work commitments, severely limiting the options for who would teach the

program. If a faculty, staff, or administrative member could work on the program, they would need the appropriate professional learning opportunity to be prepared to lead the initiative (Nickerson et al., 2022). Professional development for leading suicide prevention programs is highly specialized and may require commitment and engagement to be effective (Hatton et al., 2017). Once prepared, school personnel will likely need to spend time securing a suitable curriculum for their students and community (Fakhari et al., 2022). Once implemented, there is a need for monitoring and adjusting suicide prevention programs to ensure they are meeting student needs and achieving the intended goals. Given the complexity of the logistical challenges of implementing suicide prevention programs, many school leaders may perceive other priorities have precedence due to limited available resources (Kozlowski, 2013). Given the high probability of logistical challenges associated with implementing suicide prevention programs, there is a warrant for examining what challenges school leaders perceive as limiting their implementation of suicide prevention programs.

2.5 Cultural Challenges Associated with Implementing Suicide Prevention Programs

Cultural challenges, such as student learning and teachers providing education, can be barriers to adopting suicide prevention programs. Stigmas surrounding suicide have been contributing factors affecting different school cultures (Daniel et al., 2006). The belief that help-seeking behaviors and discussing suicide leads to more suicides are among many stigmas that can hinder learning development and growth among students in schools (Daniel et al., 2006; Gould et al., 2018). Studies have shown that students who have problems learning in school, have a high number of missed days, and are dissatisfied with their grades are more likely to have suicidality (Gould et al., 2018). Suicide prevention programs are designed to improve students' coping skills, help-seeking behaviors, and mental health (Banyard et al., 2022). Improving students' mental health can decrease school dropout rates (Epstein et al., 2018). Suicide ideation contributes to students' poor connectedness, social isolation, and negative attitudes toward school (Epstein et al., 2018). Teachers' ability to teach is also affected by student suicidality. Suicidality can impact teachers personally and professionally (Kolves et al., 2017). Teachers exposed to student suicide are more likely to have a loss of sleep, depression, decreased self-confidence, and may be preoccupied with the incident (Kolves et al., 2017). Teachers who are not trained in suicide prevention are less prepared to intervene when a student expresses suicidality. Suicide prevention programs can provide the skills teachers need to support students who may be suicidal (Kolves et al., 2017). Cultural challenges can be a barrier to preventing the implementation of suicide prevention programs in schools. In our research, we sought to document potential cultural challenges that principals perceive as hindering the implementation of suicide prevention programs in their schools.

2.6 Knowledge Issues Associated with Implementing Suicide Prevention Programs

The lack of knowledge of suicide prevention resources and the associated stigma can inhibit students from obtaining the help needed to prevent suicidality and improve their mental health. (Gijzen et al., 2022; Lindow et al., 2020). Students are more likely to avoid or refuse help due to the stigma associated with suicide (Lindow et al., 2020). When students seek help, they are more likely to see a counselor or teacher (Gijzen et al., 2022). Active engagement or interactive opportunities can help students develop the skills to utilize suicide prevention resources (Banyard et al., 2022). Knowledge of available resources can help increase students' awareness of where to seek help regarding whom to talk to and the timing of the conversation (Lindow et al., 2020).

Schools are prime locations to provide students with access to mental health resources. Suicide prevention programs can help reduce the stigma of suicide, improve social and emotional well-being among students, and reduce truancy rates (Gijzen et al., 2022). However, a lack of knowledge of resources can continue to contribute to the decline in students' mental health (Gijzen et al., 2022). Teachers with the skills to help a student who is suicidal can provide resources that improve coping skills, help-seeking behaviors, and mental health for students (Banyard et al., 2022; Gijzen et al., 2022).

Knowledge issues can be a barrier to preventing the implementation of suicide prevention programs in schools. In our research, we sought to document potential knowledge issues principals perceive to be preventing suicide prevention program implementation in schools.

3. Method

For our phenomenology research, we sought to answer the following research question, "What are school leaders' perceptions of implementing suicide prevention programs for their students?" To effectively answer our overarching research question, we developed the following guiding research questions:

- What are the justifications of middle and high school principals for implementing suicide prevention programs in their schools?

- What logistical challenges do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?
- What cultural challenges do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?
- What knowledge issues do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?

3.1 Participants

Our participants were eight secondary school leaders working in schools located in the south-central United States. We had seven high school principals and one middle school principal volunteer to participate in our research project. Five of the seven high school principals' schools worked in grades 9–12 schools, and two of the principals worked in grades 10–12 schools. The student population in four of the schools was predominantly black. The students enrolled in three schools were predominantly white, and one school was predominantly Hispanic. Three schools were located in rural communities, two in suburban communities, and three in urban communities. The student population in the schools ranged from 568 to 2,154 students. See Table 1 for principal and school demographics.

Table 1. Participant and school demographics

Participant	Gender	Ethnicity	School Level	School Size (No. students)	School Location	Student Demographics*
Principal 1	F	W	HS	912	Rural	**84%W**, 6%B, 6% H, 4%Other
Principal 2	F	W	MS	424	Rural	**58%W**, 36%B, 4% H, 2%Other
Principal 3	F	W	HS	633	Rural	**84%W**, 8%B, 3%PI, 5%Other
Principal 4	M	W	HS	1352	Suburban	40% W, **44%B**, 13%H, 3% Other
Principal 5	M	W	HS	790	Suburban	**92%W**, 1%B, 4 %H, 3% Other
Principal 6	M	B	HS	568	Urban	18%W, **60%B**, 19%H
Principal 7	M	W	HS	1,942	Urban	46%W, 1%B, **48%H**, 5% Other,
Principal 8	M	B	HS	2,154	Urban	5%W, **66%B,** 27%H

Note. * W: White, B: Black, H: Hispanic, PI: Pacific Islander.

3.2 Methodology

For our research, we used a phenomenology framework to empirically document the lived experiences of the principals (Cerbone, 2014). Our goal was to understand their thoughts and experiences associated with considering and implementing suicide prevention programs. We focused on the principals because of their positional leadership to influence the priorities and direction of the teachers and students they were leading.

To gather the data documenting the principals' lived experiences, we determined that interviews were the best method for gathering the principals' perspectives, perceptions, ideas, thoughts, and experiences related to considering or implementing suicide prevention programs (Høffding & Martiny, 2016). A semi-structured interview approach allowed us to use a script to garner the data needed to answer our research questions and allowed for deviation from the protocol to gain clarification and deeper understanding. Our study was reviewed and approved by a public university institutional review board.

3.3 Interview Protocol

In our literature search, we could not locate an existing interview protocol aligning with our research focus. Therefore, we developed our interview protocol to align with our guiding research questions. For example, for our guiding research question about justifying implementing suicide prevention programs and the perceived susceptibility (from the Health Belief Model), we developed the interview prompt "What are your thoughts about the need for suicide prevention activities for students in your school?" We had at least two prompts per guiding research question and aligned the prompts with facets of the Health Belief Model.

We pilot-tested the interview guide with a school leader not enrolled in the study. We used the pilot interview experience to refine our protocol, clarify our interview prompts, and enhance the potential to elicit robust responses. Our final interview guide contained ten items, five of which included related follow-up clarification prompts.

3.4 Recruiting Participants

We recruited participants by emailing secondary principals working in schools in the south-central United States to invite them to participate in our study. We gathered the emails from a publicly accessible repository. We also promoted the research study through an email listserv. We had fourteen principals express interest in participating in the study. We excluded five principals from the study because they had already established suicide prevention initiatives and programs within their schools. We also excluded one elementary school principal. Our final participant sample included one middle and seven high school principals.

3.5 Data Collection

We collected data using semi-structured interviews that took place virtually through video conferencing software. We used our protocol as a guideline for the key informant interview. Our goal was to motivate the participants to provide their perceptions and experiences so that we could gather the data needed to answer our research questions. The duration of the interviews ranged from about 30 minutes to an hour. We audio-recorded the interviews and used an internet-based transcription service to transcribe the audio to text for analysis. We reviewed the transcriptions for accuracy and corrected the transcription when needed in preparation for analysis.

3.6 Data Analysis

We used a combination of inductive and deductive coding using a priori and emergent codes (see Table 2). We developed a set of codes aligned with our research questions (e.g., themes), providing a base for analysis. Once we began analysis, we extracted additional codes from the data as they emerged through our process. We use this combination of a priori and emerging codes to analyze our data and gather both the frequency of aligned responses and representative statements for each of our coding themes.

Table 2. Theme aligned A Priori and Emergent Codes

Theme	A Priori Codes	Emergent Codes
Societal/Community Resistance	stigma, lack of understanding, conflicts of world-view (religious beliefs), responsibility of the school (boundary), funding not to be allocated, lack of student interest	community reaction to a suicide, community acceptance of program
Lack of Resources	trained personnel, awareness of program, time it takes to implement (scheduling), management and monitoring (who is taking the lead), limited access to professional preparation, lack of support from central office, lack of support from school board	school priorities, liability
Justifications		student access and engagement in resources, program effectiveness,
Implementation	strategies, opportunities	N/A
Adoption	providing training, resource awareness	N/A
Benefits of Resources	saving life, more stable school environment, improving mental health, improved academic success, higher engagement in school	N/A
Knowledge	N/A	students reaction to a suicide, awareness of the issue students, awareness of issue staff, awareness of the issue principal, awareness of the issue community

3.7 Trustworthiness

We took multiple steps to establish the trustworthiness of our research. First, we developed an interview protocol that would allow others to replicate our data collection process. Second, we created both a priori and emergent codes, which increase the likelihood of others replicating our analysis. Third, we achieved a Cohen's Kappa of .93 while establishing intercoder reliability, increasing the potential for consistent data analysis. Fourth, we recorded and transcribed the interviews with software that paired the audio with the text, allowing us to readily verify the accuracy of the transcript data.

4. Results

4.1 Justifications for Implementing Suicide Prevention Programs

Our first guiding research question was, "What are the justifications of middle and high school principals for

implementing suicide prevention programs in their schools?" To answer the question, we examined the coded data for the theme justification. We found the participants' justification for adopting suicide prevention programs could be classified into seven codes (see Table 3). The most frequent justifications were aligned with general benefits (N = 44) for the program, which indicates the participants were perceiving value from such endeavors. The participants focused on how suicide prevention programs may increase the sense of a caring school environment, improve student academic success, and increase students' social and mental health well-being. An interesting finding was the relatively constricted focus on saving lives as justification (N = 15) which reflects the school-wide perspectives the principals tended to share as justifications for program adoption.

Table 3. Codes, frequency, and representative response(s) for justification for adopting suicide prevention programs

Code	N	Representative Response(s)
Benefits (General)	44	"…if you don't reach out to them and understand their mental health status and what they're going through and fallen their relationship, those relationship with them, that's the main thing, because not only you, you educating kids for the future, but you also gotta have them live long enough to have a future…" (Principal 8) "…So it definitely benefits from an academic and social aspect and greatly outweighs any other reasons why?" (Principal 8)
Program Effectiveness	29	"Kids are walking around a school that has a program that communicates to the students that the adults care that the adults want them to be healthy, not just academically healthy, but also mentally healthy." (Principal 5)
Provide Training	19	"…whenever they get the training and they know the facts, they can, that's what the staff needs…" (Principal 1)
Improving Mental Health	17	"This isn't just about prevention either. It's also about building skills into students of self-awareness and self-management and grit and determination, for who they become as adults…" (Principal 5)
Saving Life	15	"… if it saves one kid, if it keeps one kid from dying to me, it's, it's worth it…" (Principal 6) "It can save a life" (Principal 7) "…the major benefit is, like I said, to save a kid's life… (Principal 8)
Improved Academic Success	7	".. this is a school educational program that would help them have the right mindset to go into an algebra class and do well, because now they're not focused on taking their own lives." (Principal 8)
Improved School Engagement	6	"I think it helps with school culture. you know, like kids are walking around a school that has a program that communicates to the students that the adults care that the adults want them to be healthy.." (Principal 5)

4.2 Logistical Challenges

Our second guiding research question was, "What logistical challenges do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?" To answer the question, we examined the coded data for the theme justification. We found that the participants' logistical challenges for adopting suicide prevention programs could be classified into six codes (see Table 4). The most frequent logistical challenges were aligned with strategies (N = 42) for the program, which indicates participants identifying methods for support of programs. The participants focused on areas where promoting programs would occur, such as an open forum at the school or a town hall meeting at the community hall. An interesting finding was the limited focus on limited access to professional preparation (N = 4).

Table 4. Codes, Frequency, and Representative Responses for Logistical Challenges

Code	N	Representative Response
Strategies	42	"…opening up the school to have maybe, open forum type, community hall or count town hall meeting setting." (Principal 1)
Lack of Trained Personnel	30	"Have enough trained people." (Principal 8)
Management and Monitoring	23	"…If it's tied in with a curriculum course like health, and which it is part of the curriculum in health, it could be easily, utilized in regards to having that as a spokesperson to come in and work with the health students in which that is a course that all kids are required to, to take in order to graduate…" (Principal 8)
Lack of System Support	21	"… I think if you're not careful, if it's not a system wide program, something that the district's gonna adopt…" (Principal 2)
Scheduling	16	"…I would say the only barrier is, is just, time and, and getting it planned within the school day. Cause the best time we would have the best turnout is during the school day and then actually having that to manifest and evolve while we are here with the majority of the students…" (Principal 7)
Limited Access to Professional Preparation	4	"…maybe some staff staffing issues and we have two counselors at our high school and they're always busy every time I call down there, the door shut they're there with somebody all the time.." (Principal 1)

4.3 Cultural Challenges

Our third guiding research question was, "What cultural challenges do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?" To answer the question, we examined the coded data for the theme justification. We found that the participants' cultural challenges for adopting suicide prevention programs could be classified into eight codes (see Table 5). The most frequent cultural challenges were aligned with a lack of understanding of the need for programs (N = 53), indicating the participants not having a sense of urgency unless a tragedy occurred. The participants focused on the need for programming after a suicide has occurred (postvention) rather than before suicide occurs (prevention). An interesting finding was the rather limited association of liability with principals or schools as a cultural challenge (N = 4).

Table 5. Codes, Frequency, and Representative Responses for Cultural Challenges

Code	N	Representative Response
Lack of Understanding	53	"…I think, one of the challenges, there's really not a sense of urgency unless you had a tragedy,… (Principal 3)
School Priorities	41	"….we have our curriculum that has to be taught. we also have the curriculum that's not, in our standards, training kids up to be good citizens and preparing them for college…" (Principal 1)
Student Reaction To A Suicide	23	"…A lot of kids knew him and it devastated many of our students, especially the senior class…" (Principal 3)
Responsibility of School	20	"… I guess there's a frame of, you know, it's not our responsibility, our responsibilities, academics, you know, the student really needs to be building that relationship with their family and the family needs to take care of it…." (Principal 5)
Stigma	18	"…stigma, it's just down here specifically that you don't want to be known as having a mental health issue…" (Principal 4)
Community Acceptance of Program	16	"…So I thought initially it would be, what is this new thing? But then as it goes to scale, the community will greatly benefit and be appreciative of it…" (Principal 7)
Community Reaction to A Suicide	12	"I'm probably gonna get push back maybe from some parents over it, because for whatever reason just being a rural community with, very heavy, conservative ideals, they may not necessarily, appreciated at the time, but I do think it needs to be done because there's so many, variables when it comes to kids…" (Principal 6)
Liability	10	"… I really believe principals, don't they feel like if they talk about, oh my gosh, and then somebody does it. Well, it's my fault…" (Principal 3)

4.4 Knowledge Issues

Our fourth guiding research question was, "What knowledge issues do middle and high school principals perceive to be associated with implementing suicide prevention programs in their schools?" To answer the question, we examined the coded data for the theme issue of knowledge. We found the participants' issues of knowledge for adopting suicide prevention programs could be classified into six codes (see Table 6). The most frequent issues of knowledge were aligned with knowledge of resources (N = 48) for the program, which indicates the participants were seeking value from the resources available. The participants focused on the lack of resources available to students and how those resources could provide the tools needed for students when having a conversation between peers about suicide. An interesting finding was the limited focus on knowledge among students (N = 17).

Table 6. Codes, frequency, and representative responses for knowledge issues

Issues of Knowledge	N	Representative Response
Knowledge of Resources	48	"… It's gonna provide friend groups with some talking points and saying, or just checking in with each other and then you've got the opposite…" (Principal 4)
Knowledge Among Principal	45	"I don't really have much knowledge about K through 12 suicide. I just know that it seems like every year, locally we have students who choose to, commit suicide." (Principal 1)
Knowledge Among Staff	30	"…A lot of our problems were post tension, what to do after the event, which was really odd with our staff…" (Principal 2) "we have signs hanging up in each of the classrooms talking about the suicide prevention…" (Principal 1)
Knowledge of Programs	29	"… I'm probably not as high on the programs per se. We are program heavy in public schools. I went to a really good training program here, and they said, before you start new programs, you probably need to weed your garden and figure out which ones you don't do, which are effective, which are whatever…" (Principal 2)
Knowledge Among Community	26	"…if we bring it up and we talk about it, and something someone says resonates with them, they can go, Hey, he feels like I do. There's some community there people understanding that pain, that they're feeling that maybe other people are feeling it too…" (Principal 3) "…push back maybe from some parents over it, because for whatever reason just being a rural community with very heavy, conservative ideals, they may not necessarily, appreciated at the time…" (Principal 6).
Knowledge Among Students	17	"…kids themselves don't want it to get out to their friends that they're labeled that as well, or that they may be you're, you're going to have two sides. You're going to have one. And they want to tell their friends everything. And if you're going to have one that doesn't want their friends to know anything, and you're either going to have accepting friends, or you're going to have those that go and talk about it with everybody, for popularity purposes…" (Principal 4)

5. Discussion, Implications, and Limitations

The complexity of the issues in understanding and leading the adoption and implementation of suicide prevention programs makes it difficult to identify and generate quick solutions. The issues shared by the principals reflect the multifaceted conditions when examining issues of suicide and prevention in schools. Thus, discussing the trends we found and the implications of the conditions may enhance the ability to explore potential solutions.

5.1 Justifications for Implementing Suicide Prevention Programs

In our analysis of the principals' justifications for implementing suicide prevention programs, we found that having something available for students is essential to support positive mental health to enhance student learning. The principals' justifications align with the perceived benefits of the Health Belief Model (Skinner et al., 2015). We speculate that the principal's perceptions were influenced by their position as instructional leaders with a comprehensive perspective of student needs. In their role, the principals are also likely to have frequent exposure to the issues of students who struggle with mental health issues. Thus, in their leadership role, the principals are likely to be kept informed about the mental health issues of students and the impact the issues have on student learning, other students, and the greater community. The implications of the principals' awareness of student issues and justification for suicide prevention programs have the potential to influence student mental health and prevent suicides. An important direction for future research is determining how principals use their position and perceptions to persuade others to acknowledge the benefits of implementing suicide prevention programs.

5.2 Logistical Challenges

Our analysis revealed the principals face issues of limited staffing, instructional time, and teacher availability, constraining the ability to integrate suicide prevention into the curriculum. Exacerbating the principals' implementation endeavors is the lack of teacher preparation and lack of teacher knowledge. Overall, the principals recognized their students needed suicide prevention but did not know how to implement prevention. The logistical challenges effectively align with the perceived barriers in the Health Belief Model (Skinner et al., 2015). We posit the logistical challenges faced by principals seeking to implement suicide prevention programs requires them to develop longer-term strategic plans for phased implementation. Extant programs with implementation plans may enhance the principals' ability to navigate the logistical challenges they face in their efforts. An important research direction would be examining how an implementation program can enhance the principals' capacity to overcome the logistical challenges that may hinder program implementation.

5.3 Cultural Challenges

Similar to the logistical challenges principals face in implementing suicide prevention programs, we found they also encounter several cultural challenges. We found they perceived more cultural acceptance in being reactive rather than proactive, community members' perceptions of prevention as a parental responsibility, and thoughts about taking action being associated with liability. Again, the challenges are similar to the perceived barriers in the Health Belief Model (Skinner et al., 2015), which are conditions that hinder the ability to implement new or innovative healthcare interventions. An implication of the cultural challenges is the need for principals to use their leadership to work with school faculty members, staff, and students to explain the need for and process of implementing suicide prevention programs. Another implication of the cultural challenges is the long-term planning principals may have to consider as they lead the exploration and implementation of suicide prevention programs. Their leadership may be critical for identifying, navigating, and resolving the potential cultural challenges associated with implementing suicide prevention programs. An interesting direction for future research is how principals leverage their leadership skills to address cultural challenges

5.4 Knowledge Issues

Principals indicated a lack of knowledge about suicide in general and a lack of knowledge regarding available programs and resources for suicide prevention programming. Additionally, the principals conveyed misconceptions of suicide prevention as potentially leading to more suicide. Lack of knowledge and misconceptions of suicide prevention programs is aligned with the Health Belief Model elements of perceived severity and susceptibility. (Skinner et al., 2015). The misconceptions and lack of knowledge of suicide and suicide prevention suggest a need for related information in principal preparation programs and ongoing professional development meetings. Further, the lack of knowledge and holding misconceptions increases the need for the leaders of suicide prevention programs to work directly with school leaders to prepare them with the knowledge they need to make evidence-based decisions about implementing suicide prevention. An important direction for future research is examining our research programs' impact on principal knowledge of suicide prevention programs and their adoption of programs in their schools.

6. Limitations and Delimitations

A limitation of our research was using the correct language for the recruitment flier. Our initial flyer was entitled "Let's Talk Suicide Prevention," which resulted in no responses. Given that the culture in the south-central United States region tends to be socially conservative, we had to adjust our approach. Thus, we changed the language of our recruitment flier to "Perceptions of Prevention," excluding the word suicide. Thus, our initial approach limited our potential pool of participants when we engaged in our second attempt at recruitment.

Our first delimitation was the lack of an ability to validate the perceptions of the teachers, staff, and students in the building of the principals to determine if they shared the perspectives. Thus, the principals' personal views may not have been shared by those they were leading.

Our second delimitation was a lack of follow-up conversations with the principals to determine if there was additional information they wanted to share. While we think our semi-structured interview process allowed for reflection and opportunity for sharing ideas as they arose, the participants could have generated additional relevant thoughts that our cross-sectional approach may not have gathered.

Our third delimitation was that our sample may have been biased and not necessarily representative of the principals' perceptions in general due to the reluctance of many principals to share their perspectives regardless of the subject due to perceptions of potential negative ramifications.

7. Conclusion

Our research goal was to explore secondary principals' knowledge of suicide prevention programs, their perceptions of the logistical and cultural barriers influencing suicide prevention program adoption, and their justification for adopting (or not adopting) suicide prevention programs in their schools. Our results suggest that if principals can overcome several barriers, they will likely need an array of resources and supports to ensure the effective implementation of suicide prevention programs for their students. With the small sample size, the study may not represent all principals' perceptions, thus limiting information sharing. Further research is needed to explore how principals address the barriers and issues to adopting suicide prevention programs. We hope others build upon our research to explore further issues of leadership in implementing suicide prevention programs.

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The Publication Ethics Committee of the Canadian Center of Science and Education.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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