THE EXPERIENCES AND CHALLENGES OF FAMILIES LIVING WITH PERSONS WHO ATTEMPTED SUICIDE: GUIDELINES FOR SOCIAL WORK PRACTICE

by

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DECLARATION

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I declare that the study **"**THE EXPERIENCES AND CHALLENGES OF FAMILIES LIVING WITH PERSONS WHO ATTEMPTED SUICIDE: GUIDELINES FOR SOCIAL WORK PRACTICE" is my work and has not been submitted for other degree/qualification purposes at any university or institution of higher education. Information derived from the published or unpublished work of others is duly acknowledged in the text, and a list of references is provided. I further declare that I submitted the thesis to originality-checking software and that it falls within the accepted requirements for originality.

…….. 04 December 2025

SIGNATURE …… DATE

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SUMMARY

This study sought to explore the experiences and challenges faced by families living with persons who have attempted suicide. This study was conducted against the backdrop of lack of services dedicated to families living with persons who have attempted suicide despite them grappling with diverse emotional challenges. The study was conducted in the Tshwane District Municipality in the Gauteng Province of South Africa. The Family Systems Theory, Resilience Theory and Strengths-Based Perspective were used as theoretical lenses. The interpretive paradigm was utilised which informed the adoption of the qualitative approach. The phenomenological and descriptive research designs were also adopted. Purposive sampling technique was utilised to select social workers and families. A sample of five families and ten social workers was selected. Data were collected through family interviews and semi-structured interviews. The Thematic Content Analysis was employed to analyse the data.

Financial problems, broken family relationships, childhood traumas, failure to cope with newly diagnosed chronic disease, gender-based violence, substance and alcohol abuse were perceived to be the causes of attempted suicide. Anger and frustration, shock and disbelief, fear and uncertainty, isolation and stigma, as well as an opportunity to learn about mental health formed part of the experiences of these families. Psychological destabilisation, impact on communication patterns and lack of support from social workers emerged as challenges faced by these families. Support groups and seeking divine help from churches and traditional healers were used as coping strategies. Social workers identified the need to include services for families of patients who attempted suicide and shift from focusing on the patients alone. The study concludes that the attempted suicide discourse requires a holistic approach in terms of interventions that consider the needs for suicide attempters and their families. The study findings were used to develop social work intervention guidelines for families living with persons who have attempted suicide. The guidelines emphasise the importance of social work professional development on attempted suicide as a way of equipping them with knowledge to enable them to provide a meaningful service to the affected people. For future research, it is recommended that broader studies be conducted, utilising research methods that allow larger samples so that the

experiences and challenges of families can be documented at a larger scale across South Africa.

Keywords: Attempted suicide; experiences; challenges; interventions; guidelines; social work; Tshwane District Municipality

TRANSLATION (XITSONGA)

NKOMISO

Ndzavisiso lowu wu ringetile ku lavisisa mintokoto ni mintlhontlho leyi mindyangu leyi tshamaka ni vanhu lava va ringeteke ku tidlaya yi hlanganaka na yona. Ndzavisiso lowu wu endliwe eMugangeni wa Tshwane eXifundzheni xa Gauteng eAfrika Dzonga. Ndzavisiso lowu wu tirhisile *Family Systems Theory, Resilience Theory na Strengths-Based Perspective* tanihi tihlolo ta kona. Ku tirhisiwe endlelo ro hlamusela leri endleke leswaku ku tirhisiwa endlelo ra nkoka. Ku tlhele ku amukeriwa endlelo ra ndzavisiso wa swilo leswi endlekaka ni ndlela leyi swi hlamuseriwaka ha yona. Ku hlawuriwe vatirhi va nhlayiso wa vanhu ni mindyangu hi ku tirhisa endlelo ro hlawula hi xikongomelo. Ku hlawuriwe mindyangu ya ntlhanu ni vatirhi va khume va nhlayiso wa vanhu. Vuxokoxoko byi hlengeletiwe hi ku vulavurisana ni mindyangu ni hi ku vulavurisana ni vanhu lava nga ni ntokoto. Nkambisiso wa Tinhloko-mhaka wu tirhisiwile ku kambisisa rungula leri. Nkambisiso wa Vuxokoxoko bya Nhloko-mhaka wu tirhisiwile ku kambela vuxokoxoko

Swiphiqo swa timali, ku hahluka ka vuxaka bya ndyangu, ku vaviseka ka le vuhlangini, ku tsandzeka ku langutana ni vuvabyi lebyi nga tshungulekiki hi ku olova, madzolonga ya rimbewu, ku tirhisa swidzidzirisi hi ndlela yo biha ni ku nwa byalwa ku tlula mpimo, a swi tekiwa swi ri swona leswi vangaka ku ringeta ku tidlaya. Ku hlundzuka ni ku pfilunganyeka, ku hlamala ni ku nga kholwi, ku chava ni ku nga tiyiseki, ku tihambanisa ni vanhu van'wana ni ku va ni tingana, swin'we ni ku kuma nkarhi wo dyondza hita rihanyo ra mianakanyo, a ku ri swin'wana swa swilo leswi humeleleke mindyangu leyi. Ku pfilunganyeka emiehleketweni, ku khumbeka ka ndlela leyi va vulavurisanaka ha yona ni ku pfumaleka ka nseketelo wa vatirhi va nhlayiso wa vanhu swi tikombile swi ri swiphiqo leswi mindyangu leyi yi langutaneke na swona. Mintlawa ya nseketelo ni ku lava mpfuno wa Xikwembu etikerekeni ni le ka vatshunguri va ndhavuko swi tirhisiwe tanihi tindlela to langutana ni xiyimo lexi. Vatirhi va nhlayiso wa vanhu va vone swi fanerile ku katsa ni ku pfuna mindyangu ya vavabyi lava ringeteke ku tidlaya ni ku tshika ku khathalela vavabyi ntsena. Leswi kumiweke eka ndzavisiso lowu swi tirhisiwe ku endla swiletelo swa ku pfuna vanhu lava nga tshama va ringeta ku tidlaya. Swiletelo leswi swi tiyisisa nkoka wa ku hluvukisiwa ka ntirho wa vanhu eka ku ringeta ku tidlaya tanihi ndlela yo va nyika vutivi lebyi nga ta va endla va kota ku pfuna vanhu lava khumbekeke. Eka ndzavisiso lowu nga ta endliwa nkarhi lowu taka, ku bumabumeriwa

leswaku ku endliwa tidyondzo to tala, ku tirhisiwa tindlela to endla ndzavisiso leti nga ta pfumelela tisampuli letikulu leswaku mintokoto ni mintlhontlho ya mindyangu swi ta tsariwa hi mpimo lowukulu eAfrika Dzonga hinkwayo.

Marito-nkulu: Ku ringeta ku tidlaya; mintokoto; mintlhontlho; ku nghenelela; swiletelo; ntirho wa vaaki; Masipala wa Xifundzha xa Tshwane

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CHAPTER 1

1. Introduction

This chapter details the background of the study and the problem statement. Furthermore, the chapter presents the research questions, goals and objectives of the study, followed by ethical considerations that were observed in the process of executing the study, clarification of key concepts and study limitations. The outline of the thesis is also provided at the end of the chapter. This study was conducted in Tshwane District Municipality.

1.1 Background to the study

The scourge of suicide and attempted suicide is growing at an alarming rate across the world (Sekudu, Monageng, Botes, Moloko & Kabini, 2016; Alabi, 2022). In this view, suicide behaviour remains a critical social and public health concern where suicide accounts for an estimated 1 million deaths per year, making it the 9th cause of death worldwide (World Health Organisation, 2014; Shongwe & Huangi, 2021; Mamabolo, 2021). By 2021, suicide was estimated to contribute more than 2% to the global burden of deaths (Alabi, 2022). According to Alabi (2022), internationally, the scourge of suicide and attempted suicide is taking a toll in countries such as Austria, Belgium, South Korea, Canada, China, France, and Iran, which top the list of countries with high suicide rates. It should be underscored that the rampant prevalence of suicide is crosscutting among all age groups, genders and races (Bilsen, 2018). This means, if necessary, measures are not taken to avert the occurrence of attempted suicide, there is a likelihood of most suicide attempts resulting in complete suicides.

From the viewpoint of Zalsman, Stanley, Szanto, Clarke, Carli and Mehlum (2020), the advent of the coronavirus (COVID-19) pandemic triggered a proliferation of suicide and suicide attempts, among other causes of suicide or attempted suicide documented in the literature. Before providing the status of the scourge of suicide and attempted suicide in Sub-Saharan Africa and South Africa in particular, it should be noted that suicide can be defined as an intentional and self-inflicted act which results in death (Sekudu et al., 2016). On the other hand, attempted suicide, which is the focus of this

study, refers to a conscious, premeditated act of self-induced destruction or harm in a needy individual faced with a problem where suicide is regarded as the best remedy (Bhugra, Ventriglio & Deahl, 2024; Alabi, 2022). Notably, this act of self-injury doesn't lead to death (Sekudu et al., 2016). In sub-Saharan Africa, the risk of suicide attempts is higher, with countries such as Lesotho, Eswatini, and South Africa topping the list of highly impacted countries (Ngwane & van Der Wath, 2019; Mamabolo, 2021).

In South Africa, 5.8% of the population is reported to have suicidal plans and 3.2 % of suicidal attempts are reported every month (Ngwane & van Der Wath, 2019; Alabi, 2022; Maple, Pearce, Sanford, & Cerel, 2017). In Tshwane District Municipality, which was the study site, Mamabolo (2021) propounds that the scourge of suicide attempts is rampant among the demographic group between 13 and 29 years, with females recording the highest number of attempted suicide than males. A study conducted in Tshwane District by Mahada, Tshitangano, and Maphasha (2025) revealed that the district accounts for over 300 cases of attempted suicide between June 2024 and March 2025. This demonstrates the pervasiveness of the challenge which is a call for systematic interventions. It is worth noting that the social work profession is seized with the proliferation rate of suicide and suicidal attempts across all age groups (Maple et al., 2017). As such, social workers have from time to time demonstrated a fervent commitment to avert suicide and attempted suicide among all age groups and races (Sekudu et al., 2016; Maple et al., 2017; Onoya, Makwakwa & Motloba, 2021).

Whereas suicide and attempted suicide prevention are issues of concern among all stakeholders, the literature bears testimony to factors contributing to suicide and attempted suicide, available interventions to curtail suicide attempts and services rendered to people who attempted suicide (Sekudu et al., 2016; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016; Masoomi, Hosseinikolbadi, Saeed, Sharifi, Nadoushan & Shoib, 2023). It is worth mentioning that, despite having a harrowing impact on persons who have attempted suicide, suicide also affects those associated with the persons who have attempted suicide and, in this regard, their families (Shilubane et al., 2014).

As Zalsman et al. (2020) succinctly put across, families of persons who attempted suicide are always at greater risk for stress reactions and, in most cases, would end

up harbouring suicidal ideas. Reasoning from the latter, it should be highlighted that the main thread in most studies on suicide and attempted suicide across the globe is the documentation of the experiences of the survivors of suicide (Fuller-Thomson et al., 2016; Shongwe & Huangi, 2021; Masoomi et al., 2023). On the same note, some studies paid attention to psychosocial services available for persons who have attempted suicide, while little has been said about the services available to the families of persons who attempted suicide (Zalsman et al., 2020; Mamabolo, 2021). In light of the preceding, this study contends that most studies on suicide, fail to acknowledge the huge impact of attempted suicide beyond the individual who attempted suicide and the ripple effect it has on the mental health and lives of their families.

Similarly, Shilubane et al. (2014) infer that families of persons who attempted suicide can also be prone to suicidal behaviours and depression if they do not receive adequate support in the aftermath of a suicide attempt by a family member. In support of this exposition, Onoya et al. (2021) denote that in most African countries, including South Africa, the services for families living with persons who attempted suicide are scarce and if they exist, they are difficult to access. In the wake of suicidal idealism, behaviours and attempts, families become significant social support as they support the emotional and relational well-being of their members (Shilubane et al., 2014). Findings from a study conducted by Sekudu et al. (2016), revealed that most of the causes of attempted suicide were centred on family dynamics. These include feelings of rejection and isolation, lack of love, not having healthy relationships with family members, depression, past family suicide attempts, dysfunctional family environment, low cohesion, poor attachment, acts of anger, failed communication and destabilisation within family systems, among other factors. All these points point to the essentiality of including family members of the persons who have attempted suicide in the psychosocial services and other appropriate interventions (Fuller-Thomson et al., 2016; Shongwe & Huangi, 2021).

Extrapolating from the latter sentiments, it is worth mentioning that research has neglected the role of families in the prevention of suicide attempts (Shilubane, 2014; Mamabolo, 2021). Again, the experiences and challenges of families faced with the conundrum of members who have attempted suicide are not well articulated in literature, especially in the South African context (Mamabolo, 2021). Against this

backdrop, this study underscores the need for mainstreaming the experiences and challenges of families living with persons who have attempted suicide in the Tshwane District Municipality of South Africa with the aim of developing social work interventions that address their plight.

This study draws on the recommendations contemplated in the National Strategy for Suicide Prevention of South Africa, promulgated in 2012, which emphasised the need to increase support to communities, individuals, and families affected by suicide behaviour (du Toit, Niehaus, Jordaan, Koen, Jones & Leppanen, 2020). Despite this policy commitment, there is little to no evidence of services being rendered to families living with persons who have attempted suicide in the Tshwane District Municipality and throughout South Africa. Furthermore, despite the hospital services rendered by social workers to persons who attempted suicide, there is yet to be developed a framework that comprehensively addresses the needs of the persons who attempted suicide and their families using social work values, methods, principles, ethics and knowledge base.

1.2 The problem statement

A problem statement refers to the overall intention of the study that requires a succinct articulation to the reader (Pace, 2021). On that note, a problem statement should provide a detailed account and justification for conducting the intended study. Furthermore, it should rationalise and illustrate the contribution of the study to the body of knowledge and a specific discipline (Schmidt & Brown, 2015). Research has revealed that suicidal behaviour is also becoming a growing problem in South Africa (Mamabolo, 2021; Alabi, 2022). As du Toit et al. (2020) put across, in South Africa, suicide attempts are about 20 times more than completed suicides, which triggers an urgent need to combat suicidal behaviours among all age groups. This study acknowledges evidence in the literature on causes of attempted suicide and suicide behaviours, which are mostly premised on social, biological, environmental, psychological and situational factors (Shilubane et al., 2014; Sekudu et al., 2016; Maple et al., 2017; Mamabolo, 2021; Shongwe and Huangi, 2021). It is also evident that the aftermath of suicide attempts has a psychological and emotional bearing on the life of the person who attempted suicide (du Toit et al., 2020). In the same vein,

some studies bear testimony that most factors contributing to suicidal behaviours are hinged on family dynamics (Sekudu et al., 2016; Ngwane & van Der Wath, 2019). Additionally, some studies have documented the services available to persons who attempted suicide, especially in clinical and hospital settings, as provided by professionals such as psychologists, social workers, and psychiatrists, among others (Shongwe & Huangi, 2021; Alabi, 2022).

In light of the above, it is worth mentioning that most studies on suicide fail to acknowledge the huge impact of attempted suicide beyond the person who attempted suicide and the ripple effect it has on the mental health and lives of their families (Maple et al., 2017; Mamabolo, 2021). For the preceding reason, this study draws on the submission by Onoya et al., (2021), as already alluded to earlier, that in most African countries, including South Africa, the services for families living with persons who attempted suicide are scarce, and if they exist, they are difficult to access. This corroborates the researcher's practical observation as a social worker in the Department of Health attached to Dr George Mukhari Academic Hospital, where he dealt with incidents of suicide attempts and engaged with families of persons who attempted suicide almost daily. To this end, the researcher discovered that most families living with persons who attempted suicide, who seek social work services at the hospital demonstrate signs of shock, disbelief, stress, and visible difficulties in handling the crisis of the suicide attempt of their loved one. Furthermore, similar observations were made by the researcher's colleagues at Steve Biko Academic Hospital, where it emerged that family members of persons who attempted suicide acknowledge reeling with grief for nearly losing a family member.

In light of the above exposition, the researcher contends that currently, there is no social work framework or intervention guidelines that address the needs of families living with persons who have attempted suicide. As Alabi (2022) argues, suicide and attempted suicide are preventable if all stakeholders play their roles, that is, healthcare workers, clinical associates, family physicians, psychiatrists, medical practitioners, social workers, governments, and religious figures. This study contends that the inferences by Alabi (2022) systematically omit the families living with persons who have attempted suicide as key stakeholders. This gives credence to the argument advanced by Mamabolo (2021) that suicide and attempted suicide prevention require

a multisectoral approach where policymakers, social workers, researchers, families, survivors, spiritual and religious leaders put their hands on deck and devise mechanisms to curtail this social ill.

Given the magnitude of the prevalence of attempted suicide, an urgent need to develop comprehensive prevention and support services for persons who have attempted suicide and their families is now more imperative than before (Alabi, 2022). Conversely, research has largely neglected the role and needs of families living with people who have attempted suicide. Abundant literature has paid attention to psychosocial services available for persons who have attempted suicide, while little has been said about the services available to the families of persons who attempted suicide (Maple et al., 2017; Zalsman et al., 2020; Mamabolo, 2021).

At Steve Biko Academic Hospital, where the researcher is based, between 25 and 30 patients of attempted suicide are admitted monthly. Similar data has been revealed at Dr George Mukhari Academic Hospital, where between 40 and 50 patients of attempted suicide are admitted monthly. This information was shared in a social workers' colloquium held on the 10th of February 2023. These statistics demonstrate how rampant the scourge of attempted suicide is, and this implies that families of the persons who attempted suicide are also affected, and they require support, which is not yet available to them. This further confirms that there are a huge number of families that are experiencing turmoil due to attempted suicide, that do not receive any support, as there are no specific services to address their situation.

A search in the literature on Google Scholar, Research Rabbit, Jane Bio semantics, Google Advanced Search and Pub Med on the social work services available to families of individuals who attempted suicide produces negligible results in South Africa and beyond. This points to the knowledge gap regarding the experiences and challenges faced by families living with persons who have attempted suicide. The most distinguishing feature of this study was to address this knowledge gap by exploring the experiences and challenges of families living with persons who have attempted suicide in the Tshwane District Municipality, with the aim of developing social work intervention guidelines for social workers to address the gap. On that note, the outcomes of the study assisted the researcher to establish the types of social work

services required to promote the well-being of families living with persons who have attempted suicide.

1.3 The rationale for the study

This study was poised to have epistemological, policy and practice contributions. Epistemologically, the outcomes of this study incrementally complement and enrich the literature and debates on attempted suicide and its harrowing impacts on South African families. The outcomes of this study stand to assist families living with persons who have attempted suicide and other populations who are likely to encounter similar challenges in future on how to develop capacities and capabilities to manage the situation of attempted suicide.

It is worth noting that the findings of this study are relevant to different stakeholders and policymakers responsible for crafting social welfare, suicide and attempted suicide prevention measures. In this regard, different stakeholders are expected to have an empirical perspective on the largely neglected dimension of attempted suicide, which is the families of individuals who have attempted suicide. More importantly, the social work practice is poised to utilise the findings of this study as a departure point in implementing the proposed intervention guidelines to address the needs of both the person who attempted suicide and their immediate families.

1.4 Research questions, goals and objectives

1.4.1 Research questions

In describing research question(s), Creswell and Poth (2018) posit that research question is an interrogative statement outlining the purpose of the research. Thus, research questions begin with words such as how, why, or what. In this view, research questions serve to guide the research purpose (Rubin & Babbie, 2016). Research questions indicate the focus point of the study and outline the basis for the enquiry, that is, data collection and analysis (Creswell & Poth, 2018). The researcher understands a research questions to be a response to a problem statement and a departure point for interrogation through which the study's aim can be achieved. Thus,

as guided by the key points raised in the problem statement of this study, the researcher grappled with the following research questions:

- What are the experiences and challenges of families living with persons who have attempted suicide in Tshwane District Municipality, Gauteng Province?
- What social work services are available to families living with persons who have attempted suicide?
- What should the social work intervention guidelines include to cater for the needs of families living with persons who have attempted suicide?

The above research questions informed the researcher to develop interview guides that bore open-ended questions that were posed to the participants.

1.4.2 Goals of the study

Research goals are intended outcomes of the study (Thomas, 2017). Other scholars refer to them as statements of intent or purpose (Gilbert & Stoneman, 2016). The researcher understands research goals as the baseline for which the direction of what the study intends to achieve can be outlined. Scholars such as Kabir (2016) posits that research goals inform the research questions of the study. Based on this, the research goals of the study were formulated as follows:

- To understand how families living with persons who have attempted suicide deal with the ordeals.
- To appraise the role of social work services to families living with persons who have attempted suicide.
- To formulate guidelines for social workers to mainstream the needs of families in the scope of their services.

1.4.3 Research objectives

Gilbert and Stoneman (2016) define research objectives as declarative, clear, and concise statements, which provide the specific actions which the researcher takes to attain the goals of the study. Similarly, Kabir (2016) views research objectives as measurable, specific, and researchable aspects of the phenomenon under investigation. In other words, research objectives guide the researcher to remain within

the focal point of the study and to avoid gathering data which is wholly detached from the problem under investigation (Gilbert & Stoneman, 2016). The researcher understands the research objectives to be the specific steps undertaken by the researcher to attain the research goal. In this view, the objectives of the study determine the appropriate research approach to be followed in seeking answers to the research questions. In other words, objectives are the ultimate targets for providing answers to the research purpose or aim. In this regard, and as informed by the above-mentioned research questions and goals, this study was guided by the following objectives.

- To explore and describe the experiences and challenges of families living with persons who have attempted suicide in Tshwane District Municipality, Gauteng Province.
- To determine and describe the social work services available to families living with persons who have attempted suicide.
- To develop social work intervention guidelines that address the needs of families living with persons who have attempted suicide.

1.5 Ethical considerations

Dooly, Moore and Valejo (2017) define research ethics as the set of acceptable standards, values, and principles used to guide the appropriate conduct of researchers at all stages of the research process. Drolet, Rose-Derouin, Leblanc, Ruest and Williams-Jones (2023) point out that working with human participants in research always raises ethical issues about how they should be treated. In conducting this study, the researcher adhered to the following ethical considerations.

1.5.1 Informed consent

According to Maree (2020), in conducting research, one should take note that the principle of autonomy and voluntary participation is contained in the idea of informed consent. Maree (2020) further states that the onus of whether to participate in a study or not lies with the participants after receiving all the relevant information about the risks of harm that could arise if they participate in the study. In light of this, Thomas

(2017) defines consent for participation in a research project as a non-coercive agreement between a researcher and a person(s) who freely agree to participate. Following such an agreement, the participants must be fully informed and aware of the agreement they are entering (Creswell & Cresswell, 2017). In this view, the participants must be fully furnished with what is expected; the format; and the process the research will take, including multimedia support, such as audio recordings. Furthermore, the participants should be informed about how the information will be managed, what exactly is expected of them during the data collection process, and how long it is likely to last (Rubin & Babbie, 2016).

According to Thomas (2017), the following information must never be concealed from the participants: the identities of the researcher and the institution, the rights and privileges of the participants, the purpose of the research, the benefits associated with the participation and the nature of the participant's involvement requirements. To obtain informed consent from the participants in this study, the researcher explained the goal of the research and the researcher's credentials to the participants in a language that they understood. All the benefits and risks associated with participating in the study were succinctly outlined in the informed consent forms (Appendix F). In the same process, the participants were further acquainted with the important details regarding their voluntary participation and that there would be no consequences should they wish to withdraw at any time. After being fully informed about the purpose of the study and the nature of their participation, the researcher requested the participants to sign the informed consent form stipulating that their participation was voluntary and that other rights accorded to participants in the research were safeguarded. This occurred in family homes and social work offices for social work participants.

1.5.2 Anonymity

Anonymity refers to the disregard for using personal identifying information during data collection and reporting of findings (Coffelt, 2017). Similarly, Babbie (2016) adds that anonymity is ensured when neither those reading the research findings nor the researcher can identify and attach the given responses to the participant. This means that the participant's identifying information is not disclosed to those not directly

involved in the study. Furthermore, according to Babbie (2016), anonymity means that the researcher protects privacy by not disclosing a participant's identity after the information has been gathered. According to Drolet et al. (2023), researchers are implored to handle sensitive information with caution. Deducing from this, the researcher ensured anonymity by using pseudonyms instead of the real names of the participants. In other words, the researcher ensured that, the identity of the participants was protected by not requiring them to share their names. Furthermore, the researcher ensured that when presenting research findings, no identifying details such as occupation, workplace, or personal characteristics were included. Again, the interview guides did not require the participants to provide any of their identifying particulars.

1.5.3 Confidentiality

Throughout the research process, the researcher is expected to respect and maintain the ethical principle of confidentiality in conjunction with other ethical values (Babbie, 2016). The obligation to maintain confidentiality requires the researcher to keep the data from the field private and conceal participants' names in field notes. Furthermore, confidentiality entails that the information gathered by the researcher is not shared with unauthorised people (Coffelt, 2017). Confidentiality also means that the researcher cannot disclose the identity of the participants when quoting the person directly in a research report. This follows that any identifying or personal information at the disposal of the researcher must be regarded as confidential (Coffelt, 2017; Rakotsoane, 2017).

In this study, the researcher ensured that the information about the participants was not released to anyone. The information shared by participants is kept confidential, and the audio recordings and transcripts are kept safe and only accessed by the researcher and his supervisor. During this research process, the researcher always protected the information shared in confidence by the participants by ensuring that the audio recorder was locked and not accessible to anyone. As indicated in the participation information sheets (Appendix F) of this study, the collected data is securely stored in a locked cabinet located at the researcher's residence, with exclusive access to the key restricted to the researcher alone. The electronic

information is stored on a Google Drive, which is password-protected and accessible to the researcher alone.

1.5.4 Beneficence

According to Graney (2017) beneficence means that any study bears elements of beneficence in the sense that it should be of benefit to other researchers, the participants, and society at large. The outlining of the study benefits is important as it curbs the potential deception of study participants. In this regard, the researcher succinctly informed the participants that he would benefit from their participation as the research is part of his Doctoral degree in Social Work. In the same vein, the researcher informed the participants that the research had no financial or material benefits for them. Rather, the study would benefit them as participants because the social work guidelines that would be developed from this study are poised to improve the services that they receive as families living with a person who attempted suicide. The social workers as participants were also informed about the benefits of the study, which included guidelines on how to provide services that are responsive to the needs of families of persons who attempted suicide.

1.5.5 Reflexivity

The researcher adopted the principle of reflexivity to mitigate the potential conflict of interest since the study involved an interface between him and his current and former colleagues (social workers). As Charmaz (2020) posits, reflexivity is an act of examining one's self-belief, assumptions, and judgment systems and thinking critically and carefully about how these can influence the research process. Creswell and Creswell (2017) weigh in by alluding that reflexivity prompts critical thinking that helps researchers to consider the 'whys' and 'how's' of research, which positions researchers to critically question the ethics, utility, and value of who, what and how we study. From the viewpoint of Rubin and Babbie (2016), reflexivity is centred around the question "What is the research process and how am I influencing it?"

It should be underscored that this study included social workers employed at Steve Biko Academic Hospital and George Mukhari Academic Hospital as participants. In

this regard, a potential conflict of interest was likely to emerge because the researcher interviewed his colleagues at the mentioned hospitals. In mitigating a possible conflict of interest, the researcher drew from the arguments advanced by Charmaz (2020), who argues that reflexivity assists researchers in navigating the potential conflict of interest even in studies conducted among fellow employees, thereby promoting fairness, objectivity, transparency, and the scientific integrity of the research. Following this, the researcher continuously reflected on his preconceptions and assumptions so that they did not influence the independent flow of information from the participants (social workers).

1.5.6 Debriefing of participants

The data collection process should never plunge the participants into a state of psychological disarray or physical harm. In other words, researchers are not expected to fall short of providing adequate debriefing opportunities after each contact time with participants (Maree, 2020). This study was poised to have emotional effects on the participants, specifically family members of a person who attempted suicide, because they were expected to share their lived experiences, which could trigger deep-seated emotions. As such, debriefing entails that the problems generated by the research experience are corrected. This is done by interviewing the participants to discover any problems triggered by the research experience for proffering solutions (Rubin & Babbie, 2016). The main purpose of debriefing is to solicit the attitudes of the participants towards the study and to reveal any harmful effects of the study (Morawski, 2015). Furthermore, debriefing is the process of dealing with emotions that surfaced during the interview (Pace, 2021).

The decision lies between the researcher and the participants to determine whether the services of other professionals are necessary. In this case, the researcher ensured that in the event of the participants expressing signs of emotional harm during the proceedings, he enquired with them if they required counselling. The researcher provided debriefing to individuals who participated in the study, intending to return them to their previous emotional state. In the case of the need for further intervention, there was a social worker at each of the hospitals from which participants were selected, who rendered counselling services and psychosocial support whenever

required. Ms. Pretty Maloba was prepared to provide counselling services at Steve Biko Academic Hospital, whereas Ms. Rofhiwa Tshiswaise was on standby for the same responsibilities at Dr George Mukhari Academic Hospital (Appendix M and N).

1.5.7 Avoidance of harm

According to Clarke (2019), research questions can evoke past traumatic experiences among the participants, which would, in turn, harm the participants. The harm can either be emotional or physical, and in most cases, emotional harm is more difficult to detect than physical harm (Creswell & Creswell, 2017). The researcher understands the subject matter of suicide and attempted suicide to be a sensitive matter as it is linked to the lived experiences of families. For this reason, he anticipated evoking the participants' emotions in the process of soliciting information about their experiences of living with a person who attempted suicide.

The researcher ensured that participants were not exposed to any physical, psychological, or emotional harm or disturbance. This was done by ensuring that the environment where the interviews were conducted was a safe place. Furthermore, the researcher was quite aware that the research may trigger negative emotions that may warrant further intervention. To protect from psychological harm, as mentioned before, the researcher provided debriefing immediately after the interviews were completed and further explored the need for further intervention with the participants. The researcher had social workers as part of his data collection team who agreed to provide counselling services with no cost to participants. This was done to safeguard the well-being of the participants. None of the participants required additional counselling services following their participation in the study; consequently, no referrals were made to social workers for counselling support.

1.5.8 Data management

According to Clarke (2019), data management is another important ethical issue in research, and the participants should know how the collected data is managed. This includes obtaining consent to collect and share data, ownership of data, protecting the identity of human subjects and their personal identifying information, and the licensing

of data. From the argument advanced by Padilla-Diaz (2015), data management in research is done to ensure that the collected data are not compromised and that the storage and archiving are safe to protect the subjects of the research. As a data management method, the researcher anonymised the data to protect the participants' information. Again, the transcribed data is kept in a secure cabinet at the researcher's residence, where he is the only person who has access. Data will be stored for fifteen years following the completion of the study and will then be destroyed according to the research regulations at UNISA.

Electronic information collected during the study will be securely stored on a password-protected computer and encrypted storage devices accessible only to the researcher. All digital files, including audio recordings, transcripts, and related documents, will be anonymised by removing identifying information and assigning codes to participants. Upon completion of the study and after the required data retention period as prescribed UNISA, all electronic data will be permanently destroyed. This will be done by securely deleting files using data-wiping software to ensure that the information cannot be recovered, and any backup copies will also be removed.

1.6 Limitations and problems encountered during execution of the study

The study was confined to one District in South Africa despite the pervasiveness of attempted suicide in South Africa. By focusing on one district out of many, the study failed to document diverse perspectives of families and social workers in other settings. In addition to focusing on a single district, the study employed a qualitative research approach, which is based on small samples. Due to the sensitiveness of the phenomenon under study, only five families gave consent to be interviewed, with several families refusing to be part of the study. This was respected by the researcher, based on the principle of voluntary participation. Only ten social workers agreed to be part of the study.

The other challenge that the researcher encountered involved securing appointments with families, for the interviews. In this regard, the researcher reached out to several families and deliberated on when meetings were to take place and where the data collection was to take place. Most follow-up calls with these prospective participants

were not successful to the extent that the researcher had to wait for more than a month before securing a meeting with one family. In the wake of this challenge, the researcher found solace in the literature where some qualitative scholars (Charmaz, 2017) posit that in qualitative research, it is not about the number of participants reached out to, but the depth of interviews held with each participant. Based on this, the researcher managed to gather detailed data that informed the findings of the study and the subsequent development of the intervention guidelines.

The subject matter of attempted suicide has received peripheral attention in the scholarship landscape such that there is limited recent literature on Google Scholar, Research Rabbit, Jane Bio Semantics, Google Advanced Search, and PubMed that adequately provides a deeper understanding of this phenomenon. The researcher ended up blending dated literature with the few available recent literature to provide a comprehensive understanding of the phenomenon.

1.7 Clarification of key concepts

Clarification of the following concepts was found to be important, to facilitate understanding of their use in the thesis.

- **Suicide**

Suicide can be defined as an intentionally self-inflicted act which consequently leads to death (Sekudu et al., 2016; Mamabolo, 2021). Its dimensions include the initiation of the fatal act, willingness to self-destruct, motivation to die or knowledge about the prospects of death and the execution of the act (Sekudu et al., 2016). The descriptions provided herein were adopted in this study to draw a line between complete suicide and attempted suicide, which was the focus of the study.

- **Attempted suicide**

Attempted suicide, as described by Travis-Lumer, Kodesh, Goldberg, Frangou, and Levine (2021), is a potentially self-injurious action with a non-fatal outcome for which there is evidence, either implicit or explicit, that the person tried to kill themselves. According to Bilsen (2018), attempted suicide refers to a non-fatal self-directed,

motivated, potentially harmful behaviour without any intention to die as a result of the behaviour. Notably, attempted suicide attempts may or may not result in injury. These definitions were adopted in this study, referring to any individual or family member who embarked on deliberate and premeditated acts of self-harm that did not result in death, and who received social work services at a hospital within Tshwane District Municipality.

- **Family**

Umberson and Thomeer (2020) view a family as a group of interacting persons who recognise a social relationship built by blood, kinship, marriage, or genetic relatedness. According to Rotkirch (2018), a family is a multidimensional unit of socialisation that can comprise a mother, father, and biological children and extends to some maternal and paternal relatives. In other words, it comprises childless couples, single-parent households, cohabiting couples, and same-sex parents (Umberson & Thomeer, 2020). Contextually, a family in this study referred to a social unit of socialisation, either a nuclear or extended family, where members share an effective sense of belonging and identity, sharing a common abode. These families, in their diverse structures, must have a family member who attempted suicide.

- **Experiences**

Wayland, Coker and Maple (2021) view experiences as an account of practical observations, lived realities or events. In this regard, experiences evolve from encountering or undergoing things as they occur (Wayland et al., 2021). These definitions were applied in this study by referring to what families living with persons who attempted suicide have seen or encountered in the process of coping with suicide attempts. The utilisation of this definition allowed the participants to give an account of their lived realities or observations about attempted suicide that occurred within their family boundaries.

- **Challenges**

According to Golechha (2020), challenges can be understood as factors or conditions that render normal human functioning or well-being untenable. In other words, challenges can be normative or cognitive factors that restrict individuals from fully functioning (Jiao, & Lissitz, 2020). In describing the dynamics of what challenges entail, Nyahunda and Tirivangasi (2021) denote that challenges are mutable, overcome, and avoidable by individuals, collective effort, changed ways of thinking and institutional support. In this study, challenges referred to circumstances that affected the psychosocial well-being of families after having to live with a family member who attempted suicide. In this regard, these challenges can be overcome through capacity building of families, institutional support, and services to be rendered by social workers.

- **Guidelines**

Mars, Morris and Scott (2019) view guidelines as general recommendations on how to perform certain tasks or advice on how to proceed in a situation. Teychenne, White, Richards, Schuch, Rosenbaum and Bennie (2020) define guidelines as an outline of best practices on how to attain or achieve targeted goals. In this study, guidelines refer to a toolkit of approaches, methods, and principles to be utilised by social workers when assisting families living with persons who have attempted suicide. In this view, the proposed guidelines determine the appropriate course of action in addressing the challenges faced by families living with persons who have attempted suicide, based on empirical findings.

- **Intervention**

Intervention refers to actions taken to intervene in a situation deemed problematic with the aim of improving or preventing it from becoming worse (Teychenne et al., 2020). The main goal of an intervention is to bring about positive change in a given situation and circumstance (Mars et al., 2019). This definition was adopted in the study, implying the proposed guidelines aim to address the challenges faced by families living with persons who have attempted suicide.

- **Social work**

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people (International Federation of Social Work, IFSW, 2014). Tarshish (2025) characterizes social work as a profession that promotes positive transformation and well-being via customized interventions. It seeks to empower people and communities by upholding the values of social justice, human rights, and shared responsibility. This definition was adopted in the study, whereby the proposed guidelines/interventions are hoped to bring social change for families living with persons who have attempted suicide.

1.8 Structure of the report

The research report consists of seven chapters, which are as follows:

Chapter 1: General introduction
Chapter one contains the introduction and problem statement of the study. The chapter also includes research questions, goals and objectives of the study, ethical considerations, limitations and problems encountered in the process of executing the study, and lastly, clarification of key concepts. Furthermore, the chapter provides an overview of the thesis.

Chapter 2: Theoretical frameworks
The chapter focuses on the theoretical frameworks that were used to guide the study. In this view, the Family Systems Theory, Resilience Theory and Strengths-Based Perspective are discussed in detail, including how they were used.

Chapter 3: Attempted suicide and services to affected families
The chapter presents the reviewed literature on attempted suicide and the causative factors of attempted suicide. Furthermore, the chapter focused on perspectives on family experiences with attempted suicide, family needs after attempted suicide and services to families interfaced with social work roles in addressing attempted suicide.

Chapter 4: Research methodology

The chapter focuses on the research methodology that was adopted in the execution of this study. As such, the chapter details the research paradigm, approach, designs, description of the study setting, population, sampling, data collection procedure and analysis. The chapter also highlights how the trustworthiness of the study was ensured.

Chapter 5: Presentation and analysis of research findings

The chapter presents the analysis of the research findings. It uses verbatim quotes from the participants to substantiate the findings. Literature control was also used to compare what is already recorded with the empirical findings on attempted suicide and the theories which guided the study.

Chapter 6: Social work intervention guidelines for families living with persons who have attempted suicide

The chapter presents the proposed social work intervention guidelines for families living with persons who have attempted suicide. The chapter outlines the process of developing the guidelines, the purpose and objectives of the guidelines. Furthermore, the target users of the guidelines are provided. Again, the chapter highlights the detailed intervention guidelines for families guided by the findings and literature.

Chapter 7: Summary, conclusions and recommendations

The chapter provides the summary, conclusions and recommendations of the study based on the literature and empirical findings.

CHAPTER 2: THEORETICAL FRAMEWORKS

2.1 Introduction

The purpose of this chapter is to provide a synoptic discussion of the theoretical frameworks that guided this study. Clarke (2019) explains a theoretical framework as a set of statements describing and explaining the relationship between human behaviour and the factors that affect or explain such phenomena. On the same note, Shai (2020) describes a theoretical framework as a set of ideas that are based on both logical and empirical information, which is observable. Drawing from this, the researcher understands a theoretical framework to be a set of logical ideas developed by experts in a certain field and these ideas are used to explain or predict phenomena. As Babbie (2016) puts across, in qualitative studies, theory-free studies do not exist. This is because theories support the formulation of research questions and guide data collection and analysis.

In this view, Clarke (2019) postulates that theories further offer possible explanations of underlying causes or influences on phenomena. Guided by the preceding expositions, this chapter articulates the theoretical frameworks which guided this study. The researcher triangulated three theoretical frameworks, namely, the family systems theory (FST), the resilience theory (RT), and the strengths-based perspective (SBP). The choice to triangulate these three theoretical frameworks was guided by the necessity for a thorough and nuanced comprehension of the phenomenon under investigation. Each of these theoretical frameworks offers a distinct yet complementary lens. This chapter begins by providing a meticulous discussion of theoretical triangulation before providing a succinct discussion of the mentioned theoretical frameworks and how they were used to guide the study. The discussion of each of the theoretical frameworks adopted in the study is followed by a precise justification of the theories in the study.

2.2 Theoretical triangulation

This study triangulated three theories trying to understand the phenomenon under study, examine the research problem, and explain the dynamics of the key study findings. As such, the family systems theory, the resilience theory (RT), and the strengths-based perspective were simultaneously used in digging deeper into the research problem. Whereas triangulation takes many forms, such as data triangulation, methodological triangulation, and theoretical triangulation, the focus of this section is on theoretical triangulation, which Sharma and Martin (2018) define as the use of more than one theoretical framework to interpret data. From the viewpoint of Ashour (2018), theoretical triangulation means making use of the multiple theoretical views of experts in the field in question to analyse data and see the correspondence of explanations towards the themes of interest. As Moon (2019) posits, theoretical triangulation refers to a strategy poised to explain the complexity and richness of human behaviour by studying it from more than one standpoint. Based on these preceding expositions, the researcher's quest to understand the experiences and challenges of families living with persons who attempted suicide in Tshwane District Municipality triggered the utilisation of the family systems theory, resilience theory, and strengths-based perspective.

As Bans-Akutey and Tiimub (2021) put across, the purpose of theoretical triangulation is to have multiple interpretations of the phenomenon. In addition, these interpretations may conform to the research focus by providing integrative interpretations of human actions, motives, aspirations, and emotions (Renz, Carrington & Badger, 2018). Deducing from these sentiments, the main thrust of the study was to explore the experiences and challenges of families living with persons who attempted suicide, the services available to them and developing social work guidelines that are responsive to the needs and aspirations of these families. It should be noted that such exploration was enriched by employing pluralistic theoretical standpoints. Theoretical triangulation has been lauded for refuting the monopoly of relying on a single theory in explaining and understanding individuals, practices, and human, social, economic, and cultural contexts (Sharma & Martin, 2018). Having said that, the intention here is not to contest the utilisation of a single theory in scientific research but rather to advance the merits of using more than one theory.

As Natow (2020) contends, theoretical triangulation is important when the researcher intends to account for the diversity of practices and actions. As was the case in this study, the researcher intended to signpost the realities, needs, lived experiences and challenges of families living with persons who attempted suicide for the purpose of developing comprehensive social work guidelines that look beyond what has happened, how it affected the family, and incorporate the needs of the families. This was made feasible by following the theoretical constructs of the family systems theory, resilience theory and strengths-based perspective. In that regard, Ashour (2018) asserts that theories with similar ontological and epistemological assumptions must be triangulated.

Contrary to the preceding assertion, Renz et al. (2018) argue that even theories with different epistemological assumptions can be triangulated. In this study, the researcher selected theories with some reasonable degree of convergence in meeting the primary focus of the study. Thus, the family systems theory was essential in justifying why families of people who have attempted suicide must be included in the catalogue of services rendered to the members who have attempted suicide. This is because the family systems theory posits that families are emotional systems whereby family members influence and are influenced by one another at individual, systemic and intergenerational levels (Karthick & Barwa, 2017). Also, the resilience theory was essential in delving deeper into the capacities or abilities required by families to bounce forward in the face of adversity and in this case, shock that emerge from having a family member who attempted suicide. The strengths-based perspective was essential in developing social work guidelines that tap into existing individual strengths, capabilities and capacities as a form of recovery from shock and resilience development. The justifications provided above addressed the concerns raised by Moon (2019), who avers that when embarking on theoretical triangulation, it is important to provide justifications for the selection of multiple theories and how they are poised to provide a wider explanation and understanding of the phenomenon under investigation. Considering this, further details regarding the relevance of the mentioned theories are provided in the forthcoming sections.

2.3 Family Systems Theory

As indicated in the introduction of this chapter, this study adopted the family systems theory as its theoretical lens. The family systems theory was coined by Murray Bowen in the 1960s (Keller & Noone, 2019; Priest, 2021). In other literature the family system theory is referred to as the Bowen family systems theory (BFST) (Haefner, 2014; Eppler, 2019; Son, 2019). Be that as it may, it should be noted that the family systems theory emerged from the psychoanalysis theory and systems theory and has been lauded as the most detailed and comprehensive view of human behaviour (Becvar & Becvar, 2017). In developing the family systems theory, Bowen was interested in signposting an intergenerational approach to why family problems and patterns tend to repeat over generations (Palombi, 2016). Thus, as Bowen coined the family systems theory, she was vociferously convinced that the behaviour of the whole family is interrelated and the family functions as one emotional system (Eppler, 2019; Son, 2019).

Premised on the latter expositions, the family systems theory has been instrumental in understanding family dynamics and outcomes (Frey, Hans, & Sanford, 2016). For this reason, the theory finds a residence in multiple disciplines such as social work, family psychology, sociology and family medicine (Asare-Doku, Osafo & Akotia, 2017). The interpretation and premise of the FST in social work connotes that individuals in crisis should be evaluated within the family set-up and that interventions should involve the whole family to have an impact on the individual in question, and in this regard, the person who attempted suicide (Palombi, 2016). In coining the FST, Bowen defined a family as an emotional and a relationship system whereby family members influence and are influenced by one another at dyadic, systemic, individual and intergenerational levels (Asare-Doku et al., 2017; Priest, 2021). In this view, the family systems theory posits that families function as emotional systems and carry various dysfunctions such as marital conflict, illness, impairment of one or more children and, in the context of this study, attempted suicide (Sher, 2019).

In addition to the above, Asare-Doku et al. (2017) used the axiom “automatic functioning and reactivity” referring to the inadvertent and inextricable processes and feelings that are expressed beyond conscious choice or control because of emotional interdependence among and between family members. Ordinarily, the family systems theory sees the family as the primary relationship context in which individual character traits and ensuing behaviour patterns are learned and reinforced (Smith, 2016). As such, the interactions between family members are viewed as essential in understanding the behaviour and emotions of individuals (Haefner, 2014). The theory focuses on the effects of a cycle of interactions and behaviours that cause problems within families (Kim-Appel & Appel, 2015). Arguments advanced by Asare-Doku et al. (2017) affirm that despite the family systems theory having Eurocentric footprints, the theory sits well with the African families’ structure and dynamics.

In light of the above, the theory postulates that everything that happens to a family member has an impact on everyone else in the family. In other words, the theory is hinged on the fact that individual human beings are therefore inextricably tied to their families (Frey et al., 2016). This is because family members are interdependent, interconnected and operate as a family system or as a group (Eppler, 2019). Moving forward, the connectedness that binds family members makes the family members interdependent, meaning that a change in one person’s functioning will inevitably change the functioning of other family members (Son, 2019). This preceding argument resonates with diverse arguments adumbrated in the problem statement of this study, which points to the impossibility of leaving out family members of persons who attempted suicide in services rendered to the patients themselves, as has been observed around Tshwane District. Notably, the inclusion of families of persons who attempted suicide is prompted by the fact that the emotional dysfunction of an individual and, in this instance, suicidal behaviour, disturbs all that person’s relationships as underpinned by the family systems theory (Keller & Noone, 2019; Priest, 2021).

Reasoning from the above, the family systems theory asserts that individual behaviour and, in this case, suicidal ideation and attempted suicide cannot be understood in isolation but should be examined as part of a larger system of which they are a part. Following this, it should be noted that suicidal behaviour has an impact on the

functioning of other family members, which is why families require all levels of support in the aftermath of the suicide attempt. In making use of the family systems theory, the architecture of the theory (Bowen) gave a classical example of a child who is addicted to drugs, emphasising that addiction cannot be treated as the problem of the child but as the symptom of the problem of the family. This is because the theory believes that the cause and effect of any problem are not treated in a linear process but in multiple causations by every member influencing other members (Keller & Noone, 2019). The researcher alludes that the classical example provided above is ubiquitously applicable to the attempted suicide challenge, where such behaviours cannot be treated in isolation and only attributed to the person who attempted suicide, but to the family as a system. Despite the family system theory having a plethora of tenets or underpinnings, the researcher selected the following tenets, which resonate with the primary focus of this study. These are explained as follows.

- **Differentiation of self**

According to Keller and Noone (2019), the family is a primary unit of socialisation and has a major impact on developing an individual's sense of self. In coining this, Bowen referred to the differentiation of self as the level of one's individuality and autonomy to direct one's life while staying connected to others (Priest, 2021). In other words, this means the ability to be in emotional contact with others, whilst a person is conscious of the self that defines her/him. Thus, a well-differentiated self can withstand rejection, conflict and criticism. Conversely, the person with low differentiation is less flexible and more emotionally dependent on others (Moral, Chimpén-López, Lyon & Adsuar, 2021), making it difficult for the person to withstand rejection. This type of person sees herself/himself in other people, without being able to define herself/himself independently. In addition, the differentiation of self tenet is central to the family systems theory because it determines how roles and boundaries are constructed in the family and how they are transmitted to families of procreation (Becvar & Becvar, 2017). The utilisation of this stance, as posited by the family systems theory, assisted the researcher in understanding the circumstances surrounding the causes and effects of attempted suicide on families living with persons who attempted suicide. These causes were attributed to broken family relationships, financial problems, gender-based violence, teenage pregnancy, failure to cope with newly diagnosed chronic

diseases, childhood traumas, and hearing voices. In the wake of these causative factors, families of persons who attempted suicide grappled with shock and disbelief, fear and uncertainty, stigma and isolation, which justifies the tenets of this theory that whatever happens to one family member affects other members.

- **Individuality and togetherness**

According to the family systems theory as posited by Fitzgerald, London-Johnson and Gallus (2020), within a system exist the counterbalancing life forces between individuality and togetherness. In this regard, individuality enables one to follow one's own directives, fostering independence and distinctiveness (Priest, 2021). It is worth noting that individuality doesn't mean separation and independence but refers to the capacity to be an individual within a group (Son, 2019). On the other hand, togetherness compels one to follow the directives of others to be connected, dependent and indistinct (Fitzgerald et al., 2020). This is the opposite of an emotional cut-off, whereby, regardless of any circumstance, people join as one being (Keller & Noone, 2019). As put across by Son (2019), this can be interpreted as family cohesion, which refers to the emotional bonding that family members have toward one another.

From the viewpoint of the researcher, all these points point to the inextricable connection that exists between and among family members that remains binding even in times of crisis, such as attempted suicide. As a result, this tenet of the family systems theory assisted the researcher in understanding that the connectedness of the family makes it impossible for family members not to be affected by one member's attempted suicide. Therefore, the effects of attempting suicide by one family member need to be explored and the family as a system be provided with the necessary services. The researcher is of the view that providing services to the member who attempted suicide and leaving the other family members without any emotional support does not restore the family to its normal functioning especially in cases where the suicide attempt leads to changed communication patterns. It could lead to other family members avoiding the member who attempted suicide, as they are not sure of how to interact with her/him, making it necessary to attend to the family as a unit. In the context of this study, the aftermath of attempted suicide saw some families experiencing some

changes in communication patterns with the person who had attempted suicide, because there were no clear support services on how communication can be improved in family settings post the attempted suicide incident.

- **Nuclear family emotional system**

According to Keller and Noone (2019), this tenet asserts that emotional patterns operate in intact families, namely, stepparents, single parents, and all other nuclear family systems. In this regard, how families react to stress or shocking stimuli may be duplications of past generations and will continue to repeat in future generations (Son, 2019). Notably, this tenet places emphasis on the patterns of emotional functioning within families and between family members (Keller & Noone, 2019). Extrapolating from this, the researcher contends that the tenets of the family systems theory bear testimony that the conundrum of parasuicide should be treated as a family system problem, which warrants the involvement of families in the designed interventions, to ensure that all family members are restored to their normal functioning.

- **Multigenerational transmission process**

As mentioned in the founding background of the family systems theory, it was coined as an intergenerational approach premised on interrelationships between family members in the current and past generations, highlighting the transmission and impact of behavioural patterns, communication styles, and emotional functioning on family dynamics across time (Son, 2019). According to this tenet, children learn patterns of emotional processes like those of their parents but with small differences (Keller & Noone, 2019). Therefore, the small difference between parents and their children occurs through unconscious shaping and conscious teaching of the development of children (Priest, 2021; Keller & Noone, 2019). The researcher argues that the multigenerational transmission process places emphasis on repetitive patterns of behaviour within the established emotional system of the family, highlighting the importance of including the whole family in assessing its functioning in an advent of one having attempted suicide.

2.3.1 Using the family systems theory to understand the role of families in the risk of attempted suicide by one of its own

In utilising the family system theory, the researcher amassed an in-depth understanding of the role of families in the risk of attempted suicide by another family member. On that note, several scholars who adopted the family systems theory in suicide and attempted suicide studies denote that the theory is foregrounded in the social-ecological framework, which attempts to offer family-centred interventions (Kim-Appel & Appel, 2015; Becvar & Becvar, 2017; Keller & Noone, 2019; Priest, 2021). Following some of the key tenets of the family systems theory discussed above and their utilisation in attempted suicide studies, it should be noted that the theory affirms that suicidal ideation and behaviour are a product of interpersonal dynamics between family members, for example, low cohesion, poor attachment and failing communication (Keller & Noone, 2019).

That being the case, the family systems theory suggests that professionals should understand how a family system affects the experience of attempted suicide. Similar sentiments are shared by Epplar (2019), who propounds that attempted suicide can be an act of anger, despair or escape from intolerable pain associated with bonding destabilisation within the family system. In other words, attempted suicide can be a product of a family's inability to meet certain needs (Waller & Crocker, 2017). Considering the above expositions, the researcher derived the following key points as posited by the family system theory and its residence in the attempted suicide discourse as postulated by Son (2019).

- Humans are social beings whose multiple needs are met within a family structure.
- Every individual is inwardly bound to the family, no matter how the person strives to break the ties.
- It is vital to engage the family in the therapy process of a person who attempted suicide and pay attention to the needs of the families. This is because families do experience emotional distress, which may degenerate and create further distress for the patient, which may lead to suicide completion.
- Interventions in the lives of persons who have attempted suicide should pay

attention to how dysfunctional family relationships could further affect them and their family members.

- The family context is a major suicide prevention resource; hence, families must be equipped on how to identify warning signs, as well as how to manage their own stress of being aware of the suicidal attempt of their relative.
- Family cohesion and emotional support are protective factors in preventing attempted suicide and depression.

It should be noted that the above-mentioned factors were pivotal in dissecting the expositions and knowledge gaps identified in the problem statement of this study. The findings of this study affirmed that a lack of family cohesion can trigger suicidal behaviour and attempts in the member who feels isolated. Thus, these factors were instrumental in affirming the importance of not disregarding the family of the person who attempted suicide, as they can also harbour feelings of despair and depression, that could cause further instability in the patient when she/he is discharged.

2.3.2 Relevance of the theory to the study

The family systems theory was relevant to this study on many fronts. To start with, the theory provided the researcher with a nuanced view regarding the role of families in the conundrum of attempted suicide. Thus, a legion of factors behind the manifestation of suicide attempts is hinged on dysfunctional family systems, lack of cohesion, togetherness and emotional solidarity. For that reason, the underpinnings of the family systems theory gave credence to the founding arguments of this study that the attempted suicide discourse cannot thrive without a holistic and comprehensive focus on family dynamics as opposed to the primary focus on the person who attempted suicide. The family systems theory affirmed what was reiterated in the problem statement of the study that the huge impact of attempted suicide goes beyond the person who attempted suicide and that it has the ripple effect on the mental health and lives of their families as posited by Maple et al. (2017) and Mamabolo (2021).

Considering this, the family systems theory was essential in signposting that families are emotional systems, which justifies why holistic and comprehensive services should also address the needs of the families living with persons who have attempted suicide.

On the same wavelength, the family systems theory was pivotal in explaining the experiences of families of persons who attempted suicide and how they cope after a suicide attempt. The theory offered a fertile foundation for devising social work guidelines that implore families to address the gaps in family systems that serve as igniting factors for attempted suicide.

2.4 Resilience Theory

This study was also guided by the resilience theory as one of its theoretical groundings. As Ungar (2015) posits, the term resilience emerged in the 1970s in ecology studies through the theory of Holling, referring to how systems, individuals, and communities maintain a reasonable level of functioning in the light of disturbances. Since the 1970s, the concept has gained good development and spread into many research disciplines, including engineering, psychology, philosophy, economics and so forth. The theory has its foundation in systems thinking, including complex systems theory, and is essentially about understanding the characteristics of change and the interactions between human and natural systems (Theron, 2016).

It is worth highlighting that despite the resilience concept gaining traction in many disciplines, it is still riddled with ontological and epistemological ambiguities (Manyena & Gordon, 2015). As such, a commonly agreed-upon definition of resilience has been hard to come by. This is because several schools of thought have diversely interpreted and operationalised the construct, thereby punctuating it with operational ambiguities (Van Breda, 2018). In this view, several definitions of resilience have been coined from different disciplines such as engineering, health, social work, sociology, psychology, geography, disaster fields, and environmental studies (Van Breda, 2016; Manyena, 2016). For this reason, the availability of a plethora of definitions for resilience points to why there hasn't been a widely accepted universal definition of the concept (Van Breda, 2018; Manyena et al., 2019).

Presently, there is an exponential interest and diverse consideration of what resilience entails within its legion of definitions in different disciplines (Van Breda, 2018). Whereas details of what resilience is in various disciplines are beyond the focus of this study, resilience as a framework is well central to the social work profession. In other

words, resilience underlies much of social work theory and practice (Lombard & Chiwara, 2018). As Van Breda (2018) posits, in social work practice, the resilience theory becomes a bandwagon onto which everyone is climbing. In this view, scholars who utilised the concept in the social work discourse describe resilience as the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal physical and psychological functioning (Goliath & Pretorius, 2016; Raniga & Uthembu, 2016; Van Breda & Theron, 2018).

While still capturing the diverse definitions of resilience, Gallagher and Miller (2017) view resilience as an organised way of overwhelming the stressful stimuli without a distorted way of psychosocial functioning. In the same vein, Nyahunda (2025) understands resilience to be the persistence of individuals, or systems and their ability to absorb changes and disturbances and continue to develop. In addition to the above, Van Breda (2018) denotes that resilience involves a process of sustainability that averts and reduces psychological disorders or distress after the experience of significant trauma or stress and a process of speedy recovery from psychological problems following adverse experience. Grant and Kinman (2018) concur with Van Breda (2018) by positing that understanding adversity or risk is an important stage of assessment in social work practice. Therefore, one cannot talk about resilience in the absence of adversity (Theron, 2016; Van Breda & Theron, 2018). Following the above inferences, significant adversities that have been captured in the social work literature include, amongst others, poverty, war, natural hazards, neglect, abuse (emotional, physical, and sexual), loss of family members, and pathology (Ungar, 2015; Tamlynn & Theron, 2017; Van Breda, 2018;2024). Deducing from this, the researcher observed that attempted suicide is missing in the list of adversities, to which the resilience concept applies.

According to Van Breda (2018), the heart of resilience theory is the mediation process that enables individuals to achieve better-than-expected outcomes in the face of or in the wake of adversity. From the viewpoint of Grant and Kinman (2018), the term resilience encapsulates three different contexts which are;

(i) people who have been entrenched in traumatic circumstances (living with a person who attempted suicide, including their families) but have managed to recover amicably.

(ii) persons who repose progressive adaptation regardless of the stressful events (bouncing forward abilities).

(iii) persons who have been exposed to adversity but are optimistic about their circumstances.

In utilising the resilience theory in the study, the researcher paid homage to the holistic principle of social work, which is interested in the whole of a person, including their strengths, coping resources, and attempts to deal with their challenges. Notably, the researcher amassed a nuanced and subtle understanding of how families living with persons who attempted suicide have endured such adversity in the wake of limited or no support systems available for them.

2.4.1 Using the Resilience theory to understand the role of families in the risk of attempted suicide by one of its own

According to Grant and Kinman (2018), resilience is becoming a central focus of suicide and attempted suicide research and prevention. As such, building resilience should be a part of universal, selective, and indicated suicide prevention interventions (Sher, 2019). In the wake of the scourge of attempted suicide across the globe, an array of studies conducted are congruent that promoting resilience may reduce attempted suicide risk in the general population, in groups at elevated suicide risk, and among high-risk individuals (Singh & Cowden, 2015; Gallagher & Miller, 2018; Haffejee & Wiebesiek, 2021).

As Gallagher and Miller (2017) posit, building resilience in the general population may reduce the incidence of stress-related disorders and, consequently, suicidal behaviour. From the viewpoint of Sher (2019), improving resilience should be a part of the treatment plan for every person who has attempted suicide. In this regard, the researcher emphasises that improving resilience should not exclude the families of persons who attempted suicide, as they also grapple with emotions, despair, and distress that would require the resilience renaissance to be developed. Findings from a study conducted by Cheavens et al. (2016) revealed that there is a positive correlation between resilience and reduced attempted suicidality. Cheavens et al (2016) further revealed that resilience enhances optimism, well-being, and problem-

solving abilities, thereby improving the condition of persons who attempted suicide and reducing the probability of suicide.

An array of factors contributes to the resilience of individuals and families in the wake of adversity, and in this instance, attempted suicide by a family member. As such, people with problem-solving abilities can buffer themselves against suicidal attempts (Sher, 2019). In the same vein, resilient families are less affected by adversity (attempted suicide by its member). As Gallagher and Miller (2018) put across, promoting resilience to suicidal attempts and ideation requires family cohesion, positive parent-child relationship, emotional attachment, parental support, high family functioning, peer acceptance and support, as well as social support and services. It should be underscored that the factors mentioned above have been explored under the family systems theory as igniting factors for attempted suicide in most families This affirms the importance of triangulating theories that share some degree of convergence in dissecting the subject matter.

2.4.2 Relevance of the theory to the study

The researcher utilised the resilience theory to gain an emic understanding of what helps families with persons who have attempted suicide to navigate hard times with limited to no professional support services available for them. The utilisation of the resilience theory was enriching as it allowed the researcher to hear from the families living with individuals who attempted suicide how they managed to continue functioning in the face of this experience. These families relied on divine intervention from church leaders and traditional leaders to navigate the complexities of dealing with their emotions in the aftermath of the suicide attempt. Thus, the resilience theory was instrumental in understanding the role of support groups in enhancing the capacities of families to cope and bounce forward after experiencing diverse psychological destabilisations. This is so because support groups appeared as vital resilience enablers for families living with persons who have attempted suicide.

2.5 Strengths-Based Perspective

As already mentioned earlier, the strengths-based perspective also guided this study. The perspective or theory was coined by Dennis Saleebey, Charles Rapp, and Ann Weick in the community health centre in the early to mid-1980s (Payne, 2020). Since its establishment, the strengths-based perspective is ubiquitous in social work literature (Van Breda, 2018). Thus, the strengths-based perspective is central to the social work profession. That being the case, the theory is premised on the belief that individuals, families and groups are endowed with inborn capabilities that enable them to withstand the challenges of living (Payne, 2020; Muleya, 2020). From the viewpoint of Van Breda (2018), the strengths-based perspective is a sister of resilience, and these sisters grew up unaware of each other based on the lack of cross-reference between them. What this means is that the strengths-based perspective and resilience theory share subtle complementarities and synergies.

According to the strengths-based perspective, individuals who may appear to be hopeless while trapped in unpleasant life situations may make significant efforts to withstand their difficulties on the condition that they are assisted in discovering and maximising their potential and capabilities (Climie & Mastoras, 2015; Prinsloo & van der Berg, 2017). This inference feeds into the expositions outlined in the problem statement of this study about the need to have holistic social work services that help families living with persons who have attempted suicide to maximise their potential amidst their challenges. As Mueller (2024) posits, the strengths-based perspective is the opposite of the deficit approach in the sense that it views a person with an unconditional positive regard eye, not focusing on the person's weaknesses, omissions and commissions.

Furthermore, the strengths-based perspective is premised on the relationship with the client's approach as opposed to the dominance over the client's approach, considering that clients are the best managers of their own situations (Mason, 2019). Inductively, the researcher argues that capitalising on the strengths of families living with persons who have attempted suicide always enables them to believe in their potential as agents of social change rather than passive victims. In light of this, the strengths-based perspective creates awareness in individuals to encourage paying attention to their

strengths, thereby enabling them to develop a positive self-image (Nwachukwu & Mazibuko, 2019). Additionally, Saleebey (2013) opines that strengths-based practices pay attention to the inborn capabilities of individuals, families and groups and activate those strengths for recovery, resilience and development.

In support of the above, Prinsloo and van der Berg (2017) argue that strengths-based practices are empowering in nature as they refrain from allowing crippling, labelling and stigmatising language. In the same breath, Muleya (2020) presents key characteristics of the strengths-based perspective, one of them being that individuals, families, groups and communities bear the capacity to grow, and it is paramount to tap into their capabilities for them to be able to overcome their challenges. In this view, the primary task of the worker is to help clients identify those hidden abilities and maximise them for their own good (Mason, 2019). Additionally, the strengths-based perspective calls for workers, change agents and practitioners to look at clients differently by consistently developing their inborn capabilities and potential (Muleya, 2020; Shokane & Nel, 2020). Put differently, this framework affirms that clients already possess competencies that may be utilised to turn around their unpleasant circumstances (Saleebey, 2013; Shokane & Nel, 2020). This theory further provides a strong emphasis on discovering, developing knowledge and self-determination of clients (Zimba, 2020). On the same wavelength, Muleya (2020) is of the view that the strengths-based perspective enables individuals, families and groups to see beyond the current problems through hope and recovery.

Drawing from the preceding inferences, the reliance on the strengths-based perspective by practitioners creates a platform for positive expectations and the development of competencies that enhance resilience and change (Hammond & Zimmerman, 2013; Bocknek et al., 2017). Reasoning from this, it is prudent to mention that the reason why families living with persons who have attempted suicide remain standing in the wake of this adversity rests on their inborn capabilities, which they are employing to act as a buffer zone from the adversity. Based on this, it should be underscored that some might be aware of their innate potential, whilst some might not be aware; hence, it becomes the responsibility of the community development practitioners and other stakeholders to tap into the latent and manifest potential of these clients (families) (Zimba, 2020). Notably, the strengths-based perspective is

composed of many principles; however, for purposes of this study, the researcher made use of only three because of their relevance. Each principle is discussed in detail in tandem with the theme and focus of the study.

Principle 1: Every individual, group, and family have strengths

This principle gives an emphasis that working agents need to consider that every person, community or family, regardless of presenting circumstances, has strengths which working agents or practitioners might not be aware of. It is important for the working agents or practitioners to constructively engage and listen to the stories of the clients, and how they interpret their phenomena and circumstances (Saleebey, 2017; Payne, 2020). Being cognizant of this principle, the researcher was very attentive during the data collection process, listening to the stories of families grappling with the adversity of a member who attempted suicide and the challenges they are facing emanating from this adversity. On the same note, this helped the researcher to examine coping strategies that are being employed by these families, which showed that each family used its capabilities to cope with its situation. This further enabled the researcher to foster amicable recommendations towards the social work guidelines aimed at fostering holistic interventions that address the needs of the persons who attempted suicide and their immediate families, taking their innate strengths into consideration.

Principle 2: The aspirations of individuals, groups and communities need to be considered under the assumption that they have the capacity to grow and change

Mason (2019), supported by Nwachukwu and Mazibuko (2019), opines that this principle is premised on the fact that by embracing the expectations of clients and complying with their aspirations, practitioners achieve success to match the clients' promises and aspirations. Put simply, this implies that when working collaboratively with clients, practitioners are duty-bound to view clients (families living with persons who attempted suicide) as strong and capable of setting and achieving goals. This principle poses the need for working agents and community development practitioners to build on people's capabilities that are often not tapped into (Bockneck et al., 2017).

Considering this, the researcher asserts that it is evident that making use of the strengths-based perspective, particularly this principle, enables practitioners to engage with clients with a positive attitude, and the desired outcome would be resilience, strong self-esteem and a sense of competence in clients. This principle was used in this study to understand the aspirations of families in terms of support services they require from social workers as they navigate diverse emotional challenges in the aftermath of a suicide attempt.

Principle 3: Stressful events and traumatic shocks may be detrimental to the well-being of mankind, but they may also be a source of challenges and opportunities

According to Saleebey (2017), this principle helps one to perceive and appreciate individuals who have gone through unpleasant life circumstances to learn and develop their personal attributes, which may help them survive in many circumstances. It is important to emphasise that deducing from this principle, despite the daunting nature of reeling from stress, despair and anxiety emanating from a family member who attempted suicide, families living with a person who attempted suicide are not passive victims of this adversity. Rather, they see an avenue of opportunities in restoring social family cohesion, improved communication, togetherness, emotional attachment, and high family functioning. It should be underscored that the absence of these factors has been noted as a contributing factor towards attempted suicide. Reasoning from this principle, it connotes that through the strength-based perspective, many families would see the incident of attempted suicide as an opportunity to create functional families that meet the needs of every member, with high problem-solving techniques.

2.5.1 Relevance of the theory to the study

The researcher can safely denote that this perspective was relevant to this study in many ways. To start with, it helped the researcher to unpack and understand the sources of strengths of families grappling with the challenges of a member who attempted suicide. This is because the strength-based perspective concentrates on individual strengths. Based on this, some families capitalised on their experiences with attempted suicide to learn about mental health and the importance of seeking

professional help in the face of adversities. The theory assisted the researcher in understanding the role of churches and support groups in supporting families to navigate the challenges they faced in the aftermath of attempted suicide. Importantly, the theory was cardinal in the development of social work guidelines that capitalise on people's strengths and regarding families living with persons who have attempted suicide as a major resource to be utilised in any form of intervention. From the inferences articulated in this study, it is evident that there is convergence among the three theories adopted in this study. Considering this, the researcher is of the view that it is through the promotion of resilience and reliance on individual or family strengths that the factors that contribute to attempted suicide can be averted.

2.6 Chapter summary

This chapter presented the theoretical frameworks that guided the study. The chapter provided a succinct discussion of theoretical triangulation and why it is important in qualitative research. Following this, the chapter outlined the three theoretical frameworks used in the study, namely, the family systems theory, resilience theory and the strengths-based perspective. Following the justification of theoretical triangulation as a way of explaining the complexity and richness of human behaviour by studying it from more than one standpoint, this chapter signposted that the three theories adopted in the study triggered a rich analysis of the phenomenon. In this view, the adoption of the family system theory affirmed the inferences anchoring the problem statement of the study, that it is impossible to disregard the families of persons who attempted suicide. This is because, according to the theory, humans are social beings whose multiple needs are met within a family structure. Through the resilience theory, this chapter signposted the mediation process that enables individuals to achieve better-than-expected outcomes in the face of or in the wake of adversity. Again, the resilience theory and the strengths-based perspective converge in underscoring the importance of strengths, optimism and problem-solving techniques that overcome the adversity that emerges from attempted suicide. Lastly, this chapter signalled that it is through the promotion of resilience and reliance on people's inborn strengths that most factors that contribute to attempted suicide can be averted.

CHAPTER 3: ATTEMPTED SUICIDE AND SERVICES RENDERED TO AFFECTED FAMILIES

3.1 Introduction

This chapter presents the literature reviewed in tandem with the objectives of the study. The main thrust of this chapter was to dissect the dynamics of attempted suicide, ranging from the conceptualisation of the term “attempted suicide” to the causes of attempted suicide. Notably, the chapter draws from various perspectives internationally, regionally and in South Africa. Thereafter, the chapter delves into the causes of attempted suicide as documented by several schools of thought. Notably, not a single study can exhaust all the causes of attempted suicide across the divide. This is because attempted suicide is attributable to diverse socio-cultural, economic, genetic, psychological, psychosocial, environmental, and political factors that vary from place to place (Bantjes, 2017; Frey & Fulginiti, 2017). Based on the preceding exposition, this chapter documents the causative factors of attempted suicide that are predominant in the scholarly space. Furthermore, the chapter dissects the families’ experiences with attempted suicide, drawing from various case examples within and beyond the South African context. This is further juxtaposed with the exploration of family needs after attempted suicide, which creates fertile grounds for the essentiality of social work services for families. That said, the chapter concludes by presenting the interface between social work roles or services and attempted suicide.

3.2 Overview of attempted suicide

Attempted suicide, as described by Travis-Lumer et al. (2021), is a potentially self-injurious action with a non-fatal outcome for which there is evidence, either implicit or explicit, that the person tried to kill themselves. According to Bilsen (2018), attempted suicide refers to a nonfatal self-directed, motivated, potentially harmful behaviour without any intention to die because of the behaviour. Pengpid and Peltzer (2020) posit that suicide and attempted suicide are silent epidemics wreaking havoc on the public health spectrum, with Reed, Stoefler and Joseph (2021) reporting that approximately 20 million suicide attempts occur each year worldwide. The recent WHO (2022) report depicts that around 800, 000 attempts of suicide are recorded each year. With all these

reported statistics, Mamabolo (2021) argues that they do not reflect the prevalence of the attempted suicide conundrum. This is because worldwide, there is scant data on attempted suicides, and if present, the data is fraught with a lack of reliable statistics attributable to under-, mis-, or non-diagnosing and reporting (Mngoma, Ayonrinde, Fergus, Jeeve & Jolly, 2020; Quarshie, Wateman & House, 2020; Bantjes & Mapaling, 2021). The underreporting of cases of attempted suicide is because the WHO does not receive information from any country in the world on this topic (Lee et al., 2017). Thus, the least data is generated from emergency rooms/somatic hospitals compared to self-reports (Bachmann, 2018). This suggests that there is no accurate information on the extent of attempted suicide in different countries, which minimises the seriousness of the phenomenon as well as efforts to address it. Deducing from this, the researcher contends that the scourge of attempted suicide is pervasive in various communities and yet remains underreported. The factors behind this require further exploration to alleviate the impact of attempted suicide on individuals who ultimately attempt suicide and their families. With this further exploration, much-needed information will be generated, which might assist with concerted efforts of preventative strategies.

In South Africa and other Southern African countries, the conundrum of suicide and attempted suicide remains predominant owing to the lack of quality suicide surveillance data, the absence of national suicide prevention plans, and the misplaced classification of suicide deaths to religious, social, and cultural taboos or stigmas which further impede national suicide and attempted suicide reporting systems (Arafat, 2019; Mamabolo, 2021). However, the same cannot be said for countries such as India, Taiwan, Austria, the United Kingdom, Mexico, Singapore, Vietnam, and Bangladesh, which have water-tight suicide prevention plans and modest suicide and attempted suicide surveillance and reporting systems (Frey & Cerel, 2016; Holland, Vivolo-Kantor, Logan &, Leemis, 2017). The researcher argues that this signals the need for Southern African countries to benchmark with other countries in terms of developing robust suicide prevention plans.

Despite the unavailability of reliable data on attempted suicide due to underreporting, it is estimated that around 25 attempts occur for every suicide-related death (Shilubane et al., 2017; Lunde et al., 2018). In the same vein, Wilson-Yang, Woodford,

Oakes, Marshall, and Coulombe (2025), posit that the number of suicide attempts is 10–30 times higher than completed suicides. In other words, suicide attempts are far more frequent than suicides, and a person can attempt suicide multiple times (Bachmann, 2018). This connotes that every social network is more likely to include an individual who has experienced a non-fatal suicide attempt (hereafter referred to as an attempt survivor) than to experience a member's death by suicide (Giacomo, Krausz, Colmegna, Aspesi & Clerici, 2018). Evidence from the literature of studies conducted in South Africa, Eswatini, Namibia, and Lesotho reveals that suicide ideation is a vigorous predictor of attempted suicides. In most cases, attempted suicide accounts for completed suicide deaths (Sekudu et al., 2016; Shilubane et al., 2017; Rukundo et al., 2018). It should be underscored that attempted suicide is still riddled with conceptual ambiguities, and several schools of thought share diverse standpoints on what attempted suicide entails.

According to Wen and Golub (2016), attempted suicide is also called tentative suicide, parasuicide, deliberate self-injury, and attempted self-elimination, all of which point to non-fatal acts to harm oneself without the intent to die deliberately. Scholars such as Leavitt, Hong and Walker (2021) and Akotia et al. (2019) used the term 'deliberate self-harm' to refer to acts attributed to suicide attempts. Wasserman (2016) posits that the standard features of the behaviours subsumed under these terms (self-harm) are that people try to harm themselves by self-poisoning or self-injury, but do not die. On the contrary, Holland et al. (2017) argue that the term 'deliberate self-harm' minimises the connotations of potential life-threatening danger and extreme recklessness commonly associated with a 'suicide attempt'.

Furthermore, some types of dangerous self-harm or self-harm with strong suicidal intent are often articulated and treated as 'suicide attempts' by healthcare staff and other people (Akotia et al., 2019). Notably, scholars such as Leavitt et al. (2021), castigate the use of the prefix "deliberate" in the conceptualisation of attempted suicide, as it can be seen as judgmental and implies that a person is aware and in control of their actions, which may not always be the case. However, scholars such as Sekudu et al. (2016) argue that suicide cannot be seen as an accident but, in most cases, it is a well-meditated act. These scholars maintain that suicide is an act that a person with a particular objective in mind initiates. In other words, it is a premeditated

gesture by a person attempting to address a particular situation (Bantjes, 2017). The researcher argues that the mere fact that a suicide attempt is a product of suicidal ideation and, in other instances, manifests through threats, makes the suicide attempt a deliberate act.

According to Bantjes and Mapaling (2021), attempted suicide and suicide attempt are used interchangeably in various quests to conceptualise the aetiology of non-fatal suicidal behaviour and acts. With this said, this study used attempted suicide and suicide attempts interchangeably. In further conceptual descriptions of attempted suicide, Yang, Park, Kim, Lee and Kim (2022) assert that attempted suicides vary in medical severity and the extent of the intent to die. Thus, there are suicide attempts that require medical, intensive care treatment and those that result in no more than minor physical harm (Shilubane et al., 2017). From the viewpoint of Frey and Fulgimiti (2017), many attempted suicides do not require hospitalisation or visits to the General Medical Practitioner. This makes attempted suicide behaviour difficult to assess and ascertain (Frey & Fulgimiti, 2017). Extrapolating from the latter, the researcher argues that statistics on attempted suicide are informed by several recorded cases of hospitalisations. This does not truly reflect the pervasiveness of attempted suicide cases in various communities, as suicide attempts that do not require hospitalisation may remain uncounted.

While still working on the conceptualisation of attempted suicide, Klonsky et al. (2017) present a distinction between suicidal ideation, planning, and attempted suicide. In this view, suicidal ideation is understood as thoughts of death, wishing to die and or engaging in a suicide attempt (Georgina & Hetrick, 2018). On the other hand, a suicide attempt is seen as a suicide gesture whose aim is not death (Bender, 2019). Thus, attempted suicide is suicidal ideation that transitions to a suicide attempt (Mamabolo, 2021). A plethora of studies have documented various methods used in attempting suicide. In this regard, poisoning with pesticides, cutting, hanging with a rope, scratching, ingesting rat poison, a mixture of tablets, use of firearms, burning the tissue on one's body and overdoses of medication have been documented as common suicide attempt methods (Sekudu et al., 2016; Wasserman, 2016; Bantjes, 2017; Klonsky et al., 2017; Mamabolo, 2021). It is worth mentioning that although suicide

attempts do not result in death, their high prevalence places a significant burden on the healthcare system and social work services.

It should be highlighted that suicide attempts can be important predictors of completed suicides (Bantjes & Mapaling, 2021). This is because non-fatal suicide attempts will make subsequent attempts, with a significant fraction of these further attempts resulting in death (Sekudu et al., 2016; Wasserman, 2016; Bantjes & Mapaling, 2021). From the viewpoint of Bantjes (2017), individuals who attempt suicide are at high risk of repetition and are 20–30 times more likely than the general population to die by suicide.

This exposition is shared by Sekudu et al. (2016), who infer that increasing numbers of suicide attempts raise the risk of dying, and they are the most relevant risk factor for a completed suicide. In addition, for every suicide, approximately 20–30 times more attempts are made (WHO, 2018; Bachmann, 2018). Again, a history of failed suicide attempts remains a critical risk factor for eventual suicide (Liu et al., 2018). Drawing from the preceding inferences, the researcher argues that repeated suicide attempts can be minimised by providing adequate support and empowering families with skills and knowledge to employ when living with a person who has attempted suicide. It is evident from the literature that repeated suicide attempts can ultimately lead to suicide; therefore, empowering the family to provide support to the person who attempted suicide could go a long way in preventing further attempts.

In local, regional, and international trends, an avalanche of studies documented a high prevalence of suicide attempts among adolescents (Kapool et al., 2017; Shilubane et al., 2017; Rukundo et al., 2018; Pengpid & Peltzer, 2020; Khan, Arendse & Ratele, 2020; Reed et al., 2020; Mamabolo, 2021). However, other studies found no sex differences in people who attempted suicide (Holtman et al., 2018; Bachmann, 2018). Again, other studies did not establish any differences in the prevalence of suicidal ideation and attempts regarding marital status or educational levels (Dazzi et al., 2018; Georgina & Hetrick, 2017). On the other hand, in most countries, there is a concordance in the literature that suicide attempts are more common in younger ages and among women, while the risk for completed suicide is higher in older patients and among men (Reutfors, Andersson, Tanskanen, DiBernardo, Brandt, & Brenner, 2021).

Drawing from the preceding inferences, the researcher argues that the documentation of the demographic characteristics of persons who attempt suicide is vital for developing responsive suicide prevention strategies. However, the distinguishing feature of this study is that it focused on the families of people who attempted suicide regardless of their demographic features. Thus, the researcher saw it fit to explore the experiences of families because they are often concerned about the suicidal behaviour of their family members and in most cases, families exude fears about the risk of further suicide attempts (Frey & Cerel, 2016). The experiences of families living with persons who attempt suicide are dissected in detail in the forthcoming sections. The next section focuses on the causes of attempted suicide.

3.3 Causative factors of attempted suicide

The researcher found it imperative to describe the causative factors of attempted suicide as a way of signposting the multifaceted causes of the problem of attempted suicide worldwide. It is noteworthy that the causative factors of attempted suicide vary from place to place. However, it is imperative to explore these causes to gain an in-depth understanding of the phenomenon of attempted suicide. According to Akotia et al. (2019), it is essential to understand the causes and processes that lead people to contemplate, attempt, and commit suicide. This is because many of those who die by suicide have made previous suicide attempts (Bantjes & Mapaling, 2021), as highlighted earlier. Again, many of those who make a non-fatal suicide attempt will make subsequent attempts, with a significant fraction of these further attempts resulting in death (Frey & Fulginiti, 2017; Mamabolo, 2021). Deducing from the preceding information, it is crucial to understand the factors that contribute to suicidal ideation and subsequent transition to suicide attempts, so that complete suicide can be prevented by addressing the causal factors. From the viewpoint of Lunde et al. (2018), understanding the factors that trigger suicide attempts is critical towards developing suicide prevention and intervention strategies. On that note, the forthcoming subsections are classifications of the causative factors of attempted suicide as documented by several schools of thought. That said, it should be highlighted that the classification of the causes of attempted suicide is not a final word on what drives suicide attempts. This is because the causes differ from place to place, and are further determined by the person's economic, psychosocial, cultural, social,

environmental, psychological, and relational circumstances. The following causes of attempted suicide were identified from the literature.

3.3.1 Socio-economic factors

Scholars such as Vawda (2018) examined the linkages between suicide attempts and socioeconomic disadvantages in New Zealand. The results of the study revealed that there are elevated rates of suicide attempts among people with low economic status. Similar findings were made by LeCloux, Maramaldi, Thomas, Maramaldi, Thomas and Wharff (2017) among men in Mexico and Uruguay. In Ghana, a study conducted by Adewuya and Oladipo (2019) unearthed that attempted suicide is a function of socioeconomic stressors, which trigger depression and stress over unmet interpersonal needs. Similar trends have been found in South Africa by Sekudu et al. (2016) and Bantjes (2017), who revealed that high rates of unemployment among youths and older adults plunge them into thinking that they have been defeated by life and need help. Put differently, financial instability can drive a person to fall into a trap of frustrations owing to failure to meet their needs (Sekudu et al., 2016).

Results from a study conducted in Cape Town by Bantjes and Mapaling (2021) revealed that being unemployed was associated with suicidal ideation, plans and/or attempts. On the other hand, a study conducted in Venezuela by Holtman et al. (2018) established a relationship between low educational qualifications and suicide attempts. On the contrary, Akotia et al. (2017) argue that suicide attempts are rampant among those with high educational qualifications because when the expectation that after completing their studies, they can secure employment is not met, it triggers suicidal behaviours. This suggests that educational status does not determine whether a person will attempt suicide or not.

Furthermore, Gramaglia, Calati and Zeppegno (2019) established that non-fatal suicide behaviour was rampant as a reaction to contexts in which young men cannot work and provide for their families in Guatemala and West Indies. What should be highlighted is that in most cases, people trapped under the socio-economic quagmires present themselves as defeated by life and needing help. These describe their suicidal attempts as “giving up” and positioning themselves as overpowered, overwhelmed,

and having nothing to lose (Holland et al., 2017). As such, when confronted with frustration, some blame society and externalise aggression through self-destructive behaviours such as homicide (Akotia et al., 2019). The conundrum of not securing employment may trigger the use of alcohol and substance abuse and influence suicidal ideations and attempts.

There is robust evidence suggesting a strong link between suicidal behaviour and poverty, with unemployment as one of the factors most consistently associated with suicidal behaviour (Gramaglia et al., 2019). High rates of poverty and comorbidity between poverty and suicide mean that the general population is at an increased risk of attempted suicide regardless of whether they have a psychiatric or general health condition as well (Travis-Lumer et al., 2021). In South Africa, the unemployment rate is exceptionally high and continue to rise, obtaining a higher qualification does not warrant employment. It is worth mentioning that in South Africa, a higher number of young people with higher qualifications remain unemployed. This is confirmed by media reports time and again showing young people protesting in the streets with their academic regalia, trying to draw the attention of government to their state of unemployment. Bantjes and Mapaling (2021) confirm this situation by stating that nearly 60% of youth aged 15 to 24 are unemployed. Therefore, the notion that only those with low educational qualifications are prone to attempting suicide is contestable (Klen & Golub, 2016). Despite the latter arguments, the researcher concurs with a plethora of studies that affirm that low socioeconomic factors can trigger suicidal ideation and attempts, especially in middle-income countries. This is because people with limited access to empowerment opportunities grapple with multifarious frustrations, which may result in suicidal ideation and attempts.

3.3.2 Dysfunctional families and broken relationships

A plethora of research shows that strong familial relationships and cohesion can buffer individuals against suicide ideation and attempts (Palombi, 2018; Bachmann, 2018; Eppler, 2019; Keller & Noone, 2019; Priest, 2021). This inference is axiomatic in signposting that dysfunctional families and unstable family relationships trigger suicidal behaviour and attempts (Sekudu et al., 2016; Bantjes, 2017). Considering this, Sekudu et al. (2016) posit that unfavourable circumstances characterised by rejection

and unhealthy family relationships can ignite social isolation and loneliness, which may plunge people into suicidal ideation that might ultimately lead to attempting suicide. Similar inferences are echoed by Bantjes and Mapaling (2021), who infer that broken family relationships mean people can be devoid of reliable support systems when unpleasant life circumstances confront them. From the viewpoint of Mamabolo (2021), familial rejection in itself is a stressor that might negatively impact mental health and subsequently trigger suicidal behaviours.

There is concordance in the literature on the critical role of healthy family relationships as a buffer against suicide attempts (Son, 2019; Keller & Noone, 2019; Priest, 2021). The researcher contends that the preceding inference intuitively implies that the absence of healthy relationships within families contributes to suicide ideation and attempts. In support, Nguyen et al. (2017) posit that increased levels of support within the family system may buffer against suicide attempts while providing a nurturing environment. According to Bachmann (2018), belongingness protects against suicide attempts, whereas social isolation increases the risk of suicide. Similarly, Holtman et al. (2018) denote that family support networks provide concrete psychosocial resources and coping strategies to deal with stressors. This means that stable family relationships cultivate fertile grounds for emotional support and bolster positive self-perceptions.

Extensive research evidence suggests that those who make suicide attempts often come from family backgrounds that are characterised by a range of disadvantageous and dysfunctional characteristics, including a lack of a sense of belonging and low perceived social support (Cluver et al., 2015; Sekudu et al., 2016; Shilubane et al., 2017; Son, 2019). Deducing from the preceding inferences, the researcher contends that the absence of family cohesion and support may trigger suicidal ideation. It is also important to note that not all persons within families that are characterised by dysfunction and lack of cohesion will ultimately attempt suicide; some are resilient enough to withstand this challenge and emerge strong and successful without family support.

3.3.3 Childhood adversities

According to Bachmann (2018), childhood adversities are robust predictors of suicidal behaviour. In this view, Milojevich, Lindquist and Sheridan (2021) define adversities as harrowing experiences that destabilise an individual's emotional and psychosocial functioning. As such, these experiences can be childhood sexual, emotional, or physical abuse or physical illness. Such daunting experiences increase the risk of attempted suicide even later in life (Stanfeld et al., 2017). As Hoertel, Franco, Wall, Oquendo, Wang, Limosin, Blanco (2015) posit that childhood abuse is the adversity that presents a more significant risk for developing suicidal ideation and attempts. As such, experiences such as child abuse can trigger adverse psychological consequences in adulthood, including mood, anxiety, trauma, stress-related, and substance use disorders (Milojevich et al., 2022). There is evidence in the literature that establishes childhood abuse as a risk factor for suicidal behaviour in diverse groups (Lee, Mangurian, Tieu, Ponath, Guzman, & Kushel, 2017). Notably, results from studies conducted in different countries such as Indonesia, Nigeria, Ghana, Vietnam, Bangladesh, South Africa, Lesotho, Mauritius, and Angola established that the rates of childhood sexual abuse, adult sexual abuse and suicidal ideation, plans and/or attempts were high, with about one-third of all participants with suicidal ideation, plans and/or attempts having experienced childhood and adult sexual abuse (Stanfeld et al., 2017). Deducing from this, the researcher concludes that there is correlation between childhood adversity and suicide attempts.

Lunde et al. (2018) posit that children exposed to parental suicidal behaviour are four times more likely to report a lifetime suicide attempt than unexposed children. This, therefore, means that childhood exposure to parental risk factors is associated with increasing risks of suicide and attempted suicide (Lee et al., 2017). In older adults, Blosnich et al., (2021) infer that factors such as childhood sexual abuse and poor paternal care remained associated with increased risks of suicide attempts. What can be extrapolated from the expositions explored in this subsection is that childhood exposure to neglect and being sexually, emotionally, and physically abused, in addition to experiencing parental suicidal behaviour, predisposes young people to suicide attempts, which could continue into adulthood.

3.3.4 Personality characteristics

Scholars such as Holtman et al., (2018) postulate a symbiotic relationship between suicide attempts and a wide range of personality characteristics such as low self-esteem, impulsiveness, aggression, neuroticism, and hopelessness. According to Akotia et al., (2017), personality characteristics such as impulsivity, fearlessness, habituation to pain, trauma, and violence drive most people to act on those thoughts, which is consistent with higher rates of death by suicide in men. On that note, Frey and Cerel (2016) reported determinants of suicide ideation and suicide among young people as including psychoticism, introversion, anxiety, anger, suspiciousness, self-criticism, perfectionism, guilt, resentment and irritability (. Furthermore, four disorders have consistently been identified as making significant contributions to suicide attempt behaviour, namely: mood disorders, substance use disorders, conduct and antisocial disorders, and anxiety disorders (Holland et al., 2017). When faced with frustration, individuals may experience anxiety, depression, feelings of worthlessness, and suicidal ideation. If the individual cannot manage their frustrations, they may consider attempting suicide to be the appropriate way of escaping the situation. This, therefore, means that some people who attempt suicide have a certain individual predisposition, part of which is given by personality traits.

In addition, other disorders, including eating and personality disorders, may also contribute to suicidal behaviours (Fernandez-Cabana, 2019). Based on Tyrer, Reed and Crawford (2020), many of those who commit suicide have personality disorders. This strong association between personality disorders and suicide attempts has been found in youth, adult, and older adult populations (Akotia et al., 2017). Mamabolo (2021) explored the causes of suicide attempts among adolescents in the Tshwane District of South Africa and established that those internalising behaviours, like low self-esteem and hopelessness, had always been intimately linked with suicidal behaviours in adolescents. Arguing from this, the researcher contends that personality characteristics are dynamic and influenced by various social, economic, and cultural factors. This calls for family members to observe these personality traits in their young family members and ensure that they are provided with the necessary support, which could work against suicide attempts.

3.3.5 Health-related issues

Several scholars suggest that suicidal ideation and attempts are linked to various health-related issues (Shilubane et al., 2017; Georgina & Hetrick, 2017; Foster et al., 2018). Results from a study conducted in Ghana by Akotia et al. (2019) revealed that suicidal ideation and attempts were linked to HIV stigma. Similar observations were made by Bantjes (2017) in a study conducted in Cape Town, South Africa, where several individuals attempted suicide after having had a heart attack, angina or stroke. Again, being overweight or obese was associated with suicidal ideation, plans and/or attempts (Bantjes, 2017).

In the Limpopo Province, Shilubane et al. (2017) established that chronic ailments like asthma and sickle cell disorders, which usually necessitate frequent hospitalisation and treatment, could provoke suicidal behaviours, especially if there is associated stigma. Furthermore, Lee et al. (2017) denote that risk factors for suicidal ideation, plans and/or attempts may include people with chronic illnesses, such as epilepsy and cardiovascular disease. The researcher contends that there are still high information gaps regarding chronic illnesses in South Africa. As such, stigmatisation of people suffering from chronic diseases is pervasive to the extent of plunging those diagnosed with the illnesses into depression, which is reported to be a factor that could lead to suicide attempts.

3.3.6 Psychosocial stressors

According to Giacomo et al. (2018), exposure to daunting life events precipitates suicide attempt behaviours. Thus, exposure to adverse life events, losses, conflicts and crises, unemployment, and discrimination due to sexual orientation can destabilise the psychosocial functioning of diverse populations and trigger suicidal thoughts and attempts (Priest, 2021). Scholars such as Eppler (2019), identify factors such as widowhood, health impairments in adults, declining physical capacity, feelings of loneliness, and exposure to violence as psychosocial stressors that may precipitate suicidal attempts. On the other hand, for some people, economic difficulties mean a loss of self-worth, lack of recognition and respect from society, and even becoming outcasts (Priest, 2021). This can plunge individuals into depression, ultimately leading

to suicide attempts (Andoh-Arthur, Knizek, Osafo, & Hjelmeland, 2018). According to Cluver et al. (2015), witnessing domestic violence, past and present academic difficulties, having no close friends in school, and having problems relating to peers and teachers have been identified as the overarching factors behind suicide attempts in adolescents. Deducing from this, the researcher contends that psychosocial stressors feed into other factors, such as childhood adversities, socioeconomic factors, and personality characteristics, in scaling up the rates of suicide attempts.

3.3.7 Supernatural reasons

Other studies in Africa have reported that suicidal behaviour, along with other mental health problems, may be attributed to supernatural or diabolical influences (Grover, Davuluri, & Chakrabarti, 2016; Osafo, Agyapong, & Asamoah, 2015; Kpanake, 2018). The African cosmology is suffused with supernatural beliefs about the involvement of spiritual forces in people's mental lives and, in most cases, influences health-seeking behaviours (Akotia et al., 2019). According to Akotia et al. (2019), magic, sorcery, and witchcraft are always invoked when attributed as contributing factors to suicide and suicide attempts among Africans. In their study, Akotia et al. (2019) established that the participants blamed external forces for having affected their readiness to seek early help. However, Shrivastava, De Sousa, Shah, Campbell and Berlemont (2018) argue that people blame external forces for their actions to avoid ridicule. This is because some people resort to suicide attempts as a way of evading the shame caused by financial issues, marital infidelity, failure to pay loans, and failure to provide economically for their families. Therefore, as a way of evading social stigma, blame is shifted towards supernatural forces. In light of this, the researcher contends that the attribution of any negativity to supernatural forces cannot be taken away from most African people whose beliefs are strongly etched in superstition.

Multiple factors influence the prevalence of suicide attempts as articulated above. Suicide attempts sometimes stem from unhealthy conditions that leave individuals feeling lost and unsupported during difficult times in their lives. The family, as the primary source of socialisation, was meant to offer a safe and conducive environment for its members, but, in certain cases, the same family is a leading contributory factor to the suicide attempt. It becomes essential for families to be empowered with

problem-solving skills that may assist them in resolving family challenges. People with strong familial bonds will be able to handle or overcome challenges that may arise without feeling hopeless and attempting suicide. Social work intervention should not just centre on the person who attempted suicide but should also include their families. With strong families, the entire nation will be strengthened.

3.4 Perspectives on how families experience attempted suicide

This section documents different family experiences of attempted suicide incidence as seen by various scholars in the suicide and attempted suicide landscape. As indicated in the problem statement section of this research report, the focus is not on attempted suicide survivors but on their families, whose concerns have been systematically disregarded from the catalogue of services rendered to persons who attempt suicide, as was established by Mamabolo (2021). According to Frey, Hans, and Cerel (2016), suicidal behaviour, suicide, and suicidal attempts profoundly affect the emotional, social and psychosocial well-being of families. However, this phenomenon is still under-researched (Bantjes & Mapaling, 2021). On the same wavelength, Frey et al. (2016) note that, notwithstanding the prevalence of non-fatal suicide attempts, little is known about the experiences of the families of suicide attempt survivors. As Georgina and Hetrick (2017) posit, the role of family members in the treatment of suicidal behaviour, as well as the efficacy of their involvement, is poorly researched. The overarching aim of this study was to explore the experiences and challenges faced by families living with persons who have attempted suicide, to develop guidelines for support, as they are reportedly being left out of services rendered to persons who have attempted suicide.

In light of the above, much of the clinical research on families and suicide has focused on how to help families bereaved by suicide (Holland et al., 2017; Wilhelinn et al., 2017). Thus, only a few studies have examined family treatment for non-fatal suicide attempts (Frey & Cerel, 2016; Frey et al., 2016; Shilubane et al., 2017). Additionally, Stapley, Midgley, and Target (2016) infer that research on the experiences of families and friends is still limited in the landscape of non-fatal suicide attempts. From the viewpoint of Bantjes and Mapaling (2021), parallel to the difficulties in classifying suicide attempts, there are difficulties in describing those individuals closely affected

by suicide attempts. These may be parents, partners, children, siblings, or grandparents (Shilubane et al., 2017; Mamabolo, 2021).

Following the preceding expositions, this study documented some of the experiences of families living with a person who attempted suicide. In this regard, Adinkrah (2016) infers that the aftermath of a suicide attempt is also a difficult and emotional time for those who love and care for the person. In this view, feelings such as anger, fear, shock, and questioning why the suicide attempts occurred are commonly experienced by close family and friends. Despite such harrowing experiences, it is important to note that partners, parents, siblings, friends, and colleagues of the attempted suicide survivor are left mainly unsupported by several services (Frey et al., 2016).

A study conducted among families living with a person who had attempted suicide in Brazil by Martins Junior, Felzemburgh, Dias, Caribé, Bezerra-Filho and Miranda-Scippa (2016) revealed that family members often have a list of many unanswered questions about the suicide attempt, how to navigate the myriad of services and professionals that exist in the community to support suicidal individuals and are also most likely in need of support themselves. In Scotland, Brausch, Muehlenkamp, Fergerson, Laves, Whitfield and Clapham (2022) established that families of suicide attempt patients may have tendencies to be disorganised, unstable, concrete thinking, inflexible and rigid. Furthermore, they tend to have poor problem-solving skills and poor family communication skills in the aftermath of a suicide attempt.

This means that having a family member who attempted suicide disturbs the stability of the family as a whole and forces it to reorganise and use its strength to support the survivor of the suicide attempt. In this process, the other family members neglect their emotional and psychological well-being, as the focus is always on the survivor. Furthermore, in Sri Lanka, Knipe, Gunnell, Pearson, Jayamanne, Pieris, Priyadarshana, and Metcalfe (2018) discovered that family members were working to manage the feelings of the individual who attempted suicide and to ensure that they obtained the necessary resources to prevent future occurrences, while simultaneously going through their grief. Another study conducted by Chen, Zhu, Wright, Drescher, Wu and Broome (2019) among Chinese adolescents revealed that the parents did not

have a background in psychology services and were not knowledgeable in navigating the complexities of the mental health system.

In Zimbabwe, a study by Chipalo (2024) established that suicide attempt engenders stress and distress in significant others. While most family members and significant others felt sympathetic towards the person who attempted suicide, some felt angry and guilty. Lee, Massetti, Perry, and Self Brown (2022) infer that in most families in Zambia, a series of family routines and functioning changes were experienced after a suicide attempt. These included changes in family routines because of the person who attempted suicide's compromised level of functioning; and feelings of anger, frustration and irritability in family members because of the disruption caused to the family. Feelings of guilt and blame, feelings of resentment and shame because of the suicide attempt and of the impact on the family and heightened feelings of anxiety and fear about further suicidal behaviour.

In South Africa, Bantjes and Mapaling (2021) observed that the families of persons who attempted suicide, particularly adults, may feel hostile and fearful towards the person who attempted suicide and may request that the members who attempted suicide be removed from the family environment to a place of respite or clinical care. Again, in Nigeria, Oluwabiyi, Agboke, Oduniyi and Odejobi (2024) found that suicide attempts were highly 'disruptive' events in the families' lives, and the group conversations contained numerous instances where the participants attempted to manage societal reactions and repair the disruption. The participants' accounts were focused on legitimising their roles as morally adequate and responsible parents who should not be held responsible for their son or daughter's unhappiness and socially disturbing behaviour.

According to Frey et al. (2016), parents of adolescents who attempt suicide may feel ashamed. On top of that, they may even be confronted with indirect accusations of poor parenting practices by friends, family and even mental health professionals. Thus, the child's disruptive behaviour and the suicide attempt are always regarded as a moral stigma for the whole family, which the parents were expected to have sorted out or prevented (Revah-Levy, 2015). As Olabi et al. (2015) put it across, families of a person who attempts suicide find themselves in a state of emotional turmoil

characterised by anxiety, post-traumatic stress, fear, guilt, sadness, surprise, shock and anger. Others experience a sense of failure, isolation, rejection, incomprehension and feelings of helplessness.

In Ghana, Asare-Doku et al. (2017) found that social withdrawal is evident in cultural contexts where suicide is stigmatised and considered taboo. Based on this exposition, most families may not be comfortable revealing the suicide attempt to community members. Goldstone and Bantjes (2019) found that people who attempted suicide in South Africa endure considerable rejection and stigmatisation attributed to conservative beliefs about suicide. This transcends to the families of the attempted suicide survivors. Extrapolating from the submissions made in this section, the researcher denotes that various case examples converge in signposting the need to include families of persons who attempt suicide in the catalogue of services dedicated to attempted suicide patients.

This is because families experience an array of emotional malaise and instabilities following the attempted suicide experience. Noting the contributions of numerous scholars from different nations in this section, the researcher concludes that there is a huge need to involve families of those who have attempted suicide, in the social work intervention process, as they are largely excluded. The researcher agrees that, based on his experience delivering services to people who attempted suicide, a platform should be established that allows family members to participate in the treatment plan of someone who attempted suicide, where they will be allowed to express their emotions and be supported by the professionals. The following section focuses on family needs after an attempted suicide has occurred.

3.5 Family needs after attempted suicide

The specific needs of families and significant others remain underexplored in the literature. As such, the psychosocial needs of families whose members have attempted suicide have not been addressed by research studies (Reva-Levy, 2015). Similarly, Levine and Sher (2020) posit that there is little published literature addressing the impact of suicide attempts on families and significant others or exploring the needs of families and significant others for support after suicide attempts.

From the viewpoint of Grany et al. (2015), healthcare professionals should address potential barriers to family-centred care and, when clinically appropriate, involve the family in the care of the people at risk for suicide attempts. Lee et al. (2021) echo similar sentiments by alluding that the issue of providing support for family members and significant others after a suicide attempt appears to be almost always obscured by the immediacy and urgency of addressing the treatment needs and further suicide risk of the person who attempted suicide. This justifies the importance of contact with and providing support for significant others after a suicide attempt (Wetherall et al., 2018).

This implies that families are essential in the broad spectrum of understanding the causes of attempted suicide and aftercare plans to be fostered. The family systems theory also views families as a cradle of the interactions between members, which are essential in understanding the behaviour and emotions of individuals, including suicidal ideations (Keller & Noone, 2019). Furthermore, the family systems theory posits that everything that happens to a family member has an impact on everyone else in the family. That said, the theory hinges on the fact that individual human beings are therefore inextricably tied to their families (Frey et al., 2016). This is because family members are interdependent and interconnected and operate as a family system or as a group (Eppler, 2019). This implies that when dealing with attempted suicide, the focus should be on the needs of persons who attempted suicide and the specific needs of the family as whole, as well as the individual members, and not only on the person who attempted suicide. In light of the preceding, the literature review presents the following as part of the essential services to be rendered to families after a suicide attempt.

3.5.1 Counselling for family members

According to Adinkrah (2016), in most cases, families with a member who has attempted suicide demonstrate a willingness for joint counselling with the person who has made the suicide attempt. This demonstrates that families and significant others require professional support after a suicide attempt (Chipalo, 2024). According to Holland et al. (2017), people who have experienced a suicide attempt require counselling services that include skill-building on how to manage difficult

conversations with their loved ones, tips on how to care for themselves during this very stressful time, and information on where and how to access support services.

As Stapley et al. (2016) posit, counselling services to families after a suicide attempt are essential for promoting emotional well-being, preventing future suicide attempts, fostering understanding, and supporting the healing and recovery of both individuals and family systems. Similarly, Reva-Levy (2015) believes that through counselling services, families can break the cycle of self-destructive patterns and promote healthier behaviours and coping mechanisms. The researcher infers that counselling services foster healing and wholeness in families grappling with psychosocial destabilisations caused by the suicide attempt by one of them. Through counselling, the family members may be helped to develop an appropriate perspective of the reality that they are facing. By having an appropriate perspective, they will be able to deal with this reality accordingly. Counselling may equip the family members with the necessary coping skills for them to be able to face other challenges that may come their way.

3.5.2 Support and information about coping with suicidal behaviour

Several studies report that families of persons who attempted suicide strongly need information and support (Frey & Cerel, 2016, Frey et al., 2016; Holland et al., 2017; Bantjes, 2017). This exposition is supported by the findings made by Akotia et al. (2019) that most families and significant others understood the messages and threats of the person who ended up attempting suicide but responded with 'near-total silence'. This suggests that they felt ill-equipped and/or powerless to react to suicide threats. Bantjes and Mapaling (2021) concluded that families and significant others should be helped to be supportive without being controlling. Lee et al. (2022) denotes that families of those who make suicide attempts need information about their relatives, treatment and management to be able to offer the necessary support, ensure safety, and access help in times of crisis. Healthcare staff meeting with families and significant others can provide this information in person. According to Chipalo (2024), information can also take the form of written material about suicidal behaviour, warning signs of suicide, typical family responses after a suicide attempt, and information about how to support and seek help for someone who is suicidal. Adinkrah (2016) infers that, given

the strong linkages between depression and suicidal behaviour, it is also appropriate to make available similar information about depression.

The researcher opines that support systems on how to cope with suicidal behaviour go a long way in assisting families to respond effectively when one of their members has attempted suicide. The relevant information will equip the family members to know what to expect and how to respond, instead of feeling guilty or judgmental towards the one who attempted suicide. Knowledge on the risk factors and suicidal behaviour is also needed to alert the family to be on guard, so that intervention could be sort timeously. As the saying goes, knowledge is power, the family members will not feel powerless, but ready to deal with what they are facing appropriately.

3.5.3 Involvement in care and management plans

According to Reva-Levy (2015), it is important to involve the families of those who have attempted suicide in the care and management plans. This is important in equipping families with information on improving their relationship with the patient and follow-up on care and treatment plans (Wetherell et al., 2018). As Stapley et al. (2016) posit, involving families in the care and management plans of people who have attempted suicide makes it possible to create a holistic approach that encompasses the individual (suicide attempt survivor) and their support systems. This also creates fertile grounds for collaborative efforts that enhance the overall well-being of the person who attempted suicide while promoting a more comprehensive and sustained process (Frey et al., 2016; Lee et al., 2022). Chipalo (2024) weigh in by alluding to the fact that the involvement of families can provide practical assistance in ensuring medication compliance and attending therapy sessions.

In light of this, the researcher infers that by involving families in the care and management plans of those who attempted suicide, professionals can better understand the individual's social context, family dynamics, and potential stressors or triggers. Furthermore, effective family involvement in the care and management plans of a person who attempted suicide is an important area of practice that may assist in the prevention of the recurrence of suicide attempts. The family must not only be involved in providing information about the member who attempted suicide but must

be fully involved in the treatment plan as well as the aftercare plan. This will enable them to understand the treatment plan and take ownership of the process, something that can facilitate the healing process for them as well as the member who attempted suicide.

3.5.4 Support in managing repeated suicide attempt behaviour

Adinkrah (2016) argues that most people who make suicide attempts are discharged home to their family's care directly from the Emergency Department, or after a short period of respite care or hospitalisation. Therefore, relying upon significant others and families to care for patients without considering their ability to provide care and support can create a potentially unsafe environment for both the patient and family members (Holland et al., 2017), which might lead to the adverse results of repeated attempts. This is confirmed by Frey et al. (2016), who argue that a significant proportion of those who make an initial suicide attempt will make further attempts. This repetitive aspect of suicidal behaviour has implications for family members regarding their need for support and assistance to manage this behaviour (Adinkrah, 2016). In this view, the researcher argues that there is a need for comprehensive support systems for families to develop techniques to manage repeated suicide attempts if they occur, but it is also important to prevent them.

As alluded to earlier, without appropriate information, the family members will not be able to provide the needed support, which could lead to repeated attempts; therefore, the family needs to be equipped to observe the behaviour that could lead to a suicide attempt and address it appropriately. In case the person manages to repeat the suicide attempt, the family will be equipped to support him/her, instead of harbouring guilt feelings or being judgmental. In repeated suicide attempts, the absence of an adequate and stable support system might represent a risk factor for the use of dysfunctional coping mechanisms in the presence of negative life events. The researcher is of the view that families should be equipped with the necessary knowledge and skills to support a family member who has tried suicide following discharge.

The support that families might require when faced with living with a member who attempted suicide includes assistance in encouraging the patient to learn and adopt constructive ways of expressing distress or solving problems rather than making suicide attempts or threatening suicide (Olabi et al., 2015; Chipalo, 2024). Taken together, the preceding inferences suggest that the needs of significant others and families of those at risk of suicide and those who have made suicide attempts include information and professional support after a suicide attempt; specific information about how to protect and care for their family member; and how to access the health care system for help when necessary, especially in crises, joint counselling with suicide attempt survivors, where possible.

The researcher contends that the expositions encapsulated in the preceding discussion give credence to some of the tenets of the family systems theory, which was utilised to highlight the importance of families in understanding the dynamics of suicide attempt by one of its own. In this view, the family systems theory posits that it is vital to engage the family in the therapy process of para-suicide and pay attention to the needs of the family (Keller & Noone, 2019). This is because families do experience emotional distress, which may degenerate and create further distress for the suicide attempters, which may lead to suicide completion (Maple et al., 2017; Mamabolo, 2021; Epplar, 2019). It can be posited that the family context is a major suicide prevention resource; hence, families must be equipped on how to identify warning signs, as well as how to manage their own stress of being aware of the suicidal attempt of their relative.

3.6 Services to families: interfacing social work roles with attempted suicide

According to Maple et al. (2017), social work scholarship on suicide and attempted suicide is limited, with only a few theoretical perspectives guiding inquiries on suicide and attempted suicide. The results of the systematic review conducted by Sheba et al. (2019), demonstrate the need for the social work profession to enhance and develop social work education and a curriculum promoting suicide education. Given that social workers are the largest provider of mental health services, social workers must enhance leadership in this area and provide the unique professional perspective that social work's presence has with this pressing social problem (Sekudu et al., 2016;

Amelda, O'Brien, Gironda & Gross, 2017). This is because suicide and attempted suicide are public health issues that affect everyone: friends, families, providers of resources, and the public in general (Cluver et al., 2015). As Mamabolo (2021) posits, there is a dearth of knowledge among current and future social work practitioners about the epidemiological trends in suicidal behaviour.

It is noteworthy that the International Federation of Social Work (2016) consistently promoted continuing education to ensure that social workers are abreast of all social problems in the field. In aligning itself with the international practice, the Professional Board of Social Work (2019), under the auspices of the South African Council of Social Service Professions, established a system of continuing professional development to enhance and ensure the quality of social work services. However, according to Khan et al. (2021), what is lacking is education on suicide and attempted suicide. Some countries, such as the United Kingdom, Australia, Canada, New Zealand and the United States of America, made a commitment that requires social workers to be educated on risk factors related to suicide and attempted suicide (Alabi, 2022). Bantjes and Mapaling (2021) lament that the lack of suicide prevention programs and education on suicide in social work programs is troubling in South Africa.

This situation emanates from the fact that social work training at the undergraduate level cannot accommodate all the aspect pertaining to human life and its challenges. The curriculum is aimed at covering the basics only, given the limited timeframe for completion of the undergraduate degree. As a result, social workers obtain their qualifications as generalist practitioners, without any specialisation in specific areas of practice. Specialisation comes only at the master's level, therefore, it is important for social work practitioners to engage in the process of mandatory continued training, for them to be equipped with the necessary knowledge and skills in their specific fields of practice, including mental health issues. The South African Council for Social Service Professions must be applauded for recognising this gap and mandating that continued training be done by all social service professionals, to ensure that they are updated on the developments in the field, including the gaps that could not be covered by their training for undergraduate qualifications.

According to Omokhabi and Omokhabi (2023), countries such as the USA and the UK have more clinically trained social workers, about 200,000, than psychiatrists and psychologists. The same cannot be said for South Africa. As already indicated, South African social workers are trained to be generalist practitioners and only become specialists at the postgraduate level of education; therefore, not all social workers get a chance to learn about mental health issues, including suicide and attempted suicide. To confirm this assertion, Mamabolo (2021) argues that it is not far-fetched to infer that most practising social workers, if not all, did not take classes that address suicide, attempted suicide and suicide prevention (Alabi, 2022). This is against the backdrop that social workers encounter suicidal persons in their daily discharge of duties, therefore, need to be equipped to provide appropriate interventions. Omokhabi and Omokhabi (2023) posit that social workers are crucial in developing and implementing suicide prevention programmes. Based on the provided information, the researcher infers that social workers are the most abused resources because they are expected to perform miracles, they are expected to be knowledgeable in all areas.

Moreover, their underutilisation can be attributed to the perceptive marginal role which stems from the passive social work education on attempted suicide. As such, social workers find it difficult to find traction in the system and mark their significance in the suicide and attempted suicide discourses. That said, it becomes very important for social workers to engage in CPD training opportunities, to learn more about the fields of practice in which they find themselves. Since social work knowledge, skills, and values are concerned with the well-being and healthcare of families and individuals, social workers must also know culturally appropriate interventions for those at risk of suicidal behaviour (Amelda et al., 2017).

On the same wavelength, Washington, Albright, Oliver, Gage, Lewis, and Mooney (2016), note that social workers should develop their skills for working with suicidal individuals to intervene in crises and make culturally appropriate referrals for treatment. From the viewpoint of Mamabolo (2021) the lack of suicide education is alarming in South Africa and should be addressed by social work education programs. Similar sentiments are shared by Levine and Sher (2020), who allude to the fact that social work students should be trained to conduct qualitative, quantitative, and mixed-methods research on suicide and attempted suicide. In addition, Bennett and Joe

(2015) agree that human service professionals should be cognizant of the risk factors, such as self-blame, depression, lack of support, and increased aggression, associated with suicide risk and work to address them through evidence-based practice, prevention, and intervention methods.

In South Africa, Bantjes and Mapaling (2021) observed that family members are often not included in public policies that are geared towards suicide prevention. In the same vein, despite concomitant interventions made by social workers on people who attempted suicide in hospitals, there is no policy about further intervention or follow-up (Alabi, 2022). To make matters worse, there are no specific social work guidelines to provide additional resources specifically for families (Sheba et al., 2019). Alabi (2022) further asserts that in most cases, suicidal people have unique family environments; it may be that having a higher level of familial support has a more significant impact on long-term outcomes for this population. According to Reed et al. (2021), the phenomenon of suicidal behaviour and attempts warrants more research from a social work perspective on what protective factors have been found to protect against suicide attempts and completed suicide. With reference to the preceding discussion, the results from the literature review on the roles of social work in attempted suicide cases suggest that social workers can render the following services to families.

3.6.1 Family educational programmes

Since community education is central to the social work profession, social workers must scale up family education programmes on how to deal with suicidal behaviour and the aftermath of suicide attempts (Maple, 2017). Such family education programmes are poised to improve coping skills and enhance family well-being following a suicide attempt (Alabi, 2022). From a social work point of view, the primary aim of family education programmes is to be educational and supportive for the family (Cluver et al., 2015; Khan et al., 2021). In this regard, family education programmes differ from family psychoeducational programmes, which combine educational and therapeutic strategies aimed at enhancing the family's communication and coping skills (Maple, 2017). Conceptually, the basis of family education programmes lies in health education, rather than family therapy (Maple, 2017; Mamabolo, 2021). Bantjies

(2017) reiterates the importance of family support in preventing suicidal ideation and attempts. That said, Amelda et al. (2017) state that increased levels of support within the family system may buffer against suicide while providing a nurturing environment.

Social workers need to be willing to take both a macro and a clinical stance on suicide prevention (Maple, 2017). Social workers need to educate not only the at-risk individuals but also all the individuals involved in their lives. Therefore, by educating the entire community, social workers establish a network in the community that can initially intervene with at-risk people and link them to professional resources for help (Sheba et al., 2019; Levine & Sher, 2020). According to Alabi (2022), the families of those who make suicide attempts need information, access to clinical guidance and advice, access to help in crises, access to respite care, and emotional support. For some, counselling and learning problem-solving or stress management techniques may also be useful (Cluver et al., 2015; Bantjes, 2017; Khan et al., 2021; Alabi, 2022; Shilubane et al., 2017). Put together, the researcher argues that there is a strong consensus that all families and significant others will likely benefit from enhanced knowledge about suicidal behaviour, treatment approaches, management, health and related services available to families by social workers.

3.6.2 Provision of information, guidelines and resources

According to Mamabolo (2021), policy guidelines or frameworks for persons who attempt suicide are yet to be developed by social workers. In justifying the need for guidelines and resources to families, Khan et al. (2021) infer that families and significant others' needs for information extend to written information and resources. Such information may supplement information provided in meetings or support groups and may be provided as resources or handbooks given out after a suicide attempt from health care settings or as health information handouts available from general practitioner consulting rooms. The toolkit of written information and guidelines may equip families with psychosocial intervention skills and how to engage with a member who has attempted suicide in a bid to curtail future attempts (Sheba et al., 2019). Drawing from this, the researcher argues that written information and guidelines on how to deal with a family member who attempted suicide must accommodate all

indigenous languages of the local community, for easy comprehension and applicability of the information.

This is based on the low level of education amongst the society members of African descent in South Africa, who might not understand material written in English. Material presented in drawings may go a long way in facilitating understanding of the message portrayed. Notably, written information, guidelines and resources provide families with information about accessing help in crises (Cluver et al., 2015; Sheba et al., 2019). As Alabi (2022) posits, if families are provided with information about how to give help to someone who is suicidal and how to secure professional help, they may feel less helpless and powerless. Therefore, social workers must take a frontline role in this initiative and ensure that the information they share is based on empirical evidence.

3.6.3 Public education programmes to reduce the stigma of suicide and attempted suicide

Public education campaigns to reduce the stigma of attempted suicide and completed suicide are needed to provide support to families of individuals with suicidal behaviour. In the same vein, such services can assist those who attempted suicide by changing public and health care providers' perceptions of, and attitudes towards their treatment and management (Levine & Sher, 2020; Khan et al., 2021). According to Bantjes and Mapaling (2021), social workers need to explore this area and determine the safest and effective approaches to public awareness about suicide prevention, and to develop public health messages about suicide prevention.

The researcher is of the view that, social workers are duty-bound to ensure that there are community programs that address the stigma attached to suicide and attempted suicide and further inculcate life skills such as coping and problem-solving to prevent suicide ideation and behaviour in the communities they serve. Furthermore, social workers can capitalise on the community education approach and educate the public about suicide risks. This model is used to empower communities and promote positive social change (Liddell & Lass, 2019). As such, it is important for lifelong learning and is crucial for awareness raising and influencing action (Rambaree & Powers, 2022). To this end, social workers engage in community education to prevent social ills,

promote and enhance overall well-being (Dhavaleshwar, 2016). By using the community education model, social workers can equip community members with the necessary knowledge, skills and insights to function optimally in the community even in the face of ills such as attempted suicide (Medina, Cosby & Grim, 2020). Through the community education model, social workers can educate family members and caregivers of persons who attempt suicide on how to cope with stressful situations such as feelings of isolation and being stigmatised.

The researcher further contends that social work roles as educators and providers of psychosocial support serve as strong support systems to family members and caregivers who may struggle with anxiety towards the situation. Overall, community education programs may generate positive caregiver attention towards persons who have attempted suicide. Following this view, social workers should participate in community programmes to educate the public about the effects of suicide or suicide attempts on the individual who attempted suicide and their significant others. Social workers can provide this awareness in schools, clinics, and other public places. Understanding the significance of social media, they can contribute to the subject by delivering education on local and national radio stations and television.

On the 10th of September 2023, the Gauteng Department of Education, in collaboration with the South African Depression and Anxiety Group (SADAG), visited schools throughout Gauteng Province to promote awareness about the causes of suicide and suicide prevention. The awareness campaign targeted not only students, but also parents/guardians/caregivers, to ensure that they are aware of the warning indicators. This was done against the backdrop that the 10th of September marks World Suicide Prevention Day, a global event organised by the International Association for Suicide Prevention (IASP) and endorsed by the World Health Organisation (WHO). The researcher acknowledges the significance of this day as it assists in outlining measures which should be taken to address the scourge of suicides and suicide attempts. The main thrust of the day is to disseminate information about the causes of suicide and attempted suicide, and how to prevent suicide. Furthermore, the day is poised to raise awareness about the language to use when referring to attempted suicide and suicide. It would be more beneficial if this was done throughout the year and not only on one day, to ensure that many community members are informed on

the issues of suicide and attempted suicide. This once off event cannot be expected to bring about the needed change, a continuous effort on sharing this information is needed for an impactful result. This challenges social workers to be intentional in engaging themselves in sharing the information on suicide and attempted suicide, for the communities to be equipped to deal with stressful situations without developing suicidal thought or behaviour.

3.6.4 Empowerment and aftercare plans

Results from a study conducted by social workers with families living with persons who attempted suicide in Australia by Imelda and Machdum (2024) revealed that families of persons who attempted suicide wanted to be included in developing treatment and care plans, since most of those who make suicide attempts are discharged home soon after the attempt. On that note, families become their de facto caregivers and assume responsibility for their care and safety, despite reporting that they feel they lack adequate knowledge, skills and support for this task (Alabi, 2022). According to Khan et al. (2021), there is promising evidence that involving the family in developing care and treatment plans for suicide attempt patients reduces family stress and burden.

The researcher is of the view that this approach could be of more value because the family knows itself more than the service providers, therefore, it knows what will work and what would not work. As a result, the treatment and care plans would be developed in a way that would ensure success, unlike the plans developed without the family, that are imposed by the service providers. As such, the researcher argues that social workers must embrace the best practice guidelines for treating people with suicidal behaviour to support this approach and recommend the involvement of family and significant others in developing care and treatment plans, where appropriate. Social workers need to take the initiative within the multi professional teams in hospitals, to make other team members aware of the need to include families in developing the care plan. This could be more beneficial when applied with the principle of individualisation, because each family is unique and its way of doing things will be unique. Therefore, considering this uniqueness will enhance the ownership of the process and commitment of the family.

To ensure that families are actively included in the development of treatment and care plans, the aftercare plan should be developed after discharge. Other scholars regard this as safety planning (Mehlum & Mork, 2016). In the social work literature, the process is regarded as postvention (Omokhabi & Omokhabi, 2023). In dissecting the aftercare plan, Mehlum and Mork (2016) denote that emergency medical centres and general hospitals should devise and implement written guidelines that outline the procedures and distribute responsibilities for the aftercare and management of persons who attempted suicide. Based on the preceding information, the aftercare plan should be devised and agreed upon while the patients are still in the hospital (Gorman et al., 2023). Scholars such as Gohara (2020) denote that the aftercare plan should involve families and caregivers to ensure that there is collaboration. This is because families can provide a powerful function in protecting against suicide risk.

Furthermore, when family members are actively involved in the recovery of their loved one following a suicide attempt, they can be a protective factor in preventing repeated suicide attempts (Mehlum & Mork, 2016). Moreover, families can gather information about family-related events that triggered the suicidal crisis (Mehlum and Mork, 2016). This information can uncover underlying stressors or interaction patterns that contribute to emotional discomfort, enabling both the family and healthcare providers to address these concerns through enhanced communication, conflict resolution, and support techniques. In this process, the family emerges as a crucial ally in mitigating future risks and fostering sustained healing. This gives credence to the underpinnings of the family systems theory, which posits that individual behaviour and, in this case, suicidal ideation and attempted suicide cannot be understood in isolation but should be examined as part of a larger system of which they are a part (Son, 2019). The theory further posits that humans are social beings whose multiple needs are met within a family structure (Mamabolo, 2021).

Put together, the information converges in affirming the essentiality of involving families in developing and implementing postvention measures. Not disregarding the importance of families in the aftercare plans is another mechanism of ensuring that the families of persons who attempted suicide develop resilience. This argument draws from the tenets of the resilience theory, which focuses on the capacities or abilities required by families to bounce forward in the face of adversity and in this case,

shock that emerge from having a family member who attempted suicide. The researcher argues that the resilience capacities can be easily developed by these families when they are intrinsically involved in all the processes meant to prevent future suicide attempts.

In the postvention processes, social workers may perform home visits for families that reside not far away from the hospital, if possible. Telephonic communication and other media platforms may also assist in ensuring that both the individual who attempted suicide and their significant others are included in the development of a treatment plan and care.

3.6.5 Support groups

The importance of support groups as a way of supporting families with a member who attempted suicide has been lauded in the social work literature (Shilubane et al., 2015; Shilubane et al., 2017; Khan et al., 2021). Results from several studies conducted on families living with a person who had attempted suicide indicated that they would like to meet with other families that share similar experiences (Maple, 2017; Sheba et al., 2019). Within social work, support groups provide opportunities for learning from others' experiences and for drawing support and understanding (Shokane, 2018). As such, support groups may be established by professionals in the field or by families with personal experiences who are interested in meeting others with similar experiences (Maple, 2017). An extensive social work literature about support groups for families of people grappling with diverse social ills suggests that support groups improve families' knowledge and understanding of illnesses, increase their knowledge of available services and their ability to access these services (Sheba et al., 22019; Alabi 2022). Furthermore, support groups improve their coping and problem-solving capacities related to their relative's illness and promote personal well-being and social support (Levine & Sher, 2020; Khan et al., 2021; Alabi, 2022).

In addition, support groups would appear to offer some promise for meeting some of the needs for knowledge, guidance and support that the families of patients who attempted suicide express (Makhubele et al., 2022). Extrapolating from this, the researcher infers that families of those who attempt suicide may derive some support

from sharing their experiences in support groups with others with similar experiences. The fundamental duties of social workers in support groups are to identify individuals in need of support and link them with other group members. Furthermore, social workers assess the needs, circumstances, and support systems of the group and assist them in determining achievable, actionable goals and plans to meet them.

3.7 Chapter summary

This chapter provided a synoptic discussion of attempted suicide and its dynamics. The discussion hinged on the conceptualisation of the attempted suicide phenomenon; its prevalence and the challenges associated with the absence of reliable data on suicide attempt cases across the divide. As a way of signposting the pervasiveness of the attempted suicide conundrum, the chapter navigated the causative factors of attempted suicide. In this view, classifications of the factors that ignite suicidal behaviours and attempts were provided. Furthermore, the chapter dissected the diverse family experiences with attempted suicide as documented by several schools of thought worldwide. This was meant to signpost the imperative need to include families in the catalogue of services rendered to persons who attempt suicide. An array of reasons was provided on why families should be involved. Lastly, the chapter dissected the role of social work in the attempted suicide phenomenon, particularly in dealing with families.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 Introduction

This chapter presents a comprehensive discussion of the methodology that was adopted in executing this study. The chapter outlines the steps followed by the researcher in the entire research process. On the same note, the chapter presents the justification for adopting the research paradigm, methodology, research designs, sampling methods, data collection, and analysis, further outlining how these were applied. Furthermore, the chapter succinctly describes how the trustworthiness of the study was ensured.

4.2 Research paradigm

Research paradigms anchor any research process (Krauss, 2015). In this view, research paradigms can be understood as a set of common beliefs and agreements scientists share on how problems can be understood and addressed (Perera, 2018). From the viewpoint of Kivunja and Kuyini (2017), research paradigms represent a philosophical way of thinking. As Creswell and Creswell (2017) posit, paradigms are philosophical worldviews that the researcher holds to understand what needs to be studied, the ways to be employed in studying the phenomenon, and how the results of the study should be interpreted. In addition, Kumatongo and Muzata (2021) infer that paradigms represent the researcher's epistemological, methodological, and ontological worldviews or orientation. It is the choice of paradigm that sets down the intent, motivation, and expectations for research (Krauss, 2015). Without adopting a paradigm, as the first step, there is no foundation for subsequent choices regarding methodology, design and method (Okesina, 2020).

Ugwu, Ekere, and Onoh (2021) provide the classification of paradigms. On that note, the scholars mention interpretivist, critical theory, positivist and constructivist research paradigms as common paradigms in research. The description of all paradigms is beyond the focus of this chapter. Instead, the researcher describes the interpretive paradigm as having informed the philosophical foundation of this study. According to Alharahsheh and Pius (2020), the interpretive paradigm is concerned with the

subjective experiences of individuals, emphasising the importance of context and the role of human interpretation in shaping social reality. The interpretive paradigm believes that the researcher's quest to understand social reality is regarded as interpretive. This is because reality is socially constructed by humans (Ryan, 2018; Creswell & Poth, 2018). Put differently, interpretivist researchers derive their constructions of social reality through an in-depth naturalistic investigation of a phenomenon (Kivunja & Kuyini, 2017). Notably, interpretivists view knowledge as subjective, as well as culturally and contextually situated, based on people's experiences and their understanding (Ryan, 2018). By embracing an interpretive epistemology, the researcher recognises that the knowledge produced is contingent upon the context and influenced by participants' interpretations of their experiences.

Based on the preceding exposition, Kumatongo and Muzata (2021) opine that interpretivists attempt to derive their constructs from the field through an in-depth examination of the phenomenon of interest. This philosophical orientation enabled the researcher to engage with the participants in their natural settings to solicit their views and experiences about the conundrum of attempted suicide. Since an interpretive perspective shaped the study's epistemological foundation, it placed significance on comprehending the subjective meanings and experiences of individuals within their specific social contexts. This study drew from the inferences by Krauss (2015), who posits that the interpretive paradigm enables researchers to treat the context of the research and its situation as unique, considering the given circumstances associated with it as well as the participants involved. On that note, the researcher individualised every participant and treated each data collection session as a unique platform for establishing the worldviews of participants regarding the subject matter of attempted suicide.

From the viewpoint of Ugwu et al. (2021), interpretivists employ methods that enable them to generate qualitative data that is describable. As such, methods that yield qualitative data include open-ended semi-structured interviews, focus group discussions, field notes, observations, and document analysis. Extrapolating from the preceding assertion, it is worth noting that the interpretive paradigm informed the adoption of the qualitative research approach, complemented by semi-structured interviews as a data acquisition method. These are elucidated in detail in the

forthcoming sections. Notably, the forthcoming sections will presciently elucidate how the interpretive paradigm informed the selection of the qualitative methodology, the research designs, sampling, data collection and analysis methods.

4.3 Research methodology

Following the selection of the interpretive paradigm as the guiding philosophy of the study, the researcher had to consider the appropriate research methodology. Before delving into the details of the methodology adopted in this study, this section provides an overview of a research methodology as several schools of thought define it. According to Rubin and Babbie (2016), research methodology is a process whereby methods, techniques, and procedures are utilised to implement the research design, underlying principles and assumptions. Creswell and Poth (2018) postulate that research methodology is the procedural application of rules and appraisal of research methods and the authentication of the data gathered, where the research design serves as the plan.

Deductively, the above explanations could be interpreted as an inference that research methodology is about scientific methodological processes, principles and rules adopted by a researcher when engaging in any research inquiry. The researcher asserts that research methodology involves rigorous steps to be adhered to by the researcher. This study adopted the qualitative research approach, which is based on the interpretive paradigm and focuses on understanding the social world and the meanings individuals attach to their experiences (Rubin & Babbie, 2016; Braun & Clarke, 2019). The following subsections provide descriptions of the characteristics of the qualitative approach, its principles, justification of its use and its data-acquisition methods.

4.3.1 Qualitative research approach

According to Creswell (2017), qualitative research is a situational activity where the researcher is situated in the practical context of the phenomenon and where interpretative material practices are available to make the world understandable. Furthermore, Charmaz (2020) postulates that in qualitative research, the phenomena

are explored and described in a natural setting where interpretations and meanings which people attach to them are construed. This is corroborated by Creswell and Poth (2018), who assert that when embarking on qualitative research, researchers are interested in establishing and learning about people's experiences, how they interact with their social world and the meanings they derive from such interactions. The researcher selected the qualitative approach because of its advantages towards meeting the objectives of the study, where the researcher aimed to solicit the views of participants in a natural setting and learn how they interpret their experiences. As Clarke (2019) puts it across, in qualitative research data is collected in a natural setting, and interest is hinged on meanings, perspectives, perceptions and understanding of the phenomenon by participants. Furthermore, Denzin, Lincoln, Giardina and Cannella (2023) allude that qualitative research is highly inductive, and it provides textual descriptions of how people experience the subject matter of research.

It should be noted that this study required information about the experiences and challenges of families living with persons who attempted suicide and the insights of social workers about the subject matter that was solicited in a natural setting. This necessitated the adoption of the qualitative research approach. In support of the latter, Charmaz (2020) posits that qualitative methods yield data about human views on the subject matter of concern, that is, the often-contradictory behaviours, relationships of individuals, beliefs, emotions and opinions. Notably, the adoption of the qualitative research approach enabled the researcher to get exposed to the above-mentioned components in an interactive setup with the participants. Denzin et al. (2023) denote that qualitative research aims to achieve a comprehensive understanding of a phenomenon by directly engaging with it. This exposition enabled the researcher to directly engage with the participants through flexible data acquisition methods, namely, semi-structured interviews, whereby the subjective experiences of families living with persons who attempted suicide and the views of social workers were captured. Overall, the qualitative research approach was adopted because of the following characteristics:

- **Qualitative approach as naturalistic**

Qualitative research has the natural setting as the direct source of data. In this regard, the qualitative research approach is concerned with lived and real-life experiences and situations as they are created in the day-to-day course of events (Creswell, 2016; Creswell & Creswell, 2017). Clarke (2019) underscores that in qualitative research; a naturalistic approach is adopted in a quest to understand the phenomenon in the context where the natural world settings are free from manipulation by the researcher. Furthermore, the naturalistic approach is premised on attempts to explore real-world situations as they manifest naturally without any form of manipulation (Charmaz, 2020). In support of the latter, Sebele-Mpodu (2020) infer that qualitative research studies people in their real-life situations, unlike quantitative research, which is normally conducted in controlled settings.

Guided by the tenets of qualitative research as naturalistic, this study was conducted in a natural setting where the environment was natural and free from any influence on the behaviour of participants or their responses. The naturalistic environment allowed the participants to exercise flexibility in their responses because the environment was free and non-threatening. In this study, the naturalistic environment pertained to the participants' routine and familiar settings. For the families, this comprised their homes-spaces in which they are most at ease and where familial interactions naturally unfold. In the case of the social workers, the naturalistic setting was their professional workplaces, where they routinely engage in their occupational roles and responsibilities. At this juncture, the participants provided the researcher with rich in-depth information. Furthermore, the researcher managed to gather detailed information about the perceptions and experiences of families living with persons who attempted suicide, their opinions and explanations on how they should form part of the broad-based interventions designed to address the needs of families in the wake of attempted suicide.

- **Qualitative approach as interpretive**

Drawing from the research paradigm that guided this study (interpretive paradigm), Ugwu et al. (2021) posit that qualitative research is interpretive. This implies that qualitative research aims to understand the customs with which people interpret, make sense of, and generate meanings from their worldview experiences (Krauss, 2015; Creswell & Poth, 2018). The interpretive feature of qualitative research allowed the researcher to construe and interpret the meanings which families living with persons who attempted suicide attached to their situation. Through the interpretive process, the researcher was privileged to analyse and deduce meaning from the collected data. The researcher used reasoning and analytical skills to derive meanings from the data obtained.

According to Denzin et al. (2023), qualitative methods are interpretive, where in-depth information about sensitive topics, under-researched or information for hard-to-get groups is provided. The researcher underscores that the selection of the qualitative approach was motivated by the fact that topics of services available to families living with persons who attempted suicide are underexplored. As such, the adoption of the qualitative approach enabled the researcher to be exposed to invaluable insights into the experiences and challenges of families living with persons who attempted suicide and how the social work profession can step in to assist both people who attempted suicide and their immediate families.

- **Qualitative approach as giving meaning to life experiences**

The qualitative method is premised on giving meaning, especially on how people make sense of their everyday lives and their experiences with their environmental structures (Clarke, 2019). According to Creswell and Poth (2018), qualitative research captures the depth and richness of individual perspectives and experiences. In this view, qualitative research uncovers the underlying meanings, motivations, and contexts behind human experiences and provides a deeper understanding of the world and the people in it (Corbin & Charmaz, 2016).

By giving meaning to life experiences, qualitative research allows individuals to share their unique narratives and further shed light on the diverse ways people find meaning in different aspects of their lives (Creswell, 2017; Denzin et al., 2023) This exposition was relevant to the objective of this study where the researcher's quest was to understand and appraise the experiences of families living with persons who attempted suicide. Notably, the features of qualitative research allowed the researcher to establish the challenges faced by families in the aftermath of suicide attempts by their loved ones. This information emerged as the participants were allowed to narrate their experiences.

- **The researcher is recognised as an instrument of data collection**

According to Rubin and Babbie (2016), the researcher is primarily an instrument for data collection in qualitative research. Similarly, Creswell and Creswell (2017) posit that the researcher is directly involved in the data collection process through interviews, observations, field notes, transact walks, and focus group discussions. In this study, the researcher conducted semi-structured interviews with social workers rendering services to patients who attempted suicide, and family interviews where he interacted with the participants instead of distributing questionnaires among them. The validation of the selection of the qualitative approach is based on the advantages which the researcher noted, that is, his involvement during data collection developed a good rapport with the participants and promoted trust between him and the participants.

Furthermore, the researcher managed to obtain a broad-based description of events and in-depth information from participants because of his direct involvement, which fostered trust and openness. Denzin et al. (2023) posit that when the researcher serves as the primary data collection instrument, this provides an aspect of self-engagement by the researcher into the phenomenon, which leads to trustworthiness and the credibility of findings. Furthermore, Creswell and Poth (2018) infer that qualitative research is flexible, where spontaneity and interaction between the researcher and the participants are allowed. Clarke (2019) further corroborates the preceding exposition by asserting that in qualitative methods, the relationship between the researcher and the participants is less formal than in quantitative methods. In this

study, the interviews were interactive, where participants could respond in detail, and the researcher could ask follow-up questions. Through the interactive nature of the discussions, the researcher controlled the direction of the discussions accordingly. Notably, the direct involvement of the researcher during the data collection process enabled him to observe and derive meanings from the interpretations made by participants of their life experiences.

4.3.2 Research design

A research design is a blueprint for the collection, measurement, and analysis of data, created from the research questions of the study (Turner, Cardinal & Burton, 2017). Gaus (2017) posits that, a research design involves making decisions about the sampling methods, data collection techniques, means of data analysis and verification to be utilised by the researcher. The researcher underscores that a research design is a plan and a holistic structure which the researcher follows to answer the research questions. It simply means a guideline on how the study should be conducted. The nature of the topic of this study required the researcher to use phenomenology and descriptive research designs in a quest to gather an in-depth understanding of the experiences and challenges faced by families living with persons who attempted suicide. The next subsections provide a discussion of the research designs adopted and their suitability to this study.

- **Phenomenological research design**

The researcher adopted the phenomenological research design as one of the research blueprints. Creswell and Creswell (2017) view phenomenology as a qualitative design that pays attention to the human experience as a topic. Similarly, Padilla-Diaz (2015) understands phenomenological design to be a qualitative approach premised on meaning and how such meaning arises from experience. In Creswell's (2017) view, phenomenology is a philosophical research tradition concerned with how people make sense of their social worlds. In this view, phenomenological research allows the researcher to explore and describe the lived experiences of study participants as they present them to him/her (Creswell, 2016; Creswell & Poth, 2018).

According to Bliss (2016), phenomenological research is a deep investigation of what experiences mean to people. At its core, it concerns the investigation of everyday human experiences to learn people's common sense understanding and the meaning they make of their experiences and the experiences of others (Flynn & Korcuska, 2018). Thus, phenomenological research requires a researcher to focus on people's experiences of a phenomenon to obtain comprehensive details that provide a basis for reflective structural analysis that ultimately reveals the essence of the experience. The researcher drew on the latter exposition as he was primarily interested in understanding the human experiences and challenges of families living with persons who attempted suicide. Therefore, utilising the phenomenological design was befitting to the aim of the study. In support of the above, Ngwane and van Der Wath (2019) allude that phenomenological research involves a rich description of the lived experiences, and in this instance, living with a family member who attempted suicide.

Theoretically, phenomenological research is a subcategory of interpretivism (i.e., understanding and explaining human reality) known as phenomenology (Padilla-Diaz, 2015). For this reason, researchers adopting the phenomenological design strive to understand a construct as it presents itself (Mayoh & Onwuegbuzie, 2015). In other words, researchers using phenomenological research design endeavour to discern the essence of participants lived experiences and to lay aside their prevailing understandings of a phenomenon to authentically explore the participants' experiences (Flynn & Korcuska, 2018). This exposition resonated with the primary focus of this study of unearthing the lived experiences of families after a suicide attempt by their loved ones. Through the features of the phenomenological design, the study established the experiences and challenges faced by families living with persons who attempted suicide from the viewpoints of the participants. As Creswell (2017) posits, phenomenological research design is good at surfacing deep concerns and providing a platform where the voice is heard. Through this, the study created a room for participants to vent out their deep concerns about their experiences and what they think should be done to address their concerns.

- **Descriptive research design**

The study also adopted the descriptive research design. Colorafi and Evans (2016) posit that descriptive research seeks to gather fertile data and an in-depth understanding of the subject or phenomenon under study. In this case, the experiences and challenges of families living with persons who have attempted suicide. It should be noted that descriptive research design focuses on establishing data which provides descriptions of characteristics of persons, events or situations under study (Bradshaw, Atkinson, & Doody, 2017). According to Creswell (2017), the use of the descriptive design provides an elucidation of salient details of a situation, be it in a social setting or a relationship. This exposition found residence in this study as the study explored the experiences and challenges of families living with a person who attempted suicide, most of which were family relationship based. Seixas, Smith and Mitton (2018) see descriptive research design as involving observations and description of the behaviour of a subject under investigation without any form of influence by the researcher.

Furthermore, the advantage of descriptive research design is that subjects are observed in their natural setting, where their natural environment is unchanged (Bradshaw et al., 2017). Based on this, the researcher ensured that the natural setting of the participants was free from any form of manipulation, which accorded him the ability to describe the information provided by the participants in tandem with the objectives of the study. Notably, the use of semi-structured interviews allowed the participants to furnish the researcher with descriptive accounts of their life experiences. The social work guidelines which emerged from this study reflect the detailed in-depth data gathered by the researcher through a holistic understanding of the experiences and challenges faced by families living with persons who attempted suicide. The guidelines also reflect a descriptive account of the experiences of social workers dealing with persons who attempted suicide and social work services to be rendered to families of persons who attempted suicide. It is important to highlight that a detailed presentation of the data is provided in Chapter 5.

4.4 Description of the study area

This study was conducted in the Tshwane District Municipality, which is situated in the Gauteng Province of South Africa. The City of Tshwane is the only metropolitan municipality in Gauteng Province that borders three provinces (Shava & Hofisi, 2019). The city borders Mpumalanga Province in the east, Limpopo Province in the north and North West Province in the west (Molepo, 2018). The selection of Tshwane District Municipality as the study site was motivated by the discoveries in research on the high prevalence of attempted suicide cases (Sekudu et al., 2016; Mamabolo, 2021). Again, the selection of Tshwane District Municipality was influenced by the researcher's observations while serving as a social worker at Dr George Mukhari Academic Hospital before he moved to Steve Biko Academic Hospital, where he found the scourge of attempted suicide cases to be similar. By selecting the Tshwane District Municipality, the researcher was well acquainted with the dynamics of attempted suicide in the municipality and the gaps that exist in terms of social work services accorded to families living with persons who attempted suicide.

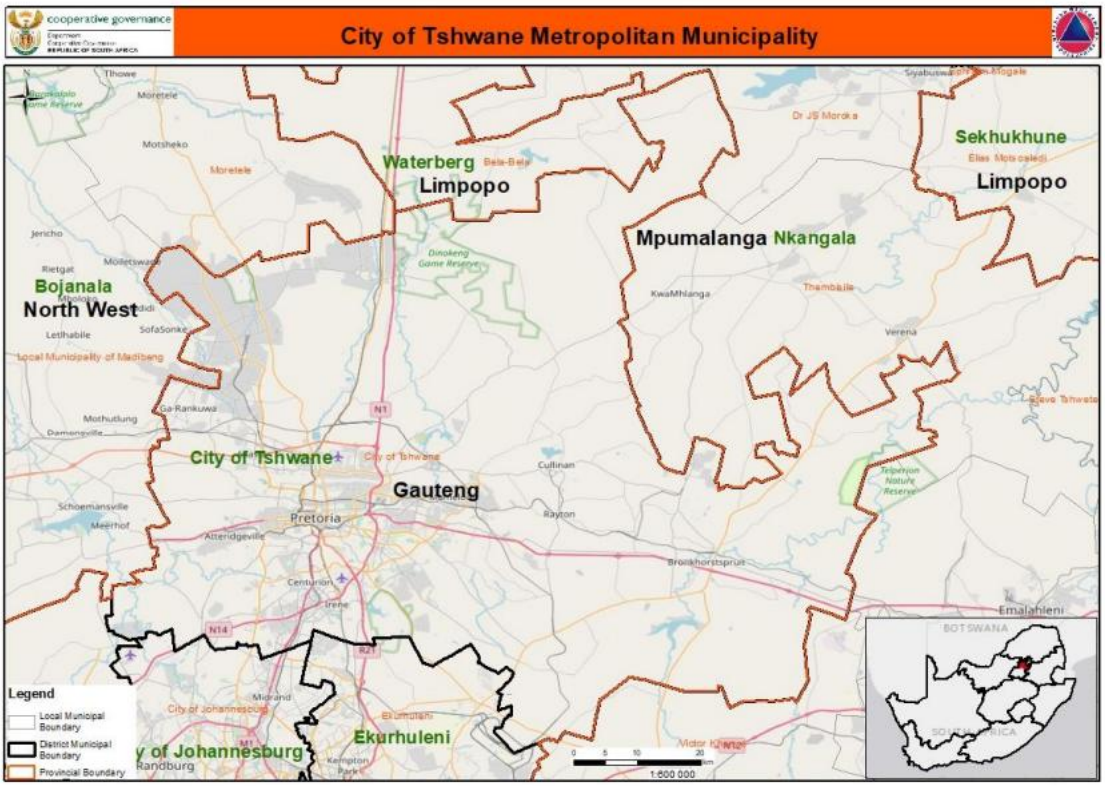


Figure 1: Map of Tshwane District Municipality

Source: (Shava & Hofisi, 2019: 8)

4.4.1Target population

A study population is the individuals in the universe who possess specific characteristics, assets or entities that represent all the requirements of interest to the researcher (Rubin & Babbie, 2016). Creswell and Poth (2018) describe a population as a total of elements from which the sample to be investigated is selected. The researcher understands a population to be the total number of people from which the research participants are selected. In light of the above, the sample was selected from families living with persons who attempted suicide and social workers who provided a service to the person who attempted suicide.

Notably, social workers were targeted to share their knowledge of the available services that they render to these affected families. The involvement of social workers was also hinged on the need to solicit views that informed the guidelines of services to be rendered to families living with a member(s) who attempted suicide. Furthermore, social workers were targeted because they rendered services to individuals who attempted suicide and, in other instances, to their families. For this reason, social workers were best positioned to share the information that anchored the development of appropriate social work intervention guidelines for families living with persons who attempted suicide. It is worth noting that social workers attached to Steve Biko Academic Hospital and Dr George Mukhari Academic Hospital were the focus of the study population, from which the study sample was selected. Thus, the inclusion of social workers served as a response mechanism to the gaps in services accorded to families living with persons who attempted suicide, as heralded in the problem statement section.

4.4.2 Sampling method

Sampling is the process of taking a portion of a universe or population as representative of that universe or population (Creswell, 2017). In addition, sampling involves the procedure of choosing an appropriate sample or a representative portion of a population to ascertain the characteristics of the entire population (Hennink & Kaiser, 2022). According to Rubin and Babbie (2016), in social sciences, there are two forms of sampling methods in research, namely, probability and non-probability

sampling. Etikan and Bala (2017) opine that probability sampling allows each member or unit an equal chance of being selected by the researcher, thus ensuring a high degree of representativeness. On that note, quantitative research employs probability sampling techniques widely (Rubin & Babbie, 2016). On the other hand, qualitative researchers use non-probability or non-random samples (Denzin et al., 2023). In this regard, qualitative researchers rely on non-probability sampling methods where members of a population do not have an equal chance of being selected (Creswell & Poth, 2018). Thus, non-probability sampling has techniques where the researcher selects units from a population they desire (Clarke, 2019; Charmaz, 2020). As Denzin et al. (2023) argue, this sampling approach is unlikely to be representative and does not allow generalisation, yet it has the advantage of being a rich source of data. Non-probability sampling includes purposive, convenience, haphazard, snowball and quota sampling techniques (Creswell & Creswell, 2017).

Purposive sampling technique was adopted to select the participants. As the name suggests, purposive sampling involves the deliberate selection of participants based on specific criteria or characteristics (Etikan, Musa & Alkassim, 2016). As such, purposive sampling allows the selection of participants according to the needs of the study, aimed at clearly bringing out the phenomenon under study (Denzin et al., 2023). Similarly, Clarke (2019) states that in purposive sampling, the study population is selected based on the nature of the research aims, its elements and the researcher's knowledge of the population. In simple terms, the decision lies with the researcher in selecting a sample convenient for the aims of the study. On purposive sampling, Etikan et al. (2016) state that the researcher decisively selects knowledgeable participants regarding the phenomenon being studied. This study required insights from families living with persons who attempted suicide and social workers dealing with suicide and attempted suicide cases. This then necessitated the utilisation of purposive sampling. The preceding inference gives credence to the argument advanced by Creswell and Poth (2018) that purposive sampling enables the researcher to select participants who can answer the questions designed for the study based on their experiences and knowledge. The participants who were purposively selected for the study provided the required information to address the research objectives.

In purposively selecting the participants, the researcher had specific inclusion and exclusion criteria. On that note, the inclusion criteria were determined by the following factors: only participants aged 18 years and above were considered. These were supposed to be residing in the Tshwane District Municipality. Again, participants were supposed to have a family member who had attempted suicide and was residing in the same house as the person who attempted suicide. Furthermore, participants who expressed their willingness to give consent to participate in the study were considered. Also, the study considered participants with proficiency in English, Setswana or Xitsonga languages as the researcher had reservations about using interpreters during the proceedings. These languages were used to conduct the interviews because the researcher, as the instrument of data collection, is conversant in them. In the case of social workers, only social workers attached to Dr George Mukhari Academic Hospital and Steve Biko Academic Hospital were considered in the study. These social workers were supposed to be operating in the Tshwane District Municipality and dealing with suicide and attempted suicide cases.

The exclusion criteria of participants were determined as follows: participants below the age of 18 years were not considered in the study and, families residing outside the Tshwane District Municipality were not considered. Participants who were not willing to give consent to participate in the study were excluded. In the same vein, participants who were unable to converse in English, Setswana or Xitsonga were excluded. This also follows that social workers operating outside the Tshwane District Municipality and not employed at Steve Biko Academic Hospital and George Mukhari Academic Hospital were not considered.

According to Denzin et al. (2023), qualitative research has no advantage in determining the sample size in advance. The correct sample size in qualitative studies is determined by the nature of the population under investigation and the purpose of the study (Rubin & Babbie, 2016). Similarly, Seixas et al. (2018) posit that qualitative studies are more concerned with the depth and richness of the information gained, not the number of people reached. Charmaz (2020) argues that, qualitative research requires a small study population because the information to be gathered may reach a point of saturation. In this regard, data saturation is when the information being gathered starts to become repetitive and no new information emerges (Creswell &

Poth, 2018). To this end, as the researcher travelled across the district during the data collection process, interacting with people of diverse backgrounds and cultural patterns, he learnt that the information gathered had reached a point of saturation as the same themes kept emerging. At this juncture, the researcher stopped the data collection process. At the end of the data collection process, the researcher had reached five (5) families and ten (10) social workers.

4.5 Data collection methods and procedure

According to Clarke (2019), data collection is a scientific way of soliciting information from study participants to find answers to the research questions. Creswell (2016) states that, data collection is a systematic process or procedure during which information is collected about people or phenomena within their natural settings, so that the researcher can establish answers to the research questions and interpret the outcomes. Similarly, Denzin et al. (2023) are of the view that, data collection is a procedure of gathering information from the participants within their natural environment in a traditional systematic manner, where the researcher can find answers to research questions. Following this, the researcher presents the process followed to ultimately collect data that were used to answer the research questions.

- **Preparation for data collection**

Before embarking on the data collection exercise, the researcher applied for ethics approval from the Research Ethics Committee of the College of Human Sciences at the University of South Africa after scientific approval had been obtained from the Department of Social Work's Scientific Review Committee. An ethics approval certificate (35164360_CREC_CHS_2023) was issued (Appendix B). Following this, the researcher requested permission to conduct the study from the Gauteng Provincial and District Department of Health. After the permission to conduct the study was granted, the researcher requested permission to conduct the study from the management of the targeted hospitals, Steve Biko Academic Hospital and Dr George Mukhari Academic Hospital. The request was approved accordingly, and approval letters were issued in this regard (Appendix A).

- **Pilot testing of data collection tools**

Tate, Beauregard, Peter and Marotta (2023), define pilot testing as a pre-testing of research instruments to assess the feasibility of the study among the targeted population. Similarly, Clarke (2019) posits that pilot testing is an essential requirement in advance as a means of ensuring trustworthiness. Pilot testing is done to determine the feasibility of the interview questions, anticipated duration of interviews, budget and sample size. Thus, a pilot test can be regarded as the preparation or rehearsal of the primary research (Tate et al., 2023). As argued by Creswell and Creswell (2017), in qualitative research, pilot testing is done to develop ways of posing interview questions. It should be noted that this study used interview guides as data collection tools. As such, the semi-structured interview guides were developed in English and then translated into Setswana and Xitsonga. The services of a language expert were utilised to translate the interview guides into the above-mentioned languages (Appendix O).

Therefore, pilot testing the data collection tools enabled the researcher to refine and revise questions to be deliberated on in the actual interviews with the participants. In other words, the researcher anticipated that the pilot testing of the questions would help him determine whether the participants would comprehend the preconceived questions and whether the intended data would be attained. In addition, the pilot testing of data collection tools provided the researcher with an informed position on whether the research questions, budget and time required some modification and realignment. The researcher purposively selected two families and two social workers from the population as described above, using the selection criteria stipulated for this study, for the pilot testing of data collection tools. The pilot testing also provided ways in which the safety of the participants would be safeguarded. Thus, the researcher ensured that interviews were conducted in places that posed no physical harm to the participants.

- **Recruitment of participants and obtaining informed consent**

Following the satisfaction of all ethics approval and permission to conduct the study requirements, the researcher embarked on the recruitment of participants. Families

living with persons who attempted suicide were accessed through perusing records of patients who attempted suicide who were admitted at Dr George Mukhari Academic Hospital and Steve Biko Academic Hospital, guided by the POPI Act provisions (Act No. 4 of 2013). This provided the researcher with the opportunity to identify families to provide detailed information in response to the objectives of the study.

Notably, the process of accessing the records involved seeking permission from the hospital directors, who then recommended that the hospital administrators grant the researcher access to the records of people who had attempted suicide. Following this, the researcher made phone calls to the prospective participants, where the purpose of the calls was explained and how their contact details were obtained. Thereafter, the researcher visited those who had confirmed their availability and expressed their willingness to participate in the study. Regarding social workers, the researcher made physical visits to their respective offices and expressed his intention to include them in the study and those who expressed willingness to be included were noted, and the necessary arrangements were made regarding the commencement of the data collection process.

Following the preliminary engagements with the prospective participants, namely families and social workers, the imperative stage of the study was to obtain consent from the participants. Through this, the participants were furnished with information about the study, any potential risks and benefits of being involved, and the expected outcomes of the research. According to Manti and Licari (2018), obtaining informed and voluntary consent is a necessary component of all research. It ensures that individuals understand the study aims, the commitment to being involved in the study, any potential risks and benefits of being involved, and the expected outcomes of the research. In addition, Seixas et al. (2018) see informed consent as an ongoing process, rather than a time-limited event, and is best sought at all stages of research. The researcher ensured that the participants were acquainted with information about the voluntary nature of their participation at all stages of the research. Subsequently, the researcher requested the prospective participants to sign the consent forms (Appendix F). After the pilot testing of data collection tools, recruitment and obtaining of informed consent from the participants, the next stage involved the collection of data.

- **Data collection process**

Semi-structured face-to-face interviews were used as a data acquisition method. This was informed by the interpretive research paradigm. As such, semi-structured interviews were used to gather information from families living with persons who attempted suicide and social workers who provided services to persons who attempted suicide. Creswell (2016) argues that semi-structured interviews allow the researcher to acquire in-depth and rich data by gaining a deeper insight into the subject matter under study. Clarke (2019) has an additional view that state that the utilisation of semi-structured interviews allows flexibility for the researcher where he or she is not guided by the rigid questions, thereby creating room for some follow-up questions on issues that need further clarification. According to Denzin et al. (2023), semi-structured interviews comprise a series of open-ended questions founded on the topic areas the researcher desires to cover, and they provide opportunities for both entities to discuss several topics in more detail. Furthermore, semi-structured interviews are important when soliciting attitudinal information or when the research is exploratory with little known about the subject area (Rubin & Babbie, 2016). Deducing from the expositions provided in the problem statement of the study, there is a paucity of research that focuses on services available to families after suicide attempts by their loved ones. As such, the study required a data acquisition method that provides an opportunity for detailed in-depth discussions.

Considering the preceding discussion, the researcher conducted semi-structured family interviews where all members above 18 years were included in the interview. This was done to enrich the study by soliciting diverse information from family members who were equally affected by the attempted suicide of one of them. The researcher also used semi-structured interviews with social workers in their respective offices. Two interview guides were developed for the two categories of the sample, namely, the families living with a person who attempted suicide and the social workers who rendered services to individuals who attempted suicide, as already mentioned earlier. Whereas the researcher had predetermined interview guides with questions, flexibility and openness were regarded during the proceedings, which further allowed an easy flow of ideas and incorporation of new emerging themes as prescribed by the phenomenology design (Creswell & Poth, 2018). Data were gathered in a natural setting free from any researcher's influence on how the participants should behave or

respond during the discussions, that is, family interviews were conducted at the family homes and interviews with social workers were conducted in their offices. With the permission of the participants, the interview proceedings were audio-recorded to ensure that important information was not lost. Notably, each interview lasted between 45 and 60 minutes.

4.6 Data analysis

Data analysis is a critical component of qualitative research, and there are various methods available to analyse qualitative data (Charmaz, 2020). In qualitative research, data analysis is an interpretative philosophy designed to examine the symbolic and meaningful content of the collected data (Creswell & Creswell, 2017). Data analysis is seen by Clarke (2019) as an attempt to establish how participants make meaning of a specific phenomenon by scrutinising their understanding, perceptions, values, attitudes, feelings and experiences to approximate their construction of the phenomenon. According to Rubin and Babbie (2016), data analysis involves working with data, organising it, breaking it into manageable units, synthesising it, searching for patterns, discovering what is important and what is to be learned and deciding what needs to be divulged to others. The researcher understands data analysis to be involving the researcher's ability to analyse, interpret, and make sense from the collected data.

The Thematic Content Analysis (TCA) was adopted as the data analysis method. Thematic Content Analysis is a qualitative data analysis tool that uses the predominant themes in the data collected and evaluates the data in the pattern of those themes (Bryman, 2016; Braun & Clarke, 2019). Furthermore, TCA is seen by Clarke (2019), as an approach to analysing and condensing qualitative data by segmenting, categorising, summarising, and reconstructing it. In addition, Denzin et al. (2023) posit that TCA is a flexible and versatile method that allows researchers to identify patterns and themes in qualitative data, regardless of the type of data or research question. Thus, TCA can be used inductively or deductively, meaning that researchers can either generate themes from the data or test pre-existing theoretical constructs (Braun & Clarke, 2019).

In this study, the researcher used an inductive approach to thematically analyse the data, considering that themes emerged from the information gathered in the study rather than pre-defined themes as alluded to by Braun and Clarke (2019). The researcher followed the data analysis stages outlined by Clarke (2019) as follows:

- Data transcription - the researcher transcribed data. After that process, the researcher read through all the transcriptions, making some notes of important information.
- Selection of transcripts – The selection of transcripts refers to selecting those transcripts that have volumes of information and using them to guide you on identifying the themes, compared to those that have limited information. As the reading proceeded, the researcher embarked on a critical reflection process where ideas were generated and noted down.
- Compilation of themes and sub-themes list- a list comprising themes and sub-themes was compiled from all the transcripts based on the repetitive constructs that were identified. The researcher then developed codes that served as labels for sections of data.
- Categorisation of themes - related themes were then grouped, and at this point, the researcher had to double-check for duplication in the list of identified themes and put together those themes that belonged to the same category.
- Applying the cut-and-paste method – the cut-and-paste method allowed the researcher to assemble data materials belonging to each theme and category in one place.
- Re-coding of data - where necessary, the data was re-coded. After that, the researcher started the process of reporting the research findings, verifying those segments of data that may have been missed during the coding process.
- The final stage was the writing up of the research findings.

4.8 Ensuring trustworthiness

Pace (2021) denotes that the interpretive research paradigm relies on four data verification methods: transferability, credibility, dependability, and confirmability. Determining the trustworthiness of a study is essential to ensure that its findings are credible, reliable, and suitable for informing practice, policy, or further research (Clarke, 2019). This process is particularly important given the wide range of sources

from which research can emerge, including academic journals, media reports, government documents, and online platforms (Thomas, 2017). The purpose of evaluating trustworthiness is to safeguard against misinformation, promote evidence-based conclusions, and ensures that decisions are guided by sound, well-conducted research (Babbie, 2016). Before delving into the methods used to determine trustworthiness, it is important to understand that this exploration helps establish whether the study can be relied upon for its accuracy and integrity.

- **Credibility**

The credibility of a study refers to how the researcher authentically and accurately captures and reflects on the experiences and perceptions of the participants (Lara, 2018). As Clarke (2019) puts across, the credibility of data is signposted by giving a true picture of the phenomenon under investigation. To ensure credibility, the researcher made it a point that the outcomes of the study are a true reflection and representation of the participants' views, perceptions and explanations as divulged during the data collection process. To achieve credibility, the researcher ensured that he maintained integrity, plausibility, and a decent character, which influences the credibility of the research findings. The triangulation of data collection sources, namely families living with persons who attempted suicide and social workers, serves as another technique of ensuring the credibility of data. To ensure credibility in this study, the researcher had frequent briefing sessions with the research supervisor for constant guidance.

- **Transferability**

Transferability refers to the extent to which the findings of a study can be used to address similar research gaps in different study contexts while following the same procedure (Pace, 2021). According to Creswell (2016), transferability can be achieved by providing a constant examination of whether the researcher can provide detailed descriptive data for future comparison purposes. To ensure transferability, the researcher provided an accurate account of how the details of the participants were obtained from the hospitals, guided by the requirements contemplated in the POPI Act 4 of 2013. Furthermore, the researcher also provided a detailed description of the research methodology, research context, and settings, to enable future researchers to

assess the transferability of the research findings without difficulty. In this way, any researcher who intends to compare or transfer the findings of this study will find it possible because of the detailed descriptions provided for this study.

- **Dependability**

Dependability refers to the prospects of replicating the research process with the same participants in a similar study context as that of the initial study and still yielding similar results (Pace, 2021). Rubin and Babbie (2016) denote that dependability is when results are consistent with the data collected. To achieve dependability, the researcher provided an accurate and detailed account of how data were gathered through the provision of the research designs adopted in the study. In addition, the researcher ensured consistency by following the same data collection methods throughout the entire research process as stated by Clarke (2019). The classification and categorisation of the collected data were succinctly provided in the next chapter. Again, a complete audit trail of the process followed in executing the study is provided.

- **Confirmability**

Confirmability is the extent to which the study findings are a true representation of the conditions of the research and functions of the participants and not biases, perspectives and motivations of the researcher (Rubin & Babbie, 2016). As such, Creswell (2014) argues that confirmability requires that the research process and results are devoid of any form of prejudice and bias. To achieve confirmability, researchers are implored to succinctly demonstrate the connection between the findings and the data and not to smuggle their preferences and notions into the data (Lara, 2018). The researcher ensured that, the findings of the study are pure, objective and free from his own perspective, motives and biases. In this study, confirmability was achieved by the audio recording of data, which the researcher transcribed and audited with the guidance of the supervisor. Furthermore, to ensure confirmability, the researcher ensured that every process of the study was subjected to the scrutiny of the supervisor so that data gathering, analysis, and interpretations conform to the generally accepted standards. In addition, the researcher avoided asking leading questions during the interviews with the participants, as that bears the potential of weakening the value of the outcomes.

4.9 Chapter summary

This chapter provided a discussion of the research paradigm which informed the philosophical orientation of the study. On that note, the interpretive research paradigm informed the adoption of the qualitative research approach, which operated within the tradition of phenomenological and descriptive research designs. The suitability of these designs in the study was provided. Furthermore, the target population of the study was provided, and the sampling methods used to select the study sample were justified. Semi-structured interviews were used as data acquisition methods. Furthermore, the researcher followed the Thematic Content Analysis stages of analysing qualitative data, and how rigour was ensured was also discussed. The next chapter presents the findings of the study.

CHAPTER 5: PRESENTATION AND ANALYSIS OF RESEARCH FINDINGS

5.1 Introduction

This study aimed to explore the experiences and challenges of families living with persons who attempted suicide, with the ultimate end goal being to develop guidelines for social work intervention. This is because the prevention of suicide attempts and offering services to persons who have attempted suicide, and their families, fall within the purview of social work roles. The purpose of this chapter is to present the findings derived from the family interviews and semi-structured interviews conducted with the participants. The theoretical frameworks that undergirded the study were utilised to gain a deeper understanding and to provide a nuanced analysis of the obtained data. These theories are the family systems theory, resilience theory and the strengths-based perspective, as already mentioned earlier in the thesis. The themes and subthemes presented in this chapter emerged from the information provided by the participants, guided by the objectives of the study. Information gathered from family interviews and individual interviews was analysed in an integrated manner because the information from the two categories of the sample was used to corroborate each other. The forthcoming sections capture the demographic details of the participants. This is followed by the presentation of data solicited to address the study objectives. It is important to mention that the pseudonyms were used to present the data, to ensure the principle of anonymity of participants.

It is worth mentioning that the aim was to have family interviews with all members of the affected families who are above 18 years. Still, due to unforeseen circumstances, only two families had parents available for the interviews, while other families had one member of the family available for the interview, with two being nuclear families consisting of two adults only. This led the researcher to establish the relationship of the available member to the person who had attempted suicide, as this has a bearing on the intensity of the experience.

5.2 Description of study participants

Table 5.1: Demographic description of families

TARGETED FAMILY	LANGUAGE	NUMBER OF FAMILY MEMBERS AND DESCRIPTION	RELIGION	RELATIONSHIP WITH THE PERSON WHO ATTEMPTED SUICIDE	PERSONS INTERVIEWED
Family A	Setswana	• Mother • Father • Uncle	Christianity	Parents	Parents
Family B	Xitsonga	• Mother • Father • Aunt	Not shared	Parents	Parents
Family C	Setswana	• Spouse (Male)	Christianity	Spouse	Spouse
Family D	Xitsonga	• Mother • Traditional Niece • Niece	African Traditional Religion	Spouse	Uncle, Aunt
Family E	Sepedi	• Spouse (Female)	Christianity (assumed correction)	Spouse	Spouse

The study focused on families living with persons who attempted suicide and social workers who have rendered services to persons who attempted suicide and, in some instances, their families. Both categories of the sample were selected from Dr George Mukhari Academic Hospital and Steve Biko Academic Hospital in the Tshwane District Municipality, as already indicated earlier. As already mentioned, five families participated in the study, whilst ten social workers participated, with five from Steve Biko Academic Hospital and five from Dr George Mukhari Academic Hospital.

This study had no predetermined number of participants given its qualitative nature. The five families that were willing to participate in the study provided the researcher with in-depth and detailed information, which assisted in answering the study's research questions and the ultimate achievement of the objectives. Based on family composition and availability of family members, some families were interviewed as a unit, while in other instances, individual family members were interviewed. By referring to families as a unit, the researcher connotes that available family members, who were 18 years old and above, were brought together to have a family interview, as was explained in Chapter 1 of this thesis.

In light of the preceding information, three families were interviewed as a unit, while in two families, only one member was interviewed. The families that were interviewed as a unit were families A, B and D. In family A, the mother, father, uncle and the person who attempted suicide were present. In family B, the mother, father and aunt were present. In family C, it was the wife who attempted suicide; hence, the husband was present for the interview. In family D, the uncle, aunt, and niece (the person who attempted suicide) were present. In family E, the husband, who attempted suicide, and the wife were present for the interview. Table 5.1 provides the demographic description of families based on the common languages, religion and their relationship with the person who attempted suicide. This information was needed to assist the researcher in understanding their experiences and challenges.

From Table 5.1, it can be deduced that there was a mixture of languages spoken by the participants. The families that took part in the study spoke any of the dominant languages in Tshwane District, which are Setswana, Northern Sotho (Sepedi), and Xitsonga, among other official languages in the district as reported by Van Rooyen and Pooe (2016). The researcher conducted the interviews in the languages in which the participants were well-versed to ensure that they could express themselves without facing any limitations. Furthermore, it is also depicted from Table 5.1 that most families had religious affiliations, whereby Christianity emerged as the dominant religious belief for most families. Only one family did not disclose its religious affiliation, while one family submitted that they subscribed to African Traditional Religion.

The researcher went on to solicit information about the relationship between these families and the person who attempted suicide, which revealed that two families had parental relationships with persons who attempted suicide, and the persons who attempted suicide in these families were adolescents. This is confirmed by the findings in the study that was conducted by Mamabolo (2021), that revealed that the scourge of attempted suicide is rampant among the demographic group between 13 and 19 years. This is also confirmed by Onoya et al. (2021), who posit that attempted suicide is prevalent among adolescents. However, this study further revealed that attempted suicide is not limited to adolescents only, as other age groups were found to have attempted suicide, as depicted in Table 5.1, where in other two families spouses had attempted suicide. This information shows that the families within the Tshwane District

are also affected by attempted suicide, which calls for appropriate professional intervention

The following table presents the biographical information of social work participants.

Table 5.1: Biographical information of social workers

Participants	Educational qualifications	Work experience	Gender	Age
P1	BSW Degree	17 Years	Male	52
P2	BSW Degree	15 years	Female	45
P3	BSW Degree	4 years	Female	29
P4	BSW Degree	4 years	Female	33
P5	BSW Degree	5 Years	Male	35
P6	BSW Degree	3 years	Male	34
P7	BSW Degree	3 Years	Female	29
P8	BSW Degree	6 Years	Female	32
P9	BSW Degree	9 years	Male	35
P10	BSW Degree	6 Months	Female	29

As depicted in Table 5.2, ten (10) social workers participated in the study. It was interesting to see that all social work participants did not pursue their studies beyond the Bachelor of Social Work degree. Six of these participants were females, while four were males. These social work participants had varying years of experience, with the minimum being 6 months, while others had 3 to 17 years of experience. Those with some years in practice mean that, they have been exposed to diverse dynamics of suicide and attempted suicide cases and were knowledgeable enough to share the needed information to assist in answering the research questions.

The following table provides the themes and subthemes that emerged from the data shared by both categories of the sample. The major themes identified from the data are perceived causes of attempted suicide, family experiences and challenges with attempted suicide, coping strategies employed by families, and views on social work services to affected families

Table 5.2: Themes and subthemes

THEME	SUB THEMES
Theme 1: Perceived causes of attempted suicide	• Financial problems • Broken family relationships • Substance and alcohol abuse • Childhood traumas • Failure to accept newly diagnosed chronic diseases • Teenage pregnancy • Gender-based violence • Failure to cope with bullying at school • Hearing voices
Theme 2: Family experiences with attempted suicide	• Anger and frustration • Shock and disbelief • Fear and uncertainty • Isolation and stigma • Opportunity to learn about mental health
Theme 3: Challenges faced by families living with persons who attempted suicide	• Psychological destabilisation • Impact on communication patterns • Lack of support from social workers
Theme 4: Coping strategies employed by families	• Seeking divine help from churches and traditional healers • Support groups
Theme 5: Social workers' views on the services to be rendered to affected families	• Need to address the lack of services dedicated to families • Need to address the lack of aftercare plans.

5.3 Discussion of the findings

The researcher found it important to hear from the participants what they perceive as the causes that led to attempted suicide by their loved ones, as this information could be vital in developing prevention strategies. These causes are described from the participants' point of view as follows:

Theme 1: Perceived cause of attempted suicide

This theme details the findings on the perceived causes of attempted suicide gathered from families and social work participants. The findings on the perceived causes of attempted suicide were informed by the experiences of social work participants in dealing with persons who attempted suicide. Through such experiences in dealing with cases of attempted suicide, social workers gained an understanding of what drove some patients to attempt suicide. The study further established that in some cases, family members were informed by either a social worker or a psychologist about what triggered the suicide attempt. This is because some of the driving factors were deemed familial in nature, and persons who attempted suicide would only disclose such upon being admitted to a healthcare facility. The families, as well, had their perceived causes, based on their observations of the behaviour of the member who attempted suicide, before the actual attempt. They were able to deduce what could have led to the attempted suicide behaviour. These perceived causes are presented as follows:

- **Financial problems**

The study established that attempted suicide was attributed to financial problems hinged on poverty, unemployment and failure to cope with the skyrocketing cost of living. Data gathered from the interviews with families and social workers converged in highlighting that financial problems were among the key drivers of attempted suicide. Family members gave an account of how financial issues triggered suicidal ideation. The common thread in their submissions was that failure to make ends meet drove their family members to attempt suicide. This also converged with some accounts provided by social workers that poverty and harsh economic conditions are wreaking havoc on many people's lives, thereby pushing them to harbour suicidal thoughts. The following excerpts characterise some of the responses from the family interviews:

“Ga a ise a ko a thapiwe, mme jaanong o na le dingwaga di le 25. Seo se ntse se mo tseela maatla ka gore ke nna ke mo tlamelang ka ditlhoko tsa gagwe tsa motheo. Ke akanya gore one a felela a kgobegile marapo mme a leka go ipolaya [He has never been employed, and he is now 25 years old. That has been taking a toll on him because I am the one to provide for his basic needs. I think he ended up being frustrated and resorted to a suicide attempt.”]

“The person who attempted suicide is my daughter, aged 28. She lost her job at a certain restaurant in Pretoria, and she hasn’t been herself since then. So, she attempted suicide, citing that she feels overwhelmed”.

“As a man you take pride in being able to look after your family, so the moment you lose your job is like you have lost your identity, the roles are going to change and sometimes your partner doesn’t understand and they will mock you and say you are not a man enough and man don’t talk enough due to patriarchal influence and they see suicide as a way out”.

Social workers also gave the following accounts of what they registered as common causes of attempted suicide that are linked to financial problems. They had the following to say.

“Some attempt suicide due to financial problems. Attempted suicide due to job loss is more common; someone attempts suicide due to financial strain, thinking that if they die, they will no longer worry about finances.

“*The economic climate is very rough for many people, and the chances of attempted or completed suicide are very high*”.

“I had a patient who was earning a decent salary, but failure to manage his finances affected him and his family. He was addicted to gambling, and he spent most of his salary on gambling and loan sharks; as a result of his failure to manage his finances, he was unable to pay his children’s school fees, and he then resorted to attempted suicide…”.

The findings on the role of economic or financial stressors as drivers of attempted suicide resonate with the expositions of Adewuya and Oladipo (2019), who unearthed that attempted suicide is a function of socioeconomic stressors, which trigger depression and stress over unmet interpersonal needs. Scholars such as Sekudu et al. (2016) and Bantjes (2017) echo similar sentiments by denoting that high rates of unemployment among youths and older adults plunge them into thinking that they have been defeated by life. Furthermore, the resilience theory, which guided this study, outlines adversities that destabilise the functioning of human beings, and unemployment, job loss, and poverty are acknowledged as drivers of adversities (Theron, 2017).

Being financially constrained instils a sense of hopelessness, which ultimately triggers suicidal thoughts. Considering this, the researcher denotes that financial problems trigger other factors, such as developing a sense of hopelessness, wherein, in most cases, attempted suicide becomes a possible solution seen by the person in the situation. This is so because there are no awareness campaigns that equip the financially beleaguered populations on how to navigate such a challenging terrain of life. Awareness could go a long way in equipping community members on the reality of the economic situation in the country, as well as exploring the possible strategies that could assist in alleviating the stress emanating from a lack of finances to meet one's needs.

- **Broken family relationships**

It was also established that broken family relationships were another driver for suicide attempts in the context of the cases handled by social workers and from the lived experiences of families. The common thread from the discussions with families and interviews with social workers converged in highlighting that some families were dysfunctional and characterised by strained relationships. In view of this, the emotional support, solidarity and unity required for the normal functioning of families were reported to be far from a lived reality. As a result, constrained family relationships between parents or guardians with their children or between couples and generally between members of nuclear or extended families were noted as causative factors for suicide attempts. Due to broken family relationships, it emerged in the study that some members attempted suicide because they felt rejected and isolated, while others

attempted suicide because they could not withstand the criticism of being corrected for their wayward behaviours. The following excerpts characterise some of the responses shared by the families:

> *"The person who attempted suicide is my 18-year-old niece. She used to come home very late and sometimes drunk. The moment I tried to caution her about the dangers of being away from home at night, especially for girls, we ended up having strained relations such that we were no longer having cordial conversations at home. I believe this caused her to attempt suicide*.
>
> *"Our marital relationship is a bit turbulent, and there is a time when we would have heated arguments almost daily, and my wife ended up attempting suicide*…"
>
> "*The family environment was always hostile to an extent that it was no longer conducive to raising kids with decency. In the process, my niece felt unloved, and sometimes the feeling of being unloved can make one develop some suicidal thoughts*."

Submissions from social workers corroborated the experiences of family members as shown in the following responses:

> *"I have provided a service to a patient who attempted suicide due to a failed relationship. The mother and the daughter were not on talking terms, and the daughter failed to cope with the circumstances, and she ended up attempting suicide."*
>
> "*I can safely say that hostile family relationships trigger unhealthy environments characterised by a lack of emotional connection and solidarity. The end goal is attempted suicide.*"
>
> *"There are a variety of causes of suicide attempts; it can be marital problems, some involve infidelity issues with the other partner. Most of the causes of problems are generated from failed relationships."*

"*I once had a patient who attempted suicide because the husband deserted the family and went on to stay with another woman who was known to the wife.*"

The role of broken families in triggering suicidal thoughts and attempts is also confirmed by the study conducted by Sekudu et al. (2016), which revealed that unfavourable circumstances characterised by rejection and unhealthy family relationships can ignite social isolation and loneliness, which may plunge people into attempting suicide. Similar inferences are echoed by Bantjes and Mapaling (2021), who denote that familial conflicts either intimately or otherwise serve as a stressor that might negatively impact mental health and subsequently trigger suicidal behaviours.

The findings of this study are in line with what is emphasised by the family systems theory, which contends that families grappling with conflicts and other forms of dysfunction can have members who end up attempting suicide or complete suicide because families function as emotional systems (Sher, 2019). The researcher is of the view that the preceding inference intuitively implies that the absence of healthy relationships within families contributes to suicide ideation and attempts. This challenges social workers and other professionals in the helping professions to focus on strengthening family ties through emphasising the importance of healthy family relationships in enhancing mental health amongst family members. With the emphasis on strengthening family bonds, despite all the other challenges that family members may encounter, suicide ideation may be lessened.

As emphasised in the Integrated Service Delivery Model, prevention and early intervention are emphasised to prevent the occurrence of social ills in society (Lombard & Kleijn, 2006). This means that social workers should widen the scope of their approaches to circumvent factors that contribute to suicide attempts. The Service Delivery Model for Developmental Social Service provides for various levels of interventions, which are classified into prevention, early prevention, alternative and statutory care services (Gray & Lombard, 2023). This exposition highlights the need for social workers to provide holistic services in communities, wherein efforts to prevent the prevalence of factors that contribute to suicide attempts should be complemented by a comprehensive scope of services for people who may have

attempted suicide. This can be achieved through robust aftercare services, which may provide enabling grounds to combat further suicide attempts, which is the gap that has been highlighted in the problem statement of this study.

- **Substance and alcohol abuse**

The findings also revealed that suicide attempts can be linked to substance abuse. Out of the five families that participated in the study, three of them attested that substance and alcohol abuse were other driving factors behind their family members' suicide attempts. Such submissions also converged with the accounts provided by social workers. Given this, it was established that the preceding factors related to financial issues and broken family relationships were plunging some members into depression and hopelessness. Consequently, these members would resort to abusing substances and alcohol as a getaway from what they perceive as "troubles of life". The rate of substance and alcohol abuse was regarded as high in most interviews, with the implications of overwhelming the rational thinking processes of those abusing such substances and alcohol. With this lack of rational thinking, the person could end up attempting suicide, as shown by the following responses that were shared by the families:

> *"Hi nkarhi lowu a lahlekeriweke hi ntirho, u sungurile ku nwa byala ku fana na nhlampfi. Eka yena, a ku ri endlelo ro langutana na xiyimo, kambe mbuyelo wo hetelela a ku ri xiendlo (ku ringeta ku tidlaya. [The moment he lost his job, he started drinking alcohol like a fish. To him, it was a coping mechanism, but the end result was the act (suicide attempt)."]*
>
> *"Yes, I attribute everything to the abuse of alcohol and substances. The level of alcoholism was now high, and I never thought it would lead to attempted suicide. I blame alcohol abuse."*
>
> "*I was also told that he was now spending most of his time at the nearby taverns drinking alcohol.*"

Corroborating what was shared by the families, the social workers had the following to say:

“Another thing that can cause suicide attempts is substance abuse, people who abuse substances seem to have poor coping skills, they don’t think constructively, and they make decisions without realising the impact of the consequences of their actions, their views are distorted in a way.”

“*There is a clear nexus between substance abuse and attempted suicide, and in most instances, complete suicide. Most of the cases I handled on attempted suicide, alcohol abuse was involved.”.*

It is evident from the preceding responses that alcohol and substance abuse play a role in people attempting suicide. The researcher holds the view that many challenges in life that relate to unemployment, poverty, and dysfunctional family relationships have the potential to drive some people into adopting unsustainable coping mechanisms such as substance and alcohol abuse. This perilous coping mechanism creates another layer of complexity as it may trigger suicidal thoughts and acts. This exposition is supported by Holland et al. (2017), who infer that there is a strong relationship between substance use and suicide attempts. This is because substance use may lead to impulsivity and capabilities for self-injury (Holtman et al., 2018). Similarly, the findings of this study are also in line with what was shared by Fernandez-Cabana (2019), who posits that the conundrum of not securing employment may trigger the use of alcohol and substance abuse, which may influence suicidal ideations and attempts. According to the resilience theory, substance and alcohol abuse can cause adversities, which individuals and families may need to find adaptive capacities for them to function well (Van Breda, 2018). The researcher argues that substance and alcohol abuse trigger impaired judgment and increase emotional distress, which consequently increases the likelihood of suicidal behaviour for individuals in a crisis, and in the context of this study, it led to a suicide attempt. This calls for constructive adaptive behaviour for the persons directly and their families, to avoid the extreme impact of attempted suicide, calling for appropriate professional interventions as will be discussed later in this thesis.

- **Childhood traumas**

Childhood traumas also emerged as another perceived cause of attempted suicide among families and from the experiences of social workers. The common thread from

the analysed data pointed out that traumatic experiences during childhood can affect an individual's coping mechanism and manifest later in life, characterised by emotional and psychological distress, feelings of worthlessness and hopelessness. Put together, all these pose significant risks for suicidal attempts later in life. Two families provided an account of their relatives who were subjected to traumatic experiences during childhood and were having challenges with interpersonal relationships, which later triggered suicide attempts. The following statements confirm this:

> *"When my niece attempted suicide, I discovered that she had grown up under horrible circumstances with her stepmother in East London. She was subjected to all forms of abuse. She never received any therapy, even when she came to join us. Exposure to trauma is still haunting her even now."*

> *"…My wife was raped when she was 11, and she has not healed from the trauma. This has been haunting her for years, and she is very vulnerable. She easily gets affected by small things."*

Social workers shared the following responses to corroborate that childhood trauma has a role to play in the life of a person, which may lead to a suicide attempt:

> *"I have provided a service to a patient this year (2024) who is currently 22 years old. She attempted suicide due to her childhood experience. She reported having flashbacks as she was raped by her stepfather when she was 14 or 15 years old. Now she can no longer hide it, and she disclosed to her mother, after she observed sadness on her mother's face after she attempted suicide."*

> "*Childhood traumas contribute immensely to attempted suicide. The cases I handled with adolescents who attempted suicide revealed that most of them were grappling with childhood traumas."*

> *"Most people who grapple with childhood traumas do not seek professional help to address these past traumas. This increases the risk of suicidal thoughts and behaviours later in life."*

It is evident from the above responses that childhood trauma does play a role in a suicide attempt later in the survivor's life. The findings concur with the discoveries of Raleya (2018), who posits that daunting childhood experiences such as physical, sexual, and emotional abuse and physical illness increase the risk of attempted suicide even later in life. In the same vein, Blosnich et al. (2021) denote that childhood adversities present a more significant risk for developing suicidal ideation and attempts. Such experiences can trigger adverse psychological consequences in adulthood, including mood, anxiety, trauma, stress-related, and substance use disorders (Milojevich et al., 2021). The researcher postulates that childhood traumas or adversities can translate into risk factors for suicidal behaviours later in life, specifically when there are no effective support systems and mental health services that facilitate the healing process for persons who have gone through such experiences.

It is also worth noting that dysfunctional families may also create a cyclical nature of trauma, which could lead to suicide attempts. This situation challenges service providers in the health and helping professions to work hard at the preventative level by focusing on child protection, especially in South Africa, where incidents of child abuse are reported continuously in the media. This confirms the extend of this problem, which could lead to many adolescents attempting suicide later in their lives, leading to ever increasing cases of attempted suicide, that may be difficult to handle, due to minimal available resources. An empowered child will be able to overcome the effects of trauma and see life from a better perspective. According to Theron et al. (2019), the resilience theory demonstrates that while traumatic experiences can bear negative effects, some people can demonstrate remarkable resilience by overcoming these challenges and live fulfilling lives. Reasoning from this, the researcher is convinced that the availability of support systems for survivors of child abuse can be a starting point in leveraging their healing and functionality, to avoid suicide ideation and attempts later in life.

- **Failure to accept newly diagnosed chronic diseases**

The study findings revealed that some cases of attempted suicide are caused by shock that comes with being diagnosed with chronic diseases. Being diagnosed with chronic diseases such as cancer, HIV or AIDS, diabetes, arthritis and heart problems was

deemed another trigger for attempted suicide. According to the participants, family members who attempted suicide did not receive the news of their illnesses/conditions with acceptance. As a result, they were plunged into depression and anxiety and ended up failing to adjust to the new chronic illness/condition. It was established that some felt uncomfortable disclosing their chronic diseases, which led to suicidal thoughts. The following statements characterise some of the responses from the families:

> *"Motho yo o lekileng go ipolaya ke monna wa me, morago ga go lemogiwa gore o na le mogare wa HIV. Go ya ka ene, o ne a na le dipotso tse dintsi tse a neng a ikutlwa a sa kgone go di araba, ke ka moo a neng a leka go ipolaya" (The person who attempted suicide is my husband after being diagnosed with HIV. According to him, he had so many questions which he felt he could not answer, and that is why he attempted suicide.")*

> "*It was a double tragedy for my wife and my family. When she first attempted suicide, it was after a marital dispute, and then, she was later diagnosed with a heart problem, and she attempted suicide for the second time because she failed to come to terms with the newly diagnosed condition."*

It was clear from the submissions by social workers that failure to accept the news of the diagnosis of a chronic condition can also lead to suicide ideation. This is confirmed by the following responses:

> "*One of the major causes of a suicide attempt is failure to cope with a newly diagnosed condition like HIV."*

> *"Working in a hospital exposed me to a lot of dynamics. When people are diagnosed with chronic diseases, for example, HIV, they run amok, and those who are not strong enough attempt suicide. I once dealt with a case where the wife attempted suicide when she went for routine immunisation for her baby, and she tested positive for HIV. She was devastated because, according to her, she had been faithful. She couldn't accept the new development."*

"*Yes, chronic diseases require another level of understanding to deal with, especially when one is diagnosed for the first time. People come here and get diagnosed for various diseases, and then the next time you hear that they have been admitted because they attempted suicide.*"

The nexus between suicide attempts and newly diagnosed chronic conditions found in this study resonates with the findings of Pengpid and Peltzer (2020), who established that fear and anxiety associated with being diagnosed with a chronic disease ignite suicidal behaviours and acts. Shilubane et al. (2017) agree that it has been established that being diagnosed with chronic ailments such as HIV, and heart problems could provoke suicidal behaviours, especially if there is associated stigma. Deducing from the preceding expositions, the researcher infers that there is a lack of information and awareness about chronic diseases amongst society members in general, which may lead most people to fail to cope with learning about the diagnosis of a chronic disease/condition. This is aggravated by ignorance, which is accompanied by stigma and discrimination. This was found to be a factor amongst family members in this study. Because they do not understand the diagnosis, they are unable to support the newly diagnosed family member in accepting the situation and dealing with it appropriately. In such an environment, the newly diagnosed may end up feeling hopeless and helpless, leading to suicidal ideation. In light of the resilience theory, there is a need for intervention strategies focusing on providing supportive environments that bolster the resilience of people grappling with newly diagnosed ailments (Ungar, 2015). To this end, the researcher argues that the absence of necessary information and supportive environments may lead the diagnosed members to resort to suicide attempts because they are uncertain of their future.

- **Teenage pregnancy**

Teenage pregnancy was also identified as another cause of attempted suicide among families that had adolescents who attempted suicide. One family out of the five that participated in the study had an experience of a teenager who attempted suicide because she had become pregnant when she was in Grade 10. The views on teenage pregnancy as a driver of attempted suicide were also raised by social workers as they attested to handling a wide range of cases of that nature. The common thread in this

aspect pointed to the shock after discovering the pregnancy among teenagers and being confused about what to do with the pregnancy. This was regarded as a trigger for anxiety and subsequently led to suicide attempts. The following narratives characterise some of the responses:

> "*Fa ngwanake a ne a leka go ipolaya, one a le dingwaga di le 14, morago ga go lemoga gore o imile. Poifo ya gore o tla diragalelwa ke eng morago ga go mpolelela ka boimana ke yone e e bakileng maiteko ao". (When my daughter attempted suicide, she was 14, after she discovered that she was pregnant. The fear of what would befall her after telling me about the pregnancy caused the attempt*.)

> "*I have a niece who attempted suicide because she fell pregnant when she was in Grade 10, and the parents chased her out of their home.*"

The social workers shared the following statements, which confirm the role played by the discovery of a teenage pregnancy in suicide attempts:

> *"When these teenagers become pregnant, they don't know what to do, or they are afraid to disclose to their parents, or they are being rejected by their partners, they lose hope, and they overdose pills in an attempt to commit suicide."*

> *"Most of the cases that I managed are for teenagers, you will find that the teenager is pregnant and afraid to disclose to the family, and they become confused, they don't know what to do, and they don't want their family to find out, as a result, they will attempt suicide."*

> "*The pressure that comes with falling pregnant is unimaginable for these young girls. Some even attempt suicide after carrying the pregnancy for more than five months because their bodies are not yet prepared for that and failure to deal with the dilemmas that come with being pregnant."*

It is clear from the above information that discovering pregnancy by a teenager could evoke emotional tension in the girl. This emotional tension could lead to an irrational

thought process, specifically that the teenager does not know or cannot predict how her parents will react. Coming to the nexus between teenage pregnancy and attempted suicide, Lohan et al. (2018) infer that teenage mothers are at a higher risk of developing mental health disorders, such as anxiety and depression, which can pose the likelihood of suicidal attempts.

A study by Chamane and Mabaso (2025) revealed that more than 122,00 teenagers gave birth in 2024, with 2 716 young girls aged 10-14, while 119,887 teens aged 15-19 were facing parenthood despite being children themselves. A report by the Department of Basic Education revealed that in 2023, 33% of girls did not return to school after becoming pregnant (Mbongwa, Mpanza & Mlambo, 2024). This can be attributed to poverty, gender inequalities, poor access to contraceptives and inadequate sex education. The researcher denotes that teenage mothers face a wide range of challenges, including social stigma and disruptions to educational and career trajectories, which ultimately contribute to feelings of despair and hopelessness and further exacerbate the risk of attempted suicide.

- **Gender-based violence**

The findings of this study also revealed that there is a nexus between gender-based violence and suicide attempts. It emerged that those embroiled in turbulent relationships characterised by violence are at an elevated risk of attempting suicide. It was submitted that victims of gender-based violence perpetrated by their partners end up giving up on life and resort to attempting suicide as a solution. In most cases, attempting suicide is a cry for help for these victims. This phenomenon was reported to be prevalent among women as compared to men. Views on this aspect emerged from social workers who have dealt with cases related to that. The interviewed families did not hint at gender-based violence as the possible cause of attempted suicide; only social workers shared this view, as confirmed by the statements below:

> "*You see, the issue of gender-based violence or intimate partner violence is very pervasive, and most cases of attempted suicide and completed suicide emerge from such social ills. Most patients who get admitted after attempting suicide are women who are subjected to gender-based violence.*"

"*The scourge of gender-based violence in South Africa, where women are perennial victims, means the spate of attempted suicide remains high, and we have been dealing with such cases a lot. A common trend at this hospital, and as elsewhere in the country, is that recurring exposure to gender-based violence triggers some suicidal ideation.*"

"Women are always at the receiving end when it comes to gender-based violence. We have handled numerous cases of intimate partner violence, which resulted in suicide attempts. This is so because violence of any nature bears some psychological impacts beyond the physical injuries. As a result, most victims and survivors end up attempting suicide."

Deducing from the findings of this study, the researcher opines that gender-based violence plays a pivotal role in suicidal behaviour and suicide attempts. However, women bear the brunt of gender-based violence as compared to men, and they are likely to attempt suicide, as stated by the social work participants. This exposition echoes the sentiments of Barrigon and Cegla-Schvartzman (2020), who note that women are prone to attempting suicide while men are more prone to completing it. A study conducted by Epler (2019) revealed that victims of domestic abuse are three times more likely to experience depressive disorders, four times more likely to develop anxiety disorders, and seven times more likely to suffer from post-traumatic stress disorder and ultimately attempt suicide.

This is against the backdrop of evidence in the literature that South Africa is enmeshed in harrowing and devastating gender-based violence and femicide issues (Oparinde et al., 2021). Again, gender-based violence and femicide top the list of women's rights violations in South Africa (Govender, 2023). Recent statistics reveal that at least 115 women are raped each day, translating to over 42,000 rapes annually. On the same note, at least three women are killed daily by their intimate partners, and more than 1000 women are subjected to physical abuse daily, making South Africa one of the most dangerous places in the world for women (Nyagumbo & Ross, 2025). Besides the physical injuries, gender-based violence triggers psychological impacts such as depression, anxiety, post-traumatic stress disorder, sleeping disorders, and suicide ideation (Pinheiro, 2023; Govender, 2023). All these impacts have a negative bearing

on women's capacity to function well in their environments and how they foster relationships with friends and families (Nyagumbo & Ross, 2025).

Based on this, the researcher posits that the scourge of gender-based violence in South Africa intuitively implies that women will be prone to suicide attempts if no multifaceted approaches to avert the scourge are implemented. The researcher argues that there is a need to scale up the awareness that gender-based violence is a crime and not a family problem. This is so because many GBV cases go unreported or unresolved, and most victims grapple with psychosocial challenges. Whereas the government of South Africa enacted a wide range of legislation to combat the scourge of GBV, the researcher infers that there is a need for people-centred approaches in addressing the problem, where women are part of the matrix to decide on matters affecting them. This is so because most strategies poised to combat GBV and feminicide in the country follow top-down and technocratic approaches and systematically exclude women. Furthermore, there is a need to scale up advocacy, education and community engagement as a way of changing sexual behaviours and attitudes in the country.

- **Failure to cope with bullying at school**

The study further established that failure to cope with bullying at school was one of the perceived causes of attempted suicide. From the submissions made during the discussions with the participants, it was gathered that bullying is pervasive in schools around Tshwane, such that cases of attempted suicide and complete suicide are rampant. The Citizen Newspaper 15 August (2025) and Tshwane Talks Newspaper, 12 September (2025) reported that bullying is an ongoing practice in schools around Gauteng, as elsewhere in the country. In view of this, about 20% of learners report bullying every day and, in most cases, cyberbullying leads to physical bullying (Tshwane Talks Newspaper, 12 September 2025). The findings of this study revealed that bullying encompasses physical, emotional and cyberbullying and poses serious psychological harm to the victims, which may lead to suicidal ideation. Put together, it emerged that bullying contributed to diverse mental health issues among the learners, which contributed to suicidal ideation and attempts. The following statements from the families confirm this.

"*My niece attempted suicide because she could not withstand the level of bullying from her fellow schoolmates. You may agree with me that there is a lot of unabated bullying in schools, and victims of such acts resort to suicidal attempts as a way of redeeming themselves from suffering further.*"

"Bullying is not normal in schools, as my child went into a state of depression and spent two months in hospital in Pretoria before she was transferred to a new school in Cape Town to avoid being bullied. The persistent bullying contributed to her emotional distress and feelings of hopelessness, which ultimately led to a suicide attempt."

Social workers shared the following:

"Yes, most cases of attempted suicide among adolescents in this district stem from bullying at schools. Most schools around Tshwane are now at a crossroads when it comes to bullying. This phenomenon is now rampant to the extent that it is causing a devastating impact on the emotional well-being of the victims."

"*Bullying is now a common practice in most schools. We have handled similar cases of attempted suicide, which were triggered by recurring experiences of bullying. In my view, bullying in schools is now a growing concern as it triggers some mental health challenges, leading to either attempted or completed suicide."*

What can be underscored from the findings is that bullying in schools and its contribution to suicide attempts is confirmed by the expositions in research on the scourge of attempted suicide among adolescents (Shilubane, 2017; Mamabolo, 2021). A wealth of literature has acknowledged the relationship between bullying and suicidal behaviours/ ideation (Khuzwayo, Tailor & Connolly, 2018; Konayagi et al., 2019; Alabi, 2022). Furthermore, scholars such as Sabramani et al. (2021) state that bullying is a risk factor for self-harm, psychopathology and violent behaviour. Again, Shiba and Mokwena (2023) posit that bullying inflicts distress and harm on the victim, which can be educational, psychological and social harm. In the most extreme cases, bullying

has been directly linked to suicide and attempted suicide among adolescents (Notana, 2025).

The researcher argues that while little to nothing is being done to circumvent bullying in South African schools, it means the ramifications of bullying will continue to gain traction and wreak havoc. This also means cases of suicide attempts and complete suicide stemming from bullying will be on the rise. According to Graham (2025), more than 3.2 million learners are bullied yearly in South Africa, wherein 90% of the bullying is carried out by learners. Consequently, 1 in 10 learners drop out of school to avoid being bullied, while 16% attempt suicide and 7% take their lives after being bullied by either teachers or fellow learners (Adewoye & Mudzuri, 2025). The researcher infers that we may get to know about the consequences of bullying based on reported cases of attempted suicide or complete suicide, while the challenge remains pervasive and underreported. This is a call for action for this conundrum to be addressed in schools and communities.

- **Hearing voices**

The findings further established that attempted suicide was attributed to superstitious reasons, whereby those who attempted suicide reported to have heard voices directing them to take their lives. It was submitted that the attempted suicide was also attributed to witchcraft, citing some forces beyond the control of the individual that drove him or her to attempt suicide. These forces were said to be stirred by jealous family members who then resort to witchcraft and direct evil spirits to influence suicide attempts on any person they perceive as a threat. Such accounts were provided by social workers who dealt with cases of attempted suicide. The families that participated in the study did not cite supernatural reasons as the cause of attempted suicide. Nevertheless, the following statements represent some of the responses from social workers.

> *"I have rendered social work services to patients who attempted suicide, alleging that they heard voices telling them to kill themselves."*

“I have seen a patient who attempted suicide, and the family linked it to witchcraft, citing that there were jealous family members who were bewitching them and caused some misfortunes.”

“There is this one patient who attempted suicide because of her mental condition; she reported hearing voices commanding her to commit suicide, and she acted on that.”

The findings of this study are confirmed by the findings made by Agyapong and Asamoah (2015), whose study revealed that in most black communities, suicidal behaviour and attempts may be attributed to supernatural forces. On the same wavelength, Akotia et al. (2019) opine that magic, sorcery, and witchcraft are always invoked when attributed as contributing factors to suicide and suicide attempts among Africans. In contrast, Ssekitto, Abaatyo, Namatovu, Akatusasira, Kibet, Kamau, and Kaggwa (2024) argue that some people who attempted suicide shift the blame towards supernatural forces to avoid responsibility for their actions. Which means that the supernatural forces are seen by these authors as used to avoid taking responsibility by the persons who attempted suicide. It is interesting to see African scholars arguing in this fashion, whilst it is common knowledge that the African worldview is mostly characterised by belief in supernatural forces.

The researcher infers that through superstitious beliefs, some individuals believe that their fate is predetermined by the forces above them, and this belief can diminish the perceived value of life. Furthermore, supernatural reasons can make some people misconstrue mental illness as supernatural forces as opposed to psychological factors. This can lead individuals to avoid seeking the required help. In addition, superstitious beliefs can lead to secrecy about suicidal thoughts and honest communication about one’s struggles. Despite all this, it should be underscored that the attribution of any negativity to supernatural forces cannot be taken away from most African people whose beliefs are strongly etched in superstition. This calls for more emphasis on raising awareness and community education on the actual triggers of suicidal behaviour and how to circumvent them in communities and families. The researcher is of the view that this effort of community education can equip communities on how to recognise the triggers and take the appropriate action to avoid any complications

that could emanate from a suicide attempt or complete suicide. This calls for social work intervention at the prevention and early intervention levels, as stated earlier.

This theme captured the perceived causes of attempted suicide from the standpoint of participants. The causes of attempted suicide highlighted in this theme stemmed from the experiences of the interviewed families and social workers who dealt with attempted suicide cases in their line of duty. These findings highlight that the scourge of attempted suicide is pervasive in the country, and it stems from a variety of interrelated factors. This scourge is a cause for concern for social workers as they strive to enhance human wellbeing and create enabling environments in which every person lives a healthy and fulfilling life. From the wide range of causes of attempted suicide explored under this theme, it can be underscored that failure to mitigate these causes creates room for complete suicide to proliferate in the country. As such, there is an urgent need for a paradigm shift by social workers, where they rise to the occasion by crafting and implementing a raft of measures to prevent suicide and attempted suicide through broad-based community education and awareness raising. This is so because the rippling consequences of the factors identified under this theme are that they contribute to mental health challenges, where, in the absence of mental health promotion measures, attempted suicide becomes a possible prospect. This means that social workers need to stand in the gap in terms of mental health promotion in the communities they serve.

Theme 2: Family experiences with attempted suicide

This theme revealed the underexplored experiences of families living with persons who attempted suicide. These experiences highlight the unique and yet frustrating trajectories of families who are often excluded from services dedicated to patients who would have attempted suicide, as has been established in Chapter 3, when the literature review was presented. Their experiences bear testimony to the essentiality of including families in aftercare services designed for persons who have attempted suicide. Given this, the forthcoming subthemes represent the experiences faced by families living with persons who have attempted suicide. It should be highlighted that only a few social workers shared their insights into this subject matter, underscoring the reality that they have had limited interaction with families after the attempted

suicide ordeals. From this theme, the following subthemes were identified as overarching in highlighting the experiences of families living with persons who attempted suicide.

- **Anger and frustration**

The findings revealed that families that had a member who attempted suicide were grappling with anger and frustration towards the individual who attempted suicide. From the testimonies of these families, anger was triggered by the crisis caused by a member who attempted suicide. In addition, anger stemmed from being plunged into a state of distress after the suicide attempt. Furthermore, some families expressed that they were frustrated by their failure to detect the suicidal behaviour earlier. Therefore, they were frustrated that they failed to recognise the signs of suicidal behaviour, which they could have prevented. The following excerpts represent some of the responses:

> "*My experience with attempted suicide is that I harbour anger and frustration. I am angry because suicide, whether attempted or complete, brings misfortune to the family."*
>
> *"I was frustrated because this made me question my parenting skills."*
>
> *"The experience made us angry and frustrated at the same time. We got angry because attempting suicide can never be a solution to problems. Sometimes, you feel frustrated that we should have detected and salvaged the situation. It's not a good experience after all."*
>
> *"Go nna, go leka go ipolaya ke boitshwaro bjo bo sa amogelegego. Ke ka fao dinageng tše dingwe, go nyakago kotlo. E bile go hloka tlhompho go lapa. O leka go hwetša dikarabo tše di nepagetšego tša gore ke eng seo se hlohleletšago boitshwaro bjo bjalo gomme ga o di hwetše. Ke maitemogelo a go lapiša". (For me, attempting suicide is such an unacceptable behaviour. That is why in other countries, it warrants punishment. It was such a dishonour to the family. You try to find exact answers to what triggers such behaviour, but do not find them. It's a tiring experience".*

Social workers who interacted with some families after the suicide attempt had the following to say:

> *"You could read anger and frustration on their faces. I remember one family that caused havoc in the hospital, yelling at the member who had attempted suicide. I believe the anger comes from the fear of the unknown on the side of the family of what would have happened if the person had committed suicide."*

> *"In my experience, I have seen family members who looked dejected and confused after the ordeal. I think the anger also comes from self-blame because, in most cases, attempted suicide is a cry for help. You may realise that some family members might have ignored such calls, and when the ordeal manifests, they get angry."*

What can be deduced from the preceding information is that some families developed anger towards the person who attempted suicide. In the same vein, they were frustrated by their failure to prevent the suicide attempt. This is congruent to the findings reported by Kabbash et al. (2023), who posit that the phenomenon of living with a person who attempted suicide has been recognised as a source of anger and frustration for family members and caregivers. A study by Moon and Cho (2015) revealed that family members of persons who attempted suicide believe that they are a source of shame to their families and harbour anger and frustrations towards them.

According to the family systems theory, these emotions occur because families are emotional units such that everything that happens to one family member has an impact on everyone else in the family (Priest, 2021). Based on this, the researcher denotes that in most cases, it is difficult to overcome anger and frustration because of the fear that the same behaviour can keep on recurring. In the absence of professional support services, family relations can be tainted following a suicide attempt because the family members may direct their anger and frustrations towards the person who attempted suicide.

- **Shock and disbelief**

The common thread from the testimonies by all families was that they experienced shock and disbelief following the suicide attempt. This means that these families struggled to comprehend the situation. This shock and disbelief emerged from the failure to detect the suicidal behaviour. Therefore, the consequences of the actions of the members who attempted suicide struck the family members with shock and disbelief. Some families submitted that the shock emerged from their overlooking the magnitude of the distress that their family members were going through. Put simply, some families posited that they never anticipated that the challenges at hand could trigger suicide attempts. As a result, they were shocked by the actions of their loved ones, as confirmed in the following excerpts:

> "*I was shocked to learn about the attempt. It took me by surprise, for it is something that I never imagined could happen to her. Sometimes, I even pinch myself to check if I am not dreaming."*

> *"Some of the things we overlook may be severe in the eyes of other people. I never thought that his actions could lead to suicidal thoughts. I was shocked and could not believe that he chose that path as a way of solving problems."*

> *"We were all puzzled by the move (attempted suicide). It's something one has to accept after some time, but at first, I was in disbelief that it really happened."*

The following statements from social workers shed further light on this:

> "*Some families expressed shock and were struggling to come to terms with the ordeal. In my view, some family members get shocked because they trivialise some of the reasons why people attempt suicide. Some also get shocked because they would not expect such a reaction to any situation."*

> *"Yes, shock and disbelief are common experiences among such families. It is a common reaction because we do not prepare for such events."*

This finding is confirmed by the results of a study conducted by Oquendo, Wall, Wang, Oljson and Blanco (2024), who argue that the aftermath of attempted suicide can cascade into complex emotional responses for family members. Furthermore, a study conducted by Jidong, Ike, Husain, Francis, Husain, Mwankon and Nwoga (2024) revealed that attempted suicide is characterised by shock and disbelief as the loved ones struggle to come to terms with the imagination of the individual who attempted self-harm. The researcher is of the view that shock and disbelief normally evolve as family members are in the process of finding meaning, which can be challenging as they try to deal with the situation at hand. All these points relate to the emotional impact of attempted suicide on family members, which justifies why they should be included in the services rendered by diverse professionals to persons who have attempted suicide, something that has not yet been given the necessary attention.

- **Fear and uncertainty**

The common thread in the discussions with all families pointed to them experiencing fear and uncertainty about what the future holds for the member who attempted suicide. The predominant submission was that these families were subjected to fear when the incident unfolded, and now they are living in the same space of fear and uncertainty. The uncertainty stems from the repeated suicidal behaviour of the members who have attempted suicide. As a result, there were fears that such behaviours could translate into complete suicide, or there were uncertainties on whether such behaviours would be just a once-off incident or would be repeated, with unknown consequences. Some participants mentioned that they still had unanswered questions about what triggered the suicide attempt. As such, they were embroiled in a pool of uncertainty on the likelihood of the recurrence of the same acts. The following excerpts characterise some of the responses:

> *“Since then, I have been living in fear. I am a bit worried that I cannot make my house suicide free. I can’t hide everything that he might use to repeat what he did.”*

> “*These acts are like a seed that you plant in the ground; soon or later they will germinate. We are not sure if the attempt was the last one or others are yet to come.”*

"*Re nyakile go lahlegelwa ke setho sa lapa, gomme diphihlelo tše bjalo di hlohleletša poifo ye e sa felego. Ke maitemogelo a thata*" (*We nearly lost a family member, and such experiences trigger endless fear. It's a tough experience.*")

"*These experiences are daunting and pose challenges to us as well. There are high levels of uncertainty, we ask ourselves if we are not going to go through the same experience again.*"

In support, one social worker had the following to say.

"After such ordeals, the main concern for family members is whether the same act is going to happen again or not. Following this, most family members live in fear of the unknown. The fear also comes from speculations that the next attempt is likely to lead to a complete suicide."

In a study conducted by Junior et al. (2016), it was revealed that suicide attempts plunge family members and significant others into a state of fear and uncertainty because some suicide attempts are likely to recur. This points to why the family systems theory is hinged on the functioning of families as emotional systems. In this regard, the theory postulates that everything that happens to one family member has an impact on everyone else in the family (Kim-Appel & Appel, 2015; Asare-Doku et al., 2017). The researcher is of the view that the fear and uncertainty associated with suicide attempts stem from a lack of proper support systems provided to people who have attempted suicide and their families. The fear and uncertainty could be attributed to the lack of adequate information on how to navigate the phenomenon, as well as visible professional support, plunging family members and significant others into a lingering sense of fear.

- **Isolation and stigma**

The findings further highlighted that families with persons who attempted suicide experienced isolation and stigma. Following the attempted suicide incidents, some families revealed that they feared judgment from society, which holds negative views

about suicide and attempted suicide. As such, they had to shut themselves off from the rest of the community. In other words, the stigma associated with attempted suicide made other family members disassociate themselves from the rest of the society. Furthermore, some isolated themselves from the rest of the community because they felt ashamed of having a history of attempted suicide in the family. This also stemmed from the fact that attempted suicide and complete suicide are highly stigmatised phenomena in different communities. As a result, the whole experience of having a family member who attempted suicide was described as a burden. The following statements confirm the preceding information:

> *"When it comes to attempted suicide cases, you end up being a loner in the struggle. I felt that because I ended up being the talk of the town and people would come to me seeking answers. It ended up stressing me, and I had to isolate myself from the rest of the world so that I could have peace of mind. I did that to bury my head from the shame."*

> *"People have different understanding of these things. Some even started calling us failures, while others started making outrageous remarks that my niece is possessed by evil spirits. The stigma is very high. That is something that stressed me a lot."*

> *"We ended up not seeking help because of the fear of stigma. At the end of the day, we end up dealing with our struggles in isolation because people out there can add more stress because of their negative views towards self-harm and suicide in general."*

One of the social workers shared the following:

> *"I dealt with a case where the family that had a member who attempted suicide, was now living in isolation from the rest of the community. This follows some scathing remarks from some community members that were judgemental. Despite this development being a cause for concern, I think it stems from the lack of adequate knowledge on attempted suicide by our communities."*

The findings are in line with the expositions made by Lesinckiene et al. (2024), who infer that stigma around attempted suicide may impact families the same way it does to the person who has attempted suicide. According to Ngwane and van Der Wath (2019), the stigma surrounding attempted suicide serves as a deterrent for family members not to seek help. The researcher is of the view that most family members end up grappling with mental health challenges because of the stigma that follows a suicide attempt. This points to the lack of awareness about the subject matter of suicide and attempted suicide in most communities. Awareness raising is needed to educate communities that stigma levelled against families with a member who attempted suicide adds another layer of complexity to the well-being of these families. Furthermore, raising awareness is essential to encourage families to seek help amidst fears of being labelled by society. A knowledgeable society will be more embracing to these families than being judgemental, which could assist is cushioning the families faced by dealing with an attempted suicide to heal without having to check who is talking about them.

- **Opportunity to learn about mental health**

The study established that through the experiences of having a member who attempted suicide, some families attested that they got the opportunity to learn about mental health and how mental health issues can trigger suicidal behaviour. It should be underscored that there were mixed responses on this subject matter, whereby only families that accessed social work services demonstrated awareness about mental health issues, as compared to those that indicated a lack of access to social work services. However, the families that received social work services indicated that they were exposed to some information on mental health from the support groups, which were organised by some church leaders. This means that as families were navigating the recovery of a member who had attempted suicide, they got to learn about mental health issues in the process. The following responses from participants who accessed social work services after their family member attempted suicide confirm the preceding information:

> *"It is a disturbing experience, of course, but we had to learn about mental health issues and how we should guard against anything that threatens our mental well-being."*

“After learning about mental health, I changed the way I deal with issues in life and seek help whenever I feel like I have struggles. For us, it was a learning curve.”

“I am now aware that mental health problems can take you to the grave. The experience was an eye-opener for me.”

The participants who did not access any social work services had the following to say:

“*I understand that some people receive support from professionals such as social workers and psychologists to help them rebound and move forward after such experiences. However, in our case, the support groups from the church exposed us to information on mental health.”*

“We had to learn about mental health from reading on the internet on how to cope with the aftermath of attempted suicide, as we realised the importance of knowing what we were dealing with. In some cases, we would watch videos on YouTube on how to deal with the situation and how to safeguard our mental health. At the end of the day, it was an important learning curve for us.”

From the preceding responses, it can be underscored that despite having gone through some horrendous experiences with attempted suicide, some families were optimistic about their circumstances amidst adversity. This resonates with the resilience theory, which is premised on how individuals and families thrive amidst adversity and maintain a basic level of functioning (Ungar et al., 2017). One of the lexicons of the strength-based perspective signposts that stressful events and traumatic shocks may be detrimental to the well-being of mankind, but they may also be a source of challenges and opportunities (Bockneck et al., 2017). Deducing from this, it can be posited that, despite the daunting nature of reeling from stress, despair and anxiety emanating from the experience of a family member who attempted suicide, families were exposed to avenues of learning. It is interesting to note that these families were able to see something positive from their negative experience, which resonates well with the strength-based perspective. This could be seen as

a step forward towards mental health promotion, where family members could use this learning curve to improve their mental wellness, as well as being aware of the signs or triggers that threaten their wellbeing, for them to take appropriate action.

This theme captured the experiences of family members living with a loved one who attempted suicide. The theme highlighted that families experienced a variety of emotions. These different emotions call for professional intervention to assist the family members in dealing with them and moving forward beyond this experience. Seeing a learning opportunity by family members in this traumatic experience shows the special place of the strength-based perspective in social work intervention, challenging social workers to always believe in the inner strengths of their clients, so that they can maximise them.

Theme 3: Challenges faced by families living with a person who attempted suicide

There were several challenges that were shared by the participants, which are discussed below, namely, psychological destabilisation, impact on communication patterns, and lack of support from social workers.

- **Psychological destabilisation**

Following the experiences with attempted suicide, some family members indicated that they were grappling with psychological destabilisation. Fear, anger, frustration and shock reported in the previous theme emerged as drivers of psychological destabilisations. In other words, the participants indicated that their experiences with attempted suicide were affecting their well-being. This was so because these families never received any form of support from the professionals on how to navigate their emotions emanating from this traumatic experience. The families that confirmed to have received services from social workers indicated that they only received once-off counselling services, and it came at a time when they were still processing the ordeal. This highlights that there was a fundamental need for follow-up services in a bid to restore the psychosocial functioning of families. However, it was also revealed that the short-lived aftercare support services rendered by professionals to the patients never involved the families. As a result, they were having psychological difficulties in coping

with the ordeal. Social workers also attested that their services to families were not yet a priority, despite acknowledging that these families could be grappling with intense psychological problems. The following narrations from families confirm this:

> "*I also went through major depression, and I am still on treatment and still seeing my psychiatrist. I think treatment keeps me very calm because I can't get upset or angry. So, it affected me a lot."*
>
> *"Hi hundza eka swo tala, naswona van'wana va hina hi tlhela hi nwa tiphilisi ta miehleketo. A ndzi tali ku tsundzuka siku leri ndzi tirheke kahle ku sukela eka mhangu leyi." (We are going through a lot, and some of us are even taking antidepressants. I rarely recall the day I functioned properly since the incident."*)
>
> *"I can't recall the last time I had a sober mindset since the event (attempted suicide) unfolded. I wish to function well like before, but it is a tough struggle."*
>
> "*For me, my well-being was severely affected. It's now difficult to function properly after such an experience. I am not sure if normalcy is going to be restored."*

It was also interesting that one social worker had this to say:

> *"The issue of psychological challenges that evolve from experiences of nearly losing a family member or a beloved one cannot be downplayed. I understand that we are doing little or nearly nothing to support these families, but they could be going through a lot.*"

The preceding information is in line with the findings of a study conducted by Frey et al. (2016), who postulate that suicidal behaviour, suicide, and suicidal attempts profoundly affect the psychosocial well-being of families. Similarly, Adinkrah (2016) infers that the aftermath of a suicide attempt is also a difficult and emotional time for those who love and care for the person. According to the problem statement of this study, families were not involved in the catalogue of services, that are aimed at

fostering healing and wholeness for the persons who attempted suicide. The researcher is of the view that the psychological destabilisation experienced by families can be circumvented if any support mechanism directed to the persons who attempted suicide could include families as well. Furthermore, the disregard for the psychological challenges experienced by families is at variance with what the family systems theory (FST) aspires for in terms of viewing families as cohesion emotional entities whereby the emotional dysfunction of an individual and in this instance suicidal behaviour, disturbs all of that person's relationships with other family members, as underpinned by the FST (Keller & Noone, 2019; Priest, 2021).

The findings resonate with the family systems theory, hinged on the fact that the theory posits that everything that happens to a family member has an impact on everyone else in the family. The theory further hinges on the fact that individual human beings are therefore inextricably tied to their families (Frey et al., 2016). This is because family members are interdependent and interconnected and operate as a family system or as a group (Eppler, 2019). Drawing from the preceding expositions, the researcher posits that the emotional dysfunction and psychological challenges experienced by families stemmed from a lack of appropriate services for them. This can be attributed to the busy schedules in hospital settings, where it becomes difficult for social workers to provide services to families outside the hospital. This is a call for a paradigm shift towards devising ways in which integrated services could be rendered to the persons who have attempted suicide and their families. It also calls for the government to prioritise resources that support the budget-constrained departments so that they can stretch their arms in extending their services to families grappling with psychosocial challenges following experiences with attempted suicide.

- **Impact on communication patterns**

The study established that families living with persons who attempted suicide experience challenges with communication patterns between them and those who attempted suicide. The major highlight of this subtheme was that families were now struggling to have meaningful conversations and maintain decorum in their engagements with those who attempted suicide. In most instances, it was revealed that some families were having some challenges in reprimanding those who attempted suicide for wrongdoing or any wayward behaviour. This was so because families

developed a sense of fear that reprimanding the person who attempted suicide could lead to another suicide attempt or complete suicide. According to some participants, the communication strains that stemmed from suicide attempts created an unusual phenomenon whereby parents or guardians were no longer determining how their dependents should conduct themselves. Fear of them repeating the same acts would make some families let them be without castigating any form of wayward behaviour, leading to disturbed boundaries within the family. This was mentioned among families with adolescents who attempted suicide, while families with adults who attempted suicide also indicating that they were finding it difficult to talk about what caused the suicide attempt. The following statements confirm what the families had to share:

> *"I am very fearful that should I reprimand her for anything; she might attempt suicide again. I am very afraid to communicate with her regarding her wrongdoings. I turned out to be her child, and she is my mother. She does as she pleases, I can't say anything, I am afraid to reprimand her."*

> *"I failed to manage the issues of my daughter's attempted suicide, and even now, I can't reprimand her. You see, now she is not here at home, when she comes back, I can't even ask where she is coming from because I am afraid that she might repeat what she did. When I go to work in the morning, I request her to clean and cook. Out of all that I requested, she did not do anything. When she comes back, I can't even ask her anything."*

> *"…I fear that should I speak to my child about anything, she will attempt again, and she might die."*

The preceding information sheds light on the difficult communication pattern that emanated from having a child who attempted suicide, with the parents' role diminished. Several scholars have confirmed the communication challenges encountered by families living with persons who have attempted suicide (Katsivarda, Assimakopoulos, & Jelastopulu, 2021; Creuzé, Lestienne, Vieux, Chalancon, Poulet, & Leaune, 2022; Radde, Gutwinski, Harris, Schouler-Ocak, Bermpohl, Schnab, & Henssler, 2024).

According to Katsivarda et al., (2021), most families experience a high state of emotionality and specific drawbacks in having constructive conversations. Quite often, family members might be uncertain of what to say and how to handle their expectations alongside those of individuals who have attempted suicide. It should be underscored that the challenges faced by families in fostering effective communication highlight the importance of support services from professionals, which some families reported not receiving. This ends up disempowering parents concerning performing their parental role effectively, as they don't know how to communicate, and they are afraid to trigger suicidal ideation in their children who have attempted suicide. This study draws from the arguments advanced by Holland et al. (2017) that families that have experienced a suicide attempt require counselling services that include skill-building on how to manage difficult conversations with their loved ones. Extrapolating from this, the researcher argues that navigating complex emotions that involve dealing with uncertain behaviours of persons who attempted suicide places a significant strain on family relationships and communication channels. This is so because families are not equipped with skills on how best to communicate with persons who have attempted suicide and still harbour suicidal thoughts.

- **Lack of support from social workers**

Another challenge faced by families pointed to a lack of support and clear aftercare plans from social workers. Mixed reactions emerged from the participants, with only one family out of five attesting that they received partial support from social workers, while the other four families submitted that they never received any support from social workers. It should be underscored that the participants who cited not receiving any form of support heralded that they were grappling with confusion on how to navigate the phenomenon of staying with a person who attempted suicide. The family that acknowledged having received support from social workers did not mention anything about an aftercare plan. Rather, the support they referred to relates to having in-depth conversations with social workers on the aftermath of the suicide attempt. Another point to note is that some participants attested to having single encounters with psychologists instead of social workers, and they further cited that securing subsequent sessions with psychologists was a hurdle. Put together, these signposts indicate that these families are embroiled in emotional malaise without any means of

support on how to function well after experiences with attempted suicide. The following narratives confirm this.

> *"I have seen a social worker once, and she did not assist me with anything. She did not even call to follow up on how we were coping. The last time I spoke to the social worker was only that day when I went to the hospital."*

> *"The social worker did not support me at all; she only assisted by informing me that my child is on substances and she is bisexual. The social worker also told me that my daughter would attempt again, and she did not do or say anything to assist in preventing this from happening again. The social worker was supposed to empower me on how to live with my daughter after the incident."*

> *"Ke nagana gore badirelaleago ga ba amege kudu mabapi le thekgo ya lapa, ke ditsebi tša monagano fela tšeo di lego ka pele le ge go le thata go bonwa ke ditsebi tša monagano ka lebaka la lenaneo la tšona. Mohlomongwe mafelong a mangwe, badirelaleago ba dira thušo" (I think social workers are not mostly involved in relation to the support of the family, only psychologists are at the forefront, although it is difficult to be seen by psychologists due to their schedule. Maybe in other places, social workers do help."*

This finding is in line with the expositions of Zalsman et al. (2020), who opine that services to the families of the persons who attempted suicide are scant, and if they are available, they are not easy to access. What can be deduced from this finding is that the focus of either psychologists or social workers is skewed towards the person who attempted suicide instead of their families. Lee et al. (2021) echo similar sentiments by alluding that the issue of providing support for family members and significant others after a suicide attempt appears to be almost always obscured by the immediacy and urgency of addressing the treatment needs and further suicide risk of the person who attempted suicide. In the absence of aftercare plans, which are poised to give families a toolkit on how to cater for the needs of those who attempted suicide and their own needs, it means families continue to grapple with multifaceted challenges.

According to Revah-Levy (2015), it is important to involve the families of those who have attempted suicide in the care and management plans. This is important in equipping families with information on improving their relationship with the patient and following up on care and treatment plans (Wetherell et al., 2018). Stapley et al. (2016) posit that involving families in the care and management plans of people who have attempted suicide makes it possible to create a holistic approach that encompasses the individual (suicide attempt survivor) and their support systems. The researcher opines that a coterie of psychological destabilisation mentioned by most participants means that, in the absence of support mechanisms and aftercare plans spearheaded by professionals, such families are likely to have suicidal thoughts. This resonates with the findings by Mamabolo (2021), who aver that families of persons who attempted suicide can also be prone to suicidal behaviours and depression if they do not receive adequate support in the aftermath of a suicide attempt by a family member.

It is concerning that some of the family members in this study did not see the need for social work intervention in their situation of having a member who attempted suicide. This calls for serious introspection on the social work services rendered at hospitals, for communities to know the actual role that the social workers must play. Efforts must be made to make the role of the social worker palpable in the hospital by ensuring that social workers are equipped to handle all the challenges that patients and their families present with.

The researcher further avers that supporting families and involving them in aftercare plans is essential in fostering the resilience of families and persons who have attempted suicide. This is because scholars who used the resilience theory in understanding attempted suicide discovered that there is a positive correlation between resilience and reduced attempted suicidality (Cheavens et al., 2016). Fostering resilience should not exclude the families of persons who have attempted suicide, as they also grapple with emotions, despair, and distress that would require the resilience renaissance to be developed.

It is also worth noting that the lack of manpower in state hospitals cripples efficient service delivery aspirations. This means that, besides social workers appreciating the need to extend their services to families in the aftermath of a suicide attempt, they are

hamstrung by manpower deficiencies bedevilling state hospitals. Another important point to note is that experience, knowledge, and skills count in terms of how social workers are prepared to deal with cases of diverse magnitudes. This connotes that social workers with a few years of experience lack adequate knowledge and skills required to provide a holistic scope of services to clients presenting with different needs. Support groups by church leaders and not social workers mean these churches can be roped in as key stakeholders that can assist families in collaboration with social workers, since the social workers are overstretched. This could be one of the innovative ways of addressing the need for family services.

Social workers in the community can also be roped in as an extension of the hospital social workers, so that many hands can be on deck in addressing the needs of families living with persons who have attempted suicide. This theme surfaced the challenges faced by families living with persons who have attempted suicide. The theme highlighted that these families were grappling with psychological destabilisation following a wide range of emotions such as anger, frustration, shock and disbelief, which were never mitigated through various support systems. The findings further revealed that the aftermath of a suicide attempt impacted communication patterns in most families, as some of them were now afraid to reprimand wayward behaviour in their children, fearing that they would repeat the same act. Another challenge relates to a lack of support from social workers in the aftermath of the suicide attempt. This aggravated the psychological distress in most families as they found coping with the ordeal to be an uphill task.

Theme 4: Coping strategies employed by families

The study explored the coping strategies employed by families living with a person who attempted suicide. The exploration stemmed from the presumption that, amidst diverse experiences and challenges with attempted suicide, families had some coping strategies in place, based on the focus of the resilience theory as one of the theories that guided this study. This being the case, the following coping strategies emerged from the data.

- **Seeking divine help in churches and from traditional healers**

All the families that participated in the study referred to seeking divine intervention as their coping strategy amidst the psychological turmoil caused by a member who attempted suicide. In the absence of the much-desired professional support, families indicated that divine intervention from churches and traditional healers was instrumental in assisting them to endure adversity. The common thread in the submissions by the participants was that they relied heavily on spirituality and believed that prayer and meditation are pivotal in alleviating feelings of despair and isolation. One family highlighted that they consult divine healers (traditional healers) to seek guidance on how to persevere through the challenges. This emerges from the fact that religion and spirituality have received increased interest concerning dealing with adversity in African settings (Mabvurira, 2016). From the African worldviews, religion and strong allegiance to religious principles are believed to provide healing and recovery in the face of any adversity. Again, through spirituality, it is believed that people receive care and compassion, which are the hallmarks of coping with destabilising situations (Mabvurira, 2016). The study findings revealed that participants with Christian beliefs acknowledged the support networks and compassion they received from their denominations, which were pivotal in alleviating anger and frustration. The family, which had allegiance to African Traditional Religion, highlighted that they sought help from a traditional healer who gave them divine intervention on how to avoid similar situations in future. Spirituality was also deemed essential in giving some families the courage and vigour to support their loved ones. The following statements confirm what participants shared:

> *"We find solace and comfort in prayer. God has answers and solutions to every problem. We cast everything to God, and yes, we will conquer."*

> "*My church has been very supportive. God gave me another family in them, and I have a shoulder to cry on.*"

> "*The church and prayer have been our source of strength. There is something about prayer that gives you peace, healing and restoration.*"

> "*Re ile ra boledišana le ngaka ya setšo, gomme o ile a re iša ka tsela ye kaone ya go lebeletšana le seemo. O re thušitše kudu. Go tloga ka nako yeo, re ka*

bolela gore re kgonne go lebeletšana le maemo." (We consulted the traditional healer, and she took us through how best to cope with the situation. She helped us a lot. Since then, we can say that we have been able to cope.")

Research has revealed that individuals grappling with psychological distress often resort to spiritual or religious practices as a means of finding support and solace (Akotia, 2018; Morrison, 2019). According to Walker, Salami, Carter and Flowers (2022), religious and spiritual beliefs are believed to be instrumental in providing a sense of meaning in adversity and have been linked to psychological adjustments. Furthermore, religious coping tends to be associated with higher levels of positive affect and lower levels of emotional distress, including depression and anxiety (Walker et al. 2018).

From the preceding discussion, the researcher denotes that divine intervention anchors the resilience of families grappling with emotional malaise evolving from the experience of having a member who attempted suicide. According to the factors contributing to resilience advanced by Sher (2019) as referred to in Chapter 2 of this thesis, religion and spirituality are mentioned as vehicles for social support, which can help those going through adversity to find meaning and purpose. The ability of families to navigate the challenging trajectory points to the strengths they have as encapsulated by the strengths-based perspective, which views individuals, families, and groups as endowed with strengths to see beyond the current problems through hope and recovery (Muleya, 2020).

Extrapolating from this, the researcher opines that religion, and spirituality may assist individuals who have gone through unpleasant life circumstances to learn and develop their attributes, which may help them survive in many circumstances. Alongside the value of having a supportive family social network, the data sets also revealed belief systems that inform why an individual may choose a particular route for help-seeking. It can also be underscored that the reliance on spirituality and religion as coping mechanisms in the wake of adversity among Africans refutes the overhyping of Eurocentric professional hegemonies, which are lauded as superior ways by which people find healing and recovery after facing adversities. The researcher contends that Eurocentric paradigms laud the involvement of professional interventions as a

way of fostering human wellbeing and thriving in the face of shock. However, most Africans who have strong allegiance to their belief systems always resort to utilising religious and spiritual support mechanisms, which should be regarded as having the same impact as professional interventions from social workers and psychologists. This calls for social workers to be sensitive to the needs of their clients and not elevate the professional intervention above the spiritual and religious ones. They must be led by the clients' choice, therefore, emphasis on client self-determination principle must be always observed in the interaction with clients.

- **Support groups**

Support groups emerged as another coping strategy that assisted some affected families in withstanding the adversity posed by attempted suicide experiences. In light of this, three families out of the five that participated in the study highlighted that they belonged to some support networks in their communities. What emerged was that these support groups were not meant specifically for families dealing with attempted suicide but for a diversity of challenges. In addition, these support groups were spearheaded by some religious leaders, and there was no mention of professionals such as social workers and psychologists as initiators of such support groups. Through support groups, the study established that some affected families were able to navigate complex psychological challenges. The participants had the following to say:

> "*Go na le monna yo mongwe wa Modimo yo o dirileng setlhopha sa kemo nokeng se mo go sone mongwe le mongwe yo o nang le dikgwetlho, le ba ba sa tshwaneng le rona, ba kopanang le go abelana maitemogelo. Morago ga moo, re abelana maano a gore re ka nna jang re nitame." (There is one man of God who created a support group where everyone with challenges, even those not similar to ours, meet and share experiences. After that, we share strategies on how to remain steadfast.")*

> *"For me, we call it a connect group. What we normally do is that we meet every Wednesday, where we watch a sermon, and each of us share our experiences and needs, and assign each other responsibilities to pray for one another.*"

Support groups have been recognised as instrumental in fostering social support, a critical factor in helping families heal and cope during difficult times (Amelda et al., 2017; Khan et al., 2021). According to Oquendo et al., (2024), support groups provide an enabling environment for those facing adversity to share their experiences, express their emotions, and receive emotional and practical guidance from others who have endured similar situations. Khan et al. (2021) infer that through support groups, individuals experiencing adversity can feel more empowered and less isolated, which is pivotal in fostering recovery. The researcher argues that the information sharing that occurs in support groups is vital for cultivating coping strategies and, in some instances, providing affected families with resources to support their loved one's recovery. Although support groups are predominant in social work methods of intervention, this study found that social workers were not at the forefront of initiating support groups for families affected by attempted suicide. This can be attributed to limited manpower as well as the fact that families are from different areas, making it practically impossible to bring them together in a support group. Another point to note is that it is difficult to run groups in hospital settings because patients are admitted for a short-term period. The focus is always on addressing the medical needs of the patients and then discharging them. This situation is now more serious in government hospitals, where resources are overstretched, due to the continuous budget cuts from the national treasury shared by the Minister of Finance. The financial constraints experienced in the country have a negative bearing on all departments, hampering appropriate and effective service delivery by all professionals.

Within social work, support groups provide opportunities for learning from others' experiences and for drawing support and understanding (Shokane, 2018). However, this was not the case in the context of this study. Instead, support groups were initiated by religious figures. The role of support groups in assisting the affected families to navigate the complexities of their emotions resonates with the underpinnings of the strength-based perspective that every individual, group, and family have strengths (Payne, 2020). In this instance, the strengths of the affected families stemmed from the solidarity and social support they received through various networks. In light of this, the researcher denotes that resilience is a relational phenomenon that is fostered through collaboration and social networks, which most individuals have. The lack of involvement of social workers in support groups means there is another aspect which

they are neglecting from the wider scope of their services to families and individuals. This is so because the traditional social work approaches involve organising support and therapy groups to assist individuals going through adversity to find healing and wholeness.

This theme unpacked the coping strategies employed by families amidst the challenges they faced in the aftermath of attempted suicide by their loved ones. As such, seeking divine help from churches and traditional healers and support groups emerged as vital coping strategies for these families amidst a lack of professional support from social workers.

Theme 5: Social workers' views on services to be rendered to affected families

Among other key aspirations of the study was to establish if there are social work services dedicated to families with members who have attempted suicide. It is worth noting that the families did not share their insights on this subject matter. This can be attributed to the limited understanding of the scope of services they can receive from social workers, as shown earlier. The findings under this theme are highlighted in the following subthemes.

- **Need to address the lack of services dedicated to families**

All ten social workers who participated in the study expressed that the catalogue of services they have rendered to persons who attempted suicide never included their families. Given this, the study established that there was a limited appreciation of the needs of families alongside those who have attempted suicide. However, some social workers mentioned that the only level of family support they render is during the exploration phase with the patient, where they intend to establish the causes of attempted suicide and to understand if the patient has family support or not. This can also be attributed to the experience that social workers have in the field, where those with many years in practice may understand the dynamics as compared to those at the entry level into the field. It is at this stage that some social workers attested that they involve families.

When it comes to services meant to address the emotional needs of the families raised under themes two and three, the participants indicated that there was still a huge gap. Other social workers indicated that most patients who attempt suicide are admitted on a short-term basis, and there is not ample time to devise ways to incorporate the needs of their families and how to work with such families in the recovery phases. What was crosscutting in most engagements with the social workers was that the scope of their services involved counselling and referrals, specifically meant for persons who had attempted suicide. However, there was consensus that there is a need to address the lack of services dedicated to families. The following excerpts represent some of the responses.

> *“Because, most of the cases we deal with are found to be not that serious, the patient is only here for observation. For example, the patient can be admitted on a Friday and on Monday get discharged after they have been medically assessed. In most cases, families are not encouraged to take part. This is something we need to address.”*

> *“I will create a support group for the parents or caregivers of children who have attempted suicide to address the matter. When I discuss this with you, I feel there is a gap that needs to be closed in rendering social work services.”*

> *“Ku vula ntiyiso, hi vile hi honisa xiphemu xexo xo katsa mindyangu eka xiyenge xa hina xa vukorhokeri na vanhu lava ringeteke ku tidlaya. Hi fanele ku ehleketa hi vuntshwa vukorhokeri bya hina hikuva va khumbeka hi ku ringana." (To be honest, we have been overlooking that aspect of including families in our scope of services with persons who attempted suicide. We need to reimagine our services because they are equally affected.”*

The findings of this study validate what has been indicated in the literature on attempted suicide that attention is given to persons who have attempted suicide, while little has been said about the services available to the families of persons who have attempted suicide (Shilubane et al., 2014; Maple et al., 2017; Zalsman et al., 2020; Mamabolo, 2021). In the same vein, the findings resonate with the expositions made by Onoya et al. (2021) as already indicted, who opine that in most African countries,

including South Africa, the services for families living with persons who attempted suicide are scarce, and if they exist, they are difficult to access. This exposition disregards the fact that the aftermath of a suicide attempt is also a difficult and emotional time for those who love and care for the person. It is important to note that partners, parents, siblings, friends, and colleagues of the attempted suicide survivor are left mainly unsupported by several services (Frey et al., 2016).

The researcher is of the view that, there is a limited appreciation by social workers of the struggles that families go through after their loved ones attempt suicide. This limited appreciation of their struggles contributes to the rigid approach of only focusing on persons who attempted suicide and not their families. The findings demonstrate that social workers are still lagging in terms of being at the forefront of assisting families grappling with attempted suicide experiences. Failure to assist these families in the aftermath of attempted suicide means that social workers have a limited appreciation of families' functioning as emotional systems. This is highlighted in the family systems theory that various dysfunctions such as marital conflict, illness, attempted suicide and suicide equally affect the well-functioning of the whole family system (Sher, 2019). This calls for social workers to reimagine the scope of the services they offer in the context of attempted suicide and suicide.

Since social workers acknowledge that they render counselling services to persons who have attempted suicide, they also need to consider the families, and not focus on the exploration phase only, as they are currently doing. Reva-Levy (2015) argues that through counselling services, families can break the cycle of self-destructive patterns and promote healthier behaviours and coping mechanisms. What can be understood from this subtheme is that when social workers step up to rendering some services to families, they would be embracing the understanding encapsulated in the family systems theory that families have an inextricable connection that remains binding even in times of a crisis (Son, 2019). In alignment with the family systems theory, when social workers address the lack of services dedicated to families, they may have demonstrated an adept understanding that families function as composite emotional systems which serve as a driving factor for them to react to shocking stimuli including attempted suicide by another member (Keller & Noone, 2021). As such, social workers are poised to occupy the frontlines in terms of empowering families to address the

family-related dynamics such as low cohesion, poor attachment and failed communications which when not addressed may trigger suicidal ideation and attempts (Becvar & Becvar, 2017). Furthermore, when social workers dedicate their services to families, they provide a fundamental support systems structure for these families to navigate the emotional malaise that comes with experiencing attempted suicide in their contexts.

- **Need to address the lack of aftercare plans**

The study established that social workers devised no aftercare plans to assist those who attempted suicide and their families. This is because attempted suicide cases are treated as once-off events, disregarding the need for follow-up services that require the involvement of families. The study established that a lack of aftercare plans shoulders some caregiver burden on families, some of whom are struggling to manage their own emotions and those who have attempted suicide. However, the common thread from the social workers pointed to committing to addressing this gap. The following statements represent some of the views.

> *"As it stands, there are no aftercare plans even for persons who attempted suicide, let alone their families. It's something we need to consider."*

> *"We haven't been involved in follow-up services with patients who attempted suicide that much. Currently, we do not have aftercare plans. We need to address that gap. I think for this aspiration to be a lived reality; we need a budget and additional manpower. This should form part of the proposals to be presented before the authorities."*

> "*It is beyond any shadow of doubt that families living with persons who have attempted suicide also require some services from us, including aftercare plans. It's something that we have been overlooking, given the human resource constraints and also not being on par with the challenges facing these families. We need to address this."*

What can be deduced from the preceding expositions is that social workers demonstrate understanding of lack of aftercare plans and acknowledges the existing gap of the need of aftercare plans and express a willingness to improve their practices. These aftercare plans play a vital role in supporting individuals through the aftermath of a suicide attempt and reducing the risk of future attempts (Holland et al., 2017). Lee et al. (2022) are of the view that one crucial aspect of addressing suicide is the implementation of effective aftercare plans for individuals who have attempted suicide. Based on the findings, it should be underscored that the reality of hospital social work is that social workers are not allowed to conduct home visits, where other hospital authorities see it as beyond the scope of their operation. This then cripples their efforts to devise and implement effective aftercare plans with patients and families. Despite this reality, the researcher argues that if social workers are to reimagine their roles in the suicide and attempted suicide landscape, the institutions that employ social workers need to devise mechanisms for striking a balance with the few workforces wherein from time to time, they are given the required resources to conduct family visits and address the needs of both the patient and their families. This could go a long way in preventing repeated suicide or suicide attempts.

The researcher argues with confidence that the involvement of families creates fertile grounds for collaborative efforts that may enhance the overall well-being of the person who attempted suicide while promoting a more comprehensive and sustained process between the suicide attempter and the family. The absence of aftercare plans means that, families navigate the rough terrain on their own with little to no understanding of how to handle the emotions of those who attempted suicide and their own emotions as caregivers. Without appropriate information, the family members will not be able to provide the needed support, which could lead to repeated attempts; therefore, the family needs to be equipped to observe the behaviour that could lead to a suicide attempt and address it appropriately. The commitment by social workers to consider aftercare plans in the scope of services to be rendered to families is a step forward in addressing the challenges which families encounter in the wake of suicide attempts. By so doing, social workers will be pragmatically situating the important roles of the profession in the suicide and attempted suicide landscape where the services to families have been peripherally considered within the remit of social work.

5.5 Chapter summary

The chapter presented the findings from family interviews and semi-structured interviews. The chapter started by describing the participants of the study before dissecting the main themes that emerged from the data. That said, the chapter explored the perceived causes of attempted suicide as reported by families and social workers. Furthermore, the chapter went on to provide a synopsis of the findings on experiences and challenges faced by families affected by the suicide attempts of their loved ones. Furthermore, the study unearthed the coping strategies employed by families in the face of challenges stemming from nearly losing a family member. The chapter went on to explore the views on social work services for affected families. The chapter further demonstrated that there are no aftercare plans devised by social workers to assist persons who have attempted suicide and their families. The following chapter presents the proposed social work guidelines on services to families of persons who have attempted suicide.

CHAPTER 6: SOCIAL WORK INTERVENTION GUIDELINES FOR FAMILIES LIVING WITH PERSONS WHO HAVE ATTEMPTED SUICIDE

6.1 Introduction

This chapter presents the proposed social work intervention guidelines for families of persons who have attempted suicide. These guidelines stemmed from the findings of the study that focused on the experiences and challenges faced by families living with persons who have attempted suicide. The findings affirm that the conundrum of attempted suicide is pervasive and is attributed to a myriad of factors. These include, but are not limited to, financial problems, broken family relationships, childhood traumas, and teenage pregnancy, as already indicated in the previous chapter. Other causes of attempted suicide relate to failure to accept newly diagnosed chronic diseases, failure to cope with bullying at school, and substance and alcohol abuse.

These causes manifest differently across all age groups, affirming that attempted suicide is a thorny issue within communities in South Africa. When a family member attempts suicide, other family members experience a variety of emotions, including but not limited to shock and disbelief, while others experience anger and frustration. On the same note, others experience fear and uncertainty, while others face stigmatisation by the community, forcing them to isolate themselves from the rest of society. Amidst these experiences, some families get an opportunity to learn about mental health and the importance of safeguarding it in the face of adversity.

Families living with persons who have attempted suicide face a myriad of challenges. Some of these challenges relate to psychological destabilisation and a lack of support from social workers. In most instances, the aftermath of a suicide attempt impacts communication patterns within families, wherein efforts to reprimand a person who had attempted suicide may be halted, fearing it may trigger another attempt. In the face of these challenges and daunting experiences, families often lack professional support from social workers, a finding also confirmed by the social work participants in this study, making the journey an uphill task for them. Based on this finding, it can be underscored that social workers have overlooked the experiences of families in the face of attempted suicide by one of them, as they tend to focus on the patient only.

This is so because social workers primarily offer counselling and referrals for persons who have attempted suicide, while overlooking the reality that their family members would be equally enmeshed in a whirlpool of emotional and psychological destabilisation. The researcher is of the view that social workers might be ignoring this reality because they do not know where to start in trying to provide services for the family members affected by attempted suicide, as it has been established from the literature that there are no recorded guidelines on this aspect. This aspect has been highlighted in Chapter 1 of this thesis, which prompted the researcher to propose guidelines that would assist in addressing this gap. The other factor that might be standing on the way of providing services for the families might be the hospital environment, where the focus is mainly on the patient, disregarding their families. This negates the emphasis of the family systems theory, that sees the family as a unit, comprising of interdependent parts, where everything that happens to one part, affects the other parts and the whole system and its functioning.

Attempted suicide and its impact on families require urgent attention from social workers and other stakeholders, mainly through preventative measures and holistic support to the families living with a person who have attempted suicide. The drawback to the realisation of this necessary service hinges on a lack of specific guidelines on the scope of services to be rendered by social workers to families and communities in general, as already alluded to earlier on. By guidelines, this chapter refers to the designed actions that direct a certain course of action towards specific objectives. As such, this chapter presents a set of intervention guidelines to be used by social workers in their endeavour to address the experiences and challenges faced by the families of a loved one who attempted suicide. According to Matlakala et al. (2022), guidelines are systematically developed statements aimed at assisting users and service providers in decision-making as they address the situation at hand. Balaban et al. (2019) understand guidelines to be a blueprint of recommendations that guide a course of action during interventions.

It is the researcher's view that guidelines should address the gaps that emerged from the study, which also serve as the key contribution of the study. Considering the gaps identified through this study, these guidelines are twofold. Firstly, the researcher proposes some relevant strategies that social workers can use at the prevention level

of service delivery, through broad-based awareness campaigns in communities. Secondly, strategies aimed at supporting families that have a member who have attempted suicide, with the aim to assist them in navigating the impact of the ordeal and restoring their well-being. This chapter presents the guidelines development process, followed by an explanation of the guidelines' purpose and objectives. Thereafter, the definition of key concepts that inform the guidelines is presented, followed by the description of the target users of the guidelines. Lastly, the chapter discusses the specific proposed intervention guidelines in detail as well as how they could be applied.

6.2 Guidelines development process

These guidelines are a product of extensive literature review, data collection and analysis. These exercises furnished the researcher with comprehensive information about the subject matter of attempted suicide, including the experiences and challenges faced by families living with persons who attempted suicide. Having identified the gaps that stemmed from the study regarding the absence of social work services dedicated to families living with persons who have attempted suicide, the researcher followed the guidelines development processes outlined by Farell, Pottie, Rojas-Fernandez, Bjerre, Thompson and Welch (2016). These steps are outlined as follows.

- Identifying and refining the subject area

This was deemed the starting point of developing the guidelines. This follows the suggestions by Farell et al. (2016) who propound that guidelines development starts by identifying, defining and refining the scope or subject area. By following this approach, the departure point of formulating these guidelines involved literature review, data collection through semi-structured interviews and family interviews, as well as data analysis through an inductive and thematic approach. This process was pivotal in furnishing the researcher with the experiences and challenges faced by families living with persons who have attempted suicide. At the same time, the literature review assisted the researcher in knowing what is already recorded in the literature regarding this aspect. According to Oman et al. (2023), a literature review is essential in substantiating the academic rigour of any framework or guidelines.

Importantly, this process also acquainted the researcher with the diverse causes of attempted suicide as perceived by the family members and evidence related to the lack of social work support services for families faced with attempted suicide. This served as a departure point in developing context-specific guidelines. Scholars such as Vermeulen et al. (2019) posit that guidelines should be context-specific and address the matters that arise from the phenomenon of interest. To this end, this process was pivotal in determining what should be included or excluded in the guidelines.

- Convening and running the guidelines development process

The second step, as identified by Farell et al. 2016) is convening and running the guidelines development process. In this study, the researcher interviewed families living with persons who have attempted suicide and social workers. Whereas the families provided detailed information regarding their experiences, challenges, and coping strategies in the face of attempted suicide by one of them, they did not highlight anything in relation to the guidelines. However, there were resonances in their submissions regarding the lack of social work support services, which also corroborated the submissions of social workers. To this end, social workers participated in the guidelines development process as they acknowledged the need for extending their services to families in the face of attempted suicide.

- Identifying and assessing the evidence,

According to Shekelle (2014), research evidence should be the baseline through which the guidelines are developed. In alignment with this, Vermeulen et al. (2019) confirm that guidelines should be evidence-based and responsive to some gaps identified in the literature. Considering this, it can be underscored that through literature review, data collection and analysis, the perceived causes of attempted suicide, experiences and challenges of families living with persons who have attempted suicide, and the absence of services dedicated to these families were established. Based on this information, the researcher can attest with confidence that there was compelling evidence to support the need for the development of evidence-based guidelines. In the main, the guidelines sought to position social work roles in curbing the surge in

attempted suicide and to ensure that social workers provide the required support to families as they grapple with the attempted suicide ordeal.

- Translating evidence into practice guidelines

Scholars such as Canoultas, Hart and Zan (2012), infer that research should inform best practices, improve policies, decision-making and situations. Similarly, Tirivangasi (2023) argues that research should serve as a source of transformation for the betterment of humanity. Drawing from these inferences, the researcher denotes that these guidelines are evidence-based and give practical implications as they set pathways for social work services to families. The guidelines further signpost the importance of preventive measures in curbing the surge in attempted suicide. Furthermore, the guidelines furnish social workers with evidence-based family needs in the face of attempted suicide by one of them.

- Reviewing and updating guidelines

According to Vermeulen et al. (2019), reviewing and updating guidelines is essential in ensuring that the guidelines resonate with the issues they ought to address when they were developed. From the standpoint of Shekelle (2014), guidelines are not rigid and closed-ended statements but rather open for review and update as and when relevant information becomes available. Reasoning from this, the researcher is of the view that reviewing and updating guidelines is important to address the dynamism and ever-evolving circumstances that may trigger suicide attempts. This may require reviewing services for them to resonate with the contemporary issues. To this end, the researcher posits that no research is the final word on any subject matter. As such, future research on the subject matter of attempted suicide can serve as avenues through which these guidelines can be reviewed and updated. The preceding arguments stem from the fact that the researcher will not be able to apply these guidelines to see their effectiveness in addressing the needs of the families because of the time constraints regarding the completion of the qualification. Therefore, the review will be done outside the scope of this thesis, and the researcher invites social workers who would apply these guidelines to share their views on the applicability and the effectiveness thereof.

6.3 Purpose of the guidelines

These guidelines emerged from the gaps in services to families living with persons who have attempted suicide. It has been revealed from the literature that the focus has been directed to persons who have attempted suicide, while neglecting the needs of immediate family members who also grapple with psychological and emotional destabilisation following a suicide attempt by one of them. This resonates with the family systems theory, which undergirded this study. The theory postulates that everything that happens to a family member has an impact on everyone else in the family (Son, 2019). This is so because individual human beings are therefore inextricably tied to their families (Frey et al., 2016). As such, family members are interdependent and interconnected and operate as a family system or as a group.

The connectedness that binds family members makes the family members interdependent, meaning that a change in one person's functioning will inevitably change the functioning of other family members (Son, 2019; Eppler, 2019). Considering the findings of this study, it can be posited that there is no support systems dedicated to families and clear guidelines on how social work services can be rendered to families. Again, the rise in cases of attempted suicide requires concerted efforts to prevent a surge in this phenomenon. The purpose of these guidelines is to serve as both preventive and reactionary pathways where social workers take an active role in raising awareness on attempted suicide and assist families to navigate the challenges that stem from dealing with a suicide attempt by another member. To this end, these guidelines have the following objectives.

6.4 Objectives of the proposed guidelines

The objectives of these proposed guidelines are as follows:

- To position social work roles in preventing attempted suicide and future suicide attempts in communities.
- To give direction on how social workers can assist families living with persons who have attempted suicide.
- To affirm the commitment of social workers in addressing the factors that contribute to attempted suicide at all levels of service delivery.

- To appraise the relevance of social work roles in meeting the needs of persons who have attempted suicide and their immediate families.
- To signpost how social workers can partner with other relevant stakeholders in addressing attempted suicide and its dynamics.

6.5 Definition of key concepts informing the guidelines

This section provides the definition of concepts that can be read along with the guidelines. The purpose for sharing these definitions is to furnish the readers with the conceptual meaning of certain concepts that anchor the roles to be executed by social workers when implementing these guidelines. It is important to mention that there might be similarities in the definitions provided for the understanding of the whole thesis and the ones presented here. The researcher thought it necessary to present these definitions here again, to highlight their contextual meaning within the proposed guidelines.

- **Interventions**

Intervention refers to actions taken to intervene in a situation deemed problematic to improve or prevent it from becoming worse (Teychenne et al., 2020). The main goal of an intervention is to bring about positive change in each situation and circumstance (Mars et al., 2019). In the context of these proposed guidelines, interventions refer to processes and courses of action aimed at addressing the societal problem of attempted suicide, including the challenges faced by families living with persons who have attempted suicide.

- **Attempted suicide**

Attempted suicide, as described by Travis-Lumer et al. (2021), is a potentially self-injurious action with a non-fatal outcome for which there is evidence, either implicit or explicit, that the person tried to kill themselves. According to Bilsen (2018), attempted suicide refers to a non-fatal self-directed, motivated, potentially harmful behaviour without any intention to die as a result of the behaviour. Notably, suicide attempts may or may not result in injury. This definition was adopted in the context of these guidelines.

- **Family**

Umberson and Thomeer (2020) view a family as a group of interacting persons who recognise a social relationship built by blood, kinship, marriage, or genetic relatedness. According to Rotkirch (2018), a family is a multidimensional unit of socialisation that can comprise a mother, father, and biological children and extends to some maternal and paternal relatives. In other words, it comprises childless couples, single-parent households, cohabiting couples, and same-sex parents (Umberson & Thomeer, 2020). In the context of these guidelines, a family refers to a social unit of socialisation, either a nuclear or extended family, where members share an effective sense of belonging and identity, sharing a common abode. The focus is on families with a person who has attempted suicide.

- **Community education**

Worral, Schweizer, Marks, Yuan, Lloyd and Ramjan (2018) define community education as a process poised to empower communities and individuals through skill and knowledge building, aimed at addressing diverse social issues, fostering social change and promoting well-being. Community education is defined by Curran, Gormally & Smith (2022), as an approach to learning and social development that takes place within a community and is based on the belief that education should be accessible, relevant, and empowering for all members of society. In addition, community education focuses on developing people's capacities and creating opportunities for participation, inclusion, and empowerment in addressing social issues (Mayo, 2021; Thomas & Ntuli, 2023). In the context of these guidelines, community education refers to programs that are designed by social workers to raise awareness on suicide attempts and empower communities to care for a person who has attempted suicide, as well as support the family members of a person who has attempted suicide.

- **Support groups**

According to Silverstein (2016), support groups refer to gatherings where people with shared challenges, experiences, or any other life circumstances come together to offer and receive practical, emotional, and informational support. In most cases, support groups can be formal or informal. Corey, Corey and Corey (2021) define a support group as a group of persons who convene to share life experiences, extend emotional

support, and offer mutual assistance in coping with common challenges. They can be led by a professional or be peer-led, with the main thrust of promoting coping skills. In the context of these guidelines, support groups would be gatherings facilitated by social workers or any other responsible volunteer in communities, with families grappling with the attempted suicide of one member. These groups are designed to foster mutual support, reduce isolation and promote coping skills.

- **Aftercare plans**

According to Shevellar (2019), aftercare plans are activities and processes designed to provide resources and continued support to individuals who have received a formal treatment program, to promote long-term recovery. Such plans are poised to help individuals navigate diverse challenges and develop healthy coping mechanisms (Bolt, 2016). In the context of these guidelines, aftercare plans refer to continued support provided to persons who have attempted suicide and their families to help them restore their emotional and psychological functioning and to serve as a preventative measure for future suicide ideation or attempt.

6.6 Target users of the guidelines

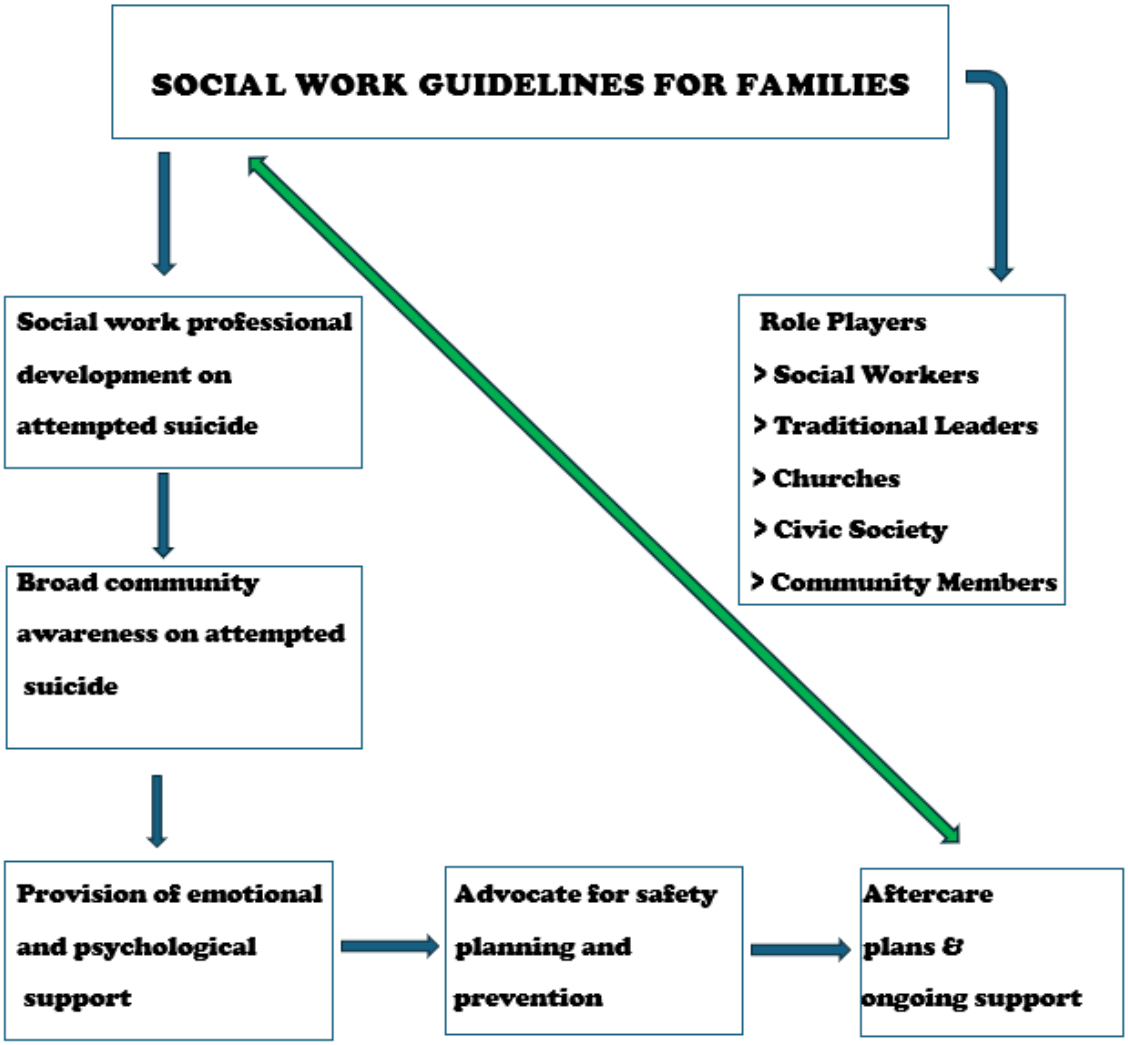
The intended users of these guidelines are social workers in hospital and community settings. Social workers in hospital settings interact with patients who have attempted suicide and have proximity to their families in the exploration and treatment phases of their admission. As such, these guidelines are poised to highlight the scope of services they can render to persons who have attempted suicide and their families. Social workers occupying different roles in communities are also target users of these proposed guidelines. This is so because addressing attempted suicide and its dynamics transcends beyond hospital settings, which may serve as the first point of call after the suicide attempt. As such, social workers who have proximity to families and communities in different capacities can also jump on the bandwagon in terms of raising awareness, fostering prevention and addressing the needs of families in the face of attempted suicide by a family member. School social workers are also target users of these guidelines. This stems from the evidence that some of the factors that contribute to attempted suicide among adolescents can be traced back to the school environment. These include bullying, substance abuse and teenage pregnancy. As

such, school social workers can play a pivotal role in fostering preventative efforts. Social workers in different roles need to work collaboratively, through having regular meetings where the actual challenges could be discussed and strategies to address them agreed upon. This collaborative could benefit the community and further strengthen the prevention efforts towards addressing suicide and attempted suicide.

6.7 Intervention guidelines

This subsection highlights a set of processes to be followed by social workers as they endeavour to render support services to families living with persons who have attempted suicide. As such, the subsection unpacks the stages that anchor the guidelines from the initial orientation of social workers on attempted suicide issues to the scope of services they can render to families. The subsection further presents the proposed role players who can work hand in hand with social workers to implement these guidelines for renouncing success. The departure point of this argument is that since this study envisages social workers as important role players in fostering pathways for addressing the scourge of attempted suicide and rendering support systems to families, they cannot discharge what is required of them single-handedly but through collaborative efforts with other stakeholders. The forthcoming diagram represents the intervention guidelines, followed by the discussion on their application.

Figure 2: Social work intervention guidelines for families living with persons who have attempted suicide



Source: Researcher's conceptualisation

These guidelines are read from top to bottom and then from left to right. They are informed by five elements, namely: social work professional development on suicide attempt, broad community awareness on attempted suicide, provision of emotional and psychological support, advocating for safety planning and prevention, aftercare and ongoing support. These are discussed in detail in the forthcoming subsections. The cluster on the top right of the figure represents the role players who can ensure the realisation of these guidelines, affirming that social workers cannot address the problem single-handedly but in partnership with other stakeholders. The continuous blue arrows represent the stages that can be followed in crafting and implementing social work services to families. The green arrow that strikes between the first element

and the last element represents the cyclical process of these guidelines, meaning that, when they reach the final mark, the process can start over again, highlighting that professional training on attempted suicide and its dynamics should be an ongoing process for social workers.

- **Social work professional development training on attempted suicide**

The findings of this study revealed that there are no social work services for families living with persons who have attempted suicide. This can be attributed to a limited understanding of the whole range of the attempted suicide phenomenon by social workers, as it also affects family members (Mamabolo, 2021). By suggesting this guideline, it is envisaged that through professional development training on attempted suicide, social workers can have a full appreciation of the dire consequences the phenomenon has on families (Jang et al., 2016). The departure point in the realisation of social work involvement in the realm of attempted suicide hinges on professional training on attempted suicide and its dynamics. This can be achieved through the exposure of social workers to professional development courses on attempted suicide and complete suicide. This training is essential to equip social workers with the driving factors for attempted suicide, its implications on families and communities.

Furthermore, the training is poised to highlight social workers' roles in addressing the problem scaffolded by professional values, social change, social justice, dignity and worth of the person. Again, this training can equip social workers with the realities of attempted suicide that can be understood beyond the person who has attempted suicide. By highlighting professional training as the departure point of social workers' involvement in addressing attempted suicide issues, the researcher acknowledges that social workers have received training on trauma counselling and crisis intervention during their undergraduate degree training. The South African Council for Social Service Professions (SACSSP) requires that social services professionals be engaged in continuous development activities, which encompass training sessions, conferences, seminars, and the pursuit of further studies (Myaka, 2021). This means that if this endeavour is to be realised, social workers can receive a multifaceted professional development through attending training sessions and seminars on attempted suicide (Van Niekerk & Pillay, 2022). This requirement allows social workers and other professionals to identify their practice needs so that they can engage in the

relevant training opportunities that respond to these needs. In the long run, these training opportunities are aimed at equipping professionals with the needed knowledge and skills that were not covered during their undergraduate degree training process.

It can also be asserted with confidence that the current social work curriculum in most South African Universities does not unpack the scope of attempted suicide and complete suicide because at completion of the training process, social workers are expected to leave university as generalist practitioners with no field of specialisation. Specialisation is only attained at the master's level, where focus is on a particular field, with some of these fields registered with the SACSSP. Therefore, suicide and attempted suicide becomes unfamiliar concepts that social workers meet in the field of practice, which serves as a drawback for social workers to fully comprehend the dynamics and position themselves to address the problem. Considering this, the proposed training will keep social workers abreast of this problem and enable them to be responsive to the needs in communities.

This proposed guideline capitalises on the reality that few social workers are involved in the realm of attempted suicide, and these can be resourceful in sharing their expertise in facilitating the training. Another point to note is that training on attempted suicide and the roles of social workers should not be a once-off event but rather a periodic exercise so that social workers are at par with the evolving dynamics of the phenomenon and can offer appropriate assistance, as required by the SACSSP (Myaka, 2021). For social service professionals, including social workers, to provide services that are responsive to their clients' needs, they need to be engaged in continuous learning to sharpen their knowledge and skills, which could be done through continuous training as well as furthering their studies. This becomes very important as it was revealed in this study that none of the social work participants had furthered her/his studies and some have few years of experience. This shows the knowledge gap with regard to the services that they should be providing for families of persons who have attempted suicide.

- **Broad community awareness campaigns on attempted suicide**

The findings of this study revealed that families living with persons who have attempted suicide often face stigma from society. The stigma stems from stereotypes that attempted suicide reflects failures in either parenting or other issues. As such, in the aftermath of suicide attempts, families grapple with anxiety, depression, anger and other mental health risks without seeking help owing to the fear of being judged. All this stems from information gaps in communities, which need to be remedied through awareness campaigns where correct information is disseminated. To this end, training on attempted suicide and its dynamics places social workers at a vantage point to raise awareness of suicide attempts in communities. This is against the backdrop that this phenomenon is characterised by a lack of adequate understanding in communities, as confirmed by Krysinska et al. (2021). Based on this notion, social workers can invoke the community education process to educate communities on suicide attempts for community members to be sensitive towards those who are faced with living with a family member who has attempted suicide, without making them feel out of place.

The preceding standpoint highlights the importance of social workers assuming the roles of teachers and trainers using the community education model (Ardivinata & Mulyono, 2018). This is so because the community education model is a widely used model for community work by practising social workers (Lathouras, Westoby & Shevellar, 2021). This model is used to empower communities and promote positive social change (Liddell & Lass, 2019). As such, it is important for lifelong learning and is crucial for awareness raising and influencing action (Rambaree & Powers, 2022). To this end, social workers engage in community education to prevent social ills, promote and enhance overall well-being (Dhavaleshwar, 2016). By using the community education model, social workers can equip community members with the necessary knowledge, skills and insights to function optimally in the community even in the face of ills such as attempted suicide (Medina, Cosby & Grim, 2020).

In applying these guidelines, social workers can capitalise on the community education model to identify the special needs of the communities and information gaps on attempted suicide. Following this, social workers need to forge strong collaborations with various stakeholders in the communities as a way of reaching a wider audience

(Rambaree & Powers, 2022). Once this is established, social workers can develop and tailor educational programs that meet the unique needs and challenges faced by communities through awareness campaigns. These awareness campaigns serve as preventative measures as they are poised to unpack a myriad of causes of attempted suicide, based on what has been established through this study, both empirically and through the literature review.

The awareness campaigns are also aimed at equipping communities with coping skills in the face of attempted suicide by a family member. As social workers push the awareness campaign drive, it is worth mentioning that it should follow consultative engagements with various communities so that they are furnished with the lived realities about attempted suicide. By following this approach, social workers can also utilise technology to expand the educational initiatives by using social media and webinars. The process of working in collaboration with communities is lauded by Saleh and Adhani (2022), who posit that community education hinges on participation, wherein all people in the community are afforded an equal opportunity to take part in the process of making decisions that affect the community. This approach is important for educational campaigns to be people-centred and resonate with the lived realities of communities (Todd & Drolet, 2020). For this approach to be fruitful, social workers can use public education facilities as community service centres to disseminate information.

Since these guidelines envisage collaborative efforts between and across different sectors, relevant authorities such as traditional leaders and councillors will be on board to grant authorisation to use public facilities. It is hoped that these awareness campaigns will reduce stigma and attitudes around attempted suicide. This can assist in encouraging families to seek help without fear of being judged. Awareness campaigns are directly linked to community development, where they are poised to prepare communities for knowledgeable action (Seller, 2015). By following this approach, social workers take the frontline role in executing community-based interventions based on exploring the strengths of individuals and communities, utilising broader community networks (Todd & Drolet, 2020). This resonates with the strengths-based perspective, which underscores that every community has resources and assets that can be utilised to turn around any situation (Mamabolo, 2021).

Given this, awareness campaigns foster empowerment and enable people to increase their power through cooperation and mutual learning (Gilchrist & Taylor, 2016). Through this, communities will have an adept and holistic understanding of the causes of suicide, how to cope with attempted suicide by another member and how to curtail the surge of the phenomenon, among other key issues. As such, these awareness campaigns are executed to prepare and develop the abilities of communities to move forward and participate in the development process (Silverman & Patterson, 2021). This is also important in fostering resilience in communities, as Nyahunda (2025) propounds that resilience is a product of necessary and correct information disseminated to communities to take knowledgeable and proactive action.

- **Provision of family emotional and psychological support**

The findings of this study revealed that families of a person who attempted suicide go through a variety of emotions and therefore require support. As such, emotional and psychological support are fundamental needs of families living with persons who have attempted suicide. This is so because these families experience feelings of shock, anger, frustration, and helplessness, as already shared in the preceding chapter. In most cases, they grapple with double tragedies of looking after the person who has attempted suicide and taking care of their own emotional needs. Without emotional and psychological support, families find coping with attempted suicide an uphill task (Krysinska et al., 2021).

These proposed guidelines suggest that social workers should offer the family psychological support as a way of promoting mental well-being. It can be posited that when family members are in the right state of emotional and psychological well-being, they can effectively support their loved ones and assist them in their recovery process. Furthermore, psychological and emotional support for families can be rendered on an individualised basis, guided by the needs and circumstances of families identified during the assessment process. The notion of individualisation underscores the acknowledgement and reverence for everyone’s attributes, experiences, and situations (Zilberstein et al., 2021).

Based on the preceding, it necessitates that social workers treat each person as an individual, rather than making assumptions based on broad categories. This social work principal advocates for a customised approach to assessment and intervention, guaranteeing that services are adapted to address the individual needs of each person (Houston, 2016). As such, each family must be accorded an opportunity to express its needs, as these may differ across contexts. According to Ebert (2016), the provision of individualisation is understood as services tailored to individual needs and circumstances. This means that, the phenomenon of attempted suicide may pose different challenges and experiences for different families, including their coping capabilities, as shown in this study. As such, invoking the principle of individuality means that, there should never be a one-size-fits-all approach when rendering psychosocial support services to families.

Emotional and psychological assistance can be delivered through several practical, hands-on techniques. First and foremost, active listening is crucial for providing patients with your full attention, acknowledging their emotions, and establishing a secure environment where they can feel heard without fear of criticism (Volkova, 2019). Honesty and openness are promoted by establishing rapport and trust. According to Uzue et al. (2017), the purpose of building rapport is to establish respect and trust between an individual and a social worker. For this to happen, Bakkeli (2023) is of the view that social workers need to treat clients (families) with respect regardless of culture, religion, race, and gender. This highlights the importance of sensitive cultural social work practice, that fosters respect for all individuals, irrespective of their cultural background.

To make patients feel understood and supported, social workers also employ empathic communication, which involves reflecting their feelings to them. Bakkeli (2023) understands empathic communication as a process whereby practitioners understand and resonate with the feelings of others with respect. This process involves active listening, identifying emotional cues and responding in an understanding manner that validates the other person's perspective (Ebert, 2016). Once this process is established, families can be assisted to normalise their experiences and lessen feelings of shame or worry by offering psychoeducation about typical emotional reactions. Promoting coping mechanisms like journaling, deep breathing, or

mindfulness gives patients the ability to handle their discomfort in between sessions (Bakkeli, 2023), and this is also applicable to families.

When it comes to psychoeducation, Worrall et al. (2018), assert that they provide a modest effect on psychological quality of life. These enable families to therapeutically share their experiences and coping strategies, particularly with the challenges they face in the aftermath of attempted suicide or any negative experiences. As such, psychoeducation provides some non-pharmacological interventions that can be understood as helping patients/families cope with their problems by providing them with credible information about their challenges and how to cope with them (Liddell & Lass, 2019). The last objective of these guidelines, as stated earlier, is to ascertain how social workers can partner with other relevant stakeholders in addressing attempted suicide and its dynamics. Considering this, these guidelines are premised on the endeavour that social workers cannot address the phenomenon of attempted suicide and its aftermath single-handedly. As such, there is a need to forge strong partnerships with other relevant stakeholders such as churches, traditional leaders, civic society, and various community-based forums.

The preceding argument is premised on the fact that attempted suicide and its dynamics stem from familial and community environments, and social workers in hospital settings may not have time and opportunity to engage with families owing to the nature of their work and the demands within the hospital setting. This means all hands must be on deck when it comes to the prevention of attempted suicide and the provision of emotional and psychological support to families. This can be achieved through collaborative partnerships between various stakeholders and communities. It should be underscored that collaboration is an important aspect of social work, and social work professionals have a long history of collaborating with various stakeholders (Noel, Chen, Petruzzi, & Phillips, 2022). In this view, collaborative service delivery is recognised as the best practice in social work and vital for effective problem solving (Patterson & Swan, 2019). In alignment with this, Rumping and Boendermaker (2019) argue that collaboration in social work is an important ingredient for shared responsibility, coherent interventions and creation of enabling grounds for innovation.

In the context of these guidelines, the envisaged collaboration can also create avenues for resource mobilisation, which may address the pitfalls in low-budget allocations by the government. Mobilisation of resources is essential in closing the current shortcomings in service delivery, whereby social workers run short of vehicles to conduct home visits. The resource constraints also impede the rolling out of awareness campaigns and printing of pamphlets on attempted suicide and measures to be taken in enhancing emotional and psychosocial well-being of communities. Based on this, collaborative efforts can serve as a starting point to mobilise the needed resources.

Another important aspect mentioned in these guidelines relates to support groups, which may be designed to foster mutual support, reduce isolation, promote coping skills, and provide aftercare to families (Bakkeli, 2023). Considering this, churches, traditional leaders, members of civic society or other relevant stakeholders can organise and facilitate these support groups as a way of promoting mental health to families. This challenges the long-held belief that only social workers can organise and facilitate support groups, as has been established in this study. The distribution of responsibilities in assisting families reduces the unrealistic expectations from social workers who may be constrained to balance between their mainstream responsibilities and facilitating support groups in communities. Notably, this can only be realised when there is a strong partnership between and across various sectors, as well as a shared understanding of the impact of attempted suicide on families. If social workers are to take the lead in establishing support groups for families, they can rely on registers of patients who have attempted suicide to track their families and establish the level of support they may require. It is worth noting that the use of support groups is widely documented in the social work literature (Worall, Schweizer, Marks, Yuan & Lloyd, 2018). According to Cabiati (2021), support groups have been utilised in mental health settings over the years, providing a forum to discuss problems, share information and experiences.

In the context of these guidelines, the purpose of support groups is to provide education to families to improve their knowledge and understanding of attempted suicide and how to navigate their challenges. According to Apgar (2020), the main thrust for support groups is to provide emotional support and open sharing of feelings.

In alignment with this, Matlakala (2022) found that increased contact and frequency between persons with similar experiences produced decreased levels of emotional distress. It can also be highlighted that there is strong, rigorous evidence that affirms the effectiveness of support groups in providing positive improvement to the recovery and well-being of participants (Worall et al., 2018; Apgar, 2020).

Since these guidelines envisage broad-based awareness in communities, they provide avenues for families to know where to go whenever they need help, and in this instance, provide enabling grounds for the establishment of support groups. This provides enabling grounds for homogenous groups to be formed by either social workers or other stakeholders involved in implementing these guidelines. If forming homogenous groups is impossible due to a variety of practical factors, there must be readily available hotlines where individual psychosocial support measures can be rendered. Again, if homogenous groups cannot be formed due to the geographical areas where creating support groups for families who live with a person who has attempted suicide is not possible, social workers can capitalise on technology such as WhatsApp, Google Meet and Zoom, depending on the literacy level of the prospective participants, and create support groups. Social workers can also use platforms such as WhatsApp to recruit the participants. In the same vein, they assume the role of facilitator where they steer the direction of the learning, mutual support and conversations in the groups. Put together, this is vital for emotional and psychological support where families can foster strong coping and resilience skills.

- **Advocating for safety planning and prevention of future suicide attempts**

The findings of this study established that there is no aftercare plans dedicated to families and prevention measures to curb the prevalence of attempted suicide. It can be underscored that the main thrust of addressing attempted suicide is to curtail the prospects of attempted suicide. This is because there is evidence in literature that attempted suicide may result in complete suicide (Mamabolo, 2021), which calls for intense focus on the prevention of recurring attempts. Based on this, these proposed guidelines suggest that safety planning and prevention may assist in reducing the risk of future suicide attempts.

The findings of this study established that some cases of attempted suicide stem from family environments. Furthermore, family environments may either retard or promote recovery for persons who have attempted suicide and other family members who may have been affected by the suicide attempt of their family member. In positioning social work roles on this aspect, it can be posited that social workers can serve as mediators in improving communication among families and cultivate avenues for trust and understanding among family members (Cabiati, 2021). This serves as a preventative measure for future suicide attempts. When there is openness in families, signs that can trigger a suicide attempt can be easily detected and can allow families to intervene or seek professional help timeously. It was revealed in the findings that family members end up not being able to reprimand the unbecoming behaviour of the member who had attempted suicide, which might perpetuate the display of unbecoming behaviour. Therefore, the need for intervention aimed at improving communication in the family cannot be overlooked.

To improve family communication, social workers must actively promote courteous, open conversation and assist family members in constructively express their needs, feelings, and concerns. According to Worrall et al. (2021), through support groups, social workers can foster educational and instrumental benefits for people living with persons who have attempted suicide by emphasising fostering healthy relationships and interpersonal connections. By using this approach, social workers can resolve disputes and offer resources to improve interpersonal understanding, including active listening methods, empathy building, and conflict-resolution procedures. Social workers can foster emotional openness and honesty by establishing secure, nonjudgmental environments, which are essential for restoring trust. They can also teach families how to communicate effectively and how generational or cultural differences might lead to miscommunications.

- **Aftercare plans and ongoing support**

These proposed guidelines emphasise the importance of aftercare plans and ongoing support. Whereas aftercare plans are primarily designed for individuals who have undergone formal treatment and may require recovery support, these guidelines denote that families also require aftercare plans and ongoing support. It is worth noting that upon admission of a person who has attempted suicide, social workers conduct a

thorough psychosocial assessment to identify risk factors, emotional needs, and the level of family support. Due to the nature of hospital settings, patients are often admitted for a short period and may be discharged before achieving full emotional recovery, especially once their immediate medical needs have been addressed and the bed is needed for another patient. As a result, the findings highlighted the importance of ensuring that aftercare and ongoing support are available for both patients and their families following discharge from the hospital.

According to Webb, Anderson, Calear, Simmons, Bendall and Robinson et al. (2025), families living with persons who have attempted suicide require an empathic response and rapid, assertive follow-ups and coordinated care. Webb et al. (2025) further posit that aftercare services following a crisis provide ongoing support and create avenues for problem-solving and focused counselling. This means that, social workers should contact families soon after the suicide attempt, to be acquainted with their needs, challenges and perceived solutions to address their concerns. These guidelines emphasise the importance of collaborative engagements between social workers and families as an avenue for establishing a clear pathway of interventions that respond to the needs of diverse families. This is so because some families may need individual counselling, while others may need support groups to foster healing and recovery. All these expectations can be established when social workers reach out to families to hear their concerns and needs. Furthermore, hospital and community social workers can forge a strong partnership for broad community awareness campaigns on attempted suicide and provision of family emotional and psychological support. This can be in a form of a two-way referral process that is adopted by social workers in both areas to ensure continuity of care.

Once the initial contact with families has been made, an array of interventions can follow. This may include psychosocial education, psychosocial support, counselling, and crisis management (Webb et al.,2025). The provision of these services constitutes an adept aftercare plan for families. However, the main thrust of this argument is that when social workers include families in the scope of aftercare services to be rendered in the wake of a suicide attempt, it should not be a once-off event. This is so because aftercare plans foster supportive environments that foster healing and recovery (Morrison, 2016). Importantly, through ongoing support and engagement, families can

develop resilience skills which are essential for recovery. Again, continued support reduces the risk of prolonged emotional and psychological distress. As indicated earlier in these guidelines, collaboration between different stakeholders can create enabling grounds for the mobilisation of resources that can support social workers' endeavours to offer continuous support to families through periodic home visits. This is so because this aspiration is crippled by resource constraints in most social work departments, including hospitals. The findings of this study underscore the significance of aftercare, which minimises the risk of further suicide attempts. The role of the social worker in aftercare for individuals who have attempted suicide and their families is essential and extends across all stages of care, from hospital admission to reintegration into the community (Glynn & Mayock, 2019). Put together, aftercare plans and ongoing support for families are ingredients for resilience building among families living with persons who have attempted suicide.

6.8 Chapter summary

This chapter was poised to propose the social work intervention guidelines for families living with persons who have attempted suicide. As such, the chapter outlined the guidelines development process as informed by literature and further juxtaposed with contextual processes followed by the researcher. This was followed by a clear outlining of the purpose and objectives of the guidelines. The chapter also provided the conceptual meaning of terms that inform the guidelines. In this regard, the conceptual meaning of concepts such as intervention, attempted suicide, family, community education, support groups and aftercare plans was provided. Following this, the chapter dissected the intervention guidelines.

CHAPTER 7: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The chapter summarises the entire study. As such, the chapter provides highlights of the study from the introduction to the conclusions drawn by the researcher. The chapter also provides conclusions based on the literature and empirical findings, followed by recommendations.

7.2 Summary of the study

The study comprises seven (7) chapters, which are summarised below as follows:

Chapter one: General introduction
Chapter one contains the introduction and problem statement of the study. The chapter also includes research questions, goals and objectives of the study, ethical considerations, clarification of key concepts, limitations and problems encountered during the execution of the study. Furthermore, the chapter provides an overview of the thesis.

Chapter two: Theoretical frameworks
The chapter focuses on the theoretical frameworks that undergird the study. In this view, the family systems theory, resilience theory and strengths-based perspective are discussed.

Chapter three: Attempted suicide and services to affected families
The chapter reviewed literature on attempted suicide and the causative factors of attempted suicide. Furthermore, the chapter focused on perspectives on family experiences with attempted suicide, family needs after attempted suicide and services to families interfaced with social work roles with attempted suicide.

Chapter four: Research methodology
The chapter focuses on the research methodology of the study. As such, the chapter details the research paradigm, designs, approach, description of the study setting,

population, sampling, data collection procedure and analysis. The chapter also highlights how the trustworthiness of the study was ensured.

Chapter five: Presentation and analysis of research findings
The chapter presents the data and analysis of the research findings. The chapter uses verbatim responses from the participants to substantiate the findings. literature control is used to confirm the findings.

Chapter six: Social work intervention guidelines for families living with persons who have attempted suicide
The chapter presents the proposed social work intervention guidelines for families living with persons who have attempted suicide. The chapter outlines the process of developing the guidelines, the purpose and objectives of the guidelines. Furthermore, the target users of the guidelines are provided. Again, the chapter highlights the detailed intervention guidelines for families guided by the findings and literature.

Chapter seven: Summary, conclusions and recommendations
The chapter provides the summary, conclusions and recommendations of the study based on the findings.

7.3 Goals and how they were met

Goal 1: To understand how families living with persons who have attempted suicide deal with the ordeals. This goal was achieved by gathering data that highlighted the experiences and challenges faced by families living with persons who have attempted suicide. This information assisted in understanding the actual experiences and challenges faced by families, that led to the development of responsive guidelines for social work intervention.

Goal 2: To appraise the role of social work services to families living with persons who have attempted suicide. This goal was achieved by soliciting data from families on the scope of services they received from social workers if any. This provided a room for suggestions that pointed to the services required by families after the study

established that most families did not receive any support services from social workers in the wake of attempted suicide.

Goal 3: To formulate guidelines for social workers to mainstream the needs of families in the scope of their services. Goal 3 was achieved by gathering information that culminated in the development of intervention guidelines that have been presented in Chapter 6.

7.4 Objectives of the study and how they were met

The objectives of this study, as outlined in Chapter 1 of this thesis, are as follows:

Objective 1: To explore and describe the experiences and challenges of families living with persons who have attempted suicide in Tshwane District Municipality, Gauteng Province. Relevant literature on attempted suicide was reviewed and presented in Chapter 3 of the thesis. The literature also highlighted the global and regional experiences of families in the face of attempted suicide ordeals. The objective was achieved when families shared their experiences and challenges with attempted suicide, as presented in detail in Chapter 5 of the thesis.

Objective 2, which focused on exploring and describing the social work services available to families living with persons who have attempted suicide, was achieved through data collection and analysis. Chapter 5 of the thesis details the absence of social work services dedicated to families living with persons who have attempted suicide. Uncovering this assisted in establishing the reality that is faced by families living with a loved one who had attempted suicide, which will lead to appropriate social work intervention.

Objective 3 was premised on developing social work intervention guidelines that address the needs of families living with persons who have attempted suicide. This objective was achieved when social workers shared the scope of services that need to be extended to families. Chapter 6 of the thesis details social work intervention guidelines that can be implemented by social workers working in collaboration with

other key stakeholders to address the actual issues faced by the families of persons who had attempted suicide.

7.4 Conclusions based on research findings

Several conclusions were drawn from the study and are presented based on the themes and subthemes which emerged from the study, as highlighted in Chapter 5. The forthcoming sections present the conclusions as per the themes and sub-themes of the study.

Conclusions on the perceived causes of attempted suicide

- Attempted suicide is caused by various factors. Different families have had different experiences with the causes of attempted suicide. Some suicide attempts were caused by financial problems, broken family relationships, childhood traumas, gender-based violence and teenage pregnancy. In the same vein, some suicide attempts were caused by failure to cope with newly diagnosed chronic diseases and hearing voices.
- The causes of attempted suicide speak volumes to the low awareness levels in communities on how to handle life problems through seeking professional help instead of resorting to suicide attempts.
- Causes of attempted suicide that relate to the family and school environments highlight the need to foster sound family relationships and ensure that places such as schools serve as safe havens for learners, where factors that may contribute to suicide attempts are curtailed through broad-based awareness.

Conclusions on family experiences with attempted suicide

- Families living with persons who have attempted suicide have different experiences with the phenomenon. Their experiences point to why services dedicated to families are necessary.
- Families experienced a variety of emotions, which justifies the importance of access to professional interventions to assist them.

Conclusions on challenges faced by families living with persons who have attempted suicide

- Families living with persons who have attempted suicide grappled with several challenges. In this regard, some families experienced psychological destabilization, which impacted their well-being. To other families, the aftermath of suicide attempts impacted communication patterns, where they struggled to have meaningful conversations with persons who attempted suicide.
- Families were not provided with the needed support services from social workers. Families who met with social workers were not provided with support services, but they were just required to share more information on the family setting, for the social worker to understand the patient better.

Conclusions on coping strategies employed by families

- In the absence of professional support from social workers, families relied on divine intervention from churches and traditional healers as a way of coping. Some families relied on support groups to navigate the complex psychological challenges. These support groups were convened by church leaders, highlighting the importance of these stakeholders in addressing the impact of attempted suicide on families. The decision of choosing a particular coping strategy is influenced by the belief system of each family.

Conclusions on social workers' views on services to be rendered to affected families

- In the absence of adequate social work services dedicated to families, social workers acknowledged the need to address this gap. In this regard, social workers highlighted the importance of providing aftercare services to assist families in navigating the aftermath of attempted suicide.

7.5 Recommendations

This section provides the recommendations that stemmed from the study findings and are presented as follows:

- **Recommendations for the government**

The government should develop a robust National Attempted Suicide and Suicide Prevention strategy that provides cross-sectoral measures to curtail attempted suicide in communities. Considering that attempted suicide is still riddled with misconceptions and stigma, there is a need to come up with cross-sectoral policy measures that address stigma surrounding attempted suicide through awareness raising. According to Okamura, Ikeshita, Kimoto, Makinodan and Kishimoto (2021), it is the responsibility of governments to provide mechanisms to recognise and treat depression and educate communities about suicidal behaviour.

These measures need to be implemented in collaboration with communities as a way of enhancing social participation and empowerment (Pearce, Maple, Wayland, McKay & Woodward, 2022). This study asserts that various government departments can capitalise on the available evidence provided in this study on the causes of attempted suicide and provide measures to prevent the occurrence of suicidal behaviour based on unmitigated causes. It is also the responsibility of the government to address the underlying social factors that influence attempted suicide, such as poverty and unemployment (Pirkis, Gunnell, Hawton, Hetrick, Niederkrotenthaler, & Paul, 2023). In the wake of an attempted suicide, the government should provide resources to professionals such as social workers and psychologists for enhanced follow-ups for people who have attempted suicide and their immediate families. This standpoint addresses the gaps identified in this study, where resource constraints impede social workers from rendering after-care services even to families living with persons who have attempted suicide as a way of supporting long-term well-being.

- **Recommendations for hospital management**

The hospital management need to avail resources for social workers to provide comprehensive service to the patients and their families. Based on the hospital setting, social workers are not expected to do home visits owing to resource constraints and in other instance lack of adequate support from the management to execute such diverse services to families. Community social workers are at times not able to provide the services as recommended by the hospital social workers, because of their lack of knowledge regarding different diseases and conditions, therefore hospital social

workers remain the resource to provide such services. Without being provided with the needed resources, the patients and their families are deprived of a comprehensive service after discharge.

- **Recommendations for communities**

Communities need to develop community-based suicide and attempted suicide prevention strategies. It should be noted that suicide and attempted suicide are social phenomena; therefore, communities should take an active role in fostering preventive measures (Wexler, Girin, White, Schmidt, Rataj, Wels, & Laws, 2024). By taking the lead in preventing suicide and attempted suicide, communities can affirm the role of interpersonal support, distress interventions, and mitigate the impact of the known drivers of distress, which may cause suicidal ideation (Grattidge, Hoang, Lees, Visentin, & Auckland, 2023). There is a lot of information gaps surrounding attempted suicide in South African communities, which even triggers stigma when such incidents unfold. Families that experience stigma face limitations in seeking professional help, which further impacts their well-being. Based on this, communities need to be empowered to be actively involved in modifying beliefs, attitudes, and perceptions on attempted suicide.

- **Recommendations for schools**

The school environment can either increase or decrease the risk of attempted suicide. Factors such as bullying, substance abuse and teenage pregnancy are school-related drivers of attempted suicide. As such, schools need to build school-family community collaborations that promote culturally sensitive approaches to attempted suicide prevention (Torok, Han, McGillivray, Wong, Werner-Seidler, O'Dea, Calear & Christensen, 2022; Ayer & Colpe, 2023; Marraccini, Griffin, O'Neill, Martinez, Chin, Toole & Naser, 2022). South African schools need to scale up school-based mental health and suicide prevention. In the same vein, there is a need to have social workers and psychologists in schools. Such professionals can assist learners with suicidal ideation and make necessary referrals if they require further assistance. Furthermore, the Department of Education can integrate comprehensive suicide and attempted suicide prevention into their curricula.

- **Recommendations for social workers**

Social workers need to be intentional in implementing prevention strategies. To execute these roles, social workers need to scale up their involvement in attempted suicide knowledge and research. This will enable them to rely on evidence-based information on attempted suicide and foster appropriate prevention interventions (Maple et al., 2017; Levine & Sher, 2019). In the interim, social workers are not well informed about the dynamic causes of attempted suicide in communities, and this impedes their scope of interventions.

The goal of social work is to empower and enable people to function at their highest potential. As such, they need to educate families and the public about suicide attempts and suicidal behaviour so that they can be prepared to take all necessary precautions from their side (Ragesh, Hamza & Sajitha, 2017). According to Maple et al. (2017), social workers play a significant role in the implementation of suicide and attempted suicide prevention.

- **Recommendations for Higher Education Institutions**

Moving forward, the institutions of higher learning need to incorporate attempted suicide prevention with social work education and continuous professional development programmes. This will equip every social worker with the necessary skill set to identify, treat and follow up on suicidal behaviour and further assist families in the wake of suicide attempts by family members. This study acknowledges that there might be institutions that offer MSW in Health Care degrees where aspects such as attempted suicide and suicide are covered. This addresses the gaps in circumstances where social workers might have not been exposed to such information during their BSW training. However, not every social worker would be keen to enrol for Master's degrees to be exposed to such information. As such, it would be ideal for such knowledge to be packed during the BSW training.

- **Recommendations for future research**

This research was limited to the views of families living with persons who have attempted suicide and social workers. The attempted suicide phenomenon is

pervasive in communities, and future research should target various districts and provinces in the country. The researchers may also employ research designs and approaches that accommodate larger samples so that diverse perspectives can be established regarding the phenomenon.

Future research may include social workers from non-governmental organisations, private healthcare institutions, and community-based settings in order to broaden the scope of understanding and enhance the applicability of the findings across diverse social service contexts.

Future studies should further incorporate key stakeholders such as social work managers, supervisors, policymakers, academics, and multidisciplinary mental health professionals in order to inform the design, implementation, and contextual relevance of practice guidelines. Their inclusion may contribute to the development of more comprehensive, evidence-informed, and practice-oriented guidelines.

Future research should explore the feasibility, implementation, and effectiveness of proposed practice guidelines within healthcare and community settings. Pilot studies and intervention-based research may assist in determining the practicality, acceptability, and outcomes of the guidelines in real-world practice environments.

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Appendix A: Researcher acknowledgement form

RESEARCHER ACKNOWLEDGEMENT

Research title: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice

Researcher: Sydney Ngoveni

Hereby, I Sydney Ngoveni ID number 820702 5563 084 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements

Signature:  Date: 04 December 2025

Appendix B: Ethics review committee

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

17 August 2023

NHREC Registration # :
Rec-240816-052
CREC Reference # :
35164360_CREC_CHS_2023

Dear Mr Sydney Ngoveni

Decision:
Ethics Approval from 17 August 2023 to 17 August 2024

Researcher(s): Name: Mr. S. Ngoveni
Contact details: 35164360@mylife.unisa.ac.za
Supervisor(s): Name: Prof J. Sekudu
Contact details: sekudj@unisa.ac.za

Title: THE EXPERIENCES AND CHALLENGES OF FAMILIES LIVING WITH PERSONS WHO ATTEMPTED SUICIDE: GUIDELINES FOR SOCIAL WORK PRACTICE

Degree Purpose: PhD

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The ***medium risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(17 August 2024).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **35164360_CREC_CHS_2023** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature: 

Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP 

Prof ZZ Nkosi
Exécutive Dean: CHS
E-mail: nkosizz@unisa.ac.za
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Appendix C: Confidentiality agreement with research third parties

Hereby, I, Rofhiwa Tshiswaise, in my capacity as debriefer, am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice.

I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information I am granted access to in my duties as debriefer. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as a debriefer.

Title	Signature	Date
Researcher **Ngoveni Sydney**		11/08/2023
Supervisor **Prof J Sekudu**		11/08/2023
Debriefer **Rofhiwa Tshiswaise**		11/08/2023

Appendix D: Permission letters from Steve Biko Academic Hospital managers

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr LMB Majake-Mogoba
Tel: No: +2712 354 2336/1141
Email-lehlohonolo.majake@gauteng.gov.za

STEVE BIKO ACADEMIC HOSPITAL

For attention: Sydney Ngobeni

NHRD Ref Number: GP_202309_024

Re: REQUEST FOR PERMISION TO CONDUCT RESEARCH AT STEVE BIKO ACADEMIC HOSPITAL

TITLE: The experiences and challenges of families living with persons who attempted suicide: Guidelines for Social work practice.

Permission is hereby grated for the above-mentioned research to be conducted at Steve Biko Academic Hospital. This is done in accordance to the "Promotion of access to information act No 2 of 2000". Please note that in addition to receiving approval from Hospital Research Committee, the researcher is expected to seek permission from all relevant department. Furthermore, collection of data and consent for participation remain the responsibility of the researcher. The hospital will not incur extra cost as a result of the research being conducted within the hospital.

You are also required to submit your final report or summary of your findings and recommendations to the office of the CEO.

STATUS OF APPLICATION:
Approved

Dr. LM B Majake-Mogoba
Clinical Director

Date: 13-9-23

STEVE BIKO
PRIVATE BAG X 169
2023 -09- 13
PRETORIA 0001
ACADEMIC HOSPITAL

Appendix E: Permission letters from George Mukhari Academic Hospital managers

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Dr. George Mukhari Academic Hospital

Office of the Director Clinical Services
Enquiries : Dr. C Holm
Tel : (012) 529 38767
Fax : (012) 560 0099
Email:Christene.Holm @gauteng.go.za
keitumetse.mongale@gauteng.gov.za

To Mr S.Ngoveni
Department of Human Sciences
University of South Africa

Date :14 September 2023

PERMISSION TO CONDUCT RESEARCH:GP_202309_032.

The Dr. George Mukhari Academic Hospital hereby grants you permission to conduct research on "The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice" at Dr George Mukhari Academic Hospital

This permission is granted subject to the following conditions:

- ☑ That you obtain Ethical Clearance from the Human Research Ethics Committee of the relevant University
- ☑ That the Hospital incurs no cost in the course of your research
- ☑ That access to the staff and patients at the Dr George Mukhari Hospital will not interrupt the daily provision of services.
- ☑ That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.
- ☑ Formal written feedback on research outcomes must be given to the Director: Clinical Services
- ☑ Permission for publication of research must be obtained from the Chief Executive Officer

Yours sincerely

DR. C. HOLM
DIRECTOR CLINICAL SERVICES
DATE: 2023-09-14

Appendix F: Consent to participate in this study

Research title: The experiences and challenges of families living with persons who attempted suicide: Guideline for social work practice

Researcher: Sydney Ngoveni

(…)

I…….. (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature…….Date……

Researcher's Name & Surname……(please print)

Researcher's signature…….Date……

Appendix G: Interview guide for social workers

Biographical information

- How old are you?
- How long have you worked with persons who attempted suicide?

Topical questions

- As a social worker, have you ever handled cases of suicide or attempted suicide?
- In your view, what were/ are the main causes of attempted suicide cases?
- As a practitioner, how did you handle the case?
- What services do you render when dealing with cases of attempted suicide? Probe
- Among the services you rendered did you focus on both the person who attempted suicide and their families? Probe
- In your opinion, which specific areas need to be addressed by social workers when dealing with the families of individuals who attempted suicide? Probe

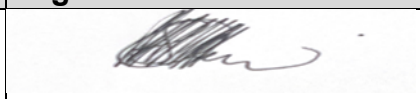
Appendix H: Interview guide with families living with persons who attempted suicide

- What is your age?
- What is your gender?
- What is your language?
- Relationship with the family member who attempted suicide:
- Please tell me the story of how your family member/ relative attempted to commit suicide. Probe
- Can you share with me, what was the cause of this action? Probe
- Kindly share how you managed to deal with the news of your family member who attempted suicide.
- After learning about the reason behind this action, how did it affect you?
- As a family, kindly share with me how you are coping/have tried to cope with this situation.
- Tell me how and by whom were you supported as a family after the incident?
- Can you please share with me any challenges you are encountering with the experience of a member who attempted suicide?
- What do you say of social work services when it comes to supporting families living with members who attempted suicide?

Appendix I: Confidentiality agreement with research third parties

Hereby, I, Xolile Lillian Nxumalo, in my capacity as a language translator, am aware ofand familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice.

I understand that my duties as a translator involve translating the interview guides and participation information sheets from the English language to the Xitsonga language. Furthermore, I am aware of the sensitivity of the information I gained access to and the need for strict controls to ensure confidentiality obligations with my access. I agree to the privacy and confidentiality of the information I am granted access to in my duties as a translator. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone. I also confirm that I have been briefed by the researcher on the standards of the research and the expectations of my services in the research as a translator.

Title	Signature	Date
Researcher **Ngoveni Sydney**		04/04/2023
Supervisor **Prof J Sekudu**		
Translator **Xolile Lillian Nxumalo**		04/04/2023

Appendix J: Letters from Social Work managers

CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Hereby, I, Lauretta Sono, in my capacity as the manager of the Department of Social Work at Steve Biko Academic Hospital, am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice. I cogently understand that my duty as a gatekeeper is to assess the adherence of research proposals to the integrity of doing research before I grant permission.

I agree to the privacy and confidentiality of the information I am granted access to in my duties as gatekeeper. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone. I also confirm that I have been briefed by the investigator on the protocols and ultimate goal of the study.

Title	Signature	Date
Researcher **Ngoveni Sydney**		05/04/2023
Supervisor **Prof J Sekudu**		19/04/2023
Gatekeeper **Lauretta Sono**		05/04/2023

Appendix K: CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Hereby, I, Kate Monageng, in my capacity as the manager of the Department of Social Work at Dr George Mukhari Academic Hospital, am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice. I cogently understand that my duty as a gatekeeper is to assess the adherence of research proposals to the integrity of doing research before I grant permission.

I agree to the privacy and confidentiality of the information I am granted access to in my duties as gatekeeper. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone. I also confirm that I have been briefed by the investigator on the protocols and ultimate goal of the study.

Title	Signature	Date
Researcher **Ngoveni Sydney**		05/04/2023
Supervisor **Prof J Sekudu**		19/04/2023
Gatekeeper **Kate Monageng**		05/04/2023

Appendix L: Letter of the debriefer

CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Hereby, I, Pretty Maloba, in my capacity as a debriefer, am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is: The experiences and challenges of families living with persons who attempted suicide: Guidelines for social work practice.

I cogently understand that my duties in this study are to offer psychosocial support to participants who may show signs of being emotionally harmed during the data collection process. On that note, I do hereby pledge my availability for the mentioned purpose during the entire research process. I shall conform to and abide by these conditions required for rendering psychosocial support to at-risk populations. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study. I agree to the privacy and confidentiality of the information I am granted access to in my duties as a debriefer. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as a debriefer.

Title	Signature	Date
Researcher **Ngoveni Sydney**		04/04/2023
Supervisor **Prof J Sekudu**		04/04/2023
Debriefer **Pretty Maloba**		04/04/2023

Appendix M: CV FOR DEBREIFER: DR GEORGE MUKHARI HOSPITAL

ROFHIWA TSHISWAISE

PERSONAL DETAILS

Gender:	Female
ID Number:	
Home Language:	Tshivenda
Other Languages:	English, Tsonga, Sepedi and Setswana
Driver's license:	Code 10

Council registration No:

EDUCATIONAL BACKGROUND

Institution:	University of Venda
Course:	Bachelor of social work (BSW)
Year Completed:	2018
Major Modules:	Social Work, Psychology, Anthropology and Sociology

Institution:	University of Pretoria
Course:	Basic Course in Employee Assistance Programmes
Year Completed:	2019

School:	Dimani Agricultural High School
Qualification:	National Senior Certificate (Grade 12)
Year Completed:	2011
Subjects:	Tshivenda, English, Agriculture, Life Science, Mathematics, Physical Science and Life Orientation.

CURRENT WORK EXPERIENCE

Company:	Dr George Mukhari Academic Hospital
Position:	Social Worker
Duration:	April 2021 to date

Duties and responsibilities

- Assessment, counseling, Prevention, Rehabilitation and family reunification.
- Providing relevant social work services to vulnerable individuals, groups, families and communities.
- Social work administration.
- Ward rounds.
- Home visits.
- Supervision of social work students, social auxiliary workers and social work interns.
- Linking patients with relevant stakeholders such as Department of Social Development, South African Police Services, South African Social Security Agency and Home Affairs.

PREVIOUS WORK EXPERIANCE

Company:	Department of Public Works, Roads and Infrastructure
Position:	Employee Health and Wellness intern
Duration:	April 2019 to March 2021

Duties and responsibilities

- Advice management and unions on the new trends and development.
- Assessment, counseling, prevention, rehabilitation and family reunification.
- Implement employee health and wellness program, strategies, guidelines and processes.
- Observance of Health calendar of events, provide educational awareness and wellness days.

- Monitor referral of identified employees and provide after care support.
- Reactive services: Offer trauma debriefing, substance abuse, stress management, team building, conflict management, interpersonal relation and resilience building workshops.
- Implement disease management policies, strategies, guidelines and processes.
- Distribution of promotional materials, Condoms and monitor usage.
- Conduct Home visits.
- Implementation of occupational health and safety plan.
- Implement occupational health and safety policies, strategies, guidelines and processes.
- Implement injury on duty policy process and procedures.
- Facilitate the appointment and training of first aiders, Health and Safety representatives and fire fighters.
- Conduct Occupational Health and Safety structure and committee meetings.
- Facilitate appointment of HIV & AIDS Peer educators.
- Conduct peer educators structure meetings.
- Facilitate appointment of Employee Assistance Programme advisory committee.
- Conduct Employee Assistance Programme Advisory Committee meetings.
- Needs analysis of Personal Protective Equipment required for COVID-19.
- Distribution of Personal Protective Equipment and keeping records for COVID-19.
- Daily screening of employees.
- Organizing and conducting COVID-19 awareness campaigns.
- Compile and submit list of employees with comorbidities to head office.
- Identification of isolation facilities and ensures that employees who screened positive are isolated.
- Ensuring that employees are referred to the Department of Health for testing, follow ups and proper counseling is provided.
- Ensuring management of COVID-19 administrative work.

REFERENCE

Name:	Mrs Longwe S
Relationship:	Supervisor: Social Worker (Dr George Mukhari Academic Hospital)
Contact Details:	012 529 3899/ 083 385 2962
Name:	Ms Pitse S
Relationship:	Supervisor: Social Worker (Dr George Mukhari Academic Hospital)
Contact Details:	012 529 3120/ 079 417 1124
Name:	Ms Nevhufumba M
Relationship:	Supervisor: Assistant Director: Employee Health and Wellness (Department Of public works, Roads and Infrastructure)
Contact details:	015 963 3790-9/076 357 4395

Appendix N: CV FOR DEBREIFER: MS PRETTY MALOBA: STEVE BIKO ACADEMIC HOSPITAL

CURRICULUM VITAE OF MS PRETTY MALOBA

OVERVIEW

I am a 31 years old enthusiastic and professional individual with 6 years working experience, who enjoys being part of successful and productive team. I am passionate about enhancing the social functioning and quality of life of employees and their families through relevant social work methods and Employee Assistant programs. I have the ability to build and maintain relationships with relevant and different stakeholders. I have good communication skills, both verbal and in writing, as well as good presentation skills.

PERSONAL DETAILS

ID Number	
Date of Birth	17 May 1991
Nationality	South African
Gender	Female
Marital Status	Single
Driver's License	Code C1
Languages	English, Sepedi, Xitsonga, Isizulu and Setswana

SACSSP

Education

2009	National Senior Certificate (Entrance to bachelor's)	Ngwanamatlang Secondary School
2014	Bachelor of Social Work **Major Modules**: **Social Work and Psychology**	University of Limpopo

Certificates

	Introduction to Policy	National School of government

2023	Formulation and Implementation Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR)	National School of government
2023	EAP Certificate	University of Pretoria
2021	Trauma Management	National Institute Community
2019	ICT office Plus (computer Literacy)	Development and Management
2016		New Arizona Communications and Training

SKILLS

PC SKILLS

Microsoft office (Proficient with MS Word, Excel, and PowerPoint)

PERSONAL SKILLS

Analytical Thinking and Problem Solving

Communication skills

Presentation skills

Organizing Skill

WORKING Experience

Social Worker at Steve Biko Academic Hospital

STATRTED: 2019 October to Date

- Render health social work services through the promotion of social change, problem solving in human relations and the empowerment and liberation of people to enhance social wellbeing.
- Render health social work services with regard to the care, support, protection and development of vulnerable individuals, groups, families and communities through the relevant program
- Render Social work services to individuals and families infected and affected by TB and HIV/AIDS

- Implement the recommended interventions by providing continuous support, counselling, guidance and advice to the affected individuals, groups, families and communities
- Monitor and evaluate the effectiveness of the recommended interventions, report on progress and identify further/amended interventions to address the identified conditions
- Record keeping, compilation of statistics and audits
- Supervision and Mentoring of Social Work students
- Study, interpret, apply and give information on legislation and policies in the identified
- Keep up to date with new developments in the social work and social welfare fields
- Assist in rendering psychosocial support to employees infected and affected by the Covid-19 pandemic
-

SOCIAL WORKER: ITSOSENG COMMUNITY CENTER (VICTIM EMPOWERMENT)

STARTED: 2018 AUGUST- 2019 SEPTEMBER

- Provide Therapeutic trauma intervention services to victims of Domestic and Gender based violence and Sexual assault
- Prepare comprehensive assessment and Individual Development Plan for each client
- Research and refer clients to relevant community resources as part of individual Development Plan
- Monitor and evaluate the effectiveness of the interventions
- Compile reports, and complete all administrative functions required
- Supervise social auxiliary workers as well student social workers

SOCIAL WORKER: LIMPOPO DEPARTMENT OF EDUCATION (JANE FURSE COMPREHENSIVE SCHOOL)

STARTED: 2017JULY- 2018 JUNE:

- Function as an integral member of a multidisciplinary team dealing with learners with substance abuse, social, emotional and behavioural problems
- Implementation of the screening, identification, assessment, and support policy guidelines in respect of learners that are vulnerable and that are abusing substance and experiencing social and emotional/behavioural barriers to learning and development

- Implement and manage effective substance abuse, social problem and behavioural support programs within the inclusive education framework for learners experiencing barriers to learning and development
- Render and coordinate individual, family and group therapy
- Compile reports and render administrative functions in relation to duties

SOCIAL WORK INTERN: DEPARTMENT OF SOCIAL DEVELOPMENT: 1 YEAR

STARTED: 2015 JULY-2016 JUNE

- Compile intakes, gather the client's information, case details and develop agreement plan for intervention
- Facilitated preventative awareness campaign as schools to prevent social problems such as teenage pregnancy, child abuse, HIV&AIDS and substance abuse.
- Providing counseling to children, individuals, families and communities.
- Monitoring of Early Childhood Development (ECD) Centers and Non-Governmental Organizations (NGO) funded by the department of Social Development, assessing the compliance and implementation of ECD programs
- Monitored the Foster Care grants for children within the community
- Preform all the administrative functions required in the institution

Appendix O: Confirmation letter of language expert

XOLILE LILLIAN NXUMALO
Address: 18 Elwyn Rd,
Penlyn Estate,
Cape Town,
7780
Cell: 081 400 8619
Email: nxumalolillian18@gmail.com
LinkedIn: Xolile Lillian Nxumalo

To whom it may concern,

I, Xolile Lillian Nxumalo, hereby confirm that i have translated the Summary and Interview Guide of the Doctor of Social Work thesis by Mr Ngoveni Sydney (student number: 35164360) entitled *The Experiences and Challenges of Families Living with Persons who Attempted Suicide: Guidelines for Social Work Practice*, from the University of South Africa, on 11 September 2025.

I am a professional language practitioner specialising in editing and translation, with a language pair of English and Xitsonga. I hold a National Diploma and Advanced Diploma in Language Practice from the Tshwane University of Technology. To further enhance my skills, I completed an online Copy-Editing short course with the University of Cape Town (UCT) in collaboration with GetSmarter.

Warm regards,

Xolile Lillian Nxumalo

Freelance Academic Editor/Proofreader/Reviewer/Translator

Appendix P: CV for Translator

Nxumalo Xolile Lillian

Contact Number: 081 400 8619
Email Address: nxumalolillian18@gmail.com
Address: Cape Town, South Africa

PERSONAL DETAILS
Nationality: South African
Home Language: Xitsonga
Other Languages: English, Setswana, IsiXhosa

SKILLS
- Good interpersonal skills
- Computer literate
- Translating and transcribing skills
- Editing and proofreading
- Excellent reading, listening, and typing speed
- Excellent command of official languages
- Ability to use Microsoft tools
- Adaptable, Proactive, results orientated, highly organised and detail Orientated.
- Able to work under pressure and handle a high work load.
- Terminology development skills
- Have outstanding Listening and communication skills both written and Oral
- Ability to liaise with and manage different stakeholders
- Able to work with general direction and exercise independent judgement.

EDUCATION
Institution: University of Cape Town (Getsmarter)
Course: Copy-editing Online Short-course
Duration: 10 weeks

Institution: Tshwane University of Technology
Course: Advanced Diploma: Language Practice (NQF Level 7)
Majors:
- Xitsonga
- English
- Research Methodology
- Language and Translation Practice
- Terminology Development
- Language and Technology
- Sociolinguistics

Completion: 2021

Institution: Tshwane University of Technology
Course: National Diploma: Language Practice (NQF Level 6)
- Applied Xitsonga
- Applied English
- Language and Translation Practice
- General Language Dynamics

Completion: 2019

WORK EXPERIENCE
Employer: Nasou Via Afrika Publishers
Position: Content Development Assistant
Duties:
1. Administrative tasks ranging from working with Excel budgets and processes invoices to correspondence with authors and suppliers
2. Research on request of Content Development Managers
3. Quality assurance of developed materials including proofreading and copy-editing
4. Review African languages manuscripts.

Duration: 2024 - Present

Employer: Van Schaik Publishers (PASA Internship)
Position: Editorial Assistant
Duties: Preparing and formatting manuscripts for editing purposes.
- Securing copyright permissions, requesting invoices from copyright holders, and scheduling processing.
- Creating indexes using Sky Index Professional software for manuscripts.
- Thoroughly editing indexes to ensure accuracy
- Conducting comparisons on Lecture Supporting Materials for hybrid books.
- Performing proofreading tasks on select proofs before they go to print.

Employment Type: One-year contract

Employer: Exomunia.africa
Position: Translator
Duties: Translating, editing, proofreading, and reviewing
Employment Type: Freelance
Duration: August 2022- December 2024

Employer: Ochre Media
Position: Transcriber
Duties: Transcribing Xitsonga interviews to English
- Typing
- Proofreading

Employment Type: Freelance
Duration: June 2022 – July 2022(3-week contract)

Employer: MFH Publishers
Position: English Editor
Duties: Editing unpublished books from different authors
- Proofreading books after editing.
- Typing
- Double-checking errors

Employment type: Full-time
Duration: September 2021 – October 2022

Employer: Church of Scientology
Position: Translator & Proofreader
Duties: Translating books
- Using WorldServer CAT Tool
- Proofreading books after translating.
- Submitting weekly reports
- Double checking errors
- Reviewing

Employment type: Part-time
Duration: June 2020 – July 2022

REFERENCES
Name: Nangamso Phakathi
Company: Van Schaik Publishers
Relationship: Colleague | Mentor
Contact: 010 200 9620

Name: Nobuhle Ratlhagana
Relationship: Mentor
Contact: 078 414 2902

Appendix Q: Editorial letter

OMPHA MUKUNDI TRADING SUPPLY AND SERVICES

P.O Box 32 STAND 227A

SIBASA WATERVAL

0970 Income Tax Ref: 9945652148 0960

CK NO. : 2006/013270/23

CONTACT NO: 082 299 9025 E-mail: omphamukunditrading@gmail.com

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CERTIFICATE OF EDITING

To whom it may concern

This document is to certify that the manuscript listed below was edited for proper English language, grammar, punctuation, spelling and overall style by one of the qualified team members of Ompha Mukundi Trading Supply and Services.

The substantive content of the article mentioned below remains the full responsibility of the author/authors:

Best regards,

Ompha Mukundi Trading Supply and Services Language Department

EDITOR

MAGODI THABELO

Saturday, 25 OCT 2025

Manuscript Title:

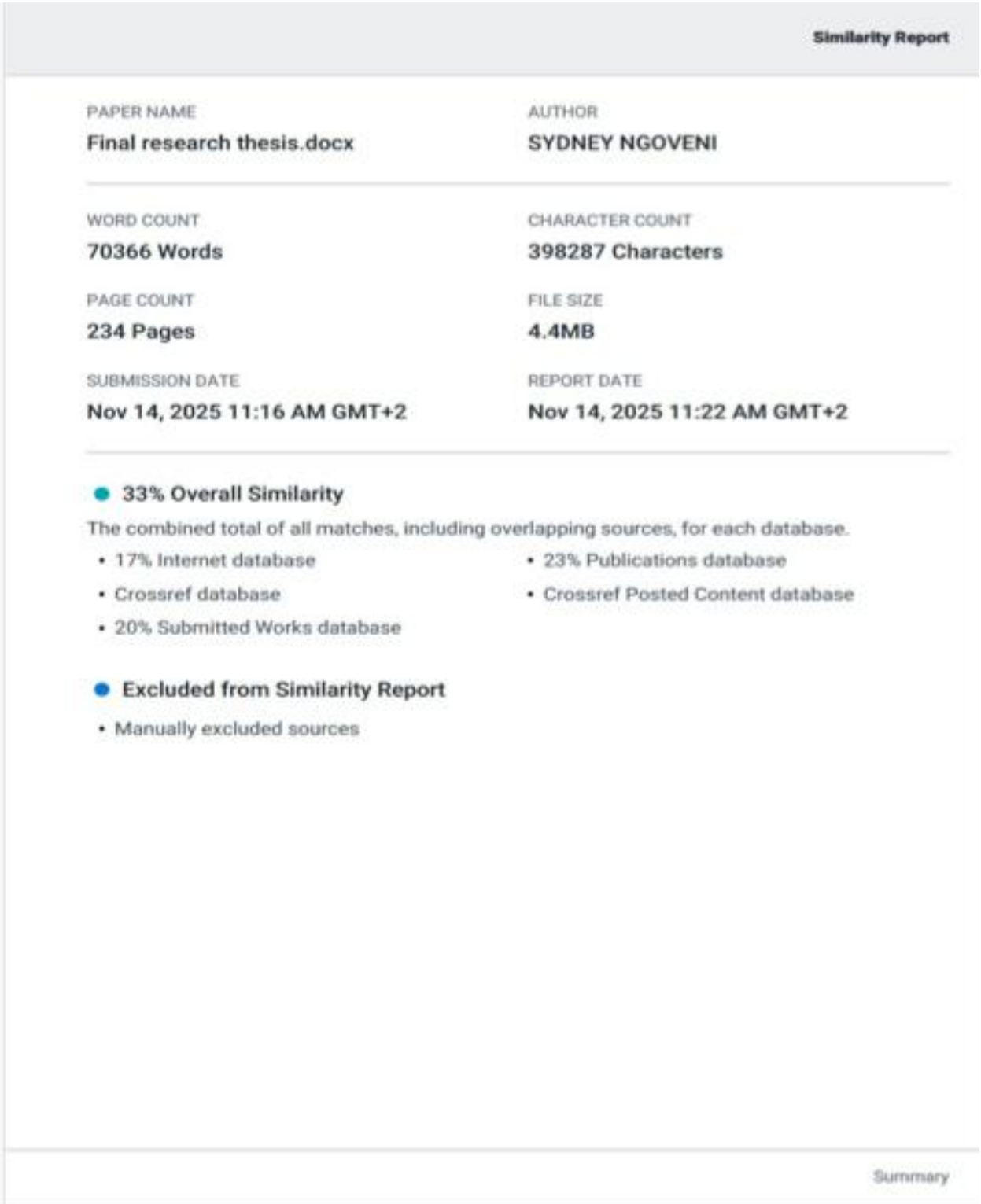
THE EXPERIENCES AND CHALLENGES OF FAMILIES LIVING WITH PERSONS WHO ATTEMPTED SUICIDE: GUIDELINES FOR SOCIAL WORK PRACTICE

Author/s:

SYDNEY NGOVENI

Student number: 35164360

Appendix R: Similarity report



Similarity Report

PAPER NAME
Final research thesis.docx

AUTHOR
SYDNEY NGOVENI

WORD COUNT
70366 Words

CHARACTER COUNT
398287 Characters

PAGE COUNT
234 Pages

FILE SIZE
4.4MB

SUBMISSION DATE
Nov 14, 2025 11:16 AM GMT+2

REPORT DATE
Nov 14, 2025 11:22 AM GMT+2

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- Crossref Posted Content database
- 20% Submitted Works database

Excluded from Similarity Report

- Manually excluded sources

Summary