Author's response to reviews

Title: High School Suicide in South Africa: Teachers' knowledge, views and training needs

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Author's response to reviews: see over
Manuscript 1514871629147164: Responses to the comments of the reviewers

Thank you very much for the comments provided by Sorin Ursoniu and Susan De Luca. Below we respond to each point raised by the reviewers by summarizing the points raised and our responses.

Reviewer 1
We thank the reviewer for the positive comments on our article as important to those with closely related research interests, with methods being appropriate and well described. We have addressed the only issue that the reviewer raised:

*Are limitations of the work clearly stated? No, study limitations are not mentioned.*

We agree with the reviewer and we included limitations in the conclusion section.

Reviewer 2
We thank the reviewer for the invaluable comments.

1) *I am concerned at some of the terminology used. For example, in the field of suicidology, we do not use the phrase "committed suicide". Please correct to "died by suicide". This will also help the reader understand when you're using suicide as a general term or you're actually meaning death. When you are not referring to a suicidal death, please use "suicidal behavior" throughout.*

The phrase ‘committed suicide’ is replaced by ‘died by suicide’ in the revised manuscript.

2) *It appears that the authors are really seeing teachers as gatekeepers but we know from RCT's (see Wyman's RCT study on QPR) that using teachers as gatekeepers does not increase students' disclosure for suicidal concerns. While there are still gatekeeper programs on the BPR, leading experts (see LoMurray and Wyman) agree that peer mentoring/leader models are more effective as students and adolescents in general do not seek out adults (especially teachers) when they are dealing with distress. So there needs to be more of an argument why understanding teachers' knowledge/awareness of suicidal behaviors is related to decreasing suicidal risk.*

We agree with the reviewer and we have included a paragraph on P. 5 for clarification. We believe that if teachers have knowledge of warning signs of suicidal behaviour, they will be able to identify those at risk and refer them to relevant persons for further management. Furthermore, teachers mentioned during the interviews that their inability to identify warning signs of suicidal behaviour contributed to students’ death by suicide. They further indicated that should they have
known that talking about suicide and social withdrawal were warning signs of suicidal behaviour; they would have referred those students to the psychologist.

3) I'm not familiar with South Africa's school system, but for many school districts around the world school social workers/counselors/psychologists are available to teachers and students. I'm wondering why this hasn't been included in the literature to either show the lack of services available to SA schools or how these resources are available but not effective in SA schools.

We agree with the reviewer and we have included this information, see page 5.

4) The discussion, while it needs to summarize the results, is just that. I would like to read why the authors recommendations are based on this study. What are the study's strengths and limitations?

We agree with the reviewer that strengths and limitations were omitted. These have been included in the revised manuscript; see the conclusion section on page 14.

Discretionary Revisions:

5) Were incentives provided to participants?
   No incentives were provided to participants

6) The discussion section is the first time drug use was discussed. As drug use and mental health conditions are highly associated with suicidal behaviors, your comment in the discussion section will be strengthened by adding this to your lit review.

We agree with the reviewer and drug use was included in the literature review.

7) To further strengthen your argument for the need of a study like this, are there suicide prevention programs already in place in some SA schools? If so, are they effective? If not, why? If there are no suicide programs in SA schools, why?

According to our knowledge there are no suicide prevention programs in place in South Africa. There were depression programs in Gauteng province but currently not functional due to lack of funds. There are no suicide prevention programs in Limpopo province where the study was conducted, including the depression programs that were available in Gauteng province. The reason could be that mental health is not a priority area for the Government and receives fewer budgets compared to budget to address Millennium Development Goals.

8) "Life Orientation" is referenced but I'm not quite sure what this is (since it is capitalized I'm assuming it's a program?). Please clarify.

Life orientation is one of the subjects done by students at school. It is the personal, social, intellectual, emotional and physical growth and development of learners and the way in which
these dimensions relate to each other and express themselves in everyday life. We clarified it on page 10

9) Line 410 is quite a leap. There are "no" services available for individuals dealing with suicide in SA? That's quite hard to believe. If this is the case, this is a great argument for the study, but needs to be introduced earlier in the paper and in more depth. Again, why are there no services?

We became specific to Limpopo province where the study was conducted. In addition, we included information on lack of services for mental health in South Africa due to lower budget for low and middle income countries. Furthermore, more money is allocated to address the Millennium Development Goals (MDGs) and it is not surprise to see mental health receives less attention from the Government.

10) Needs some language corrections before being published

We agree with the reviewers, language corrections were done.