

A CRITICAL PERSPECTIVE ON ECOLOGICAL “RISK” AND “PROTECTIVE”
FACTORS FOR YOUTH SUICIDE IN CANADA

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Abstract / Résumé

Abstract in English

Suicide is the second leading cause of death in youth aged 15 to 24 years old in Canada and the magnitude of the problem is of growing concern worldwide. Despite the recognition of this phenomenon as the result of the dynamic interplay between individual, psychological, social, cultural, environmental, and many other factors, current trends in the literature are largely centred on individual “risk” factors. Not only does this individualize and pathologize the problem of suicide, but it also fails to take into account contexts of resilience among youth. In the current research, an ecological framework is adopted to critically analyze the “risk” and “protective” factors for youth suicide, examine the interactive and additive processes across factors, and outline the implications of these findings for research, prevention, and intervention initiatives. A deductive thematic analysis was performed on the data presented in the 21 documents that were retained. The results illustrated that at the ontosystem level, mental health problems and prior suicide attempts should not be overlooked; at the microsystem level, social support and the lack thereof are the most relevant factors; at the mesosystem and exosystem levels, further research is warranted; and at the macrosystem level, ideologies and beliefs, socioeconomic status, Indigenous culture, and systems of oppression each play a role in youth suicide in Canada. Also shown is how the many factors interact both within and across the ecological systems of the youth. Finally, several points drawn from the results of the analysis are discussed, their implications for social work research and intervention are underlined, and recommendations for future research are put forth.

Keywords: youth, suicide, suicide-related behaviours, risk, resilience, ecological factors, ecological systems theory, Canada

Résumé en français

Le suicide est la deuxième cause de décès chez les jeunes de 15 à 24 ans au Canada et l'ampleur de ce problème est de plus en plus préoccupante dans le monde entier. Malgré la reconnaissance de ce phénomène comme étant le résultat de l'interaction entre des facteurs individuels, psychologiques, sociaux, culturels, environnementaux et plusieurs autres, les tendances actuelles dans les écrits scientifiques sont largement centrées sur les facteurs de « risque » individuels. Non seulement cette approche individualise et pathologise le problème du suicide, mais elle ne tient pas compte non plus des contextes de résilience chez les jeunes. Dans la présente recherche, un cadre écologique est adopté pour analyser de manière critique les facteurs de « risque » et de « protection » du suicide chez les jeunes, examiner les processus interactifs et cumulatifs entre les facteurs, et souligner les implications de ces résultats pour la recherche, la prévention et l'intervention. Une analyse thématique déductive a été effectuée sur les données des 21 documents retenus. Les résultats ont montré qu'au niveau de l'ontosystème, les problèmes de santé mentale et les tentatives de suicide antérieures ne devraient pas être ignorés ; au niveau du microsystème, le soutien social et le manque de soutien sont les facteurs les plus pertinents ; au niveau du mésosystème et de l'exosystème, des recherches supplémentaires sont nécessaires ; et au niveau du macrosystème, les idéologies et les croyances, le statut socio-économique, la culture autochtone et les systèmes d'oppression jouent chacun un rôle dans la question du suicide chez les jeunes au Canada. Cette étude montre également comment les nombreux facteurs interagissent à l'intérieur et entre les systèmes écologiques des jeunes. Enfin, plusieurs points tirés des résultats de l'analyse

sont discutés, ainsi que leurs implications pour la recherche et l'intervention en travail social, et des recommandations pour des recherches futures sont proposées.

Mots clés: jeunes, suicide, comportements suicidaires, risque, résilience, facteurs écologiques, théorie écologique, Canada

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Acronyms and Abbreviations

CSP: Centre for Suicide Prevention

LGB: Lesbian, gay, and bisexual

LGBQ: Lesbian, gay, bisexual, queer, and questioning

LGBTQ: Lesbian, gay, bisexual, trans, queer, and questioning

PHAC: Public Health Agency of Canada

SRB: Suicide-related behaviour

Trans: Transgender

WHO: World Health Organization

INTRODUCTION

Over the last several decades, suicide has become a growing global concern. Since 2009, it has been recognized as the ninth leading cause of death in all age groups across Canada (Statistics Canada, 2020). In youth aged 15 up to the age of 29 years old, it is the second leading cause of death not only in Canada, but globally (Statistics Canada, 2020; World Health Organization [WHO], 2014). In recent years, the gap between the number one cause of mortality in Canadian youth, accidents (i.e., unintentional injuries), and suicide has narrowed (Statistics Canada, 2020). Despite these alarming statistics and the obvious magnitude of this problem, suicide remains a taboo and misunderstood subject in our society (Olson, 2016). Chapple et al. (2015) explain that “[r]eactions to deaths which are seen as ‘private troubles’ are [...] different from reactions to deaths which are seen as ‘public issues’” (p. 612). But given the high rates of suicide among young people – individuals who would have had a wealth of opportunities and life experiences ahead of them – why is suicide *not* regarded as much a public tragedy?

Suicide has devastating and far-reaching impacts on youth, their families, and their groups and communities of belonging, causing them much grief, suffering and despair (Public Health Agency of Canada [PHAC], 2016a). The problem and its impacts extend far beyond merely the aftermath when also considering suicide-related behaviours (SRB) that occur, sometimes for a significant period of time, even before a suicide may take place. Youth suicide also impacts all areas of society, such as schools and education, the workplace, the criminal justice system, etc. (Olson, 2016) Suicide does not generally occur spontaneously and can be prevented, hence the value of widespread preventive interventions. Verbal and behavioural warning signs are commonplace, making it possible for loved ones and persons involved in an individual’s life to identify the potential “risk” of suicide in order for an intervention to take place before an attempt is made, or a life is lost (Ayyash-Abdo, 2002).

While advances in research have contributed to our increasing knowledge and understanding of this problem and its prevention, suicide continues to be overlooked as a priority on the public health and public policy agendas (WHO, 2014). Despite now having a federal framework for suicide prevention, Canada has yet to act on the implementation of recommendations made by international organizations for a national suicide prevention strategy (Olson, 2016). Essentially, a framework does not equate to a strategy because it “does not identify the necessary jurisdictional mandates or resources; responsibilities are not defined in a clear way, and there are no definitive timelines” (Olson, 2016, p. 10). What is more, current approaches to suicide in the literature and in social work practice are heavily influenced by psychology, which pathologize suicidality, theorize and treat it solely as belonging to an objective science, and conceptualize it as a mere individual phenomenon (Standley, 2020). These discourses fail to conceptualize youth suicide as it truly is: a complex, multi-domain, and interactive phenomenon driven by many factors over a given period of time.

This major research paper seeks to contribute to the emerging, less mainstream body of evidence on youth suicide from a broader perspective of social change. It intends to integrate findings and center insights that are less individualizing and pathologizing of youth. With this in mind, the present paper will be divided into five chapters. In the first chapter, the problem will be stated and explained. A brief socio-historical overview of the political implications related to suicide will be given. Then, Durkheim’s theory of suicide, which holds society accountable for high suicide rates, will be described. Youth suicide in Canada will be contextualized, including its impact on populations at the margins of society, followed by the problem of individualization of suicide. Finally, the key concepts of this study will be defined, and the research questions and objectives will be introduced. The second chapter will situate the topic within a theoretical and

conceptual framework associated with Urie Bronfenbrenner's (1977) ecological systems theory and Jay Belsky's (1980) adaptation of this theory. The third chapter will address the methodology of the study, namely the methodological approach, the data source, the selection criteria, the research strategy, as well as the process utilized to conduct the deductive thematic analysis. In the fourth chapter, a critical analysis of the findings on ecological "risk" and "protective" factors of youth suicide and the interactions between them will be made. The fifth chapter will discuss the results of the analysis, followed by their implications for social work research, prevention, and intervention. Lastly, the conclusion will present an overall summary of the findings, the limitations of the study, and suggestions for future research opportunities.

CHAPTER I: PROBLEM STATEMENT

1.1 Socio-Historical Overview of Political Developments on Suicide in Canada

Decriminalized in 1972, suicide has long been acknowledged as a major public health crisis, though it was not treated as such for many years in Canada (Bennett et al., 2015; Crawford, 2015; Lesage et al., 2012; Matsubayashi & Ueda, 2011; Minister of Justice, 2012; Olson, 2016; PHAC, 2016a). In the Lalonde Report published in 1974, suicide and its prevention were officially declared as a public health issue (Lesage et al., 2012; Spiwak et al., 2012) and suicide also gradually became recognized as a mental health issue in Canada (Olson, 2016). Despite the claims that suicide was a cause for concern in Canada, this statement has only become truly relevant to government officials, policy makers, and key stakeholders in the last decade.

In fact, in the years leading up to the establishment of *An Act respecting a Federal Framework for Suicide Prevention*, which only became law in December 2012 (Minister of Justice, 2012), many political actors, such as international organizations, Canadian committees, and researchers, came together to issue reports, statements, and publish research studies in an effort to demonstrate the need for federal intervention in suicide prevention in Canada. This occurred after two attempts by the National Task Force on Suicide, one in 1987 and the other in 1994, to propose in their report *Suicide in Canada: Report of the National Task Force on Suicide in Canada* “a series of recommendations across the spectrum of prevention, intervention, and postvention activities” (White, 2005, p. 28), among other crucial details on the problem of suicide. This resulted in very little change. In 1996, the United Nations issued a declaration recommending that all countries develop a national strategy for suicide prevention. Canada, however, did not make this commitment (Olson, 2016).

Nearly ten years later, in 2004, a survey conducted on 21 industrialized countries revealed that Canada was among ten countries in the world still without a national suicide prevention strategy

(Matsubayashi & Ueda, 2011). Consequently, provincial governments continued to take responsibility for the development of suicide prevention initiatives, strategies and other multifaceted approaches between 1998 and 2010 (Spiwak et al., 2012). In 2006, the Kirby Report demonstrated once again the urgency for federal government action on the development of a national strategy and a national research program on suicide prevention (Spiwak et al., 2012). In 2014, the World Health Organization's report *Preventing suicide: A global imperative* was released, urging countries to make suicide prevention a matter of priority and to develop multisectoral prevention strategies. Finally, in 2016, Canada's first national suicide prevention framework *Working Together to Prevent Suicide in Canada: the Federal Framework for Suicide Prevention* was created (PHAC, 2016a). A suicide prevention strategy, however, was never implemented and remains non-existent to this day.

1.2 Durkheim's Sociological Theory of Suicide

Suicidality has long been studied, theorized, and contextualized in the literature. Previous theoretical approaches have attempted to comprehend, analyze and explain youth suicide through biological, sociological, psychological, economic, and socio-psychological models (Gunn III & Lester, 2014; Henry et al., 1993). Perhaps the most widely recognized and influential theory on the structural factors of suicide, that which aligns with the objectives and intention of the current research, is Émile Durkheim's classic sociological theory published in 1897 which studied, using a systematic approach, the imbalances of social forces within society.

Durkheim (2002) sought to examine the influence of social regulation and social integration on societal suicide rates (Lester, 2014b). Social integration is the degree to which members share similar beliefs, goals, and dedication to those goals, and form solid and enduring social relationships. Social regulation is the extent to which society maintains control over the emotions

and motivations of its members (Lester, 2014b). These two social forces define the motive behind four types of suicide identified by Durkheim, including altruistic, egotistic, fatalistic, and anomic suicide, and determine the incidence of suicide within any given society (Lester, 2014b). That said, an excessively high suicide rate is proof of a severe pathological state of society (Durkheim, 2002), as it suffers from a lack of both social regulation and social integration.

In his book, Durkheim (2002) states in a satiric manner: “Since suicide is an individual action affecting the individual only, it must seemingly depend exclusively on individual factors, thus belonging to psychology alone. Is not the suicide’s resolve usually explained by his temperament, character, antecedents and private history?” (p. 44) On the contrary, Durkheim (2002) expresses that individual, or non-social causes of suicide, such as depression, are affected by the larger social forces and that without these forces, suicide may not occur.

As Durkheim was the first to examine the social and structural dimensions of suicide, his theory has paved the way for other such theories to be elaborated and for our understanding of this complex phenomenon to be expanded. Although there is no one theory that can explain all suicides (Gunn III & Lester, 2014), analyzing youth suicide in its social context has become increasingly relevant not only for understanding it, but for preventing it too.

1.3 Contextualization of the Phenomenon of Youth Suicide

Between the 1970s and 1990s, nations around the world, including most industrialized nations (Trovato, 1992), saw a rise in youth suicide rates (Lester, 2014a). As previously mentioned, suicide is ranked as the second leading cause of death among youth aged 15 to 24 years old in Canada (PHAC, 2016a). Deaths by suicide also account for almost a quarter of all deaths in youth aged 15 to 24 years old (Navaneelan, 2017). Although the prevalence of suicidal ideation and behaviour is

significantly lower before puberty, it becomes more frequent during adolescence and early adulthood (Gallagher & Miller, 2018; Jacobson & Gould, 2008).

Canada's annual youth suicide rates have remained relatively stable in recent years, however, rates of suicidal ideations increased between 2002 and 2019 (Garriguet, 2021), which is an important factor to consider that statistics do not usually take into account when assessing suicide rates and developing prevention programs. Rates of suicide attempts are greater than completed suicides in the general population, totaling between 25 and 30 attempts for every death by suicide (PHAC, 2016a). Rates among youth are estimated to be even higher due to systematic underreporting (Man et al., 1993), which is likely a result of the social stigma commonly associated with suicide (Henry et al., 1993).

In addition, the adolescence period, marked by the onset of puberty, is a pivotal and particularly challenging phase of a young person's life that involves significant cognitive, biological, psychological, and social changes (Peter et al., 2008). As they "work towards the development of their identity" (Standley, 2020, p. 2), their roles in the multiple systems in which they exist (such as family, peer group, school, etc.) are also constantly evolving. Compounded by external social and environmental factors, such as discrimination, bullying, child abuse, lack of social support, etc., this population becomes even more likely to engage in SRB (Peter et al., 2008).

Although suicide rates remained fairly steady in adolescent boys between 2010 and 2019, for each year, this group was on average 2.6 times more likely to die by suicide than their female counterparts (Statistics Canada, 2020). The higher suicide rate among men is a trend that has been ongoing for over 60 years (Navaneelan, 2017; Trovato, 1992). Adolescent female suicide rates, however, are now also on the rise (Statistics Canada, 2020). What is more, suicide attempts, SRB,

and hospitalization rates for intentional self-harm are reportedly higher in females than they are in males (Garriguet, 2021; Man et al., 1993; Peter et al., 2008; PHAC, 2016a).

Moreover, research shows that suicide disproportionately impacts youth of marginalized identities, such as Indigenous, LGBTQ (lesbian, gay, bisexual, queer and questioning), and transgender (trans) youth (Health Canada & Assembly of First Nations, 2015; Hong et al., 2011; Kirmayer, 2012; PHAC, 2016a; Standley, 2020). In addition to the myriad factors related to adolescence and the diverse social identities and personal experiences of youth, marginalized individuals face added pressures simply as a result of their stigmatized position in society. Some of their unique stressors include discrimination, social exclusion, institutional prejudice, harassment, violence, rejection, and victimization (Bauer et al., 2015; Centre for Suicide Prevention [CSP] et al., 2019a). It is equally important to recognize the intersectionality of social identities, in that more impacts emerge from having multiple marginalized identities (including a combination of race, gender, immigration status, sexual identity, etc.). To illustrate, a 2006 survey with high school students showed that those with intersecting marginalized identities were more likely to have suicidal thoughts than their peers who experienced only a single type of discrimination (Standley, 2020).

Regarding Indigenous communities, suicide rates in these youth groups are incredibly high. Among this population in particular, the prevalence of suicide is of extreme concern in some First Nations and Métis communities, and in all Inuit communities across Canada (PHAC, 2016a). In fact, as per the Canadian Institute for Child Health (2012), Statistics Canada reported that youth suicide rates on Inuit territories were 30 times higher than in non-Inuit youth in Canada between 2004 and 2008. Moreover, suicide and intentional self-harm are the leading cause of death among First Nations youth (PHAC, 2016a). In this group, completed suicide rates were approximately

five to six times greater than in non-Indigenous youth. Unfortunately, there is less data available on rates among Métis populations (PHAC, 2016a). According to Chandler et al. (1998, as cited in Kidder et al., 2000), “there is a strong inverse relationship between the level of cultural continuity in a community and the youth suicide rate” (p. 175). This has remained significant over the years and remains true today.

Along the same lines, suicide and SRB occur more frequently in LGBTQ (lesbian, gay, bisexual, trans, queer and questioning) youth than in their non-LGBTQ counterparts (CSP et al., 2019a, 2019b; Hong et al., 2011; PHAC, 2016a; Standley, 2020). LGB (lesbian, gay and bisexual) adolescents are five times more likely to think about suicide and seven times more likely to attempt it (CSP et al., 2019a). Experiences related to suicide in trans people differ quite significantly from others, even in comparison to LGB individuals, as the realities they face are often more challenging (CSP et al., 2019b). In general, trans individuals are twice as likely to have suicidal thoughts and attempt suicide than LGB people, putting them at increased risk for suicide (CSP et al., 2016b). This is especially true for trans youth, as one in three had attempted suicide in the year preceding the release of the fact sheet by the Centre for Suicide Prevention et al. (2016b). Bauer et al. (2015) also found that in the year prior to their study, 35.1 % of trans Ontarians seriously considered suicide, and 11.2 % attempted it. On a more positive note, research on sexual minority youth is increasing (Standley, 2020), which is promising for future discoveries and improvements in prevention and intervention efforts.

1.4 Individualization of Youth Suicide

At present, limited research exists to provide a comprehensive picture of suicide in youth (Van Meter et al., 2019), and even less so among specific subgroups that are potentially at even higher “risk”. It is increasingly being recognized that suicide and SRB occur due to multiple interrelated

and interacting factors, such as personal, social, psychological, and environmental factors, among others (PHAC, 2016a; WHO, 2014). Despite this knowledge, much research has focused on intrapersonal factors (e.g., inability to cope with stress, poor mental health, biochemical changes, dysregulated executive function, etc.), which individualize the problem and place the responsibility of engaging in SRB on the individual. Not only does this approach overlook the existence and influence of socio-environmental and structural stressors that may compound the “risk” of suicide, but it also ignores the factors that may “protect” against it (Ayyash-Abdo, 2002; Eriksson et al., 2018; Peter et al., 2008; Standley, 2020; Trovato, 1992). Furthermore, this individualizing approach increases the stigma associated with suicide, thereby negatively impacting help-seeking behavior (WHO, 2014).

Discussing individualizing approaches, the terms “risk” and “protective”, or any other term with similar meaning (i.e., “vulnerable”) used to refer to a person’s susceptibility or resistance to dying by suicide or engaging in SRB, originate from neoliberal ideology and permeate Western discourses on youth (Sharland, 2006). These narratives seek to problematize youth behaviours that are considered “outside of the norm”, claiming they are “dangerous” or “risky”, in order to promote obedience and compliance with social norms of self-regulation and responsibility (Sharland, 2006). Although these terms will be used throughout this research paper, a detailed explanation of their meaning and the context in which they will be employed will be provided in a subsequent section of this chapter.

Despite the individualistic rhetoric, members of certain communities recognize and underline the need to examine the broader dimensions of suicide. For example, Qajaaq, a then 22-year-old youth from Nunavut, states: “I don’t like to look at [suicide] as a problem but more like a symptom of problems that exist within communities.” (Kidder et al., 2000, p. 175) Problems of a structural

nature at the community and societal levels have a profound impact on the health, well-being, and outcomes of individuals. Failure to adequately address intrapersonal, interpersonal, socio-environmental, and structural factors involved in suicide, as well as the interactional dynamics between them, prevents the discovery of more comprehensive explanations and the search for solutions that go beyond those of an individualistic nature (Ayyash-Abdo, 2002). Further research on the variables involved in suicide among youth in particular that consider multiple levels of analysis can deepen our understanding not only of their situation specifically, but of the etiology of suicide in general. A better understanding of the magnitude of the problem and the impacts of multi-layered factors on youth suicide rates will also contribute to the improvement of prevention initiatives and the reduction of suicide “risk” overall (Ayyash-Abdo, 2002; Easson et al., 2014; Kirmayer, 2012).

The ecological model, also termed the ecological systems theory (Bronfenbrenner, 2000), is one that can provide a foundation for such an analysis, as it centers the individual within a set of complex, interconnected systems and emphasizes how these systems and the interdependent relations between them impact the behaviour of the individual (Ayyash-Abdo, 2002; Bronfenbrenner, 1977; Eriksson et al., 2018). Ecological “risk” and “protective” factors for youth suicide can therefore be studied through this lens to fill gaps in current research.

1.5 Definitions

Throughout this research paper, several key concepts will be utilized and therefore must be defined. Since the phenomenon of suicide is under study, it is imperative to first provide a clear explanation of the key concepts related to it, such as suicidality, suicidal behaviour, and suicide prevention, for the reader to comprehend the specificities of each one. The notion of risk (including “risk” and “protective” factors) will also be contextualized. Lastly, as youth are the target

population of this research, a brief, but concise, and not necessarily exhaustive, definition of this group will be provided.

1.5.1 Suicide, Suicidality, and Suicide-Related Behaviours

According to the PHAC (2016a, 2016b), *suicide* is the intentional act of ending one's life through engaging in injurious behaviours. *Suicidality* (Department of Health, 2009) and *suicidal* or *suicide-related behaviours* (PHAC, 2016a, 2016b), terms that will be used interchangeably in this paper, cover a range of behaviours linked to suicide, including suicidal ideations (or suicidal thoughts), suicide attempts, and suicide plans. *Suicidal ideations* or *thoughts* refer to thinking about or considering taking one's own life. *Suicide plans* include actionable steps that may or may not be carried out to end one's own life (PHAC, 2016b). *Suicide attempts* refer to engaging in any self-harming actions with the intent, aim or goal to end one's own life.

1.5.2 Suicide Prevention

Individuals who have suicidal thoughts or plans for committing suicide and who have previously attempted suicide are at increased "risk" of attempting suicide (Department of Health, 2009; PHAC, 2016a). Prevention, therefore, will be another focus of this study. *Suicide prevention* encompasses "the collective efforts of governments, local citizen organizations, mental health practitioners and related professionals to enhance safety from suicide-related behaviour and reduce the incidence of suicide" (PHAC, 2016a, p. 43). Prevention efforts seek not only to reduce "risk" factors and strengthen "protective" factors for suicide, but also to improve mental health and overall well-being (PHAC, 2016a).

1.5.3 The Notion of Risk (and Protection or Resilience)

In an effort to move away from individualistic narratives that place the responsibility for any act of suicide on youth rather than question the current culture of individualism and critique

societal structures and factors, our society's common understanding of the concept of "risk" will be challenged and the terms *risk* and *protective* will thus be redefined for use in this project.

Conventional government- and policy-level explanations of risk regarding youth generally tend to focus either on individual characteristics, or particular youth groups. These groups are labeled "at risk" almost exclusively on the basis of their "behaviours, dispositions and 'preferred futures'" (Sharland, 2006, p. 255) and, therefore, become subject to regulation. Discourses of risk view "at risk" youth as deficient, delinquent, or deviant, and as a threat to themselves and society. Attention is consistently drawn to what is wrong with them rather than exploring what risk means and entails for youth themselves (te Riele, 2006).

However, "risk-taking" is commonly perceived as a part of normal adolescent development, with positive and negative consequences for youth (Sharland, 2006). Both types of consequences are equally as important in the construction of young people's identities, therefore meaning that taking risks is not always problematic (te Riele, 2006). It is seen, especially by researchers focusing on identity development, as the expression of youths' identity, a necessary step toward maturity and an integrated sense of self (Sharland, 2006). The normative meaning of the term *at risk*, however, does not take this into account, nor does it consider the complexity and the multifaceted nature of a person's identity and the circumstances that constitute their experiences.

Moreover, the adolescent period is full of opportunities and risks (Sharland, 2006), but due to inequalities related to class, ethnicity, culture, gender, etc., they are not evenly allocated among young members of society (te Riele, 2006). The literature consistently reveals that people with fewer opportunities and greater difficulties, as defined by societal norms, are not only labelled more "at risk" than more privileged individuals (te Riele, 2006), but are also considered more exposed to risks and more likely to take them (Sharland, 2006). For these young people who face

structural barriers, risk inevitably becomes the product of societal shortcomings, and not solely of individual ones (te Riele, 2006).

Risk is therefore not only inherent in the individual; it is embedded in social structures, a phenomenon referred to as the *risk society*, which shape the living conditions, life course and very identity of young people (Sharland, 2006). This society is one that produces risk, but also grants privilege and protection from risk to some of its members over others. It is therefore necessary to simultaneously consider the risks, or consequences, but also the possibilities, or opportunities, that exist within youths' environment and social conditions.

With that said, and as best summarized by Sharland (2006), youth will be considered in this research project “as agents of their own lives, pursuing their own trajectories, situated within their own social, material, cultural and relational worlds” (p. 259). Exposed to both “risk” and “resilience” and engaging in “risky” and “protective” behaviours, each individual's history, perceptions, and realities are unique, influenced by varying degrees of social and societal pressures, and viewed in this research paper as elements that add richness and depth to their lives and help provide meaning to their life experiences. It is also acknowledged in this paper that risk and protective factors differ from one individual to the next and are ever-changing.

1.5.4 Youth

The population group that will be the focus of this paper is youth, used interchangeably with young people. In the context of this paper, *youth* or *young people/persons* are individuals aged 15 to 24 years old. It is important to set this population group apart from adults and the general population because of their unique experiences and realities and due to their increased vulnerability to suicide, which merit a separate analysis.

1.6 Research Questions and Objectives

The questions guiding this research paper are: What are the ecological “risk” and “protective” factors for youth suicide in Canada and how do they interplay to increase or decrease suicide risk? How can ecological factors be used to guide research and suicide prevention and intervention efforts among this population in Canada? The objectives of this major research paper are to examine youth suicide through the lens of the ecological model by (1) identifying ecological “risk” and “protective” factors, (2) analyzing the interactional dynamics within and between factors, and (3) highlighting their relevance for youth suicide research, and prevention and intervention efforts.

CHAPTER II: THEORETICAL AND CONCEPTUAL FRAMEWORK

American psychologist Urie Bronfenbrenner's ecological theory will serve as the basis for gathering information about my topic and will both frame and inform each step of the process of analysis. This theory provides knowledge on human development through examining "multiperson systems of interaction not limited to a single setting and [...] [taking] into account aspects of the environment beyond the immediate situation containing the subject" (Bronfenbrenner, 1977, p. 514). This fundamental notion of interaction or, in other words, of the interdependence and reciprocation between systems, posits that the interaction between an individual and their environment will generate their behaviors and conducts. The ecological environment consists of the juxtaposition of "nested structures" (Eamon, 2001, as cited in Hong et al., 2011, p. 886) where interactions are reciprocated not only between the individual and a single system, but between the person and several systems at once, which are themselves also interacting (Bouchard, 1987, free translation).

Bronfenbrenner's ecological systems theory has undergone several modifications since its first inception in 1977. In fact, it continued to evolve until 2005, the year of his death (Eriksson et al., 2018). The development of Bronfenbrenner's theory unfolded in three stages. The initial phase (1973-1979) set out to propose an ecological approach to research in human development. During the following phase (1980-1993), "a stronger emphasis [was placed] on the role of the individual and developmental processes" (Eriksson et al., 2018, p. 416), along with changes over time in the individual and their environments, which Bronfenbrenner called the *chronosystem*. In the latter phase (1993-2006), the Process–Person–Context–Time model was created (Eriksson et al., 2018).

The earlier phases of the theory have been previously applied to many areas of research and used to understand numerous issues (Ayyash-Abdo, 2002; Eriksson et al., 2018), including suicide and, more specifically, youth suicide. That being said, the ecological systems theory in its first

phase will be utilized in this research paper. This is not only because it comprises the majority of suicide studies that have employed this model, but also because research supports the use of this version of the theory, which places more emphasis on context and offers a more comprehensive understanding of the problem (Eriksson et al., 2018).

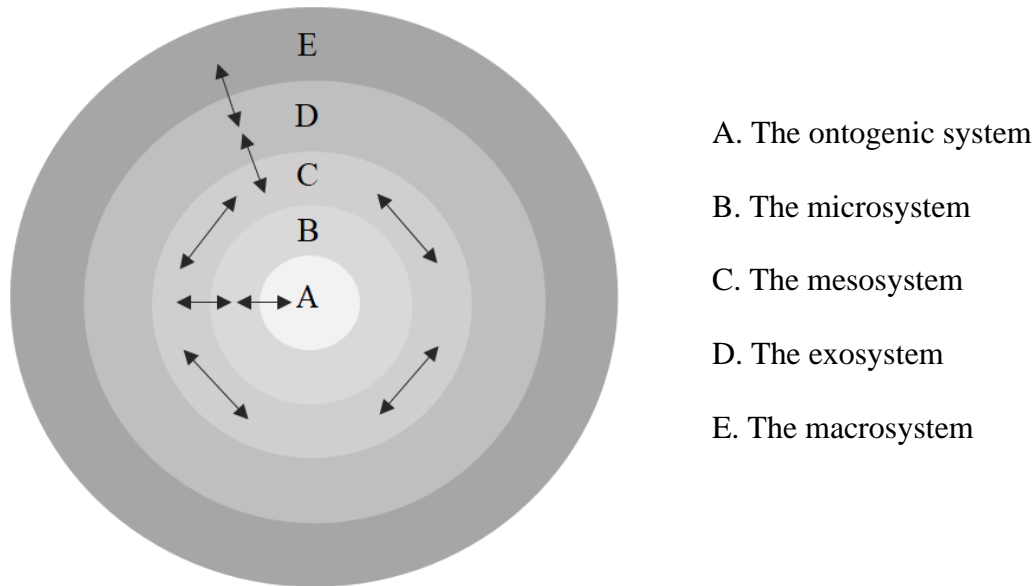
Despite the relevance early on in Bronfenbrenner's theory of the individual at the core of each system, the initial phase of his theory "lacks a provision for the effects of 'intrapersonal development', or individual psychological development" (Papatola, 1982, p. 13). Belsky (1980) incorporates the ontogenic (or person-oriented) system from Nikolaas Tinbergen's work in his analysis to fill this gap. Papatola (1982) goes on to say that "[by] coupling Bronfenbrenner's concern for human ecology with Tinbergen's concern for ontogenic development, Belsky weaves a conceptual framework that [...] [acts] as a theoretical base for further investigations" (p. 13).

In conceptualizing youth suicide, the ecological framework looks at the broader environmental context without neglecting the personal characteristics of individuals (Bouchard, 1987; Henry et al., 1993). The individual is considered a system, and suicide or SRB are the product of the interplay between their personal characteristics, their immediate environment (e.g., family and peer group), and the broader social system in which they are a part of (e.g., culture and social values) (Henry et al., 1993). The ecological approach therefore incorporates social, community, family, and individual levels of analysis (Bouchard, 1987).

This integrated theoretical and conceptual framework is composed of various multi-level systems, as shown in Figure 1. The ontogenic system, the microsystem, the mesosystem, the exosystem, and the macrosystem are displayed along with the interactions within and between systems, represented by the arrows (Bronfenbrenner, 1977; Eriksson et al., 2018; Henry et al., 1993).

Figure 1

The systems of Bronfenbrenner's ecological model (including Belsky's ontogenic system)



Ontogenic development refers to an individual's psychological and demographic characteristics (Ayyash-Abdo, 2002). The microsystem is the immediate setting of the individual, that contains relations between them and the environment, such as the home, workplace, and school (Bronfenbrenner, 1977). The "mesosystem is a system of microsystems" (Bronfenbrenner, 1977, p. 515). It includes the interactions between major settings at a particular point in a person's life, such as relations between the family and peer group, the peer group and school, the family and church, etc. The exosystem is much like the mesosystem, however, it also includes broader social structures and institutions of society, such as the media, school boards, governmental agencies, and the world of work (Bronfenbrenner, 1977; Henry et al., 1993). These structures do not themselves contain the individual, but rather contain the immediate settings of the individual, directly influencing and impacting what occurs within these settings. The macrosystem refers to

blueprints, patterns, and ideologies within a culture or subculture, such as values or belief systems and economic, political, social and other contexts that orchestrate activity at the micro-, meso-, and exosystem levels (Bronfenbrenner, 1977). In explicit form, macrosystems can include laws, regulations, and rules that people must abide by. However, “most macrosystems are informal and implicit – carried, often unwittingly, in the minds of the society’s members as ideology made manifest through custom and practice in everyday life” (Bronfenbrenner, 1977, p. 515). Both risk and protective factors for suicide in youth may emerge from each system.

In my research, predominant risk and protective factors for youth suicide within each of the ecological systems will be identified. Furthermore, the interactions of these factors and how they work cumulatively will be briefly analyzed, moving beyond merely contextualizing isolated variables, as Eriksson and al. (2018) have emphasized the need for. The relevance of incorporating ecological risk and protective factors into suicide prevention and intervention, as well as suggestions for doing so, will also be addressed. In short, the use of an ecological framework will consider the complex interactions between risk and protective factors and contribute to the current limited knowledge on their involvement in youth suicide and its prevention. In the following chapter, the methodological processes to achieve the above-highlighted components of the current study will be elucidated.

CHAPTER III: METHODOLOGY

In this chapter, the methodological approach of this research paper will be outlined. The source of data opted for in this study, the selection criteria, and the research strategy will then be presented. Lastly, the data analysis process will be discussed.

3.1 Methodological Approach

The current research paper adopted a theoretical research method, as it does not involve the direct participation of subjects. The decision to use a theoretical rather than an empirical approach can be explained by the time constraints associated with the completion of this research, as well as the sensitive nature of the topic at hand, which is regarded as taboo and may be difficult for young people to discuss (Olson, 2016). Using a qualitative methodological approach, the present research sought to make a critical analysis of existing knowledge in the scientific literature and public documents on youth suicide. As stated by Bowen (2009), “analytical methods in qualitative research [...] [examine and interpret data] [...] in order to elicit meaning, gain understanding, and develop empirical knowledge” (p. 27). What is more, transferability of the findings as opposed to generalizability are emphasized through qualitative studies (Slevitch, 2011).

The interpretation and analysis of the data presented in this paper were carried out through a deductive thematic analysis. While qualitative thematic analyses are generally inductive, consisting of identifying patterns in the data through which emerge themes that then become the basis of the analysis (Bowen, 2009), a deductive approach was used in the current research paper. This approach consists of selecting codes and establishing categories from an “organising framework comprising of themes [...] in anticipation that certain core concepts are in the data” (Azungah, 2018, p. 391). Codes are thus drawn from this set of themes derived from pre-existing knowledge in the literature (Azungah, 2018). Subsequent tasks consisted of making sense of this phenomenon by interpreting the data, highlighting the realities discovered, and conceptualizing

them not in absolute and objective terms, but rather into common codes, categories, and ultimately, into possibilities to be considered.

3.2 Data Source

Publicly available data in the form of documents, which refer to any type of materials or artifacts that are indicative of a culture (Gaudet & Robert, 2018a, free translation), were collected for this study. Among the types of documents used in this research paper were scientific articles, theses, newsletter articles, and books. The data used were primarily qualitative and, thus, included documents that provide elements of analysis and interpretation of various aspects of my research questions. Since there is also a great deal of statistical data in suicide research, and my research questions entailed the identification of certain variables that were reported in numerical values (e.g., a statistic from a study demonstrating the prevalence of depression as a significant contributor to youth suicide), some quantitative data were used, including statistics and data from scientific studies with quantitative methodologies or methods grounded in statistical analysis.

3.3 Selection Criteria

By establishing inclusion and exclusion criteria, the researcher or the author can ensure that the body of data is relevant to the chosen topic, has common elements that can be analyzed collectively, and contains sufficient value for the proposed research (N'Da, 2015). Inclusion criteria identified studies that: 1) described or contextualized suicide and SRB among young people; 2) applied Bronfenbrenner's ecological framework (with or without Belsky's adaptation of it) to suicide; 3) reported social and/or structural and/or ecological risk and protective factors for youth suicide; 4) addressed youth suicide prevention initiatives in Canada; and 5) made connections between the previous four points. To retain a document for my research sample, at least two criteria had to be met. Documents published prior to the year 2000 and that discussed

prevention initiatives and solutions for youth suicide outside of Canada were excluded to improve the relevance factor.

The documents selected focused primarily on youth as a population and Canada as a geographic area to remain as faithful as possible to the realities of youth in the Canadian context. However, due to the limited quantity of data reflecting uniquely Canadian realities, some American documents were retained solely for the purpose of enriching the analysis by supplementing risk and protective factors for youth suicide. Common themes were sought in view of the similarities between these two countries in the organization of socio-cultural groups, and the functioning of society (particularly with regard to social norms, expectations related to the adolescent period, general perception of risk, etc.), which impose common pressures on youth, thereby creating and generating risk and protective factors for suicide. Particular attention was also paid to diversity and representation in the body of data, thus, a variety of documents examining the realities of youth with marginalized identities were intentionally sought out.

Finally, in the context of this research, the search for documents was not limited solely to evidence-based literature in the pursuit of solutions because the field of social work, according to Grey and McDonald (2006), is a practical-moral activity. Therefore, strict adherence to evidence-based research would pose inherent limitations on its “capacity to inform much of the diversity of social work practice” (Grey & McDonald, 2006, p. 8).

3.4 Research Strategy

The first step of my research strategy was to identify the key concepts of my topic in both English and French with the Worksheet for Developing a Research Strategy (Riending, 2002) that was provided by the School of Social Work’s academic librarian. From the key concepts, keywords were created. Synonyms of these keywords were also found to diversify the search possibilities.

The key concepts relevant to my research are: *youth*, *Canada*, *suicide*, *suicidal behaviours*, and *ecological theory*.

The databases that were searched using a combination of keywords include OMNI (the University of Ottawa's electronic database), Academic Search Complete, Social Services Abstracts, Google Scholar, and Érudit. The following is an example of a Boolean expression that was entered into the search engine of the English databases to find several of the documents that were retained for analysis: (suicid* OR "suicide-related behaviour*" OR "suicidal behaviour*") AND (youth* OR "young adults") AND ("ecological theory" OR "ecological systems theory" OR "ecological approach" OR "ecological model") AND Canad*. The same keywords in French were also searched in the OMNI, Érudit, and Google Scholar databases.

This more general research strategy allowed me to identify approximately half of my document sources, which were first filtered by title. Then, if there was an abstract, it was read, and the decision to include or exclude the document was made based on the selection criteria. The final selection of this initial body of data was made through a detailed scan of the documents' contents. Fourteen documents were retained for analysis at this stage. Particular elements needed to answer my research questions were missing, including content on risk and protective factors, and on the ecological systems theory. This required narrowing my strategy to obtain the remaining information.

One of the primary reasons that could explain the lack of more specific data to answer my research questions is the omission of the keywords *risk factors* and *protective factors* from the initial database search. Due to their individualizing nature and to allow for a broader search of the literature that could encompass research findings on less individualizing risk and protective factors, I chose not to include them in the keyword pool. However, given the limited amount of

literature available to address these topics, I conducted additional searches of the Social Services Abstract and Google Scholar databases using different combinations of keywords to target these concepts. The keywords *risk factors* and *protective factors* were inputted at this point to supplement the lack of documents addressing this component of the research paper specifically.

A direct link to one of the documents, the *Federal Framework for Suicide Prevention*, was located in the Google search engine by typing its title into the search bar. Furthermore, in an effort to find other relevant articles and documents, I hand-searched the reference list of the scientific articles selected for my paper. At this stage, 27 documents were retained for analysis. Following these steps, I read each document thoroughly to better assess their significance to my research. Six documents were eliminated from the data set, the two most common reasons for this rejection being that youth were not the predominant target population and there was too great a focus on individual, biological, or genetic risk factors for suicide. Consequently, a total of 21 documents were retained.

3.5 Deductive Thematic Analysis Process

“The analytic procedure entails finding, selecting, appraising (making sense of), and synthesising data contained in documents.” (Bowen, 2009, p. 28) This process first began with another full read-through of each document. Reading notes were taken by following the *fiches de lectures* model suggested by Gaudet and Robert (2018b). This allowed me to identify keywords and significant concepts, research question(s) and objectives or hypotheses, main ideas and arguments, theoretical and methodological frameworks, and how the documents could be used for my study.

A more focused and in-depth review of the data resulted in the highlighting and color-coding of important information in the electronic copies of the documents. Using a deductive approach, a

start list of themes was created based on Bronfenbrenner's ecological theory and Belsky's adaptation. These themes, the ontogenic system, the microsystem, the mesosystem, the exosystem, and the macrosystem, were incorporated into separate analysis tables. The analysis table for each theme was then further divided into two tables to categorize risk and protective factors. Thus, for each theme (i.e., ecological systems), there were two tables – one for risk factors and one for protective factors. Just as the ecological systems were the themes, so the risk and protective factors for youth suicide were the codes. Codes (i.e., factors) were retrieved from the literature and entered into their respective tables. This process was then followed by grouping risk and protective factors together, also known as categorization, under broader umbrella terms, or categories (see Appendix for an example of the analysis table for one system).

While each document was read with careful attention to the themes, many authors did not utilize the ecological systems theory and hence did not consider ecological systems in their analyses. For example, while social, structural, cultural, and even intersectional factors were identified, they were not situated or analyzed within the person's environmental and ecological contexts. I therefore conducted the coding process by incorporating factors based on the definition of each ecological system.

In addition, due to the dearth of research and gaps in the literature addressing all components of my research topic, a more flexible process for selecting risk and protective factors was utilized in this study. Because there were so many ontogenic system- and microsystem-level risk factors across the literature, as well as multiple documents that touched on the same factors, only those addressed in more than five documents were selected for analysis. Only two studies (Ayyash-Abdo, 2002; Hong et al., 2011) contained risk factors at the mesosystem level and two studies (Kidd et al., 2006; Shahram et al., 2021) included mesosystem-level protective factors. Very little

research focused on exosystem-level factors; only one risk factor and two protective factors were identified. Therefore, what emerged in the literature on the mesosystem and exosystem was included, as these factors were found to have a significant impact on suicidal behaviour in youth, represent valuable findings, highlight important considerations for further research, and outline gaps in the current literature. Furthermore, fewer documents focused on macrosystem-level factors than individual- and microsystem-level factors, as well as protective factors across all systems. Thus, risk factors supported by the literature at least four times in the macrosystem were included, and protective factors mentioned at least three times in the ontogenic system, microsystem, and macrosystem were retained.

On a final note, it was observed during the analysis process that where there was a risk factor, the opposite of the same factor was often found to have protective effects for SRB. Therefore, in this paper, both risk and protective factors will be addressed simultaneously for each system to highlight their nuances.

CHAPTER IV: ANALYSIS

In this chapter, the thematic analysis performed on the body of data will be organized and divided into themes (ecological systems), categories (groups of similar factors), and codes (risk and protective factors) under which the results will be presented. Then, a brief discussion of interactive processes will follow.

4.1 Ontogenic System

The ontogenic system includes individual-based risk and protective factors for youth suicide. They are traits or attributes, some static and some evolving, that occur at the level of the individual (Ayyash-Abdo, 2002) and are situated within the more dynamic contexts and processes of the human experience (Shahram et al., 2021). These factors are categorized by demographic characteristics, history of suicide, and psychological factors.

4.1.1 Demographic Characteristics

4.1.1.1 Sex and Gender Differences

In several documents, it was outlined that within the sex and gender binaries, women and men are both susceptible to suicidal behaviours, but “prevalence rates across the spectrum of suicidal ideation and behavior” differ between the two (Gallagher & Miller, 2018, p. 143). Males were significantly more likely to complete suicide, whereas females far outnumbered men for suicidal thoughts, suicide plans, and suicide attempts (Alcántara & Gone, 2007; Bauer et al., 2015; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; Perkins & Hartless, 2002; Peter et al., 2008; PHAC, 2016a; Standley, 2020). This was explained in two parts; firstly, by the fact that men reportedly use more lethal methods of attempt (Alcántara & Gone, 2007), and secondly, by the stigma that exists for men in Western societies and across cultures in opening up about their feelings and experiences, and seeking help (Hong et al., 2011; PHAC, 2016a; WHO,

2014). This reality reveals the impact of structural, social, and cultural elements on suicide rates in men and women.

4.1.1.2 Being Indigenous, Racialized, or a Sexual or Gender Minority

As previously mentioned, those outside the gender binary, such as trans and sexual minority (LGBQ) youth, are much more susceptible to SRB (Bauer et al., 2015; Gallagher & Miller, 2018; Hong et al., 2011; Jacobson & Gould, 2008; PHAC, 2016; Shahram et al., 2021; Standley, 2019, 2020). Two-Spirit youth, Indigenous people with a broad range of gender and sexual identities (Hunt, 2016), are also more likely to have suicidal ideations and to attempt suicide (Alcántara & Gone, 2007). In a study by Standley (2020), sexual minority youth had reported significantly more thoughts of suicide regardless of their race or ethnicity, their gender, or having been bullied. Furthermore, Bauer et al. (2013) noted that increasing evidence is pointing to the immediate social environment, or relationships in the microsystem (such as with family, friends, coworkers, etc.), for elevated suicide risk in trans individuals, as it directly affects their well-being.

Widely documented in the literature, suicide rates among Indigenous youth are among the highest in Canada (PHAC, 2016a), with Inuit youth having the most prevalent rates in the entire world (Shahram et al., 2021). Additionally, a select body of evidence places racialized youth at increased risk for suicide, with one study finding the highest rates of suicidal ideation, suicide plans, and suicide attempts among Hispanic women, and greater levels of suicide plans and attempts among Hispanic men (Jacobson & Gould, 2008). The reasons behind the elevated risk will be elaborated on in the macrosystem section, as suicide risk is present on an individual level but is clearly influenced by social and societal factors.

4.1.2 History of Suicide

In accordance with much of the existing research, a prior suicide attempt was a significant predictor of future suicidal ideation, completed suicide, and reattempting suicide in youth (Alcántara & Gone, 2007; Bennett et al., 2015; Breton et al., 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; Peter et al., 2008; PHAC, 2016a; Standley, 2019; White, 2006). Bennett et al. (2015) reported that the likelihood of a completed suicide from a subsequent attempt is nearly ten times greater among youth who had previously attempted suicide and presented to a hospital in comparison to their peers. This well-sustained individual-level factor must not be overlooked and constitutes a significantly relevant warning sign for the individuals in youths' microsystems. This finding also has implications for prevention and intervention, which will be discussed in a subsequent chapter.

4.1.3 Psychological Factors

4.1.3.1 Psychological Stressors and Mental Health Diagnoses

Psychological stressors in the context of this analysis comprise diagnosed and undiagnosed mental health problems, including emotional and psychological manifestations of a particular mental health problem, such as depressive feelings and feelings of hopelessness. Psychological stressors, including mental health problems, are often present in youth with suicidal ideations and are one of the most significant predictors of SRB and completed suicide (Bennett et al., 2015; Breton et al., 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Van Meter et al., 2019).

Mental health problems are allegedly present in approximately 90% of youth suicide victims (Bennett et al., 2015; Jacobson & Gould, 2008; PHAC, 2016a). In the present analysis, a range of authors and researchers have flagged depression (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Bennett et al., 2015; Breton et al., 2002; Easson et al., 2014; Gallagher & Miller, 2018; Jacobson

& Gould, 2008; Peter et al., 2008; PHAC, 2016a; Standley, 2019; White, 2006), hopelessness (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Perkins & Hartless, 2002; Standley, 2019) and substance use and misuse (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Bennett et al., 2015; Breton et al., 2002; Easson et al., 2014; Jacobson & Gould, 2008; Perkins & Hartless, 2002; Peter et al., 2008; PHAC, 2016a; Robert et al., 2018; Van Meter et al., 2019; White, 2006) as the most prevalent psychological risk factors for youth SRB and completed suicide.

Depression has the most adverse impact (Jacobson & Gould, 2008; Standley, 2019) on youth suicide. Youth who reported having suicidal ideations (Ayyash-Abdo, 2002) and those who had previously attempted suicide (Alcántara & Gone, 2007) also reported feeling depressed. What is more, population groups considered at increased risk for suicide due to social and structural factors, such as Two-Spirit people, also had higher rates of depression (Alcántara & Gone, 2007). It is noteworthy to mention, however, that not all youth who engage in SRB feel depressed (Ayyash-Abdo, 2002). Depression is often not the sole predictor of suicide, but in combination with other ontogenic risk factors and factors in other ecological systems, depression usually compounds risk (Ayyash-Abdo, 2002).

As with depression, substance (drug and alcohol) use and misuse are positively correlated with SRB. They do not, however, contribute to elevated risks in isolation from other variables, as they often mediate the link between SRB and other psychological factors (Ayyash-Abdo, 2002). Substance use is also commonly identified in psychological autopsies of suicide victims (Ayyash-Abdo, 2002; Jacobson & Gould, 2008).

Hopelessness was also significantly associated with suicide in the literature. The research on this risk factor, however, is somewhat controversial. On the one hand, Ayyash-Abdo (2002)

mentions that some studies uncovered that hopelessness was more predictive of SRB than depression. Perkins and Hartless (2002) also reported that there was an association between hopelessness and suicidal ideations among European American and African American youth. In addition, Standley (2020) stated that students identifying as Hispanic with multiple racial identities, females, and LGB students were most likely to report feelings of sadness and hopelessness, coupled with suicidal ideations, as well as having made plans to attempt suicide. On the other hand, both Ayyash-Abdo (2002) and Jacobson and Gould (2008) reported that when depression was controlled for, the effect of hopelessness on SRB was no longer significant. The inconsistency in these results, compounded by differences between specific population groups, provides room for questioning and clearly justifies the need for further research on the effects of hopelessness on suicidal behaviour.

Moreover, research consistently supports that comorbidity of mental health problems and psychological stressors can increase susceptibility to SRB in youth (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Jacobson & Gould, 2008; Peter et al., 2008; Robert et al., 2018; Standley, 2019). Standley (2019) supported this finding by citing that most suicides are characterized by two or more concurrent mental health diagnoses. For example, substance misuse and depression were associated with a higher occurrence of SRB (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Jacobson & Gould, 2008) and comorbid depression and anxiety also placed youth at increased risk for suicidal ideation (Jacobson & Gould, 2008; Peter et al., 2008).

Other relatively common mental health problems and psychosocial stressors associated with elevated youth suicide risk include bipolar disorder (Gallagher & Miller, 2018; Jacobson & Gould, 2008; Van Meter et al., 2019), anxiety disorders (Gallagher & Miller, 2018; Peter et al., 2008), eating disorders (Gallagher & Miller, 2018; Van Meter et al., 2019), post-traumatic stress disorder

(Alcántara & Gone, 2007; Gallagher & Miller, 2018), and conduct disorder (Breton et al., 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Robert et al., 2018), all of which are also by-products of complex and multifactorial interactions (PHAC, 2016a).

4.1.3.2 Psychological Resources

Just as there are psychological risk factors for youth suicide, the present analysis also revealed psychological resources that could potentially prevent the occurrence of suicidal behaviours in youth. In parallel to the point on hopelessness, the opposite of hopelessness, that is, having an optimistic attitude about life, was found to benefit youth regarding suicidality. In their systematic literature review on resiliency, Shahram et al. (2021) defined a positive outlook on life or engagement with life as having reasons to live, a belief in meaning in life, and an interest in life. Gallagher and Miller (2018) defined it as having less negative interpretations of oneself, the world, and the future.

Both reviews, along with Jacobson and Gould's (2008) findings, show that an optimistic attitude about life and reasons for living are promising protective factors for youth SRB. While Shahram et al. (2021) and Jacobson and Gould (2008) reported a decrease in suicidality, specifically in suicidal ideations and attempts, Gallagher and Miller (2018) found mixed results. In some studies, optimistic beliefs about the future had moderating effects on the association between suicidal thoughts and variables like depression and low levels of peer victimization. In others, no buffering effects were found. Just like hopelessness as a risk factor, more research on this factor is evidently needed.

In addition, a positive self-perception has protective effects and may reduce the odds of engaging in SRB (Gallagher & Miller, 2018; PHAC, 2016a; Shahram et al., 2021). The term positive self-perception encompasses a range of beliefs in oneself and one's capabilities, including

feelings of competence, self-efficacy, self-discovery, self-appraisal, self-esteem, and a sense of self-determination or cultural identity (Gallagher & Miller, 2018; PHAC, 2016a; Shahram et al., 2021). As a whole, these traits have successfully reduced rates of suicidal ideation and behaviours and increased resiliency in youth, including LGBTQ populations (Gallagher & Miller, 2018; PHAC, 2016a; Shahram et al., 2021).

The final psychological resource that buffered against suicidal outcomes was problem-solving or coping skills (Gallagher & Miller, 2018; PHAC, 2016a; Shahram et al., 2021; White, 2006). Shahram et al. (2021) identified ten studies that validated the protective effects of problem-solving and coping skills and of those studies, many further noted the importance of supportive environments to foster these skills.

4.2 Microsystem

Among the most researched factors are those that are found in the microsystem. The microsystem forms the relations between youth and the environments, or immediate settings, in which they are involved that directly influence them through “engag[ing] in particular activities in particular roles for particular periods of time” (Bronfenbrenner, 1977, p. 514). It is the interactions within the microsystem that have the greatest impact on youth behaviour (Ayyash-Abdo, 2002; Hong et al., 2011). In the present analysis, these systems include youths’ family, peers and other interpersonal relationships, and school environment. Thus, microsystem factors include familial factors, peer and interpersonal factors, and school and academic factors.

4.2.1 Familial Factors

4.2.1.1 Family History of Mental Health Problems

Multiple studies stressed the impact of parental mental health problems on youths’ probabilities of engaging in suicidal behaviour and dying by suicide (Alcántara & Gone, 2007;

Ayyash-Abdo, 2002; Breton et al., 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Robert et al., 2018; White, 2006). In a study by Robert et al. (2018) featuring youth with serious suicidal ideations and who had previously attempted suicide, 60% had at least one parent with a mental health problem. Depression and substance misuse seem to be the most prevalent mental health problems among the parents of suicidal youth (Ayyash-Abdo, 2002; Jacobson & Gould, 2008; Robert et al., 2018). Jacobson and Gould (2008), however, noted the possibility that the relationship between parent mental health problems and youth suicide may be accounted for by other factors, such as the youth's mental health, which they were unable to confirm in their study.

4.2.1.2 Family Connectedness and Cohesion

Among familial factors, family support (especially from parents), harmony, and connectedness were the most studied and significant protective factors for youth suicide (Alcántara & Gone, 2007; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; PHAC, 2016a; Shahram et al., 2021; Standley, 2019; Van Meter et al., 2019; White, 2006). The same applied to risk in the absence thereof, coded throughout the literature as family “dysfunction”. This is a problematic term that categorizes all family factors merely exposing youth to higher odds of engaging in SRB as inherently wrong rather than elaborating on each variable nested within this type of family structure and recognizing that these family contexts are in direct relationship with broader contextual factors. While it is outside of the scope of this research paper to deeply analyze each of the familial risk factors, they will be given a brief contextualization.

Low family or parent support, or rejection, were associated with suicidal ideation (Ayyash-Abdo, 2002; Bauer et al., 2015; Gallagher & Miller, 2018) and behaviour (Bauer et al., 2015; Gallagher & Miller, 2018; Hong et al., 2011), and in one study, with current and past suicidality (Bauer et al., 2015). Negative or strained parent-youth relationships may lead to suicidality

(Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Peter et al., 2008; White, 2006). Hong et al. (2011) also reported that youth with strained parent-child attachments and relations “are more likely to experience psycho-social problems, which may in turn induce suicidal behavior” (p. 887). Family conflict, including communication patterns that lead to conflict, and family discord or disengagement, which were amply researched and documented, are also risk factors for youth suicidal ideation and behaviour (Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Robert et al., 2018; Van Meter et al., 2019; White, 2006).

On another note, several studies emphasized the protective role of family and parental support and connectedness (Alcántara & Gone, 2007; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; Peter et al., 2008; PHAC, 2016a; Shahram et al., 2021; Standley, 2019; Van Meter et al., 2019; White, 2006). Mutual engagement, common interests, emotional support, confiding in one another, spending time together, and youths’ involvement in decision making are all examples of family connectedness or cohesiveness (Jacobson & Gould, 2008; Standley, 2019). Furthermore, family support and cohesion were protective for Hispanic/Latino and African-American youth in Gallagher and Miller’s (2018) study, and critical for sexual minority (PHAC, 2016a) and trans youth (Shahram et al., 2021), shedding light on the interweaving of macrosystemic contexts, and thus providing evidence of the influence of structural factors on other ecological systems.

4.2.1.3 Parental Support for Youths’ Gender and Sexuality

To expand on the last point, having strong parental support for the process of coming out as LGB (Gallagher & Miller, 2018) and trans (Bauer et al., 2015), being accepted by their parents (Bauer et al., 2015), and being open with family members about their gender identity and sexual orientation (Hong et al., 2011) can lead to fewer suicide attempts and better mental health in young

persons. To illustrate, parental acceptance for their child's gender reduced suicide attempts in trans youth by 93% (Bauer et al., 2015).

4.2.2 Peer and Interpersonal Factors

4.2.2.1 Social Support and Quality of Relationships with Peers

As previously mentioned, relationships with peers during adolescence and young adulthood are vital as they become a valuable source of support and socialization for youth (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Kidd et al., 2006; Robert et al., 2018). As such, it stands to reason that social support and quality of relationships with peers were highlighted as both risk and protective factors for youth suicide and SRB. In fact, of all the factors included in this study, social support was the one most frequently discussed in the literature.

Firstly, the data revealed that interpersonal difficulties (Alcántara & Gone, 2007; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; PHAC, 2016a), including romantic relationship problems and breakups, as well as negative relationships with friends and peers (Ayyash-Abdo, 2002; Van Meter et al., 2019) increased the risk for mental health problems, thoughts of suicide, and suicidal behaviour. Secondly, as in the last point, peer victimization and bullying were associated with psychological stressors (Hong et al., 2011) and suicidal ideations and attempts (Easson et al., 2014; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Peter et al., 2008; PHAC, 2016a; White, 2006). Thirdly, social isolation and a lack of social support have been linked to depression (Ayyash-Abdo, 2002; Kidd et al., 2006), and have a strong relation to suicidality in youth (Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Kidd et al., 2006; PHAC, 2016a; Robert et al., 2018; White, 2006). Ayyash-Abdo (2002) and Robert et al. (2018) stated that the connection between peer support and suicidality may be mediated by psychological stressors, like depression and loneliness, as this is a fundamental human psychological need that is not being

met. For all of the above factors, particular emphasis was placed on suicide attempts, further demonstrating the magnitude of the role these factors play in the lives of youth considering that most generally do not go on to attempt suicide (Gallagher & Miller, 2018).

Lastly, in conjunction with all of the aforementioned findings, a strong support network, positive friendships, a sense of social inclusion, and the feeling of being accepted by one's peers were all considered protective factors for youth suicide (Gallagher & Miller, 2018; Perkins & Hartless, 2002; Peter et al., 2008; PHAC, 2016a; Robert et al., 2018; Shahram et al., 2021; Van Meter et al., 2019; White, 2006). How peer support factors contribute to more resilient outcomes clearly varies by individual circumstances. For example, Gallagher and Miller (2018) reported that peer support had no significant impact on reducing suicidal thoughts in youth experiencing peer victimization. It did, however, buffer against suicidal behaviour in youth with low to moderate depressive moods. The same effect did not apply to the relationship between SRB and elevated levels of depression. This very situation underlines the complexity of the interplay between risk and protective factors and the extent to which these factors accumulate, combine, transform, and change over time and space to create conditions of risk and protection for an individual.

It was also noted in the literature that a strong social network comprises more than just supportive peers and a sense of belonging in a friendship group. A strong and broad support system also incorporates family, school, and community support, which further enhance the beneficial effects of support for youth (Robert et al., 2018; Shahram et al., 2021; Standley, 2019).

4.2.2.2 Experiences of Physical or Sexual Violence

Youth who had experienced childhood neglect (Robert et al., 2018; White, 2006) and/or physical and/or sexual abuse had significantly higher rates of suicidal ideation and attempts (Bauer et al., 2015; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Morris & Crooks, 2015; Perkins

& Hartless, 2002; Peter et al., 2008; PHAC, 2016a; Robert et al., 2018; White, 2006). This is particularly prevalent among trans youth (Bauer et al., 2015), Indigenous youth (Morris & Crooks, 2015), and remains true regardless of gender and ethnicity (Perkins & Hartless, 2002).

4.2.2.3 Affective Relationships with Tribal and Community Leaders

Pertaining to Indigenous youth, connecting and having an affective relationship with tribal leaders attenuated SRB (Alcántara & Gone, 2007; Gallagher & Miller, 2018). In the general population, youth benefit from relationships with community leaders as well, as they provide a sense of community and social support (Standley, 2019).

4.2.3 School and Academic Factors

4.2.3.1 School Connectedness

In the literature, the evidence is more supportive of the positive contributions of school-related factors than how they may increase suicidal behaviour. While academic performance and achievement were attributed to greater risk for suicidality in youth (Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008; Kidd et al., 2006; White, 2006), it is critical to consider school connectedness and how factors like school climate, school experiences, enjoyment of school, support offered by teachers and other school personnel, as well as other structural and historical elements may impact connection and engagement with school (Kidd et al., 2006; Perkins & Hartless, 2002). Indeed, leaving school early is “a result of numerous socio-cultural, institutional and individual factors” (Lamb, 2014, p. 157). This phenomenon is most pressing among Canadian Indigenous youth, who have unwillingly sustained a multitude of negative, traumatic, and intergenerational experiences within Canadian educational institutions: the enduring impacts of colonization and assimilation, residential school experiences, colonial forms of education, as well as ongoing racism and discrimination within the school setting (Lamb, 2014).

Among youth participants in Robert et al.'s (2018) study, low school engagement was highly prevalent; every single one of the participants had reported leaving school at least once throughout high school. Numerous documents identified school connectedness (namely school engagement, belonging, positive school relations and attitudes toward school, and engaging in meaningful activities in school) as a protective factor (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Kidd et al., 2006; Peter et al., 2008; PHAC, 2016a; Robert et al., 2018; Shahram et al., 2021; Standley, 2019; White, 2006). A support network at school was also found to foster more positive outcomes regarding SRB (PHAC, 2016a; Standley, 2019) and to strengthen the effects of other interactive protective factors, such as parental support (Kidd et al., 2006).

4.3 Mesosystem

The mesosystem is composed of the interactions between microsystems (the youth and one setting). For example, one microsystem contains the relationship between the youth with their parents, and another microsystem contains the relationship between the youth and their peers. The interrelation of these two microsystems creates a mesosystem. "Experiences in one micro-system, such as home environment, may influence activities and interventions in another, such as peer relationships in school, or vice versa." (Hong et al., 2011, p. 888) Interactions of youth with one setting thus influence and may change patterns of activities and behaviours within another, with consequent implications for risk and resilience to suicide (Bronfenbrenner, 1977).

In gathering data for the present research paper, a clear lack of research on risk and protective factors within the mesosystem was observed. Out of all the documents that utilized an ecological framework or that referenced the ecological systems theory, only one study (Hong et al., 2011) explicitly incorporated factors and interactions at the mesosystem level. Three additional

documents broached mesosystem-level interactions without explicitly categorizing it as a mesosystem factor (Ayyash-Abdo, 2002; Kidd et al., 2006; Shahram et al., 2021).

Research at this level undoubtedly becomes very complex as it includes multiple contexts and sets of interactions, which may explain their absence in the data. Despite studies reporting factors together – for example, “positive attitudes toward education, perceived interpersonal communication skills, as well as habitual discussion of problems with friends or family members, were also correlated with fewer reporting of suicidal behaviors” (Alcántara & Gone, 2007, p. 472) – these factors were measured independently for correlations to suicide, not in combination with one another. Though we know that exposure to factors at multiple levels of the ecology creates shifts in the probability of engaging in suicidal ideation and behaviour (Perkins & Hartless, 2002), these interactions are not directly studied and explicitly mentioned in the literature. Therefore, while there is evidence to suggest that significant correlational relationships between multiple microsystems exist, we cannot, in the current study, ascertain how they act in combination with each other.

The interactions that will be discussed in the current section include: interactions between peer and interpersonal factors and school and academic factors, and interactions between familial factors and school and academic factors. All of the factors mentioned below are purely conjectural but nonetheless offer valuable insight into the types of factors that may be present at this ecological level.

4.3.1 Interactions Between Peer and Interpersonal Factors and School and Academic Factors

Hong et al. (2011) noted an interaction between peer and school staff support and academic achievement and school connectedness in sexual minority youth. In fact, a lack of support from

teachers, school counsellors, and peers to homophobic remarks made by other peers in school contributed to difficulties in academic achievement and sexual minority youths' sense of safety at school, which increased the risk for suicidal behaviours. This lack of support also negatively impacted sexual minority youths' interactions with their peers. Likewise, "youth who report caring and supportive interpersonal relationships in school have [a] more positive attitude towards their academic work and school environment" (Hong et al., 2011, p.888), enhancing resilience to suicide. According to Shahram et al. (2021), feeling safe at school (and in one's neighbourhood) was also protective among LGB youth and those who were subjected to peer victimization against suicidal ideation.

4.3.2 Interactions Between Familial Factors and School and Academic Factors

In one study reporting on suicide risk (Ayyash-Abdo, 2002), lower academic achievement combined with other microsystem factors, like family "dysfunction" (which was not precisely defined in this article) exacerbated risk for youth suicide. In another study (Kidd et al., 2006), specifically among boys with a history of attempted suicide and negative peer relations, school connectedness in addition to positive relationship with parents protected against suicidality.

4.4 Exosystem

The exosystem encompasses interactions between settings that extend beyond those containing youth, but that still have an impact on them and their immediate settings (Bronfenbrenner, 1977). In other words, youth are affected by these systems, but are not necessarily part of them. In the present research paper, only two exosystem factors were found: the mass media, and access to social and community services and resources.

4.4.1 Mass Media

With regards to the media, three reporting characteristics were raised for concern in the literature. Poor media reporting practices, represented by describing the methods of suicide or including details on the duration or prominence of the act, for instance, are linked to increased rates of suicide in youth (Easson et al., 2014; Jacobson & Gould, 2008). Inappropriate messaging, like displaying graphic images and content, or utilizing offensive language, was found to impact suicide risk, as it glorifies, simplifies, normalizes, and shames suicide (PHAC, 2016a). The sensationalisation of suicide in the media, especially of celebrity suicides, also contributed to higher youth suicide rates (Ayyash-Abdo, 2002; Easson et al., 2014; White, 2006).

Cluster suicides and imitation effects are known to occur as a result of inadequate reporting (Ayyash-Abdo, 2002; Easson et al., 2014; Jacobson & Gould, 2008). This fact, however, was contradicted by Ayyash-Abdo (2002) who mentioned that in some cases, media coverage of suicide encouraged help-seeking behaviour in youth. Easson et al. (2014) seconded this statement by deeming help-seeking behaviour to be a positive outcome of responsible media reporting (PHAC, 2016a). Other potential outcomes of responsible media reporting include “reduc[ing] the risk of imitation as well as improv[ing] knowledge about suicide risk factors and effective prevention” (Easson et al., 2014, p. 168).

4.4.2 Access to Social and Community Services and Resources

Increasing the availability of and access to social and community services was endorsed as a protective factor by a number of authors and researchers (Bauer et al., 2015; Bennett et al., 2015; Gallagher & Miller, 2018; PHAC, 2016a; Robert et al., 2018; Saewyc et al., 2020; White, 2006). Supports for youth include trained professionals in schools (Robert et al., 2018), engagement in

youth programs, teams, clubs, and centres (Gallagher & Miller, 2018; Saewyc et al., 2020), and supportive community events and resources (Saewyc et al., 2020).

4.5 Macrosystem

The macrosystem refers to the overarching “blueprints” of a culture, carrying both explicit and implicit information and ideologies that orchestrate activities and structures in the other systems. They constitute “the economic, social, educational, legal, and political systems” of a given society (Bronfenbrenner, 1977, p. 515). Categories of macrosystem factors found in the literature include ideologies and beliefs, socioeconomic status, Indigenous culture, and systems of oppression.

4.5.1 Ideologies and Beliefs

4.5.1.1 Religious or Spiritual Beliefs and Practices

Certain aspects of religion and spirituality have been cited as protective factors for suicidality in youth (Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Jacobson & Gould, 2008). The studies that elaborated on this factor addressed religiosity specifically in African American youth, and one study in Hispanic/Latino youth (Gallagher & Miller, 2018), as levels of religiosity were more elevated among these communities. While the manner in which this factor buffers against engaging in SRB was not addressed in the documents included in this study, hypotheses include the sense of community and social support provided by the religious community and the view on suicide of the religious institution (Gallagher & Miller, 2018; Jacobson & Gould, 2008). Other less common reasons include faith-based coping strategies (Ayyash-Abdo, 2002), stress reduction (Ayyash-Abdo, 2002), and feeling a greater sense of purpose in life (Gallagher & Miller, 2018).

4.5.2 Socioeconomic Status

4.5.2.1 Poverty

Multiple documents presented socioeconomic disadvantage or poverty as a significant risk factor for both SRB and completed suicide (Alcántara & Gone, 2007; Easson et al., 2014; Gallagher & Miller, 2018; Jacobson & Gould, 2008; PHAC, 2016a; White, 2006), however, neither of them corroborated this finding by putting it into context. The PHAC (2016a) also included homelessness and unemployment in their definition of socioeconomic disadvantage. Alcántara and Gone (2007) broadened the scope of the term by extending it to settings characterized by low socioeconomic status, including rural areas. In addition, Gallagher and Miller (2018) indicated that research is mixed on this topic, with studies showing a significant effect of poverty on youth suicide attempts, but not on completed suicides. Due to ambiguous definitions and findings on this topic, further research is warranted.

4.5.3 Indigenous Culture

4.5.3.1 Colonialism and Cultural Continuity

In this section, the term Indigenous will be used to describe First Nations, Métis, and Inuit youth of Canada as they share similar experiences of oppression and assimilation at the hands of the Canadian government and other Canadian systems and institutions, despite each group having their own respective and unique history, cultures, and beliefs. Indigenous youths' experiences of suicide are also distinguished in this research paper from other systems of oppression to highlight the detrimental and intergenerational impacts that colonialism has had on Indigenous peoples, and the need, specifically relating to this population, to better understand structural and cultural factors of suicide (Morris & Crooks, 2015).

Acculturation, dislocation, and the collective historical, socio-cultural, and institutional oppression and assimilation of Indigenous people have led to an array of intergenerational hardships experienced at the individual, family, and community levels (Alcántara & Gone, 2007; Hallett, 2005; Morris & Crooks, 2015; PHAC, 2016a). These ruptures in cultural traditions, languages, and spiritual beliefs have resulted in significant psychological distress, difficulty building identity-preserving links, and incredibly high suicide rates compared to the general population (Alcántara & Gone, 2007). This is referred to by Morris and Crooks (2015) as “colonial stress”.

Cultural continuity, “the extent to which whole cultures succeed in both connecting to their cultural past and securing some control over their collective future” (Hallett, 2005, p. 1), is a concept that is increasingly being promoted in the literature through research that consistently demonstrates the critical role that a strong cultural identity plays in suicide resilience (Alcántara & Gone, 2007; Morris & Crooks, 2015; PHAC, 2016a; White, 2006). Connection and engagement with Indigenous cultural practices (Alcántara & Gone, 2007) and activities (Gallagher & Miller, 2018), a perceived sense of self-continuity (Alcántara & Gone, 2007), restoring cultural pride, and learning about Indigenous values (Morris & Crooks, 2015) are critical to Indigenous youth well-being and have promising suicide prevention implications among Indigenous communities.

4.5.4 Systems of Oppression

4.5.4.1 Structural Oppression and Discrimination

The macrosystemic risks that were most often raised in the current analysis were factors related to structural oppression and discrimination, hence their grouping under this code. Structural oppression and discrimination, such as homophobia and transphobia, racism, and other forms of structural power inequities, are the cause of disproportionately higher suicide risk rates among

youth (Hunt, 2016). As a matter of fact, heteronormative, cisnormative, and white supremacist discourses have incredibly detrimental impacts on youths' health and well-being, causing psychological distress (Bauer et al., 2015; Hong et al., 2011), barriers to accessing effective health and social services (Bauer et al., 2015; Hong et al., 2011), and significantly higher suicidal behaviours and completed suicides in LGBQ (Gallagher & Miller, 2018; Hong et al., 2011; Jacobson & Gould, 2008; PHAC, 2016a; Standley, 2019), trans (Bauer et al., 2015; PHAC, 2016a), and non-White youth (PHAC, 2016a; Standley, 2019).

The evidence on suicide risk by race and ethnicity is somewhat conflicting, however. Standley (2019) reported that although non-White students were significantly more at risk for SRB overall, the effect size of this relationship was modest. On the other hand, Ayyash-Abdo (2002) stated that as discrimination increases, the risk of suicide among African American youth also increases. Yet, the cultural values and worldviews of African Americans appear to act as protective factors, which may simultaneously exert positive effects on suicide risk.

Furthermore, in Hong et al.'s (2011) study, discriminatory attitudes and practices by mental health professionals in the health care system were indicated as risk factors for sexual minority youth. Despite advances made in the mainstream of Western societies, mental health practitioners, such as psychiatrists, psychologists, and social workers, continue to lack understanding and awareness of concerns that pertain to youth who identify as LGBTQ and, therefore, further expose them to discrimination when seeking help (Hong et al., 2011). This presents a major barrier to accessing effective mental health services and may exacerbate the prevalence of SRB (Hong et al., 2011). Although reported only in one study, and in that case only for sexual minority youth, this reality of discriminatory and differential treatment is unfortunately relevant to many marginalized communities, including racialized and Indigenous youth (Gajaria et al., 2021). Biased attitudes

and practices are widely known to exist in the health care system and to be perpetuated by mental health practitioners, and have been extensively documented in the literature, thus warranting greater consideration.

4.5.4.2 An Inclusive and Progressive Society

Concomitant with the preceding subsection, an inclusive and progressive society or social-political climate, characterized by more supportive school environments (Shahram et al., 2021) and communities (PHAC, 2016a; Saewyc et al., 2020; Shahram et al., 2021), social-political inclusivity within systems and policies (Saewyc et al., 2020; Shahram et al., 2021), and freedom from discrimination (Shahram et al., 2021), are associated with a reduced risk of suicidal ideations and attempts among youth. While this contributes to young people's resilience to suicide, systems of oppression unfortunately continue to exist and exert influence on them.

4.5.4.3 Intersectionality

Intersectionality refers to the interweaving of different systems of oppression and affiliation with more than one social group, or having multiple marginalized social identities (Lapierre & Levesque, 2013; Standley, 2020). On the implications of intersectionality, Standley (2020) stated that it "[...] plays a vital role in the development of identity for youth. At the same time, discrimination and victimization based on one's identity increases during adolescence [...] and [w]hen combined, these developmental and victimization factors can be fatal for youth." (p. 20) Several other studies and documents have also found this to be the case (Alcántara & Gone, 2007; Hong et al., 2011; PHAC, 2016a; Standley, 2019).

Standley (2019; 2020) reported that far more youth with more than one marginalized identity were among the "high-risk" group in comparison to their counterparts with only one or no marginalized identity. Alcántara and Gone (2007) noted that Two-Spirit individuals were not only

more likely to be faced with psychological, interpersonal, and familial risk factors for suicide, thereby elevating overall risk, but also to attempt suicide and have suicidal thoughts.

The findings from this section suggest that youth suicide must be understood within the context of intersecting forms of marginalization. Herein the importance of targeting political, social, and economic structures and prioritizing structural practices rooted in anti-racism and anti-oppression that address structural and systemic oppression and discrimination over seeking individual-level change only (Lapierre & Levesque, 2013).

4.6 Interactions

An ecological systems analysis provides an understanding that correlates of risk and resilience may be present across all of the individual's ecological settings, and that these settings or systems can mutually influence this "risk-resilience state" by their interactions with each other. A perspective such as this on youth suicide is crucial, given our current knowledge of the complex interrelation of personal, social, psychological, cultural, and other factors (PHAC, 2016a).

The current analysis has shown that risk and protective factors do not operate in isolation. Indeed, several documents provided evidence of the interdependent relationships between factors and the variance in their prevalence for a given youth as a function of other factors (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Bauer et al., 2015; Gallagher & Miller, 2018; Hong et al., 2011; Jacobson & Gould, 2008; Kidd et al., 2006; Perkins & Hartless, 2002; Peter et al., 2008; PHAC, 2016a; Shahram et al., 2021; Standley, 2019). For example, combined effects of ontogenic system and microsystem factors, ontogenic system and macrosystem factors, single microsystem factors, and single macrosystem factors were found.

In Gallagher and Miller's (2018) study, a person's confidence in their problem-solving abilities (ontogenic system) reduced the association between physical and sexual abuse (microsystem) and

suicidal ideation. Furthermore, both Ayyash-Abdo (2002) and Jacobson and Gould (2008) reported that parental mental health problems (microsystem) and divorce (microsystem) exacerbated suicidal behaviours. What is more, interdependency between three ecological levels, such as the ontogenic system, the microsystem, and the exosystem, were also observed. For example, the problematic media portrayal of suicide (exosystem) was more likely to increase suicide rates of youth with a history of mental health problems (ontogenic system), suicidal thoughts (ontogenic system), and family discord or conflict (microsystem) (Ayyash-Abdo, 2002). “An emphasis on these kinds of interrelationships may more adequately reflect the complexity of [youths’] experiential world than the common approach of examining the unique effects of risk factors.” (Kidd et al, 2006)

Young people are actors in their own lives and may take part in a variety of behaviours and situations, finding themselves in many different circumstances where they become more exposed to risks and resilience (te Riele, 2006). Social and structural factors, however, actually impose themselves on youth, creating contexts of privilege for some and oppression for others, which also significantly influence their relationship to suicide risk and resilience. SRB are thus modulated by the presence of risk and protective factors occurring simultaneously at multiple levels of their ecology (Perkins & Hartless, 2002). That said, while it has been documented that exposure to multiple risk factors increases the probability of engaging in suicidal ideation and behaviour (Perkins & Hartless, 2002) and the accumulation of protective factors decreases it, as opposed to when these factors act independently (Standley, 2019), the relationship is not merely a continuum of compounding risk or resilience. It is this interactive network that creates fluctuations in the salience of youth suicidal behaviours and outcomes, hence the need to understand suicidality as a component of interactive social processes (Kidd et al., 2006).

**CHAPTER V: DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK RESEARCH
AND INTERVENTION**

5.1 Discussion

As documented in the literature, the current study saw an over-reliance on risk factors of youth suicide, pathologizing language, and a heavy emphasis on individual or ontogenic factors. This was the case even in most documents that insisted on the importance of social factors or explored them through the lens of the ecological systems theory. As Standley (2020) declared, such an outlook reduces suicide “to a purely pathological, individual-level event” (p. 1). Moreover, limited research was found on the ecological systems implicated in youth suicide and inconsistent results were found regarding the specific isolated risk and protective variables within each system and their impact on SRB. Literature combining contexts of suicide resilience within an ecological framework and applying it to youth specifically was uncommon. Relevant data on youth populations with marginalized social identities were even more scarce. These findings are surprising considering the disproportionately higher rates of suicide and SRB among youth, and in youth identifying with marginalized groups in Canada (PHAC, 2016a).

Several points can be drawn from the present analysis. Firstly, despite attempts to go beyond individualistic causes of suicide, it is worth noting the prevalence of prior suicide attempts and psychological stressors or mental health problems as individual predisposing factors for suicide among youth. Indeed, prior suicide attempts were strongly predictive of future suicidal ideations, suicide attempts, and completed suicide, and to a much greater extent than other individual risk factors. Psychological stressors and mental health problems, such as depression, hopelessness, and substance use and misuse, were also strongly associated with SRB in many documents. Mental health problems, including comorbidities, were one of the two most important risk factors for youth suicide (cited in 14 of 21 documents). The second most important risk factor for youth suicide according to supporting materials, cited in the same number of documents as the previous

factor, was low social support. These risk factors thus ought not to be overlooked and should be used to inform prevention and intervention initiatives. Social support was also deemed vitally important to youth resilience. A strong and broad support system includes support from friends and peers, family, school, and the community, which in combination were more protective than any single source.

Secondly, the need to challenge dominant psychological and individualistic approaches to comprehending and preventing suicide was made evident. Combatting these mainstream trajectories requires considering youth suicide through social contexts and ecological factors. Although there was a distinct lack of research on mesosystem and exosystem risk and protective factors for youth suicide in this analysis, microsystem and macrosystem factors were incredibly well represented in terms of both risk and resilience. A greater focus on extra-individual factors proved promising, and further research on this could yield far-reaching advantages.

Thirdly, consistent with the previous point, the complexity of factors associated with youth suicide has been demonstrated, notably with respect to changes in adolescence, individuals' respective social and environmental contexts, and social identities. Risk and protective factors thus cannot be considered independently of each other. Comorbidities, interactions, and intersections of factors at multiple ecological levels were found in the present study; however, interactive and compounding processes often were unjustified and could not be proven, further reinforcing the complex nature of this phenomenon.

5.2 Implications for Social Work Research and Intervention

5.2.1 Implications for Social Work Research

While research on the topic of suicidality in youth has been increasing (Ayyash-Abdo, 2002; Kidd et al., 2006), several authors support the need to fill significant knowledge gaps and research

inconsistencies that continue to exist (Alcántara & Gone, 2007; Bennett et al., 2015; Breton et al., 2002; Gallagher & Miller, 2018; Peter et al., 2008) regarding the causes and impacts of suicide in young people and how best to prevent it. Discourses on resilience to youth suicide are notably absent from the literature (Gallagher & Miller, 2018) and little is still known about the broader social and systemic factors involved (Peter et al., 2008), including how marginalized groups of youth are particularly affected.

This is especially relevant to Canadian populations and those living in Canada. That said, more extensive research in the field of social work is needed to better reflect the unique realities of young people in Canada (Peter et al., 2008) and to better understand variations in risk and resilience over time (Gallagher & Miller, 2018), which would provide insight into why youth are more at risk for suicide and how resilience can be built upon.

Research specifically targeting protective factors and processes could shed more light on “how resources and assets for resiliency interact” (Shahram et al., 2021, p. 18). Given the findings of this study, risk factors appear to lie at one end of a continuum, with the other end often representing a protective factor (e.g., low levels of social support and high levels of social support, family discord or disengagement and family cohesion, hopelessness and an optimistic outlook on life, etc.). Although this is not always the case or true for every individual, these results suggest that research on resiliency may be as feasible as research on risk. By creating a shift in perspective on suicide victims from lacking resources and being problematic to possessing a variety of resources and assets, it is possible to move toward research that focuses on ecological strengths and consequently contributes to the development of more adequate prevention and intervention policies, programs, and interventions (Shahram et al., 2021; Standley, 2020).

The results of this analysis corroborate recent research on the need to examine social and structural variables of youth suicide (Morris & Crooks, 2015; Shahram et al., 2021; Standley, 2020) for a more comprehensive appraisal of risk and resilience as well as more effective prevention strategies. Furthermore, despite governmental and institutional recognition of the higher suicide rates among Indigenous youth, racialized youth, and sexual and gender minority youth, marginalized groups continue to be underrepresented, and even excluded, in research. Therefore, research with more diverse samples is warranted (Gallagher & Miller, 2018) to distinguish and integrate findings with respect to the variations in suicidality among these groups. Pushing the research agenda on diversity to incorporate issues of intersectionality regarding Indigeneity, racial and ethnic, cultural, sexual, and gender identity is also essential (Standley, 2020). This would help capture how suicide and SRB are socially and culturally mediated and to attend to the complexity of compounding marginalized identities.

Additional research is also needed not only to reduce the ambiguity in factors at each ecological level, but also to fill data gaps resulting from the paucity of literature on ecological factors at the mesosystemic and exosystemic levels. When considering all the aforementioned gaps, an ecological framework proposes an approach to youth suicide that emphasizes complex interactions of factors at the individual level as well as the larger environmental and social contexts. Patterns of resilience nested within an ecological model can be addressed in a multidimensional manner and in relation to social position, environment, and culture, paving the way for research that can lead to improved prevention and intervention.

5.2.2 Implications for Social Work Intervention

5.2.2.1 Design and Implementation of Suicide Prevention Efforts

As noted by Gallagher and Miller (2018), “[a] greater interface is needed between research [...] and the interventions that are used to prevent or manage outcomes such as suicidal ideation and behavior” (p. 147). Regarding the design and implementation of suicide prevention efforts, numerous authors emphasized the importance of centering youths’ voices by collaborating with them on the elaboration of solutions (Morris & Crooks, 2015; Shahram et al., 2021; Standley, 2020). Prevention approaches and strategies must be interdisciplinary, drawing on the knowledge and expertise of all key stakeholders to build a collaborative, multi-perspective response to youth suicide. This would allow for multiple angles to be addressed, and for broader and more complete solutions to this complex problem to be developed. Standley (2020) expands on this idea by highlighting that just as each individual is unique and different from the next, prevention efforts must also be multifaceted, multi-level, and individually tailored.

While person-centered and individual prevention interventions are valuable, among the many youths who do not disclose suicidal thoughts or tendencies, these strategies will be largely ineffective. What is more, as individualistic approaches focused on pathological thoughts, feelings, behaviours, and actions have had a significantly limited impact on reducing youth suicide rates, a focus on social and contextual elements in suicide prevention efforts that “move beyond risk reduction to include the promotion of resilience” (Shahram et al., 2021, p. 4) is imperative.

5.2.2.2 Direct Social Work Practice

With respect to social work practice, several recommendations can be made. First, suicide awareness and prevention education have significant implications for suicide risk reduction. This includes teaching about the warning signs, risk factors, and protective factors for suicide and SRB,

as well as improving general knowledge and attitudes about youth suicide (Ayyash-Abdo, 2002; Bauer et al., 2015; Bennett et al., 2015). Precisely, educating those who work directly with youth (Bennett et al., 2015; Hong et al., 2011), such as school personnel and mental health professionals, and informing parents (Ayyash-Abdo, 2002; Bauer et al., 2015) on elements and contexts of risk and resilience, are important to help them best support all youth.

Attention to issues of oppression, discrimination, and marginalization is paramount, as these factors play a major role in exposure to suicide (Standley, 2019). Social workers therefore have a responsibility to recognize, examine, and challenge their biases, beliefs, and values in order to work toward advocating against injustice and dismantling systems of oppression (Bauer et al., 2015; Hong et al., 2011). In addition, providing youth with information about resources available in their community should also be a priority for social workers (Ayyash-Abdo, 2002; Bauer et al., 2015; Peter et al., 2008).

Second, assessing and screening individuals for risk of SRB are well-documented preventative measures against completed suicide (Alcántara & Gone, 2007; Bennett et al., 2015; Hong et al., 2011; Jacobson & Gould, 2008; Standley, 2019, 2020). It is noteworthy, however, that assessments should not only be conducted at the individual level, but should also incorporate intersectional, cultural, and social components to be more effective.

Third, based on the results of this analysis, there is an urgent need for more comprehensive interventions (Breton et al., 2002) that are multifaceted and that target and encompass the multiple spheres and environments of youths' lives, such as the family, school, community, etc. An emphasis on strengthening protective factors is widely supported by the literature (Alcántara & Gone, 2007; Ayyash-Abdo, 2002; Bennett et al., 2015; Gallagher & Miller, 2018; PHAC, 2016a; Shahram et al., 2021). One study even found that “[i]ncreasing the number of protective factors

proved more effective at reducing the likelihood of suicide attempts than reducing the quantity of risk factors” (Alcántara & Gone, 2007, p. 472). Such interventions must also be adapted to the needs of diverse marginalized populations and must be culturally relevant to better support young people whose needs are too often overlooked (Morris & Crooks, 2015; PHAC, 2016a; Standley, 2020).

Due to the interplay between colonization, identity, suicidality, and other related risk factors (Alcántara & Gone, 2007), social work interventions must address, respect, and integrate the unique cultural and contextual needs of Indigenous youth (Bennett et al., 2015). An Inuit approach to suicide prevention and healing focuses “on strengths, relationship skills building and engaging the community, particularly youth and elders” (Morris & Crooks, 2015, p. 321). By utilizing Indigenous (and more specifically, tribal-specific) knowledge, cultural values, and concepts of resilience, while involving Indigenous role models and tribal leaders (Alcántara & Gone, 2007; Morris & Crooks, 2015), suicide prevention and resilience-building can be more appropriately achieved. Therein lies the relevance of the next point.

Fourth, improvements in suicide prevention and intervention require cultural competency in social work practice (Morris & Crooks, 2015; PHAC, 2016a; Standley, 2020), meaning that it is imperative for social workers to be better equipped for providing adequate intercultural interventions and solutions. To produce meaningful and sustainable change, an intercultural framework must be in place that allows social workers to become aware of their own cultural frame of reference, to be open to the worldviews and ways of functioning of others, and to integrate cultural knowledge and competencies into their interventions (Centre multiethnique de Québec, 2018).

Finally, it is crucial that social workers commit to systemic level actions and take steps to “create the conditions within which these promising supports are equitably and sustainably available to all youth” (Shahram et al., 2021, p. 18). Stigma reduction (PHAC, 2016a; WHO, 2014) and advocacy for equitable access to resources (Bauer et al., 2015) are among examples of this. As perfectly expressed by Morris and Crooks (2015), “[t]he magnitude of suicide [...] cannot simply be addressed by small-scale, time-limited programming. Systemic changes are needed.” (p. 333)

CONCLUSION

Summary of Findings

All in all, the current paper took a critical stance on the issue of youth suicide in Canada by analyzing “risk” and “protective” factors in silos and in interaction with one another through the lens of the ecological systems theory. It sought, as well, to demonstrate how these findings could inform and provide new avenues for research on the matter, suicide prevention programs and efforts, and social work practice among youth, their families, and their communities.

In addition, this paper demonstrated that individualizing discourses continue to permeate research and social work interventions, primarily focusing on isolated and individual factors. This approach is at the expense of a more comprehensive understanding of suicide and its complexity that includes broader contextual correlates of suicide, such as social, cultural, and systemic factors (Ayyash-Abdo, 2002; Peter et al., 2008; Standley, 2020; Van Meter et al., 2019). Even though the ecological model would allow for the development of such knowledge that takes into account contextual factors of youths’ lives, still today, little research exists on suicide from this perspective (Standley, 2019).

Furthermore, research on suicidality in the last several decades has largely focused on contexts of risk for SRB and suicide, failing to examine and consider resiliency in youth and factors that may buffer against suicidal outcomes (Gallagher & Miller, 2018; Shahram et al., 2021). As a number of researchers have expressed, “[r]isk factor research often strips context and the dynamics of human experiences and social conditions to produce individual-level, static, and unitary variables” (Shahram et al., 2021, p. 4). To prevent this, as this study has shown, it must be recognized not only that pathways to engagement in SRB differ from individual to individual, but that they are also interrelated with contexts of resilience and involve many positive opportunities

for youth, such as self-discovery, altered perspectives on the meaning of life that are of greater significance to the individual, and the formation of a stronger sense of self.

Similar to the findings of Kidd et al. (2006) several years ago, the results of the current study also clearly “indicated the need to understand suicidal behavior as a component of interactive social processes” (p. 386). It is strongly believed, and the evidence also supports, that taking the above-listed points into consideration moving forward can pave the way for social work research and interventions that no longer problematize youth, that act on oppressive structures and systems in society, and that are multi-layered, thus having the potential to make a true and lasting positive impact on youth. This research adds to the body of literature on this topic, and as Ayyash-Abdo (2002) stated, constitutes a step toward synthesizing knowledge on youth suicide to help direct future research.

Limitations of the Study

This study has three major limitations. Firstly, due to the very specific focus of my research, it cannot account for and represent the realities of all youth who are affected by suicide and suicidal behaviours. It is possible, in fact, that the results shared differ completely from what some people experience or have experienced. For example, isolated social factors for youth suicide, such as discrimination and oppression, were not the focus of this study. Hence, the analysis on this factor could not be deepened. While this may be a drawback of the current research, specifying my research questions, objectives, methodology, etc. allowed for the production of more complex and relevant knowledge.

Secondly, although each of the social groups identified in this research paper has its own set of distinct experiences, with factors that distinguish them from others, the aim of this study was not to explore the homogeneity within social groups with respect to suicide risk. As such, within-

group similarities in risk and resilience (among Indigenous or LGBTQ youth, for example) could not be determined. While this information may be insightful, it is also important to emphasize the heterogeneity of social groups (Alcántara & Gone, 2007) and to recognize that exposure to suicide varies across individuals. Even within groups, factors differ from one youth to another.

Thirdly, in regards to the source of data chosen for this research, it should be noted that not every document is created with the intent to be used for research, nor to specifically answer a research question (Bowen, 2009). That said, not only may they contain only minimal information useful to answer a research question, but they might also be incomplete or inaccurate (Bowen, 2009). What is more, some documents may be difficult to retrieve or inaccessible (Bowen, 2009). As a result, and as in my own research paper, researchers may be required to use more documents than initially anticipated, thus generating additional steps to find high-quality content. For these reasons, I remained critical of the data retained for analysis, evaluated the quality of the documents, and verified the suitability of each one for my research paper by ensuring that it contributed to the purpose of my study as transparently and accurately as possible (Bowen, 2009; Gaudet & Robert, 2018a). With respect to the limitations of this type of study, Bowen (2009) notes that they consist only of “potential flaws rather than major disadvantages” (p. 32).

Moreover, the potential positive impacts of my research are of equal importance and should not be overlooked. Firstly, my research project will contribute to the vast field of knowledge from a perspective that has been neglected for far too long. This is particularly important considering the complexity of the topic and the lack of research on the various components of my study in relation to the problem, including suicide in youth and youth subgroups, and the social, structural, and ecological factors of youth suicide.

Secondly, my research has the potential to contribute to the reduction of the stigma associated with suicide, especially as the stigma around this topic is more prevalent among youth. As research continues to move away from normative, pathologizing, and individualizing discourses that uphold the taboo on this subject, a clearer, more accurate, and just understanding of the problem, a more comprehensive exploration of its solutions, and more open, inclusive dialogue involving the youth themselves will be possible.

Suggestions for Future Research

To deepen our understanding of the prevalence of suicidality and its impact on marginalized youth groups, further insight into the manifestations of social, cultural, and systemic factors, namely those relating to the exosystem and macrosystem, is needed to address the extreme gaps that exist between some marginalized and non-marginalized youth. This is especially relevant for Indigenous youth in Canada, whose suicide rates are incredibly high compared to the rest of the population.

Additionally, in their study on youth suicide prevention in Canada, Bennett et al. (2015) spoke of connecting researchers with decision-makers to provide them with guidance and information to fill any knowledge gaps. They further raised the need for multidisciplinary consultations in suicide research and interventions to disseminate “what is known about effective, ineffective, and harmful prevention interventions and the implementation of promising strategies linked to rigorous evaluation” (Bennett et al., 2015, p. 255). Future research could thus benefit from the creation of these groups comprised of multiple key stakeholders, including youth, to facilitate increased implementation of promising prevention and intervention efforts, thereby more effectively addressing youth suicide in Canada.

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Appendix

Example of Analysis Table for one Ecological System

Theme: Ontogenic System

Codes: Risk factors	Examples and excerpts	Categories
1.		
2.		
3.		

Theme: Ontogenic System

Codes: Protective factors	Examples and excerpts	Categories
1.		
2.		
3.		