

## **RISK FACTORS FOR SUICIDAL BEHAVIOUR AMONG STUDENTS OF TERTIARY INSTITUTIONS IN NIGERIA: EFFECTIVE COUNSELLING STRATEGIES FOR PREVENTION**

**FADIPE, RASAQ ABIMBOLA**

Email: [fadiperasaqabimbola@gmail.com](mailto:fadiperasaqabimbola@gmail.com)

Department of Counsellor Education, Faculty of Education, University of Ilorin, Nigeria

**UWADIA, JOHN CHUKWUEWENE**

Email: [johnuwadia@gmail.com](mailto:johnuwadia@gmail.com)

Department of Counsellor Education, Faculty of Education, University of Ilorin, Nigeria

**KAYODE, OLAJIDE CHARLES**

Email: [charlz.kayode@gmail.com](mailto:charlz.kayode@gmail.com)

Department of Counsellor Education, Faculty of Education, University of Ilorin, Nigeria

### **Abstract**

*The issue of suicidal behaviour among students in tertiary institutions has been a grave concern to education stakeholders, especially guidance counsellors. However, the death of a student by suicide represents a devastating loss that affects many individuals from the student's family, friends, witnesses, roommates, faculty members, and academic staff. Many lives have been permanently damaged through self-destructive acts, and the problem is not only the industrialised countries but also of the developing ones. The paper therefore focuses on risk factors for suicidal behaviour among students of tertiary institutions. It also covers a review of relevant literature on the concept of suicidal behaviour, categories of suicidal behaviour, signs of suicidal behaviour, theory of suicidal behaviour, and counselling strategies for reducing suicidal behaviour. It was suggested that school counsellors should educate students about suicidal behaviour, including its risk factors and warning signs, and provide counselling on ways to overcome the problem.*

**Keywords:** suicidal behaviour; students; tertiary institutions; counselling strategies

### **Introduction**

The issue of suicide across the world is one of the worst challenges confronting humanity. The death of a student by suicide represents a devastating loss that affects many individuals from the student's family, friends, witnesses, roommates, faculty members, campus personnel, and academic staff. This type of behaviour has become an increasingly important health concern over the past few decades due to drastic increase in its occurrence among students in tertiary institutions of learning. At times, many of these students do display weird behaviours by taking in chemical or plant poisoning, covering face so as to stop breathing, burning, provoking an armed person, taking pills, self-immolation, hanging, self-harm, drowning, jump from high places, sharp weapons, firearms as methods of committing suicide.

Suicidal behaviour is a serious social and public health problems in Nigeria tertiary

institutions. According to Ifem, Ifeoma and Alaribe (2023), approximately 43.8% of students in tertiary

institutions of learning attempted suicide one or more times and 74.6% of these students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse within the last two years. For instance, a 300 level student of Business Administration at Nnamdi Azikiwe University committed suicide by ingesting poisonous substance in the year 2022. Another case occurred in the year 2023, when a 300 level student of the Department of Industrial Design at the Federal University of Technology (FUTA), committed suicide due to academic challenges. Many lives have been permanently damaged through self-destructive acts, and this problem is not limited to industrialised countries, but also affects developing ones.

Suicidal behaviour is an intentional act of taking one's own life or destroying one's interests or prospects through self-killing. Ahmed, Hythan and Hossan (2020) defined suicidal behaviour as a deliberate act intended to end one's life in order to escape unbearable suffering or to help change adverse conditions of living. It is the act that could cause a person to die, such as taking of illegal drugs or crashing a car on purpose. Suicidal behaviour can be considered in two ways, namely fatal and non-fatal suicidal behaviour. Fatal suicidal behaviour refers to completed suicidal behaviour that reflects the person's intent to die and where the person has managed to achieve the pre-determined goal, while non-fatal suicidal behaviour refers to suicidal behaviour that does not end the person's life and embodies several manifestations such as those seen in attempted suicide (Oluwatoyin & Bolajoko, 2018). David (2021) classified suicidal behaviour into three categories: suicidal ideation (which can range from thoughts of death to structured suicide intention with or without suicidal planning), consummated suicide (refers to a completed or successful suicide, where the individual has taken his or her life) and the suicidal attempt that occurs between ideation and consummated suicide. Students who attempt suicide and survive may have serious injuries such as brain damage, broken bones, organ failure or mental health problems such as depression and psychological distress.

Suicidal behaviour, a form of self-directed violence, often arises in response to overwhelming situations such as social isolation, the loss of a loved one, emotional trauma, serious physical illness, aging, unemployment, financial difficulties, guilt, or substance dependence (Suicide Prevention Resource Center, 2014; Ugwuoke, 2016). According to the Suicide Prevention Resource Center (2022), Nigeria recorded 19,750 cases of suicidal behaviour, with a significant portion involving students in tertiary institutions—18 out of 45 reported cases by the Nigerian media. It has been critically observed that without appropriate counselling and medical interventions, particularly for students in primary, secondary, and tertiary institutions, the incidence of suicidal deaths in Nigeria is projected to increase by 2027.

Suicidal behaviours are more prevalent among students with low academic performance, exposure to bullying and violence, financial hardships, academic conflicts, relationship breakdowns, and the disabled, the divorced, the separated, and those with terminal illnesses (Ahmed, Hythan & Hossan, 2020). Various risk factors have been associated with self-destructive or suicidal behaviour among students. These factors include sexual

harassment, financial constraints, stigmatisation, academic frustration, alcoholism, hopelessness, possession of lethal weapons, loss of loved ones, guilt, among others. According to Nnafor, Akhnmu and Igbe (2013), other risk factors include helplessness, schizophrenia, post-traumatic stress, anxiety, academic stress, lack of social support, mental disorders (e.g. mood, anxiety, substance abuse) and a history of suicidal plans, ideation, and attempts. Depression causes feelings of sadness

and/or a loss of interest in activities once enjoyed. According to Stone (2011), depression takes the highest percentage in the causes of suicidal behaviour. Depression covers 54% of the causes of suicidal behaviour in universities. Studies such as Miller and Eckert (2009), have shown that students who took their own lives felt trapped by what they saw as a hopeless situation, hence, they felt isolated and cut off from life and friendships.

The occurrence of suicidal behaviour in schools is a critical issue that must be addressed urgently, particularly through the implementation of effective counselling strategies by school counsellors. These strategies could involve establishing a mental health task force, raising awareness within the college community about the symptoms of mental illness, educating students about the risk factors for suicide, restricting access to lethal means, and organising counselling programmes that focus on enhancing life skills. By adopting these measures, counsellors and other professional personnel can address students' wellness, personal growth, and career development issues, as well as their mental health challenges.

### **Conceptualising Suicidal Behaviour**

Suicidal behaviour is attributed to many psychological states, including hostility, shame, guilt, anxiety, financial problems, serious physical illness, inferiority complex, dependency and disorganisation. Debra (2023) believed that suicidal behaviour results when an individual is deprived of a cherished goal or relationship and destroys the representation of the goals on object within the self. This was also supported by Peterson (2018) who averred that a broken cherished love relationship could lead to suicidal behaviour. Crosby, Ortega and Melanson (2011) stated that the factor most closely related to suicidal behaviour is hopelessness. Hopelessness is characterised by a depreciated self-image and loss of gratification from significant relationship or roles in life.

Offer, Howard, Schonert, and Ostrov (2011) viewed suicidal behaviour as a continuum of suicidal phenomena spanning across thoughts of suicide, planning suicide, attempting suicide and death by suicide. Suicidal behaviour is any deliberate action intended to end one's life in order to escape unbearable suffering or to help change adverse conditions of living (Institute of Medicine, 2012). It is the intentional act of taking one's own life or the destruction of one's own interests or prospects (Sylvester, 2022). Hahn (2018) described suicidal behaviours as problem-solving behaviours. Schwartz, Chang and Farver (2020) opined that students with such behaviours often believe that the real, lasting solution to their problems is to die.

Gallo, Rausch, Beck and Porchia (2021) stated that suicidal behaviour is sometimes associated with the mental health status of individuals who cannot cope with their lives. Suicidal behaviour involves not only the pain, but also the individual's unwillingness to tolerate that pain, the decision not to endure it, and the active will to stop it (Ittel, Kretchmer & Pike, 2019). Suicidal behaviour could be fatal (completed), non-fatal

(attempted), ideation (thinking about), or self-destructive behaviours (Animasahun & Animasahun, 2016). Akinyemi, Okpue, Onigbinde, Okafor, Akodu and Odeyemi (2023) typically call those suicidal actions in which the person dies completed suicide (fatal), and those in which the person survives attempted suicide (non-fatal). Suicidal ideation and self-destructive behaviours represent distinct, although somewhat overlapping phenomena (Eseohe & Ugo, 2019). Suicidal ideation thus refers to the thoughts, ideas, intentions, or plans about suicide, which ranges from fleeting thoughts to detailed plans

and intentions, while self-destructive behaviours refer to actions that harm one's own physical, emotional, or mental wellbeing, relationships, or overall quality of life. These behaviours could be intentional or unintentional and may be used as coping mechanisms for stress, trauma, or emotional pain. Therefore, it could be deduced from the definitions that suicidal behaviour is an intentional plan to kill oneself, a self-inflicted death whereby one makes an intentional direct and conscious effort towards putting an end to life.

### **Categories of Suicidal Behaviour**

Sylvester (2022) categorised suicidal behaviour into four namely: surcease, psychotic, cultural, and referred. Surcease suicidal behaviour is an attempt with the desire to be released from pain, which can be emotional or physical. For example, a person with a painful terminal illness who wishes to escape further suffering may perceive suicide as a way to do so. This type of suicidal behaviour is sometimes referred to as "auto-euthanasia", self-administered mercy killing. Psychotic suicidal behaviour results from the impaired logic of the delusional or hallucinatory state of mind associated with clinically diagnosed schizophrenia or manic-depressive psychosis. The victim may try to eradicate the psychic malignancy or punish himself or herself by self-destruction, even though there is no conscious intention to die. Cultural suicidal behaviour results from the interactions between self-concept and cultural beliefs about death. In medieval Japanese society, ritual suicide called hara-kiri, or seppuku, was culturally accepted, even demanded, in certain circumstances, especially among the warriors or samurai class; while referred suicidal behaviour results from destructive logic, such that the victim "confuses the self as experienced by the self with the self as experienced by others". In other words, the victim's self-concept is confused with imaginings of what others think about him. The victims of referred suicidal behaviour tend to feel lonely, helpless, and fearful. They typically experience difficulties in establishing and maintaining meaningful personal relationships. These problems with self-identity coupled with an inability to feel comfortable, relating to others, often involved the victim's self-perception as a failure. The implication of Sylvester's categories of suicidal behaviours is that students with terminal illnesses or those who are mentally deranged might engage in suicidal behaviours. Those who have negative self-images about themselves or those confused of what others think about them might also be tempted to engage in self-destructive behaviours.

The Jed Foundation (2006) and Robert (2008) classified suicidal behaviour into four, namely: completed suicide, suicidal attempts, suicidal ideation, and self-destructive acts. According to Robert, completed suicide, is a behaviour that results in the death of the victim. Suicidal attempts involve a suicidal behaviour where the attempter survives. Suicidal ideation includes all overt suicidal behaviours and communications such as suicide threats and expressions of wish to die. Self-destructive acts include behaviours that do not lead to immediate death but gradually lead to death after a long time such as alcoholism, sex abuse and drug abuse

### **Signs of Suicidal Behaviour**

These are some of the common signs of suicidal behaviour among students in tertiary institutions of learning:

Talking about wanting to die or to kill oneself

- Looking for a way to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Giving away possessions
- Change in eating and sleeping habits
- Saying goodbye or making amends with loved ones
- Talking about death, dying, or not being around in the future
- Withdrawing or feeling isolated
- Victim of bullying or being a bully
- Stigma associated with asking for help
- Access to lethal means (i.e. firearms, pills)
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Collecting items that are harmful or potentially dangerous
- Not participating in activities that were once enjoyable
- Engaging in risky or potentially harmful behaviours

### **Theoretical Framework**

#### ***Psychoanalytic Theory***

Psychoanalytic theory, pioneered by Sigmund Freud in the late 19th and early 20th centuries, posits that suicidal behaviour among students can stem from unresolved conflicts and unconscious desires. According to Freud, suicidal behaviour may arise from an individual's unconscious wish to escape unbearable emotional pain or conflicts. The ego, superego, and id are key components of Freud's model, conflicts among these structures can potentially lead to self-destructive behaviour. Freud believed that unresolved issues from childhood, such as unresolved Oedipal or Electra complexes, could manifest in suicidal ideation later in life. Additionally, feelings of worthlessness or hopelessness, often stemming from unresolved childhood traumas, can contribute to suicidal behaviour according to psychoanalytic theory. The concept of "death instinct," or Thanatos, suggests that individuals may be driven towards self-destruction as a way to return to an earlier state of non-existence. In the psychoanalytic view, suicide can also be seen as a form of aggression turned inward, stemming from repressed anger or hostility towards others. Freudian psychoanalysis emphasises the importance of exploring unconscious motivations and conflicts through therapy to address suicidal tendencies and promote psychological healing.

#### **Risk Factors for Suicidal Behaviour among Students**

There are many risk factors that contribute to suicidal behaviour among students in Nigeria. Stress is a well-known risk factor in the causation of suicidal behaviours

among students in Nigeria. Reamen, Alhassan and Akobi (2022) indicated that stresses could stem from academic pressure and or the deprivations these students face. It is common knowledge that, right from nursery school, Nigerian children are currently challenged beyond their capabilities. Parents force their wards to excel in the parents' own chosen academic subjects whether such children have the right attitude or aptitude towards the subject or not. Iyoha, Ulo and Okocha (2020) showed that such kind of intellectual over stimulation induced suicidal behaviour. When the child fails to measure up he feels shame and may seek a way to escape in which suicidal behaviour might be considered. Some other students, who are also prone to suicidal behaviour, according to Agbaje (2014), were exceptional children who do not want any taint on their

'academic records. Minor academic setback often impelled such students to self-destructive behaviours.

Peterson (2018) confirmed that apart from the stress, poverty affects student's success in school negatively and increases their rate of dysfunctional behaviours. Peterson also reported that the poor were prone to low self-esteem, depression and suicidal behaviour. In essence, Report by the World Health Organisation (2008) showed that a large number of Nigerians lacked basic amenities. According to Shneidman (2005), these basic amenities are fundamental to life. The impact of this deprivation is incalculable on students, many of who were in school on self-sponsorship and catered for their younger siblings and aged or sick parents. Shneidman (2014) stated that the major reason for student(s) leaving school in the country was inability to pay school fees lent credence to this. World Health Organisation (2008) showed that 36.4 per cent of those under the age of 30 had family responsibilities and were living in extreme poverty. Definitely, these students were not equipped emotionally and physically for these roles. Therefore, the ensuing stress could motivate some of them to lose hope and ultimately opt for suicidal behaviours as rational alternatives.

Many students in Nigeria face some excruciating economic difficulties such as inability to pay their school fees, purchase essential textbooks for their courses, feed and clothe themselves or cope with academic work, and obtain good medical care while on campus (Akinyemi, Okpue, Onigbinde, Okafor, Akodu & Odeyemi, 2023). These economic difficulties could predispose them to suicidal behaviours, which is among students in various universities in Nigeria. These suicidal behaviours include, completed suicide, attempted suicide, suicidal ideation, and self-destructive behaviours such as alcoholism, substance abuse, possession of lethal weapons, cultism, sexual abuse, reckless driving, armed robbery, and abuse of electrical appliances. Also, Nyorere, James and Udom (2020) averred that families that suffer chronic tension, poor communication, poor problem identification, role conflict, and low cohesion were associated with suicidal behaviour, especially for women who have low social status.

Several family disruptions such as separation, divorce, death, parental psychopathology, and family violence have been associated with the suicidality among students (Crosby, Ortega & Melanson, 2011). Ugwuoke (2016) agreed that parental attitudes, feelings and actions influence the child and produce in the child lasting identification which, in turn, becomes apparent in the child's perceptions and fantasies of him or herself and others. When a parent, for instance, is violent, the child may wish to escape from the intolerable

interactions of his or her parents. It was also observed that children seem to imitate their parents' aggressive behaviour as well as to identify with the parents' hostility and criticism of him or her. As a result, the child regards him or herself as bad, hostile, destructive, and worthless (Hirsch & Barton, 2011). Suicidal behaviour may, therefore, be one drastic mechanism available to the child for unburdening his or her intolerable feelings.

Insecurity is another major challenge that instigates suicidal behaviour among students in school and the society. The rising waves of insecurity in schools, particularly in the Northern parts of Nigeria, can exacerbate suicidal behaviour among students because of its resultant effects. Obinna and Olawale (2019) indicated that students in Nigeria were increasingly becoming afraid of going to school due to insecurity in the country. The case of the abduction of female students of Federal University Gusau on March 12, 2023 is a typical manifestation of that fear and anxiety. The prevalence of insecurity, including violence, economic instability, and political unrest, contributes to a sense of hopelessness and despair among students. The lack of adequate mental health support systems further compounds the issue, leaving students feeling isolated and unable to cope with their emotional distress.

Oluwatoyin and Bolajoko (2018) maintained that factors associated with suicidal behaviours included addictive disorders, marital disorders, depression, bipolar disorders, mental disorders, access to firearms, or other lethal means, severe stressful life events, and intoxication. Hence, cultism is another form of indirect self-destructive behaviour in Nigerian universities where cult members kill and maim each other. They know that joining secret cult may lead to their death and yet they join it. Reports abound of such senseless, gruesome murders of innocent citizens and other rivalry cult members in the universities (Thor & Ingeborg, 2016). Reckless driving by some university students who sometimes carry their parents' cars for a jamboree is a form of suicidal behaviour. They may engage in excessive speed and dangerous overtaking after drinking which may sometimes lead to premature and reckless deaths through road accidents. History of suicidal attempts increases the risk of psychopathology and psychosocial dysfunction; and of subsequent suicidal behaviours among students (Eseohé & Ugo, 2019). Oluwatoyin and Bolajoko (2018) also found out that mood, anxiety, and substance disorder substantially increase the risk for suicidal behaviours among youths. Ikwuba, (2011); Hirsch and Barton (2011), comparing females engaging in non-fatal versus fatal suicidal behaviour indicated that high-risk women experienced helplessness/hopelessness, feelings of self-blame, and a series of confusion and disorganisation. King, Foster and Rogalski (2013) added school failure and problems; parents/child conflict and substance abuse/dependence as contributing factors to suicidal behaviours.

Losses of significant others are difficult for people of any age, and especially so with tenuously adjusted youths. The loss of a loved one can be experienced as so unbearable that the survivor is tempted to join the deceased. Loss of a parent at a young age for instance may result in feelings of undeserved guilt, unbearable grief, or fear of mental illness. These unbearable grief and undeserved guilt may lead to suicidal behaviours or suicide. More so, a feeling of isolation may result when one is unable to establish close and meaningful relationships with friends, parents and older role models. Rejection in

love, being overlooked for a promotion, or feeling eclipsed by a favoured sibling can ignite intense feelings of resentment and hurt. A repeatedly unfairly treated, achievements never recognised no matter how hard one tried, love and appreciation withheld are some of the risk factors for suicidal behaviours (Olaseni, 2017).

Anxiety and hopelessness contribute a lot to suicidal behaviour among students in tertiary institutions of learning. Anxiety is defined as a feeling of insecurity or of being threatened. In contrast to fear, it can occur in the absence of any obvious danger or specific source of apprehension (context, place or person). The overall state of anxiety is accompanied by symptoms such as agitation, fatigue, inability to concentrate, irritability, muscular tension, and sleep disorders. The persistence of these symptoms over time leads to personality changes, with the person becoming fearful, hopeless, and dependent (Juhnke, Granello & Granello, 2011). Anxiety disorders often occurs comorbidly with mood disorders and substance use disorders. In addition, anxiety disorders are commonly found among students who exhibit serious suicidal behaviour, regardless of age and gender (Ahmed, Hythan & Hossan, 2020).

Hopelessness is well-known for demonstrating prospective prediction of suicide and suicide behaviour in very long-term studies (Eseohé & Ugo, 2019). Suicidal behaviour tends to be characterised by such psychological traits as hopelessness, cognitive rigidity, poor adaptive functioning, low openness to experience and a determinedly independent personal style (Oluwatoyin & Bolajoko, 2018). Such personality characteristics are generally regarded as ‘fixed’ attributes, which are relatively difficult to modify, implying that such traits may impede intervention efforts aimed at preventing suicide (Lindsay & Lester, 2014). Hopelessness is strongly associated with suicidal ideation, suicide attempt, and suicidal behaviour and has been reported to be more strongly associated with suicide than depression (Shneidman, 2014). High levels of hopelessness have been shown to occur in successive episodes of depression (Ruther & Smith, 2020). This suggests that the extent of hopelessness should be assessed, and treated independently of mental disorders (David, 2021).

Students with terminal illness, such as cancer, AIDS, and other disorders that affect nervous system and brain (such as dementia or temporal lobe epilepsy) can lead to suicidal and self-destructive behaviours (Nyorere, James & Udom, 2020). Other mental health disorders besides depression also put students at risk of suicide. Students with schizophrenia and other psychotic disorders may hear voices (auditory hallucinations) commanding them to kill themselves. Students with borderline personality disorders or antisocial personality, especially those with a history of violent behaviour, may use suicide gesture or attempted suicide as a means of getting back at someone or making a statement. Most students who attempt suicide do not complete suicide on a first attempt; those who later gain a history of repetitions have a significantly higher probability of eventual completion of suicide (Oluwatoyin & Bolajoko, 2018).

Unsafe sex practices were common among the students in Nigeria generally. Hirsch and Barton (2011) stated that Nigerian adolescents were sexually active. Many of them in the school system sold sex to sustain themselves in the school since a lot of them were poor. The others indulged in sexual practices just to experiment or to conform to group

expectations Chrestina, Mohamed, Nashwa, Tarek & Ebstesan, 2023). Regrettably, due to ignorance and maybe poverty they did not use any protective measures at all. That was why Olufemi (2019) found a high rate of HIV/AIDS among female students of tertiary institutions in Nigeria. World Health Organisation (2018) estimated that 3.5 million children and youths were living with HIV/AIDS in Nigeria with a daily incidence of 15,000. In relation to the study, Bassey indicated that half of the victims were aged 14-24. In addition sufferers of chronic ailments like AIDS in Nigerian setting also attempted suicide (Ikwuba, 2011).

Sex abuse (fornication, lesbianism, rape, adultery, and homosexuality) has been found to be an important precursor for suicidal behaviour (Ittel, Kretchmer & Pike, 2019). Josse (2010), pointed out that physical abuse, verbal abuse, emotional abuse, alcohol abuse, drug abuse and alcoholism have been important predictive factors for suicidal behaviours. Also, there are clear links between exposure to childhood adversity and risk of later suicidal behaviour among students. Increased rates of suicidal behaviours are found among students from disadvantage and dysfunctional family backgrounds, characterised by such features as parental separation or divorce, parental psychopathology, a history of sexual, physical and emotional abuse or neglect, impaired parent-child relationship and interaction, parental discord, and parental violent

behaviour (Nnafor, Akhmu & Igbe, 2013). The range of childhood adversity factors associated with suicidal behaviour overlaps heavily with the known risk factors for juvenile crime, substance abuse, mental health problems and other adverse outcomes for youth and adolescents (Eseohe & Ugo, 2019).

### **Counselling Strategies for Reducing Suicidal Behaviour among Students**

Suicidal behaviour among students is a complex and multifaceted issue that poses great challenges to educational institutions, guidance counsellors, mental health professionals, and society as a whole. The pressures and stresses faced by students, coupled with underlying mental health issues, can contribute to feelings of despair and hopelessness, ultimately leading to thoughts of self-harm or suicide. Guidance and counselling in schools is meant to help students deal with various problems related to academic, career, social and personal issues as they grow up. School counsellors are in an ideal position to recognise students at risk, educate staff, and gather resources to help prevent the tragedy of losing lives to suicide. In light of the gravity of this problem, it is imperative to implement effective counselling strategies aimed at reducing the prevalence of suicidal behaviour among students.

#### **1. Public Awareness and Orientation Programmes**

One of the fundamental components of addressing suicidal behaviour among students is raising public awareness about mental health issues and the warning signs of suicidal ideation. School counsellors should organise orientation programmes and workshops aimed at students, faculty, and staff to increase awareness about the prevalence of suicidal behaviour and the importance of seeking help. These programmes can provide information about the risk factors and warning signs of suicidal behaviour, as well as counselling strategies for supporting individuals in psychological distress. Moreover, public awareness campaigns can help reduce the stigma surrounding mental health issues and encourage open dialogue about emotional struggles. By fostering a culture of

acceptance and support, educational institutions can create an environment where students feel comfortable seeking help when they are struggling with suicidal thoughts or feelings.

## **2. Individual and Group Counselling**

Individual and group counselling are essential components of a comprehensive approach to addressing suicidal behaviour among students. Individual counselling helps students to receive personalised support and guidance tailored to their unique needs and circumstances. School counsellors can work collaboratively with students to explore their thoughts and feelings, develop coping strategies, and create a safety plan for managing suicidal ideation. Group counselling provides students the opportunity to interact with peers who may be experiencing similar challenges. It provides a supportive and non-judgmental environment where students can share their experiences, learn from one another, and develop coping skills together. Group counselling also fosters a sense of belonging and community, which can be instrumental in reducing feelings of isolation and loneliness among students.

## **3. Psychotherapy**

Psychotherapy is essential in addressing suicidal behaviour among students, using various approaches such as cognitive-behavioural therapy (CBT), dialectical behaviour therapy (DBT), and psychodynamic therapy. CBT helps students identify and change negative thought patterns,

while DBT focuses on emotional regulation and distress tolerance. Psychodynamic therapy explores underlying emotional issues to develop healthier coping mechanisms. Group therapy provides a supportive environment, reducing feelings of isolation, and family therapy improves communication and support within the student's home. Integrating psychotherapy into school counselling services ensures students have access to professional mental health support within their educational environment. This comprehensive approach effectively supports students' mental health and reduces the risk of suicide.

## **4. Strengthening Life Skills**

Counselling programmes focused on strengthening life skills can significantly contribute to reducing suicidal behaviour. These programmes can teach students coping mechanisms, problem-solving skills, and emotional regulation techniques. By equipping students with the tools to handle stress, anxiety, and other challenges, they are less likely to resort to suicidal behaviour. Life skills programmes can be integrated into the curriculum or offered as extracurricular activities. Encouraging peer support and group activities can also help build resilience and a sense of community among students. Regular assessment and adaptation of these programmes ensure they remain relevant and effective. Strengthening life skills empowers students to navigate their lives more confidently and healthily.

## **5. Restricting Access to Lethal Means**

Restricting access to lethal means is a proven method to reduce the incidence of suicide. Schools can implement policies to limit access to potentially dangerous items such as firearms, sharp objects, and certain medications. Ensuring that these items are securely stored and only accessible to authorised personnel can prevent impulsive acts of self-

harm. Educating students and staff about the importance of securing potentially lethal means at home and in the community can extend this protection beyond the school environment. Partnering with local law enforcement and health agencies can further enhance these efforts. By minimising access to lethal means, schools can create a safer environment for all students.

### **6. Early Recognition and Referral**

Early recognition and intervention are critical in preventing suicidal behaviour among students. School counsellors in tertiary institutions should implement mechanisms or strategies for identifying students who may be at risk of suicide and providing them with appropriate support and counselling. Lecturers and non-academic staff should receive training on how to recognise the warning signs of suicidal behaviour and how to effectively intervene when they encounter students in distress. In addition, educational institutions should establish referral pathways to connect students with mental health professionals and support services. This may involve partnering with counselling centers or mental health clinics to ensure that students have access to the resources they need to address their mental health concerns.

### **7. Assisting Young Individuals to Overcome Emotional Problems**

Many students who experience suicidal ideation are struggling with underlying emotional problems such as depression, anxiety, or trauma. Counselling services within educational institutions play a crucial role in assisting students overcome these emotional challenges. Individual counselling provides students with a safe and confidential space to explore their feelings and develop coping strategies for managing stress and emotional distress. Furthermore,

counsellors can work with students to identify and address the underlying factors contributing to their suicidal behaviours. This may involve exploring past traumas, addressing negative thought patterns, and developing healthy coping mechanisms for managing stress and adversity.

### **8. Availability of Effective Telephone Helplines and Text Services**

In addition to in-person counselling services, educational institutions should provide students with access to effective telephone helplines and text services for immediate support and assistance. These helplines offer students a confidential way to reach out for help when they are in crisis or experiencing suicidal thoughts. Trained counsellors are available to provide emotional support, crisis intervention, and referrals to additional resources as needed. Moreover, text-based support services allow students to communicate with counsellors via text message, providing a convenient and accessible means of accessing support whenever they need it. By providing a range of support options, including telephone helplines and text services, educational institutions can ensure that students have access to the help they need, whenever they need such.

### **Conclusion**

Suicide is one of the most serious social and public health problems in Nigeria tertiary institutions. According to psychoanalytic theory, suicidal behaviour among students stem from unresolved conflicts and unconscious desires, such as feelings of worthlessness or guilt, which manifest as self-destructive tendencies. These behaviours could be seen as a maladaptive response to internal psychological turmoil, seeking

resolution through self-harm or suicide. Suicidal behaviour is a self-directed violence, and it is associated with several factors including depression, loneliness, anxiety, substance use, poverty, bullying, mood disturbance, feelings of sadness, despair and discouragement, resulting from personal loss and tragedy, poor relationship quality with parents and low social support. Despite these challenges, counselling strategies play a crucial role in reducing the menace of suicidal behaviour by promoting public awareness, early recognition, and referral, providing assistance with emotional problems, providing individual and group counselling, psychotherapy, and ensuring the availability of effective helplines and text services in schools.

### Suggestions

Sequel to the earlier discussions, the paper suggested that;

- School management, in collaboration with counsellors, should organise orientation programmes, workshops, conferences, symposia on self-destructive behaviours and their preventive measures for students on a regular basis.
- School counsellors should develop and implement prevention programmes aimed at raising awareness, promoting help-seeking behaviours, and teaching coping skills to students. These programmes may include seminars, presentations, peer education initiatives, and outreach events that address risk factors for suicidal behaviour.
- School authority should ensure that possessions of lethal weapons by students on the campuses are checked and any student found with lethal weapons is dismissed or suspended to serve as a deterrent to others.
- The government should mandate the university authorities to establish school based mental health services in various capacities.

Counsellors should collaborate with other campus stakeholders, including faculty, staff, administrators, and student organisations, to create a comprehensive approach to suicide

- prevention. Interdisciplinary collaboration can enhance awareness, early identification, and support for students at risk.
- Counsellors should be prepared to provide immediate crisis intervention and support to students in acute distress. This may involve conducting risk assessments, safety planning, and facilitating referrals to emergency services or psychiatric care as needed.

### References

Agbaje, O.S. (2014). *Perpetration, Perceived patterns of strategies against violence behaviours among university undergraduates in South-East Nigeria*. Unpublished Ph.D. Thesis, University Nsukka Nigeria.

<https://www.cabidigitallibrary.org/doi/full/10.5555/20153104373>

Ahmed, N., Hythan .E., & Hossan .S (2020). Suicide is precise. *Journal of Family Medicine and Primary Care*, 9(8), 4009 – 4015.

Akinyemi, T. W. L., Okpue, P. A., Onigbinde, O. A., Okafor, I. P., Akodu, B., & Odeyemi, K. (2023). Depression and suicidal ideation among undergraduates in state tertiary institutions in Lagos Nigeria. *Plos One*, 8(4), 1-16.

<https://pubmed.ncbi.nlm.nih.gov/37099557/>

American Association of Suicidology. (2021). *Suicide postvention guidelines: Suggestions for dealing with the aftermath of suicide in the schools*. Washington, DC: Author.

Animasahun, R. A., & Animasahun, V. O. (2016). Psychosocial predictors of suicide mission among Nigerian youths. *African Journal for the Psychological Study of Social Issues*, 19(1), 79-102.

<https://www.semanticscholar.org/paper/PSYCHOSOCIAL-PREDICTORS-OF-SUICIDE-MISSION-AMONG-Animasahun/Animasahun/a7b7562fdcf0641fc8091bdb67494eb8784693c7>

Chrestina, M.F; Mohamed, M; Nashwa N.K Tarek, A.A., & Ebstesan, E H. (2023). Contribution of low level self-esteem and self-efficacy in adverse mental outcome among secondary school adolescents in Mina City. *MJMR*, 34(1) 15-24.

Cleveland, C. (2008). *Recognizing suicidal behaviour*. Retrieved, 17/12/2008 from <https://www.my.clevelandclinic.org/health/article/11352-recongning-Suicidal-Behaviour>

Crosby A. E, Ortega L., & Melanson C. (2011). *Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements (Version 1.0)*. Atlanta, GA: CDC, Natl. Cent. Inj. Prev. Control

David, F.R. (2021). *Strategic management concepts and cases*. (13th Ed.). New York: Pearson Education Inc.

Debra, R W. (2023). *How to regain lost self confidence*. Retrieved on March 10, 2024, from <https://www.medicantoday.com>

DeSpelder, L. A.. & Strickland, A. L. (2017). *The last dance: Encountering death and dying*. Mountain View: May Field Publishing Company.

Dorband, M. (2007). *Dorband's medical dictionary for health consumers*. Saunders: Elsevier Inc. <https://www.mobisystems.com/v3/more-dictionaries/elsevier/dorlands-medical-dictionary-for-health-consumers/>

Eseoh, G. O. & Ugo, C. O. (2019). Youth Suicidal Behaviour: An evaluation of risk factors in Edo State, Nigeria. *An International Scientific Journal*, 125, 51-71.

<https://www.semanticscholars.org/paper/Youth-Suicidal-Behaviour%3A-An-Evaluation-of-Risk-in-Okoedion-Okolie/efae868d82da5fd7fbf75b9d6d795b80a9b2b000>

Gallo, L. L., Rausch, M. A., Beck, M. J., & Porchia, S. (2021). Elementary school counsellors' experiences with suicidal students. *Journal of Child and Adolescent Counseling*, 7(1), 26-41.

[https://www.scholarworks.boisestate.edu/counsel\\_facpubs/12](https://www.scholarworks.boisestate.edu/counsel_facpubs/12)

Granello, D. H., & Granello, P. F. (2007). *Suicide. An essential guide for helping professionals and educators*. Boston, MA: Pearson/Allyn & Bacon

Hahn, W.O (2018). *Suicide in children and adolescents*. Information for parents: Communiqué. Special edition, 10-11.

Hirsch, J. K., & Barton, A. L. (2011). Positive social support, negative social exchanges, and suicidal behaviour in college students. *Journal of American College Health*, 59(5), 393-398. <https://pubmed.ncbi.nlm.nih.gov/215000058>

Ifem, J. N., Ifeoma, E. A., & Alaribe, C. O. (2023). Relationship between self esteem, mental health and feeling of committing suicide among In-school adolescents of Nekede Polytechnic Imo State. *Sapientia Foundation Journal of Education*,

*Science and Gender Studies*, 5(4), 119-128.  
<https://www.researchgate.net/publication/377230720-RELATIONSHIP-BETWEEN-SELF-ESTEEM-MENTAL-HEALTH-AND-FEELING-OF-COMMITTING-SUICIDE-IN-SCHOOL-ADOLESCENTS-OF-NEK>

Institute of Medicine (2012). *Reducing suicide: A national imperative*. Washington, DC: The National Academies Press.

Ikwuba, A. (2011). Curtailing mental mortality among rural Nigerian women through poverty alleviation. *Nigerian Journal of Health Education*, 15(1), 250-259.  
<https://pr.sggw.edu.pl/article/view/2429>

Ittel, A., Kretchmer, T., & A. Pike, A. (2019). *Siblings in adolescent*. Abington, UK: Psychology Press.

Iyoha, I. A., Ulo, E., & Okocha, A. I. (2020). Counselling strategies for suicide prevention among undergraduate students in Nigeria. *Sapientia Foundation Journal of Education, Sciences and Gender Studies*, 2(2), 122-127.  
<https://www.sfjeseqs.com/index.php/SFJESGS/article/view/39>

Josse, E. (2010). They came with two guns: The consequences of sexual violence for the mental health of women in armed conflicts. *International Review of the Red Cross*, 92(877), 177-198.  
<https://international-review-icrc.org/articles/they-came-two-guns-consequences-sexual-violence-mental-health-women-armed-conflicts>

Juhnke, G. A., Granello, D. H. & Granello, P. F. (2011). *Suicide self-injury and violence in the schools*. Hoboken, NJ: Wiley & Sons.

King, C. A., Foster, C. E., & Rogalski, K. M. (2013). *Teen suicide risk: A practitioner guide to screening, assessment and management*. New York, NY: Guilford Press.

Lindsay, M., & Lester, D. (2014). *Suicide by cop: committing suicide by provoking police to shoot you*. New York: Baywood.

Joe, S., Canetto, S. S., & Romer, D. (2008). Advancing prevention research on the role of culture in suicide prevention. *Suicide and Life-Threatening Behaviour*, 38(3), 354-362.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701684>

Joiner, T. (2006). *Why people die by suicide*. Boston: Harvard University Press.

Mangino, W. (2005). Serious delinquency among Durkheim's types of suicide. *Dissertation Abstracts International*, 66(11), 8-23.

Mclean, J., Maxwell, M., Platt, S., & Harris, F. (2008). *Risk and protective factors for suicide and suicidal behaviour: a literature review*. Edinburgh: Scottish Government Social Research.

Miller, D. N & Eckert, T. L (2009). Youth suicidal behaviour: An Introduction and overview. *School Psychology Review*, 38(2), 153-167.

Nnafor, C.C., Akhnmu, W.O. & Igbe, A. P. (2013). Review of suicidal deaths seen in Nigerian tertiary institutions. *Pioneer Medical Journal*, 3(5), 1-8.

Nyorere, O. I., James, I. O., & Udom, I. E. (2020). Personal-psycho characteristics and attitude towards suicidal behaviour among university students in South Eastern States of Nigeria. *British Journal of Education* 8(3), 16-26.  
<https://ejournals.org/bje/vol-8-issue-3-march-2020/personal-psycho-characteristics-and-attitude-towards-suicidal-behaviour-among-university-students-in-south-eastern-states-of-nigeria/>

Palmier, J. B. (2011). *Prevalence and correlates of suicidal ideation among students in sub-Saharan Africa*. Master's Dissertation in Public Health, Georgia State University.

Peterson, E. (2018). *Suicide prevention and response in the college setting*. Unpublished MSc. Dissertation, Winona State University, United State of America

- Reamen, J. I. D., Alhassan, Y. J., & Akobi, T. O. (2022). Counselling: A panacea to suicidal tendencies among undergraduate students. *Webology*, 19(4), 578-594.
- Robert, M. A. (2008, May). *Suicidal behaviour: Mental health disorders: Merck manual home edition*. Retrieved, 1/12/2023 from : <http://www.merck.com/mmhe/sec07/ch102/h1029.html>.
- Robinso, H. (2022). Introduction to literature review on effective of self-esteem on academic performance of university students. Retrieved from <https://www.myessaywriters.net/blog/introduction-to-literature-review-on-the-effects-of-self-esteem-on-academic-performance-of-university-students-college-essay-examples/>
- Ruther, M., & Smith, D.J. (2020). *Psychosocial disorders in young people: Time trends and their causes*. Chichester: John Wiley and Sons Ltd.
- Schlebusch, L. (2005). *Suicidal behaviour in South Africa*. Scotsville, South Africa: University of KwaZulu-Natal press.
- Schwartz, H; Chang, T.A., & Farver, V. (2020). Suicide tendencies in college students: The mediating role of credit card misuse. *Journal of Marketing Theory and Practice*, 19(1), 81-96. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709750>
- Shneidman, E. S. (2005). Anodyne psychotherapy for suicide: A psychological view of suicide. *Clinical Neuropsychiatry*, 2(1), 7-12. <https://www.researchgate.net/publication/32031376>
- Shneidman, S. (2014). *Definition of suicide*. New York: John Wiley and Sons Ltd.
- Steevenson, M., & Baker, J. (2017). Recovering from negative events by boosting implicit positive affect. *Cognition and Emotion*, 25(3), 559–570.
- Stone, G. (2011). *Suicide and attempted suicide*. New York: Carol and Graf.
- Suicide Prevention Resource Center. (2022). *Promoting mental health and preventing suicide in college and university settings*. Newton MA: Educational Development Center, Inc.
- Sylvester, M. A. (2022). *Prevalence and prevention of suicidal behaviours among undergraduates of universities in South Eastern states of Nigeria: 1999-2008*. An Unpublished Ph.D. Thesis submitted to the Department of Health and Physical Education, University of Nigeria, Nsukka.
- The Jed Foundation (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college students*. New York, NY: The Jed Foundation.
- Thor, N & Ingeborg R. (2016). Alcohol consumption as a risk factor for suicidal behaviour: A systematic review of associations at the individual and at the population level. *Archives of Suicide Research*, 20(4), 489–506.
- Obinna C., & Olawale G. (2019, May 21). More Nigerian to die by suicide if... Vanguard, Retrieved on November 9, 2023, from <https://www.vanguardngr.com/2019/05/more-nigerians-to-die-by-suicide-if/>
- Offer, D., Howard, K. I., Schonert, K. A., & Ostrov, E. J. D. (2011). To whom do adolescents turn for help? Differences between disturbed and non disturbed adolescents. *Journal of the American Academy for Child and Adolescent Psychiatry*, 30, 623–630.
- Olaseni, J. T. (2017). Age, gender, ethnicity and religion as correlates of suicidal ideation among students in some selected secondary schools in Lagos State. *Ife Psychologia*, 25, 1, 29-45.
- Olufemi, A. (2019). “15 Nigerian Students Reportedly lost to Suicide Cases in 8 Months”. *International Youth Journal*. <https://youthjournal.org/15-nigerian-students-reportedly-lost-to-suicide-in-8-mcases>

- Oluwatoyin, F. I., & Bolajoko, O. (2018). *Labor market analysis*. Lagos: Chartered Institute of Personnel Management of Nigeria.
- Ugwuoke, A.C. (2016). Precipitants of suicide among secondary school students in Nigeria. *Bassery Andah Journal*, 9, 147-156.
- U.S. Public Health Service, (2021). *The surgeon general's call to action to prevent suicide*. Rockville: MD. Public Health Service.
- World Health Organisation (2018). *Mental health gap action programme: Scaling up care for mental, neurological and substance use disorders*. Geneva: WHO.