

Counselling: A Panacea To Suicidal Tendencies Among Undergraduate Students

Reamen, Justina Ingiaga Denen¹, Alhassan, Yohanna John² and Akobi, Thomas. Ogbeche.³

¹Department of Adult and Continuing Education, Faculty of Education, Federal University Wukari, Taraba State, Nigeria

²Department of Science Education, Faculty of Education, Federal University Wukari, Taraba State, Nigeria

³Department of Education Foundations, Faculty of Education, University of the Free State, Bloemfontein, South Africa ORCID (ID) <https://doi.org/://orcid.org/0000-0003-2726-2118>

Abstract

The aim of this study is to determine the role of counselling in averting Suicidal Tendencies among Undergraduate Students of Federal University Wukari, Taraba State, Nigeria. The study employed descriptive survey research design. The sample size for the study comprised of one hundred and ninety one (191) undergraduate students across faculties and departments. A self-developed instrument titled Counselling against Suicidal Tendencies among Undergraduate Students was used for data collection. Data collected were analyzed using mean, standard deviation to answer research and t-test statistics was used to test the hypotheses. The result of the study showed that there was no significant difference in the mean ratings of undergraduate students and school counsellors as regards to the factors that contributed to suicidal tendencies among students of FUW. The hypotheses were thus upheld. It was also found that the difference in the mean ratings of undergraduate and school counsellors as regards to the counselling strategies for preventing suicidal tendencies among undergraduate students in FUW was not statistically significant. The researchers recommended among others that the counsellors working in Federal University Wukari should educate students as well as stakeholders responsible for the care of the adolescents about suicide in the hope of prevention. They should also make available, support systems such as counselling services and peer support groups to act as valuable resources for adolescents who do not have adaptive coping skills to deal with suicidal tendencies.

Keywords: Counselling, Panacea, Suicidal tendencies, Undergraduate Students,

Introduction

Suicide is the taking of one's own life. It is a universal concept and happens all over the world. The word 'suicide' came from the Latin word 'suicidium' meaning to Kill oneself (Iyoha, and Paul, 2020). The term is used to represent the deliberate self-destruction by a living being, resulting in their own death. Such actions are typically characterized as being made out of despair or attributed to some underlying mental disorder which includes depression, bipolar disorder, schizophrenia, and alcoholism and drug abuse. Financial difficulties, interpersonal relationships and other undesirable situations also play a significant role.

Suicide is a burning issue at all times all over the world and majority of suicidal deaths occurs in lower middle-income countries (WHO, 2003). According to suicide prevention foundation in America, it is the 3rd leading cause of death in most states (WHO, 2001). In Bangladesh, self-inflicted injury is one of the top ten causes of death (WHO, 2006). A recent government survey reported that pesticide-related poisonings account for 8% of deaths in Bangladesh for people aged 15-49 (Paul, 2010). Compilation of statistics on suicide from all the Thana's of Bangladesh from 2003 to 2008 shows that 68% of all unnatural death was suicidal cases.

According to Schneidman (2005) suicide is an intentional or self-inflicted death in which one makes an intentional direct and conscious effort to end one's life. Suicide is the deliberate act of taking one's own life. Schneidman (2005) posited that suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution. World Health organization (cited in Leo et al, 2006) defines suicide as the act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome. Worldwide, suicide is the fifteenth leading cause of death, accounting for 1.4% of all deaths (WHO, 2014). In total, more than 800,000 people die by suicide each year. The annual global age-standardized death rate for 2012 is estimated to be 11.4 per 100,000, and the World Health Organization (WHO) projects this rate to remain steady through 2030 (WHO, 2014).

World Health Organization (2012) pointed out that "worldwide, about 800,000 suicide are committed annually" with suicide leading the highest cause of death. Suicide facts released by National Center for Injury Prevention and Control (NCIPC), (2015), a division of Violence Prevention revealed that suicide rate increased in 2011 when compared to 1999-2010 mostly among the young Suicide behaviour is any deliberate action with potentially life threatening consequences, such As taking a drug overdose, deliberately crashing a car. Suicide behaviours often occur in response to a situation that the person views overwhelming (Hudgens, 2003), such as social isolation, death of the loved one, emotional trauma, serious physical illness, aging, unemployment, or financial problems, guilt feelings or dependence on alcohol or other drugs. Suicide is a serious social and psychological problem that has significantly increased, leading to death among Nigerian undergraduates. The increase in suicide cases in Nigeria currently creates a lot of psychological and health concerns to people of diverse backgrounds around the globe.

Suicide cases in Nigeria, as well as being devastating for friends and family, may also have profound impacts on the wider community of students and staff. In recent years, Nigeria has recorded more suicide deaths, making this call for counselling intervention more important. The existence of suicide cases in the society is a major issue that needs to be looked into and creating effective counselling strategies for its prevention is a matter of urgency specifically by the counsellor or social worker.

Various factors have been given to be associated with suicide or self-destructive behavior. These factors include depression, frustration, alcoholism, hopelessness, substance abuse, possession of lethal weapons, terminal illness, loss of loved ones, Pre-existing family psychiatric conditions, low school achievement, betrayal, guilt, crashing of a business, among others. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. Other risk factors according to Arria (2009) include hopelessness, lack of social support, mental disorders (e.g. mood, anxiety, substance abuse) and a history of suicidal plans, ideation, and attempts. According to Becky (2015) Depression takes the highest percentage in the causes of suicide. Depression covers 39% of the causes of suicide in universities. Studies such as Palmer (2009), have shown that people 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. FUW student took his life recently after graduating he came for his result only to discover he fail the second time. Another one attempted to kill herself when her boyfriend jilted her.

Since suicide is a leading cause of student death, the assistance of counsellors in the prevention of suicide on a world-wide scale is critical and obviously needed. Numerous studies have previously examined diverse preventive and intervention strategies for suicide among undergraduate students. For instance, Peterson (2018) describes several prevention efforts which include, creating a mental health task force, raising awareness in the college community about symptoms of mental illness, teaching about risk factors for suicide, restricting access to lethal means, offering programs focusing on strengthening life skills, and matching the mental health resources on campus to the demand for services. Corroborating with this efforts, Keyes (2012) suggested community education, screening and interacting with students, web-based resources, saturating the community with messages and resources, and establishing referral processes as the preventive measures in Universities. WHO (2016) identified important steps in suicide prevention which include, identifying the people who are at risk and vulnerable, to understand the circumstances that influence their self-destructive behavior and to effectively structure interventions. Consequently, counsellors and by extension social workers need to develop school based initiatives for preventing as well as managing suicide among undergraduate students. The world health Organization (2006) defined professional counselling as the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic intervention strategies. By using these strategies, the counsellors and the social workers address wellness, personal growth and career development issues, as well as mental health pathology. It is the work of professional counselors and other relevant social workers to assist

students in better understanding of the relationship between substance abuse and mood disorders, and suicidal thoughts and behaviours

Counselling against suicide ideation among Nigerian youths is very apt in this present era of economic challenges. The issue of suicide has become an epidemic world over to the detriment of peaceful existence. This may be pointing to the fact that people are no longer happy about themselves and their environment. Cases of suicide are frightening in nature and cannot be wished to any human being. Nations are fighting to curb the menace and instill the culture of understanding among its citizens on challenges perceived as the major causes of suicide. More cases of suicide are found to include taking one's own life than victimized suicide. One can be a victim where he or she is being killed by another individual while the former explains a situation where the act of intentional and voluntary murder. In which ever form someone intentionally annihilates his own life is suicide. Hence, the main purpose of the study was to determine the counselling strategies for suicide prevention among undergraduate students in Nigeria. Specifically, the study achieved the following objectives:

1. The factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Taraba state, Nigeria.
2. Preventive strategies of suicidal tendencies among undergraduates students of federal university Wukari, Taraba state, Nigeria
3. The counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba State, Nigeria

Research Questions

The study was based on the following research questions

1. What are the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Taraba state, Nigeria?
2. What are the strategies for suicidal tendencies prevention among undergraduate students of federal university Wukari, Taraba state, Nigeria?
3. What are the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba state, Nigeria?

Hypotheses

The following hypotheses were set for the study: Thus

1. There is no significant difference in the mean ratings of undergraduate students and school counsellors as regards to the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Taraba state, Nigeria.
2. There is no significant difference in the mean ratings of undergraduate students and school counsellors as regards to school preventive strategies of suicidal tendencies prevention among undergraduate students of federal university Wukari, Nigeria

3. There is no significant difference in the mean ratings of undergraduate students and school counsellors as regards to the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba state, Nigeria

LITERATURE REVIEW

Sociological Dimension to Suicide Emile Durkheim's Postulation on Suicide

Emile Durkheim's work on 'suicide' represents its third major work. The work is of a great importance because it is the first serious effort to establish empiricism in sociology, as it provides explanation for a phenomenon traditionally regarded as exclusively psychological and individualistic in orientation.

Durkheim defines suicide "as a case applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result". Durkheim used this definition to separate true suicides from accidental deaths. He then collected several European nations' suicide rate statistics, which proved to be relatively constant among those nations and among smaller demographics within those nations. Thus, a collective tendency towards suicide was discovered: "Collective tendencies have an existence of their own; they are forces as real as cosmic forces, though of another sort; they, likewise, affect the individual from without..."

Durkheim (1966) explores the differing suicide rates among Protestants and Catholics, explaining that stronger social control among Catholics results in lower suicide rates. Durkheim also maintaining equal importance to his methodology drew conclusions on the social causes of suicide. He proposed four types of suicide, based on the degrees of imbalance of two social forces as they revolve around social integration and moral regulation. These suicides are as follows:

- Egoistic Suicide
- Altruistic Suicide
- Anomic suicide
- Fatalistic Suicide

Egoistic suicide: this type of suicide occurs as a result of a little social integration to social group. Those individuals who were not sufficiently bound to social groups (and therefore well-defined values, traditions, norms, and goals) were left with little social support or guidance, and therefore tended to commit suicide on an increased basis. A good example is some that is lonely as a result of weak integration.

Altruistic Suicide: This type of suicide according to Durkheim is as a result of too much integration to social group. It occurred at the opposite end of the integration scale as egoistic suicide. Self-sacrifice was the defining trait, where individuals were so integrated into social

groups that they lost sight of their individuality, and became willing to sacrifice themselves to the group's interests even if the sacrifice was their own life. The apt scenario of this case with regards to altruistic suicide occurs among soldiers going for a war knowing that they might lose their lives during the war.

Anomic suicide: Durkheim defines Anomie suicide as a break in rules and regulations of social norms or laws, which makes life's to be nasty, wicked, brutish, solitary, and short. Durkheim was particularly divided this type of suicide into two (2) pair dichotomy as it relates to the followings:

Preventing suicidal tendencies

Noteworthy ideas about suicide prevention elicited from the participants emphasized on increasing awareness, the role of teachers, positive parenting, increase coping strategies, access to mental health services, and government initiatives. Preventing suicidal tendencies can take the following forms:

Increased awareness: Role of media like radio, television, newspaper to build awareness about suicide prevention was highlighted. Mobile phone companies can raise awareness by sending messages on improving mental health. Inclusion of mental health issues in textbook. Campaign against suicide was also suggested as a helpful way to prevent suicide.

Role of teacher: Great emphasis was placed on the teachers' role to develop a positive attitude towards life and identifying risk children for help.

Positive parenting: Importance of strong family bonding through enhanced support and sharing among family members was underscored. Good parenting skill is essential for development of healthy children because physically and mentally healthy children are less vulnerable to mental illness.

Establishing mental health facilities: Increased number of professionally trained competent counselors should be assigned at every school, college and universities ensure mental health facilities at grass root level. A number of competent counselors and other mental health professionals need to be increased.

Break the stigma: People hesitate to seek professional mental health support because of existing stigma that "People who take the support of mental health professionals are mad". People may be encouraged to avail psychological support system and build a group to share their feelings.

The role of the State: Feeling of insecurity, whether emotional, physical, social or financial lead to depression and subsequent suicidal thoughts. The state has an important role to ensure security of life in the country.

Developing self: Each person should develop strong personal coping strategy. Increase leisure and recreational activity can be beneficial for people.

METHODOLOGY

This study is primarily based on descriptive survey, aimed at collecting information on suicidal tendencies and its prevention among undergraduate students in federal university Wukari, Taraba State, Nigeria. One hundred (191) questionnaires were administered to the selected respondents and were filled and returned by the undergraduate students of federal university Wukari.

The instrument for data collection was structured questionnaire based on modified four-point Likert scales of Strongly Agree, Agree, Disagree and Strongly Disagree. The instrument contained a total of 20 items and divided into sections A and B. The questionnaire was subjected to face validation by an expert in Department of Adult and continuing education whose corrections were used to make final copies of the questionnaire.

The data collected were analyzed using mean, standard deviation and t-test statistic. The mean and standard deviation were used to answer the research questions while the t-test statistic was used to test the null hypotheses at 0.05 level of significance. For the responses of the research questions, items with mean score of 2.50 and above were regarded as agree while items with less than 2.50 were regarded as disagree. For the test of hypotheses, the null hypothesis was accepted when the probability value was greater than 0.05 level of significance, otherwise, it was rejected.

RESULTS

Table 1: Distribution of the mean responses of counsellors and Students on the factors that contribute to suicidal tendencies.

S/N	Factors that contribute to suicidal tendencies among undergraduate students of FUW are:	Undergraduate students			Counsellors		
		X ₁	SD ₁	Dec.	X ₂	SD ₂	Dec.
1	Poor performance	3.10	0.89	A	3.10	0.99	A
2	Financial constraint	3.10	0.92	A	2.86	1.08	A
3	Self-administration of a psychoactive substance e.g. alcohol and drug	3.11	0.89	A	3.00	1.10	A

4	Interpersonal conflict between parents and siblings,	3.14	0.86	A	2.78	1.09	A
5	Pre-existing family psychiatric conditions and suicidal behaviour	3.19	0.82	A	3.02	1.06	A
6	Low school achievement	3.12	0.90	A	3.03	1.05	A
7	Betrayal	3.17	0.86	A	2.94	1.06	A
8	Guilt	2.97	0.97	A	3.02	1.03	A
9	Trauma such as physical and sexual abuse	3.12	0.92	A	2.90	1.09	A
Cluster Mean		3.11	0.80	A	2.96	0.95	A

Source: Field Survey, 2022

Table 1 presents the opinions of respondents on the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Nigeria. From the table, the mean scores of both respondents with their corresponding standard deviation for items 1,2,3, 4,5,6,7,8 and 9 respectively are seen to be within the criterion mean of 2.50 and above for acceptance level. Therefore, all items under factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Nigeria were considered acceptable. This is an indication that the respondents considered the items as factors that contribute to suicide among undergraduate students.

Table 2: Distribution of the mean responses of counsellors and students on the prevention of suicidal tendencies among undergraduate students of federal university Wukari

S/N	Preventive strategies of suicidal tendencies among undergraduate students are:	Undergraduate counsellors students					
		X ₁	SD ₁	Dec.	X ₂	SD ₂	Dec.
1	Promoting and supporting research on suicide prevention	3.03	0.98	A	2.89	1.09	A
2	Reducing access to convenient means of suicide e.g toxic substances	3.04	0.94	A	2.82	1.04	A
3	Increase students access to mental health services	2.98	0.99	A	2.73	1.09	A

4	Ensure a comprehensive campus mental health promotion and suicide prevention program to identify and resolve mental health problems	3.29	0.94	A	3.14	0.92	A
Cluster Mean		3.09	0.90	A	2.90	0.97	A

Table 2 presents the opinions of respondents on preventive strategies of suicidal tendencies prevention among undergraduate students of federal university Wukari, Taraba state, Nigeria. From the table, the mean scores of both respondents with their corresponding standard deviation for items 1,2,3, and 4 respectively are seen to be within the criterion mean of 2.50 and above for acceptance level. Therefore, all items under school preventive strategies of suicidal tendencies prevention among undergraduate students of federal university Wukari, Nigeria were considered acceptable. This is an indication that the respondents considered the items as preventive strategies of suicidal tendencies prevention among undergraduate students of federal university Wukari.

Table 3: Distribution of the mean responses of counsellors and Students on counselling strategies for suicidal tendencies prevention among undergraduate students in Federal University Wukari,

S/N	Counselling strategies for suicidal tendencies prevention among undergraduate students of FUW are:	Undergraduate Students			Counsellors		
		X ₁	SD ₁	Dec.	X ₂	SD ₂	Dec.
1	Increasing help-seeking behaviours among students	3.13	0.88	A	3.05	1.03	A
2	Public education about suicide including risk factors, warning signs and available help	3.19	0.84	A	3.07	1.08	A
3	Developing and implementing strategies to reduce the stigma associated with seeking mental health services	3.08	0.93	A	3.04	1.01	A
4	Training students to recognize at-risk behaviours	3.13	0.87	A	2.99	1.03	A
5	Screening programs in school to identify risk factors for suicide	3.19	0.87	A	3.09	0.98	A
6	Organizing suicide awareness campaigns	3.13	0.91	A	3.07	1.05	A
7	Educate students about stress, depression, self-destructive behaviours and suicide	3.19	0.86	A	3.14	0.93	A

Cluster Mean 3.15 0.81 A 3.06 0.89 A

Table 3 presents the views of the respondents with regard to the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Nigeria. The result in the table revealed that all the items 1-7, represented the views of the respondents with regard to counselling strategies for suicidal tendencies prevention among undergraduate students. The mean scores of both respondents with their corresponding standard deviations respectively, indicated that the items presented in the table above are counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari.

Hypothesis 1

There is no significant difference in the mean ratings of counsellors and students as regards to the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari.

Table 4: Summary of t-test analysis for hypothesis one

S/N	Items on factors that contribute to suicidal tendencies	Undergraduates		Counsellors		t-cal	Df	p-value	Dec.
		X1	SD1	X2	SD2				
1	Negative self-esteem	3.10	0.89	3.09	0.99	0.03	189	0.97	NS
2	Moodiness	3.10	0.92	2.86	1.08	0.72	189	0.47	NS
3	Self-administration of a psychoactive substance e.g alcohol and drug	3.11	0.89	3.00	1.10	0.32	189	0.74	NS
4	Interpersonal conflict between parents and siblings,	3.14	0.86	2.78	1.09	1.07	189	0.28	NS
5	Pre-existing family psychiatric conditions and suicidal behaviour	3.19	0.82	3.02	1.06	0.52	189	0.60	NS
6	Low school achievement	3.12	0.90	3.03	1.05	0.27	189	0.78	NS
7	Betrayal	3.17	0.86	2.94	1.06	0.70	189	0.48	NS
8	Guilt	2.97	0.97	3.02	1.03	-0.17	189	0.87	NS
9	Trauma such as physical and sexual abuse	3.12	0.92	2.90	1.09	0.65	189	0.51	NS

Cluster t **3.11** **0.80** **2.96** **0.95** **0.51** **189** **0.60** **NS**

The result of the study as presented in Table 4 shows the t-test analysis of the significant difference between the mean ratings of undergraduate students and school counsellors as regards to the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari. Result shows that the cluster t-value of 0.51 was obtained with an associated probability value (p-value) of 0.60. Since the p-value is greater than 0.05 level of significance, this implies that the result is not significant. Inference drawn is that the difference between the mean ratings of undergraduate students and school counsellors as regards to the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari is not statistically significant.

Hypothesis 2

There is no significant difference in the mean ratings of school counsellors and Students as regards to preventive strategies of suicidal tendencies among undergraduate students of federal university Wukari, Taraba state, Nigeria

Table 5: Summary of t-test analysis for hypothesis 2

S/N	Preventive strategies of suicidal tendencies	Undergraduates		Counsellors		t-cal	df	p-value	Dec.
		X ₁	SD ₁	X ₂	SD ₂				
10	Promoting and supporting research on suicide prevention	3.03	0.98	2.89	1.09	0.416	189	0.67	NS
11	Reducing access to convenient means of suicide e.g toxic substances	3.04	0.94	2.82	1.04	0.68	189	0.49	NS
12	Increase students access to mental health services	2.98	0.99	2.73	1.09	0.74	189	0.45	NS
13	Ensure a comprehensive campus mental health promotion and suicide prevention program to identify and resolve mental health problems	3.29	0.94	3.14	0.92	0.52	189	0.60	NS

Cluster t **3.09** **0.88** **2.90** **0.95** **0.64** **189** **0.61** **NS**

The result of the study as presented in Table 5 shows the t-test analysis of the significant difference between the mean ratings of undergraduate students and school counsellors as regards to preventive strategies of suicidal tendencies among undergraduate students of federal university Wukari, Taraba state, Nigeria. Result shows that the cluster t-value of 0.64 was obtained with an associated probability value (p-value) of 0.61. Since the p-value is greater than 0.05 level of significance, this implies that the result is not significant. Inference drawn is that the difference between the mean ratings of undergraduate students and school counsellors as regards to preventive strategies of suicidal tendencies among undergraduate students of federal university Wukari, Taraba state, Nigeria is not statistically significant.

Hypothesis 3

There is no significant difference in the mean ratings of counsellors and students as regards to the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba State, Nigeria

Table 6: Summary of t-test analysis for hypothesis 3

S/N	Counselling strategies for suicidal tendencies prevention	Undergraduates		Counsellors		t-cal	Df	p-value	Dec.
		X ₁	SD ₁	X ₂	SD ₂				
14	Increasing help-seeking behaviours among students	3.13	0.88	3.05	1.03	0.25	189	0.80	NS
15	Public education about suicide including risk factors, warning signs and available help	3.19	0.84	3.07	1.08	0.36	189	0.71	NS
16	Developing and implementing strategies to reduce the stigma associated with seeking mental health services	3.08	0.93	3.04	1.01	0.12	189	0.89	NS
17	Training students to recognize at-risk behaviours	3.13	0.87	2.99	1.03	0.44	189	0.66	NS
18	Screening programs in school to identify risk factors for suicide	3.19	0.87	3.09	0.98	0.33	189	0.74	NS

19	Organizing suicide awareness campaigns	3.13	0.91	3.07	1.05	0.18	189	0.85	NS
20	Educate students about stress, depression, self-destructive behaviours and suicide	3.19	0.86	3.14	0.93	0.14	189	0.86	NS
Cluster t		3.15	0.89	3.06	0.78	0.36	189	0.71	NS

Source: Computed Using SPSS

The result of the study as presented in Table 6 shows the t-test analysis of the significant difference between the mean ratings of undergraduate students and school counsellors as regards to the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba State, Nigeria. Result shows that the cluster t-value of 0.36 was obtained with an associated probability value (p-value) of 0.71. Since the p-value is greater than 0.05 level of significance, this implies that the result is not significant. Inference drawn is that the difference between the mean ratings of undergraduate students and school counsellors as regards to the counselling strategies for suicidal tendencies prevention among undergraduate students in federal university Wukari, Taraba State, Nigeria is not statistically significant.

Discussion

The result of objective one indicated that counsellors agreed that Negative self-esteem, moodiness, self-administration of a psychoactive substance, interpersonal conflict between parents and siblings, pre-existing family psychiatric conditions and suicidal behavior, low school achievement, betrayal, Guilt and trauma are the factors that contribute to suicidal tendencies among undergraduate students in federal university Wukari, Taraba state, Nigeria. The findings confirmed Becky (2015) findings that loneliness, depression, hopelessness, anger, conflict, social pressure, drug abuse and illness are causes of suicidal tendencies among university students in Kenya. Brausch (2008) reported that depression is one of the leading causes of suicide among youths.

The result of objective two reported that Promoting and supporting research on suicide prevention, reducing access to convenient means of suicide, increase students access to mental health services and ensure a comprehensive campus mental health promotion and suicide prevention program to identify and resolve mental health problems are school based preventive strategies of suicide prevention among undergraduate students of federal university Wukari, Taraba state, Nigeria. The study corroborates with the submissions of Suicide Prevention Resource Centre (2018) that the problem of suicide and suicidal behaviours in Universities cannot be left solely to counsellors. They suggested a comprehensive campus mental health promotion and suicidal tendencies prevention program in the campus. The study is also in line with Iyoha et al., (2020) who describes several prevention efforts which include, creating a mental health task force, raising awareness in

the university community about symptoms of mental illness, teaching about risk factors for suicide, restricting access to lethal means, offering programs focusing on strengthening life skills, and matching the mental health resources on campus to the demand for services.

Research objective three indicated that the respondents agreed that increasing help-seeking behaviours among students, public education about suicide including risk factors, training students to recognize at-risk behaviours, screening programs in school to identify risk factors for suicide, organizing suicide awareness campaigns, educate students about stress, depression, self-destructive behaviours and suicide are the counselling strategies for suicide prevention among undergraduate students in FUW.

In Africa and Nigeria in Particular, suicide is seen as a taboo and therefore, the relations and families of victims of suicide and suicidal tendencies are stigmatized. Due to the sensitive nature of suicide in Nigeria, undergraduates' students are not freely open to report that they ever thought of killing themselves because of the stigma attached to suicide.

Conclusion

Based on the findings from this study, the researchers conclude that the counselling strategies for suicidal tendencies prevention among undergraduates students of federal university wukari, are increasing help-seeking behaviours among students, public education about suicide including risk factors, warning signs and available help, developing and implementing strategies to reduce the stigma associated with seeking mental health services, training students to recognize at-risk behaviours, screening programs in school to identify risk factors for suicide, organizing suicide awareness campaigns, educate students about stress, depression, self-destructive behaviours and suicide. Although the findings indicated that there are effective strategies for prevention of suicidal tendencies, future studies should continue to strive towards improved preventive measures for Federal University wukari students. It is imperative for counsellors and higher education personnel to start implementing the counselling strategies stipulated in this study.

Recommendations

The following recommendations were put forwards on ways to improve the situation:

1. Seminars on depression, self-destructive behaviours and suicidal tendencies should be organize for students periodically.
2. The counsellors working in Federal University Wukari should educate adolescents as well as stakeholders responsible for the care of the adolescents about effect of committing suicide.
3. Councilors in FUW should also make available, support systems such as counselling services and peer support groups to act as valuable resources for adolescents who do not have adaptive coping skills to deal with suicidal tendencies.

4. The government should mandate the University authorities to establish University based mental health services in various.
5. Federal University Wukari authority should ensure that possession of lethal weapons by students in the campuses are checked and any student found with lethal weapons is dismissed or suspended to serve as a deterrent to others.
6. The government should promote and support research on suicidal tendencies prevention

Acknowledgements: The researchers are very grateful to all research assistants that assisted in data collection and to the students and school counsellors that willingly responded to the questionnaires which generated the data for this study.

Conflict of Interest statement

The authors declare no conflicts of interest regarding the publication of this paper

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors, and the publisher/s.

Data availability

The data that support the findings of this study are available from the authors upon reasonable request.

REFERENCES

- Arria A. M., O’Grady K. E., Caldeira KM, Vincent, K. B., Wilcox, H. C. & Wish, E. D. (2009). Suicide ideation among college students: A multivariate analysis. *Archives Suicide Research*,13(3), 230–246
- Bamigbola, B. (2019). OAU student who drank sniper once attempted suicide. Punch, retrieved from <https://punchng.com>
- Becky, W.W. (2015). Suicide among university students in Kenya: causes, implications and interventions. *Journal of Language, Technology & Entrepreneurship in Africa*, 6(1), 35-53
- Brausch, A.M. (2008). Evaluation of factors for depression and suicide in a community sample of adolescents: The role of body image, disordered eating, parent and peer support, and Self- Esteem. *Dissertation Abstracts International*.

- Durkheim, E. (1966; orig1897) *Suicide*. New York: Free Press.
- Iyoha, I.A., Ulo, Efade and 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
- Keyes, L. (2012). *Suicide and its prevention on college campuses*. *Alabama Counseling Association Journal*, 38, 3-8.
- Leo, D, .Burgis, S, Bertolote, J.M, Kerkhof, A.J, & Bille-Brahe U. (2006). *Definitions of Suicidal Behavior: Lessons Learned from the WHO/EURO Multicenter Study*. *Crisis*, 27 (1), 4-15
- Obinna C. & Olawale G. (2019, May 21). *More Nigerian to die by suicide if...* Vanguard, retrieved from <https://www.vanguardngr.com/2019/05/more-nigerians-to-die-bysuicide-if/>
- Onojeghen, T. (Apr 14, 2018). *DELSU final year student commits suicide over poor results*. The Punch. Retrieved from: <https://punchng.com/delsu-final-year-student-committsuicide-over-poor-results/>
- Palmer, L. I. (2009). *The Legal and Political Future of Physician-Assisted Suicide*. *Journal of the American Medical Association*, 289 (17).
- Peterson, E. (2018). *Suicide prevention and response in the college setting*. (Unpublished MSc. Thesis) Winona State University, United State of America
- Schlebusch, L. (2005). *Suicidal behaviour in South Africa*. Scottsville, South Africa: University of KwaZulu-Natal Press
- Suicide Prevention Resource Center. (2018). *Resources and Programs*. Waltham, MA: Suicide Prevention Resource Center. Retrieved from <http://www.sprc.org/resourcesprograms>
- The World Health Report (2001). *Mental Health-New Understanding, New Hope*. Geneva: The World Health Report. p. 37.
- Uchendu O.J, Ijomone, E.A, Nwachokor, N.F (2019). *Suicide in Warri, Delta State, Nigeria: An autopsy study*. *Annals of Tropical Pathology*, 10(1), 16-19
- World Health Organization (2000). *Preventing Suicide. A Resource for General Physicians*. Geneva: World Health Organization.

World Health Organization (2006). Preventing Suicide: A resource for counsellors. Geneva: WHO press

World Health Organization (2016). Preventing suicide: A Global Imperative - Myths. Available: http://www.who.int/mental_health/suicide-prevention/myths.pdf.