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COUNSELLING STRATEGIES FOR SUICIDE PREVENTION AMONG UNDERGRADUATE STUDENTS IN NIGERIA

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Abstract

This study investigated the counselling strategies for suicide prevention among undergraduate students in Nigeria. Three research questions and three hypotheses guided the study. The study employed descriptive survey research design. The population of the study consisted of all the school based counsellors in Universities and mental health practitioners in south-eastern Nigeria. The sample size for the study comprised one hundred and fifty-five (155) Universities based counsellors and thirty-six (36) mental health practitioners. A self-developed instrument titled questionnaire on counselling strategies for suicide prevention among undergraduate students was used for data collection. Data collected for research questions and hypotheses were analyzed using mean, standard deviation and t-test statistics. From the findings of the study, there is no significant difference in the mean ratings of school counsellors (SC) and mental health professionals (MHP) as regards to the factors that contribute to suicidal behaviour among undergraduate students in Nigeria. Also the second Null hypothesis of no significant difference in the mean ratings of school counsellors (SC) and mental health professionals (MHP) as regards to school based preventive strategies of suicide prevention among undergraduate students of Nigeria was upheld. The third Null hypothesis of no significant difference in the mean ratings of school counsellors and mental health professionals as regards to the counselling strategies for suicide prevention among undergraduate students in Nigeria was upheld. The researcher recommended among others that the counsellors working in the Universities settings should educate adolescents 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 behaviour.

Keywords: Counselling Strategies, Suicidal Behaviour, Undergraduate Students, School Counsellors, Nigeria.

Introduction

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.

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 2013, 2014).

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.

Across the globe, suicide is among the top ten causes of mortality in every country and one of the three top killers of youths in the age group of 15–34 years (WHO, 2001). The incidence of attempted suicide is 20 times as common as completed suicide (WHO, 2001). and it has been predicted that by 2020, 153 million people will die of suicide, representing one in every 20

deaths (Uchendu, Ijomone & Nwachokor, 2019). Several suicide cases have been recorded in Nigeria in 2019 more than the previous years, for instance, according to the suicide reports by Obinna and Olawale (2019) on suicide, on 19th April, 2019, a 100-level students of Kogi state University, died by suicide after she was reported jilted by her boyfriend. In the same month, another 100-level student of Chemical Engineering at University of Port-Harcourt ended his life after drinking poisonous substance. In May 13th, 2019, another student of University of Nigeria, Nsukka also attempted suicide.16th May, 2019, a third year Physics and Astronomy undergraduate of University of Nigeria was found dead in an uncompleted building in the University. The lifeless body was found dangling on a rope suspended from a height. Recently, on 5th May, 2019, a student of Obafemi Awolowo University, Ile-Ife allegedly committed suicide due to poor academic performance (Bamigbola, 2019). Apr 14, 2018, a final year, Pharmacy student of the Delta State University committed suicide due to poor academic performance. It was alleged to have ingested two containers of insecticide, when he discovered that he would be spending another session in the school (Onojeghen, 2018).

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, behavioural 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. Hence, the main purpose of the study was to determine the counselling strategies for suicide prevention among undergraduate students in Nigeria. Specifically, the study sought to find out:

1. The factors that contribute to suicidal behaviour among undergraduate students in Nigeria.
2. The school base preventive strategies of suicide prevention among undergraduates students of Nigeria

3. The counselling strategies for suicide prevention among undergraduate students in Nigeria

Research Questions

The following research questions guided the study

1. What are the factors that contribute to suicidal behaviour among undergraduate students in Nigeria?
2. What are the schools based preventive strategies of suicide prevention among undergraduate students of Nigeria?
3. What are the counselling strategies for suicide prevention among undergraduate students in Nigeria?

Hypotheses

1. There is no significant difference in the mean ratings of school counsellors and mental health professionals as regards to the factors that contribute to suicidal behavior among undergraduate students in Nigeria.
2. There is no significant difference in the mean ratings of school counsellors and mental health professionals as regards to school based preventive strategies of suicide prevention among undergraduate students of Nigeria
3. There is no significant difference in the mean ratings of school counsellors and mental health professionals as regards to the counselling strategies for suicide prevention among undergraduate students in Nigeria

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:

- Acute and chronic economic anomie, and
- Acute and chronic domestic anomie.

Each involved an imbalance of means and needs, where means were unable to fulfill needs. These categories of anomie suicide can be described briefly as follows:

- **Acute Economic Anomie:** This is a case of sporadic decreases in the ability of traditional institutions (such as religion, guilds, pre-industrial social systems, etc.) to regulate and fulfill social needs.
- **Chronic Economic Anomie:** This is ascribing to a case of long term diminution of social regulation. Durkheim identified this type with the ongoing industrial revolution, which eroded traditional social regulators and often failed to replace them. Industrial goals of wealth and property were insufficient in providing happiness, as was demonstrated by higher suicide rates among the wealthy than among the poor.
- **Acute Domestic Anomie:** This type of categorization according Durkheim has to do with a case relating to sudden changes in micro-social levels which might result in an inability to adapt and therefore higher suicide rates. In this case an apt example is widowhood.
- **Chronic Domestic Anomie:** This anomie as referred to by Durkheim represent the way marriage as an institution regulated the sexual and behavioral means-needs balance among men and women. According to Durkheim Marriage provided different regulations for each, however. Bachelors tended to commit suicide at higher rates than married men because of a lack of regulation and established goals and expectations. On the other hand, marriage has traditionally served to over-regulate the lives of women

by further restricting their already limited opportunities and goals. Unmarried women, therefore, do not experience chronic domestic anomie nearly as often as do unmarried men.

Fatalistic Suicide: This according to Durkheim is the final type of suicide, maintaining that it occurs as a result of high extreme case of excessive creation and regulations norms and value (over regulation) describing it as a rare phenomenon in the real world. This further includes, unrewarding lives such as slaves, childless married women and a prisoner serving life sentence for stealing mere pen committed suicide in the facility. Durkheim never specifies why this type of suicide is been generally unimportant in his study of suicide.

Durkheim felt that his empirical study of suicide had discovered the structural forces that caused anomie and egoism, as these forces natural results in the decline of mechanical solidarity and the slow rise of organic solidarity due to the division of labor and industrialism.

Methods

This study is primarily based on descriptive survey research design, aims to collect comprehensive information on counselling strategies for suicide prevention among undergraduate students in Nigeria. The study covers respondents from mental health institutions and counselors or social workers in the Universities within South East part of Nigeria.

One hundred and sixty (160) copies of the questionnaire were administered to university counsellors and 40 to mental health practitioners. A total of 155 questionnaires were returned by university counsellors and 36 from mental health practitioners. There was no sampling as the total of 191 respondents was studied.

The instrument for data collection was a researcher-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 content validation by two experts in Department of guidance and counselling whose corrections were used to make final copies of the questionnaire. To determine the reliability of the questionnaire, the scores from 30 respondents in the trial testing of the instrument were used in establishing the internal consistency using the Cronbach Alpha procedure. The internal consistency reliability estimate yielded 0.69 for Cluster A; 0.66 for Cluster B; 0.61 for Cluster C which give 0.65 in averages. These results showed that the instrument was fairly reliable, which means it good for the study.

The data collected were analyzed using mean, standard deviation and t-test statistics. The mean and standard deviation were used to answer the research questions while the t-test statistics was used to test the null hypotheses at the level of 0.05 significance. For the responses of the research questions, items with mean score of 2.50 and above were regarded as agreement while items with less than 2.50 were regarded as disagreement. For the test of hypotheses, the null hypothesis was accepted when the calculated t-test is less than the t-table, and rejected when the calculated t-test is greater than t-table value at 0.05 level of significance.

Presentation of Results

Research Question One
What are the factors that contribute to suicidal behaviour among undergraduate students in Nigeria?

Table one: showing the mean responses of school base counsellors and mental health practitioners on the factors that contribute to suicidal behavior.

		Mental health practitioners			**School based counsellors**		
S/N	**Factors that contribute to suicidal behaviour among undergraduate students are:**	X_1	SD_1	**Dec.**	X_2	SD_2	**Dec.**
1	Negative self-esteem	3.10	0.89	A	3.10	0.99	A
2	Depression	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

Table 1 presents the opinions of respondents on the factors that contribute to suicidal behaviour among undergraduate students in 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 behaviour among undergraduate students in Nigeria were considered acceptable. This is an indication that the respondents considered the items as factors that contribute to suicide among undergraduate students in Nigeria.

Research Question two
What are the school based preventive strategies of suicide prevention among undergraduates students of Nigeria?

Table two: showing the mean responses of school base counsellors and mental health practitioners on the school based preventive strategies of suicide prevention among undergraduate students.

		Mental health pratitioners			**School based counsellors**		
S/N	**School based preventive strategies of suicide prevention among undergraduate students are:**	**X_1**	**SD_1**	**Dec.**	**X_2**	**SD_2**	**Dec.**
10	Promoting and supporting research on suicide prevention	3.03	0.98	A	2.89	1.09	A
11	Reducing access to convenient means of suicide e.g toxic substances	3.04	0.94	A	2.82	1.04	A
12	Increase students access to mental health services	2.98	0.99	A	2.73	1.09	A
13	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

Table 2 presents the opinions of respondents on school based preventive strategies of suicide prevention among undergraduate students of Nigeria. From the table, the mean scores of both respondents with their corresponding standard deviation for items 10,11,12, and 13 respectively are seen to be within the criterion mean of 2.50 and above for acceptance level. Therefore, all items under school based preventive strategies of suicide prevention among undergraduate students of Nigeria were considered acceptable. This is an indication that the respondents considered the items as school based preventive strategies of suicide prevention among undergraduate students of Nigeria

Research Question three
What are the counselling strategies for suicide prevention among undergraduate students in Nigeria?

Table three: showing the mean responses of school base counsellors and mental health practitioners on counselling strategies for suicide prevention among undergraduate students in Nigeria.

		Mental health practitioners			**School based counsellors**		
S/N	**Counselling strategies for suicide prevention among undergraduate students in Nigeria are:**	X_1	SD_1	**Dec.**	X_2	SD_2	**Dec.**
14	Increasing help-seeking behaviours among students	3.13	0.88	A	3.05	1.03	A
15	Public education about suicide including risk factors, warning signs and available help	3.19	0.84	A	3.07	1.08	A
16	Developing and implementing strategies to reduce the stigma associated with seeking mental health services	3.08	0.93	A	3.04	1.01	A
17	Training students to recognize at-risk behaviours	3.13	0.87	A	2.99	1.03	A
18	Screening programs in school to identify risk factors for suicide	3.19	0.87	A	3.09	0.98	A
19	Organizing suicide awareness campaigns	3.13	0.91	A	3.07	1.05	A
20	Educate students about stress, depression, self-destructive behaviours and suicide	3.19	0.86	A	3.14	0.93	A

Table 3 presents the views of the respondents with regard to the counselling strategies for suicide prevention among undergraduate students in Nigeria. The result in the table revealed that all the items 14-20, represented the views of the respondents with regard to counselling strategies for suicide 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 suicide prevention among undergraduate students in Nigeria.

Hypothesis one

There is no significant difference in the mean ratings of school counsellors (SC) and mental health professionals (MHP) as regards to the factors that contribute to suicidal behaviour among undergraduate students in Nigeria.

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

Number of respondents =191

		MHP		**SC**						
S/N	**Items on factors that contribute to suicidal behaviour**	X_1	SD_1	X_2	SD_2	**Df**	α	**t-cal**	**t-crit**	**Dec.**
1	Negative self-esteem	3.10	0.89	3.10	0.99	189	0.05	0.38	1.98	NS
2	Depression	3.10	0.92	2.86	1.08	189	0.05	0.44	1.98	NS

3	Self-administration of a psychoactive substance e.g alcohol and drug	3.11	0.89	3.00	1.10	189	0.05	0.27	1.98	NS
4	Interpersonal conflict between parents and siblings,	3.14	0.86	2.78	1.09	189	0.05	0.29	1.98	NS
5	Pre-existing family psychiatric conditions and suicidal behaviour	3.19	0.82	3.02	1.06	189	0.05	0.23	1.98	NS
6	Low school achievement	3.12	0.90	3.03	1.05	189	0.05	0.10	1.98	NS
7	Betrayal	3.17	0.86	2.94	1.06	189	0.05	0.11	1.98	NS
8	Guilt	2.97	0.97	3.02	1.03	189	0.05	0.70	1.98	NS
9	Trauma such as physical and sexual abuse	3.12	0.92	2.90	1.09	189	0.05	0.84	1.98	NS

Source: Researcher's Computation Using SPSS Version 22

The t-calculated value of each item in table 4 was obtained. The degree of freedom for all the items was 189, while the critical t-value of 1.98 was obtained at 0.05 level of significance. From the table, it can be seen that the t-calculated values for all items were less than the t-table values. Hence, the Null hypothesis was upheld. That reveals that there is no significant difference in the mean ratings of school counsellors (SC) and mental health professionals (MHP) as regards to the factors that contribute to suicidal behaviour among undergraduate students in Nigeria.

Hypothesis two

There is no significant difference in the mean ratings of school counsellors SC and mental health professionals (MHP) as regards to school based preventive strategies of suicide prevention among undergraduate students of Nigeria

Table five: Summary of t-test analysis for hypothesis two
Number of respondents =191

		MHP		**SC**						
S/N	**School based preventive strategies of suicide prevention**	X_1	SD_1	X_2	SD_2	**Df**	α	**t-cal**	**t-crit**	**Dec.**
10	Promoting and supporting research on suicide prevention	3.03	0.98	2.89	1.09	189	0.05	0.62	1.98	NS
11	Reducing access to convenient means of suicide e.g toxic substances	3.04	0.94	2.82	1.04	189	0.05	0.77	1.98	NS
12	Increase students access to mental health services	2.98	0.99	2.73	1.09	189	0.05	0.85	1.98	NS
13	Ensure a comprehensive campus mental health	3.29	0.94	3.14	0.92	189	0.05	1.00	1.98	NS

	promotion and suicide prevention program to identify and resolve mental health problems									

Source: Researcher's Computation Using SPSS Version 22

In the above table, the t-calculated value of each item was obtained; the degree of freedom of all items was 189, while the critical t-table of 1.98 was obtained at 0.05 level of significance. From the table, it can be seen that the t-calculated values for all items were less than the critical t-value. Therefore, the Null hypothesis of no significant difference in the mean ratings of school counsellors SC and mental health professionals (MHP) as regards to school based preventive strategies of suicide prevention among undergraduate students of Nigeria was upheld.

Hypothesis three

There is no significant difference in the mean ratings of school counsellors and mental health professionals as regards to the counselling strategies for suicide prevention among undergraduate students in Nigeria

Table six: Summary of t-test analysis for hypothesis three

Number of respondents = 191

		MHP		**SC**						
S/N	**Counselling strategies for suicide prevention**	**X_1**	**SD_1**	**X_2**	**SD_2**	**Df**	**α**	**t-cal**	**t-crit**	**Dec.**
14	Increasing help-seeking behaviours among students	3.13	0.88	3.05	1.03	189	0.05	0.87	1.98	NS
15	Public education about suicide including risk factors, warning signs and available help	3.19	0.84	3.07	1.08	189	0.05	0.78	1.98	NS
16	Developing and implementing strategies to reduce the stigma associated with seeking mental health services	3.08	0.93	3.04	1.01	189	0.05	0.11	1.98	NS
17	Training students to recognize at-risk behaviours	3.13	0.87	2.99	1.03	189	0.05	1.11	1.98	NS
18	Screening programs in school to identify risk factors for suicide	3.19	0.87	3.09	0.98	189	0.05	1.17	1.98	NS
19	Organizing suicide awareness campaigns	3.13	0.91	3.07	1.05	189	0.05	1.20	1.98	NS
20	Educate students about stress, depression, self-destructive behaviours and suicide	3.19	0.86	3.14	0.93	189	0.05	0.23	1.98	NS

Source: Researcher's Computation Using SPSS Version 22

In the above table, the t-calculated value of each item was obtained; the degree of freedom of all items was 189, while the critical t-table of 1.98 was obtained at 0.05 level of significance. From the table, it can be seen that the t-calculated values for all items were less than the critical t-value. Therefore, the Null hypothesis of no significant difference in the mean ratings of school counsellors and mental health professionals as regards to the counselling strategies for suicide prevention among undergraduate students in Nigeria was upheld.

Discussion of Findings

The result of research question one indicated that school counsellors and mental health professionals agreed that Negative self-esteem, depression, 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 behaviour among undergraduate students in Nigeria. The findings confirmed Becky (2015) findings that loneliness, depression, hopelessness, anger, conflict, social pressure, drug abuse and illness are causes of suicide among university students in Kenya. Brausch (2008) reported that depression is one of the leading causes of suicide among youths.

The result of research question 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 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 and mental health centers. They suggested a comprehensive campus mental health promotion and suicide prevention program in the campus. The study is also in line with Peterson (2018) who 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.

Research question 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 Nigeria.

In Africa and Nigeria in Particular, suicide is seen as a taboo and therefore, the relations and families of victims of suicide and suicidal ideations are stigmatized. Due to the sensitive nature of suicide in Nigeria, undergraduates are not freely open to report that they ever thought of killing themselves because of the stigma attached to suicide. This finding is similar to Becky (2015) who considered creating an institutional framework for the prevention and control of suicide and suicidal tendencies, provision of knowledge within educational institutions and establishes individual interventions and awareness in academic institutions.

Conclusion

Based on the findings from this study, the researchers conclude that the counselling strategies for suicide prevention among undergraduates 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 suicide, future studies should continue to strive towards improved preventive measures for University students. It is imperative for counsellors and higher education personnel to start implementing the counselling strategies stipulated in this study.

Recommendations

Sequel to the findings and discussions from the study; the following recommendations are made:

1. The government should mandate the Universities authorities to establish University based mental health services in various Universities in Nigeria.
2. University authorities should ensure that possessions 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.
3. Seminars on depression, self-destructive behaviours and suicide should be organize for students periodically.
4. The government should promote and support research on suicide prevention
5. The counsellors working in the Universities settings should educate adolescents as well as stakeholders responsible for the care of the adolescents about suicide in the hops 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 behjaviour.

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Appendix

Questionnaire on Counselling Strategies for Suicide Prevention among Undergraduate Students

Section A: Personal Data

Read thoroughly the following items and indicate the answer that best corresponds to your opinion by ticking (√) in the appropriate column.

1. Gender: Male [ ] Female [ ]
2. Marital Status: Single [ ], Married [ ] , Divorced [ ]
3. Age of respondents: 20-30 [ ], 31-40 [ ], 41 and above [ ]
4. Area of Specialization: School based counsellor [ ], Mental Health practitioner [ ]
5. Years of experience: 0-5 [ ], 6-10 [ ] , 11 and above [ ]
6. Qualification: BSc [ ], MSc [ ], PhD [ ]

Section B: Questionnaire Items

Below is a list of statements regarding counselling strategies for suicide prevention. Read each statement carefully and respond by ticking (√) in the column that corresponds to your opinion. There is no wrong or correct answer to each statement. You are therefore, required to tick honestly according to your opinion.

This section is made up of questions with response coded as follows:
Strongly agreed – (SA), Agreed- (A), Disagreed (D), Strongly Disagreed (SD).

Research Question one: what are the factors that contribute to suicidal behaviour among undergraduate students in Nigeria.

S/N	Factors that contribute to suicidal behaviour among undergraduates are:	SA	A	D	SD
1	Negative self-esteem				
2	Depression				
3	Self-administration of a psychoactive substance e.g alcohol and drug				
4	Interpersonal conflict between parents and siblings,				
5	Pre-existing family psychiatric conditions and suicidal behaviour				
6	Low school achievement				
7	Betrayal				
8	Guilt				
9	Trauma such as physical and sexual abuse				

Research question two: The school base preventive strategies of suicide prevention among undergraduate students of Nigeria

S/N	The school based preventive strategies of suicide prevention are:	SA	A	D	SD
10	Promoting and supporting research on suicide prevention				
11	Reducing access to convenient means of suicide e.g toxic substances				
12	Increase students access to mental health services				
13	Ensure a comprehensive campus mental health promotion and suicide prevention program to identify and resolve mental health problems				

Research question three: What are the counselling strategies for suicide prevention among undergraduate students in Nigeria

S/N	**Counselling strategies for suicide prevention are:**	**SA**	**A**	**D**	**SD**
14	Increasing help-seeking behaviours among students				
15	Public education about suicide including risk factors, warning signs and available help				
16	Developing and implementing strategies to reduce the stigma associated with seeking mental health services				
17	Training students to recognize at-risk behaviours				
18	Screening programs in school to identify risk factors for suicide				
19	Organizing suicide awareness campaigns				
20	Educate students about stress, depression, self-destructive behaviours and suicide				