

## COUNSELLING STRATEGIES FOR ADDRESSING SUICIDAL BEHAVIOUR AMONG STUDENTS IN TERTIARY INSTITUTIONS IN NIGERIA: IMPLICATIONS FOR MENTAL HEALTH PROMOTION AND STUDENT WELL-BEING

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### Abstract

Suicidal behaviour among students in tertiary institutions has become a significant public health, educational, and psychosocial concern in Nigeria. University and college students face numerous stressors, including academic pressure, financial hardship, depression, anxiety, substance abuse, relationship difficulties, social isolation, and uncertainty about future employment. These challenges increase the risk of suicidal ideation, suicide attempts, and completed suicide among vulnerable students. Guidance and counselling have emerged as critical interventions for preventing suicidal behaviour because they address the emotional, cognitive, behavioural, and environmental factors associated with suicide risk. This paper reviews counselling strategies for addressing suicidal behaviour among students in tertiary institutions in Nigeria. Specifically, it discusses early identification and suicide risk assessment, individual counselling, cognitive behavioural therapy, crisis intervention counselling, group counselling, psychoeducation, peer support programmes, family counselling, referral services, and digital counselling interventions. The paper adopts a narrative review approach based on scholarly literature and empirical studies. It concludes that strengthening institutional counselling services and integrating comprehensive mental health programmes into tertiary education will significantly reduce suicidal behaviour and improve students' psychological well-being.

**Keywords:** Suicidal behaviour; suicide prevention; counselling strategies; tertiary institutions; mental health; students; Nigeria; psychological well-being.

## 1.0 Introduction

Suicidal behaviour has become one of the most pressing mental health challenges affecting young people worldwide. It encompasses suicidal ideation (thinking about suicide), suicide planning, suicide attempts, and completed suicide. The transition into tertiary education exposes students to numerous developmental, academic, financial, and social pressures that may increase their vulnerability to suicidal behaviour if appropriate support systems are unavailable. Nigerian tertiary institutions have increasingly reported cases of students dying by suicide or exhibiting suicidal ideation, making suicide prevention an important responsibility of institutional management and counselling professionals.

Students in universities, polytechnics, and colleges of education experience multiple stressors, including examination anxiety, poor academic performance, financial constraints, unemployment concerns, family conflict, relationship problems, loneliness, substance misuse, cyberbullying, and mental health disorders such as depression and anxiety. When these challenges accumulate without adequate coping mechanisms or professional support, some students may develop feelings of hopelessness and perceive suicide as a means of escaping emotional pain. Studies conducted in Nigeria have identified academic, socioeconomic, and psychological factors as major contributors to suicidal behaviour among undergraduates.

Guidance and counselling play a central role in suicide prevention because counsellors are trained to identify students at risk, provide emotional support, teach adaptive coping skills, reduce psychological distress, and coordinate referrals for specialized mental health care where necessary. Unlike disciplinary or purely administrative responses, counselling addresses the underlying emotional and cognitive factors associated with suicidal behaviour, thereby promoting resilience, hope, problem-solving abilities, and healthy adjustment. Recent Nigerian reviews emphasize that comprehensive counselling programmes including early identification, crisis counselling, resilience building, peer support, referral systems, and mental health education are essential components of suicide prevention in tertiary institutions. Counselling aligns with the holistic objectives of higher education, which include promoting students' intellectual, emotional, social, and psychological development. Professional counsellors collaborate with lecturers, healthcare professionals, parents, religious leaders, and student organizations to create supportive campus environments where students feel safe to seek help without fear of stigma. Such collaborative efforts strengthen institutional capacity to prevent suicide while enhancing students' overall well-being and academic success. Given the increasing concern about suicidal behaviour among Nigerian undergraduates, there is a need to strengthen evidence-based counselling interventions within tertiary institutions. This review therefore examines counselling strategies that can effectively address suicidal behaviour and promote positive mental health among students in Nigeria.

## 2.0 Conceptual terms

### 2.1 Concept of Tertiary Institutions

Tertiary education represents the highest level of formal education and occupies a critical position in national development. It serves as a mechanism for producing highly skilled manpower, generating knowledge through research, promoting technological innovation, and supporting socio-economic transformation. Tertiary institutions include universities, polytechnics, monotronics, and colleges of education established to provide advanced learning opportunities beyond the secondary school level. These institutions contribute significantly to human capital development by equipping learners with professional competencies, entrepreneurial skills, and specialized knowledge required for national growth (Ayoko, Ogunode, Ukozor, & Devi, 2026). The Federal Ministry of Education Nigeria defines tertiary institutions as post-secondary educational institutions responsible for the training of high-level manpower through teaching, research, and community service (Federal Republic of Nigeria (2013). The UNESCO (2011) defines tertiary institutions as educational establishments that provide education beyond the secondary school level, including academic and professional education. The National Universities Commission (2019) described tertiary institutions as institutions established to provide advanced knowledge, develop intellectual capacity, and produce skilled manpower for national development. The World Bank (2002) defines tertiary institutions as institutions offering post-secondary education designed to develop advanced competencies, innovation, and research capacity.

Tertiary Education is the type of education that a person undergoes after the basic secondary education. It could be in a University, Polytechnic or college of education. Tertiary education is post-secondary and this is where students specialize in the core area of their pursuit which could be sciences, arts and vocational (Johnstone, Arora & Experton, 1998). Tertiary education is to prepare the individual for the world of work with a study of the proper theories and relevant hands-on experience. The curriculum of tertiary institutions is developed to ensure that students can meet the challenges of the workplace and also ensure that all the relevant materials necessary for this are available for effective training and experience (Mgboji, Uzoegwu, & Onah, n.d). Tertiary education or higher education is a set that constitutes the university, which is a subset of higher education. However, in some contexts, higher education and university are used interchangeably (Assié-Lumumba, 2005). A tertiary institution can be defined as a formal educational organization established to train individuals in specific professions and occupations through specialized academic and practical programmes. Through disciplines such as medicine, engineering, law, agriculture, education, and management sciences, tertiary institutions equip learners with competencies required for professional practice and service delivery in various sectors of the economy. Tertiary institutions are strategic national assets established to promote socio-economic development through the production of skilled manpower, technological advancement, research

outputs, and policy solutions. They contribute significantly to national growth by generating knowledge, fostering innovation, supporting industrialization, and providing expert services to governments, industries, and communities (Ayoko, et al 2026).

## 2.1 Concept of suicidal behaviour

The World Health Organization (2021) defines suicide as the act of deliberately killing oneself, resulting from the complex interaction of psychological, biological, social, cultural, and environmental factors. Suicide is recognized as a major global public health issue requiring comprehensive prevention strategies. The American Psychological Association defines (2023) suicide as the act of intentionally ending one's own life, while suicidal behaviour includes suicidal thoughts (ideation), suicide plans, suicide attempts, and completed suicide. The CDC (2024) views suicidal behaviour as actions taken by an individual with the intent to end his or her own life, including suicidal ideation, suicide attempts, and completed suicide Shneidman (2085) defined suicide as the conscious act of self-induced annihilation, best understood as a multidimensional disorder in a needful individual who defines an issue for which suicide is perceived as the best solution. Farberow (1980) described suicidal behaviour as a spectrum of self-destructive thoughts and actions that range from suicidal ideation and suicide attempts to completed suicide. Beck, Steer, & Brown, (1996) conceptualized suicidal behaviour as thoughts, intentions, plans, or actions directed toward intentionally causing one's own death, usually associated with hopelessness, depression, and cognitive distortions.

Suicidal ideation as viewed by Maris (2012) is any willful thought which is designed to end one's own life. Suicidal ideation as an intra-psycho conflict and suggested that much of the pain experienced by suicidal people was from unresolved struggles among the id, ego, and superego. He opined that suicidal behaviour might also result from anger or aggression turned inward (Stillion 2015). Suicidal ideation might result from intra-psycho and unresolved struggles among the id, ego, and superego. They maintained that Suicidal ideation might result from anger or aggression turned inward and the desire to end ones live (Amazeen, 2015). Obi, et al (2024) defined suicidal ideation as the thoughts, ideas, intentions, plans and attempts to end one's life immediately. From the above, suicidal ideation is defined as the act of thinking and wishing to engage and act in action relating to a suicide-related behaviour. It is the practical though and planning action to terminate one's life.

Suicide is an intentional or self-inflicted death in which one makes direct intention and deliberate effort to end one's life. Suicide is the conscious act of taking one's own life. That is to say that suicide is a conscious act of self-induced extinction, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution (Obi, Nwadinobi, Nnadi, Ogben, 2024). Suicide is defined as the act of killing oneself deliberately

and performed by the person concerned in the full knowledge or expectation of its fatal outcome (WHO 2014). Suicide according to Public Health Agency of Canada (2018) is viewed as a fatal-injurious act with some evidence of intent to die, while suicidal behaviour ranges from thought of suicide to suicide attempt to death by suicide. From the above, the paper defined suicide as the act of intentionally taking one's life. Suicide can also be seen as the planned and organized action taken to end one's life to any means. The action and thought that leads to suicide is called suicide ideation. According to Obi, et al (2024) Suicidal ideation, is to the thoughts, ideas, intentions, plans and attempts to end one's life immediately. Furthermore suicidal ideation has been defined as thinking about engaging in a suicide-related behaviour. Suicidal ideation is the thought of ending one's life, it may or may not involve exact planning or intent (Obi, et al 2024). Suicidal ideation to be associated with elevated risk of suicide; across all age groups and gender and persons with a history of suicidal ideation are at an increased likelihood of death by suicide (Klonsky, May, & Saffer, 2016; WHO, 2014). Bell (2021) Suicidal ideation refers to a deliberate act intended to end one's life in order to escape unbearable suffering or to help change adverse conditions of living (Bell. 2021).

### **3.0 Result and Discussion Counselling Strategies for Addressing Suicidal Behaviour among Students in Tertiary Institutions in Nigeria**

#### **Early Identification and Suicide Risk Assessment**

Early identification and suicide risk assessment constitute one of the most effective counselling strategies for preventing suicidal behaviour among students in tertiary institutions. Suicide rarely occurs without warning signs. Many students who contemplate suicide exhibit indicators such as persistent sadness, hopelessness, withdrawal from social activities, declining academic performance, sudden behavioural changes, expressions of worthlessness, giving away personal belongings, talking about death, or previous suicide attempts. Professional counsellors are trained to recognize these warning signs and conduct systematic suicide risk assessments using validated screening instruments and structured clinical interviews (Odama, 2023; Obinna, & Olawale 2019). Risk assessment enables counsellors to determine the severity of suicidal ideation, identify protective and risk factors, evaluate access to means of suicide, and formulate appropriate intervention plans. Students identified as being at high risk require immediate safety planning, close monitoring, and referral to psychiatrists or clinical psychologists when necessary. Early detection significantly reduces suicide risk because students receive timely psychological support before suicidal thoughts progress to attempts. Within Nigerian tertiary institutions, Obi, Nwadinobi, Nnadi and Ogben, (2024) noted that counsellors should collaborate with lecturers, hostel administrators, student leaders, health centres, and peer counsellors to establish referral systems that facilitate the prompt identification of vulnerable students. Institutional suicide prevention policies should also encourage students to report warning signs among their colleagues

without fear of stigmatization. Research indicates that comprehensive suicide risk assessment is one of the most effective preventive measures in reducing suicide among young adults. The World Health Organization emphasizes that early identification and timely intervention are fundamental components of suicide prevention programmes. Early identification prevents escalation of suicidal thoughts into suicide attempts and facilitates timely professional intervention.

### **Individual Counselling**

Individual counselling remains one of the most important therapeutic interventions for students experiencing suicidal ideation. It provides a confidential, empathetic, and non-judgmental environment where students can freely express their emotional distress, fears, disappointments, and psychological challenges. Many students contemplating suicide experience feelings of loneliness, rejection, hopelessness, guilt, or emotional pain that they may be unwilling to disclose publicly. Professional counsellors employ active listening, empathy, unconditional positive regard, and evidence-based therapeutic techniques to help students explore the underlying causes of suicidal thoughts (Nyer, Holt, Pedrelli, et al 2013). During counselling sessions, students are assisted in identifying stressors, challenging irrational beliefs, developing healthy coping mechanisms, strengthening self-esteem, and rebuilding hope for the future. Individual counselling also enables counsellors to formulate personalized safety plans that identify warning signs, coping strategies, emergency contacts, and available support systems. The person-centred counselling approach developed by Carl Rogers remains particularly relevant because it emphasizes empathy, genuineness, and unconditional positive regard, creating an atmosphere in which students feel accepted and empowered to make positive life decisions. Nock, Borges and Bromet (2008) have consistently shown that individual counselling reduces depression, hopelessness, and suicidal ideation while improving psychological resilience and emotional well-being among university students. Individual counselling addresses the unique psychological and emotional circumstances underlying suicidal behaviour and promotes adaptive coping strategies.

### **Cognitive Behavioural Therapy (CBT)**

Cognitive Behavioural Therapy (CBT) is one of the most extensively researched psychological interventions for reducing suicidal ideation and associated mental health disorders. CBT is based on the principle that maladaptive thoughts influence emotions and behaviours. Students experiencing suicidal thoughts often develop cognitive distortions such as believing they are worthless, that their problems are permanent, or that suicide is the only solution to their difficulties (Tawakalit, 2019). Counsellors using CBT assist students in identifying these irrational beliefs, evaluating their accuracy, and replacing them with more realistic and constructive thoughts. Behavioural techniques such as problem-solving training, behavioural activation, relaxation exercises, positive self-talk, and goal-setting are also incorporated into treatment. These

interventions help students regain hope, improve emotional regulation, and develop effective coping strategies. Within tertiary institutions, CBT can be integrated into counselling centres, mental health clinics, and wellness programmes. It has proven particularly effective for students experiencing depression, anxiety disorders, examination stress, and hopelessness all of which are significant risk factors for suicide. Numerous empirical studies have demonstrated that CBT significantly reduces suicidal ideation, depression, and recurrent suicide attempts among adolescents and young adults. CBT modifies negative thinking patterns that contribute to suicidal behaviour and equips students with healthier coping skills (.Ngwu, Arop, Anyin, Ntui, & Oshima, 2023).

### **Crisis Intervention Counselling**

Crisis intervention counselling is designed to provide immediate psychological assistance to students experiencing acute emotional crises or imminent suicide risk. Such crises may arise following academic failure, bereavement, relationship breakdown, sexual assault, financial hardship, disciplinary action, or other traumatic events. During these periods, students may become overwhelmed and perceive suicide as the only escape from their distress (Stillion.& McDowell, 2015; Sulaimon, 2023). Crisis counsellors focus on ensuring the student's immediate safety, reducing emotional distress, restoring psychological stability, and mobilizing available support systems. Interventions include active listening, emotional reassurance, safety planning, means restriction, family involvement (where appropriate), emergency referrals, and continuous follow-up. Counsellors also coordinate with medical professionals and psychiatric services for students requiring specialized care. Effective crisis intervention requires institutions to establish crisis response teams comprising counsellors, psychologists, medical personnel, security officers, and administrators who can respond promptly to mental health emergencies. Suicide Prevention Resource Center (2018) indicates that rapid crisis intervention substantially reduces the likelihood of suicide attempts and improves recovery among individuals experiencing severe psychological distress. Timely crisis intervention protects vulnerable students during periods of intense emotional instability and prevents suicide.

### **Group Counselling**

Group counselling provides students experiencing emotional distress with opportunities to share experiences, receive peer support, and develop adaptive coping strategies under the guidance of a professional counsellor. Feelings of loneliness and social isolation are significant risk factors for suicidal behaviour, and group counselling helps reduce these feelings by fostering belongingness and mutual encouragement (Onojeghen, 2018). During group sessions, students discuss common challenges such as academic stress, anxiety, depression, relationship difficulties, financial pressures, and adjustment problems. Through therapeutic interactions, members learn that they are

not alone in their struggles and benefit from shared problem-solving, emotional support, and constructive feedback. Group counselling also enhances communication skills, resilience, emotional regulation, and interpersonal relationships. According to Irvin (2012) therapeutic factors such as universality, hope, altruism, and group cohesion contribute significantly to positive psychological outcomes in group therapy. These factors are particularly valuable in reducing hopelessness and suicidal ideation among university students. Group counselling reduces social isolation, promotes emotional support, and strengthens resilience against suicidal behaviour.

### **Psychoeducation and Mental Health Awareness Programmes**

Psychoeducation is a preventive counselling strategy that involves educating students, staff, and the wider university community about mental health, suicidal behaviour, warning signs, coping strategies, and available support services. In many Nigerian tertiary institutions, misconceptions, stigma, and poor mental health literacy discourage students from seeking professional help. Some students interpret depression, anxiety, or suicidal thoughts as personal weakness or spiritual failure, leading them to conceal their emotional distress until it becomes severe (Okutu, 2024). Professional counsellors should organize seminars, workshops, orientation programmes, mental health campaigns, and public lectures that provide accurate information about suicide prevention. These programmes should educate students on common risk factors, including depression, substance abuse, relationship difficulties, academic stress, financial hardship, and social isolation. Students should also be informed about protective factors such as resilience, social support, problem-solving skills, healthy lifestyles, and early help-seeking behaviour. Mental health awareness campaigns help reduce stigma, encourage open discussions about psychological well-being, and increase students' willingness to access counselling services. They also equip lecturers, hostel managers, student leaders, and non-teaching staff with the knowledge needed to recognize warning signs and refer at-risk students for professional intervention. The World Health Organization (2020) recommends mental health literacy and public awareness campaigns as essential components of comprehensive suicide prevention programmes because they improve knowledge, reduce discrimination, and facilitate early intervention. Psychoeducation promotes early help-seeking behaviour, reduces stigma associated with mental illness, and enhances institutional capacity to prevent suicide.

### **Peer Counselling and Peer Support Programmes**

Peer counselling is an important strategy for addressing suicidal behaviour because students often confide in their friends before seeking professional assistance. Properly trained peer counsellors can identify early warning signs of emotional distress, provide emotional support, encourage positive coping strategies, and refer students to professional counsellors when necessary. Peer support programmes involve selecting and training responsible students in active listening,

empathy, confidentiality, mental health awareness, suicide warning signs, and referral procedures (Klonsky May, & Saffer, 2016). These peer counsellors work under the supervision of qualified professional counsellors and do not replace professional mental health services. The effectiveness of peer counselling lies in its accessibility. Students may feel more comfortable discussing sensitive issues such as depression, loneliness, academic stress, relationship conflicts, or suicidal thoughts with trusted peers. Peer support groups also reduce feelings of isolation, strengthen social connectedness, and foster a sense of belonging, all of which are protective factors against suicide. Biddle, Donovan, Hawton., Kapur, and Gunnell, (2008) and Okechukwu FO, Ogba KTU, Nwifo JI, et al. (2021) has shown that well-supervised peer support programmes improve students' emotional well-being, increase resilience, and encourage timely utilization of professional counselling services. Peer counselling strengthens social support networks and facilitates early identification and referral of students at risk of suicide.

### **Family Counselling**

Family counselling is an essential intervention because family relationships significantly influence students' emotional health and resilience. Family conflict, parental neglect, domestic violence, unrealistic expectations, poor communication, bereavement, and lack of emotional support are recognized risk factors for suicidal behaviour among young people. Professional counsellors involve parents or guardians, where appropriate and with due regard for confidentiality and the student's welfare, to strengthen family support systems (Kiunguyu, 2017). Family counselling seeks to improve communication, resolve conflicts, increase emotional support, and educate parents about mental health challenges and suicide warning signs. Counsellors also encourage parents to provide realistic expectations, emotional reassurance, and practical assistance during periods of academic or personal stress. Within Nigerian society, where family bonds remain influential, positive family involvement can significantly improve students' psychological adjustment and reduce suicidal behaviour. Family counselling also enhances collaboration between tertiary institutions and parents in supporting students' mental health. According to Choi and Bae (2020), the family functions as an emotional system, and strengthening family relationships contributes to healthier psychological functioning among individual members. Family counselling reinforces emotional support, reduces interpersonal conflicts, and strengthens protective factors against suicide.

### **Referral Services and Multidisciplinary Collaboration**

Some students experiencing suicidal behaviour require specialized mental health care beyond the scope of routine counselling services. Consequently, referral and multidisciplinary collaboration are critical counselling strategies. Counsellors should establish strong referral networks with psychiatrists, clinical psychologists, physicians, social workers, psychiatric nurses, emergency

services, and community mental health facilities. Students assessed as having severe depression, psychosis, substance dependence, recurrent suicide attempts, or immediate suicide risk should receive prompt referrals for specialized assessment and treatment. Counsellors should continue to provide supportive counselling and monitor students' progress after referral to ensure continuity of care. Institutional collaboration should also involve university health centres, security units, religious organizations, student affairs divisions, and academic departments. A multidisciplinary approach ensures that students receive comprehensive medical, psychological, social, and educational support tailored to their needs. Bazrafshan, Shauf, Molazen and Mani (2015) consistently demonstrates that collaborative suicide prevention programmes are more effective than isolated interventions because they address multiple dimensions of students' well-being. Multidisciplinary collaboration ensures comprehensive management of students at high risk of suicide and improves long-term recovery.

### **Digital and Online Counselling Services**

Advances in information and communication technology have created new opportunities for delivering counselling services through digital platforms. Online counselling, tele-counselling, mobile applications, email counselling, video conferencing, and crisis text services provide alternative avenues through which students can access psychological support, particularly when face-to-face counselling is unavailable or when students fear stigma. Digital counselling is especially relevant in Nigerian tertiary institutions because many students are familiar with smartphones and internet-based communication. Counsellors can use secure digital platforms to provide psychoeducation, emotional support, appointment scheduling, follow-up sessions, and crisis intervention while maintaining confidentiality and professional ethical standards. Online counselling also increases accessibility for students studying remotely, those with disabilities, or individuals reluctant to visit counselling centres. However, institutions should establish clear ethical guidelines regarding privacy, informed consent, confidentiality, emergency response procedures, and data protection when implementing digital counselling services. Bamigbola, (2019) noted that professionally delivered online psychological interventions can reduce symptoms of depression, anxiety, and suicidal ideation while improving students' access to mental health care. Digital counselling expands access to mental health services and complements conventional face-to-face counselling in suicide prevention.

### **4.1 Conclusion and Recommendations**

Suicidal behaviour among students in tertiary institutions has become a major mental health challenge that requires urgent, coordinated, and evidence-based interventions. The increasing incidence of suicidal ideation, suicide attempts, and suicide among university students in Nigeria has been linked to multiple interacting factors, including depression, anxiety, academic stress,

financial hardship, substance misuse, family conflict, relationship problems, social isolation, and limited access to mental health services. These factors adversely affect students' academic performance, emotional well-being, interpersonal relationships, and the overall quality of higher education.

Counselling remains one of the most effective and sustainable strategies for addressing suicidal behaviour because it focuses on prevention, early identification, psychological intervention, resilience building, and recovery. Counselling strategies such as suicide risk assessment, individual counselling, cognitive behavioural therapy, crisis intervention, group counselling, psychoeducation, peer counselling, family counselling, multidisciplinary referral systems, and digital counselling address the cognitive, emotional, behavioural, and environmental factors associated with suicide risk. When effectively implemented, these interventions enhance students' coping skills, emotional regulation, problem-solving abilities, hope, resilience, and willingness to seek professional assistance. Based on the findings, the study recommends the following:

- 1) Every tertiary institution in Nigeria should establish a well-funded counselling and mental health centre staffed with qualified professional counsellors, clinical psychologists, and psychiatrists.
- 2) Institutions should implement routine mental health screening and suicide risk assessment for newly admitted students and other high-risk groups.
- 3) Regular seminars, workshops, and orientation programmes should be organized to improve students' mental health literacy, reduce stigma, and promote early help-seeking.
- 4) Professional counsellors should provide continuous individual, group, and crisis intervention counselling services for students experiencing emotional or psychological distress.
- 5) Peer counselling and peer support programmes should be established and supervised by qualified counsellors to facilitate early identification and referral of vulnerable students.
- 6) Counsellors should collaborate with parents, guardians, lecturers, student affairs divisions, religious organizations, and healthcare providers to strengthen institutional support systems for students.
- 7) Institutions should establish referral protocols linking counselling centres with psychiatric hospitals, psychologists, emergency services, and community mental health facilities.
- 8) Secure digital counselling and tele-mental health services should be developed to improve students' access to professional psychological support.

9) The Federal and State Governments should allocate adequate funding for mental health promotion, counselling services, and suicide prevention programmes in tertiary institutions.

10) Higher education regulatory agencies should develop national policies that mandate comprehensive counselling and suicide prevention programmes across all Nigerian tertiary institutions.

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