



Perceived Suicidal Behaviour and Risk Factors among Students in a Selected Nigerian University

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Abstract

The study investigated perceived suicidal behaviour and risk factors among undergraduate students in a selected Nigerian University. Four specific objectives with their corresponding research questions, and one null hypothesis guided the study. It was a cross-sectional survey. The population of the study consisted of all male and female students of (Medicine, Medical Laboratory Sciences, and Nursing) who were admitted in 2014/2015 session in College of Health Sciences in Niger Delta University, Amassoma, Bayelsa State Nigeria. A sample size of 85 respondents were selected from a population of 245 students by multistage sampling technique in three stages. Data were collected using a valid and reliable structured questionnaire. Data were analysed using frequency, percentage, mean, and standard deviation. Chi-square statistics was used to test the hypothesis at 0.5 level of significance. Results revealed that of the fourteen listed suicidal risk factors, two factors scored less than 1.5, the remaining twelve factors were perceived by the respondents as risk factors associated with suicidal behaviour. On the perceived institution role for suicidal behaviour and risk prevention, prevention efforts should aim at ban on students' possession of weapons of self-destruction (mean=1.79), and the parents/guardians should teach their children suicide risks and behaviours before enrolling into university programmes (mean=1.60) were the most significant. On the hypothesis, Counsellors should conduct face-to-face screening evaluation of students to identify those at risk and plan preventive programmes for them (0.3). However, there is need for both parental and institution's involvement in the prevention of the risk factors and suicidal behaviours among the undergraduate students, and parents lecturers should show more love and tolerance to their undergraduate students even if they fail their examination.

Keywords: Suicidal behaviour, Risk factors, Undergraduate students, Nigerian University

Introduction

Globally, reports of increase in suicide risk and suicidal behaviours have often times been identified in frontline media presentations. According to World Health Organization (2014), suicide is the fifteenth leading cause of death, accounting for 1.4% of all death. World Health Organization (WHO, 2016) reported that over 800,000 people commit suicide per year in the world. The report defined suicide as the act of taking one's own life following overwhelming situations of which the individual perceives death as the final solution to the problem. Suicide is described by as the hallmark of frustration and hopelessness. Suicide behaviour (SB) have



been an age long existing problem in the society but not as rampant as is being reported in recent times. Suicide behaviour include: Taking poison or overdose of drugs/chemicals, hanging one's self with rope or other materials that are capable of suffocating an individual to death, Jumping into a dam or into a fast flowing river, use of sharp objects, drowning, gun shots among others, depending on what is available around the person (Nock, Kessler, & Franklin, 2016)

In the United States of America, there were more than twice as many suicides (47, 173) and there was homicide, recording (19, 510). There were increase rate of suicide attempts for each year from 2001 through 2017 for the total population. During this 16 years period, the total suicide rate increased 31% from 10.7 through 14.0 per 100,000. The suicide rate among males being nearly four times higher (22.4/100,000 in 2017) than among females (6.1/100,000 in 2017).

In Nigeria, the phenomenon is similar, the rate of suicide and suicidal behaviours in Nigeria is put at 9.5 per 100,000 (Muanya, Akpunonu, & Onyenucheya, 2019). Nigeria news media are often awash with reported cases of suicide among Nigerian undergraduates who committed or tried to commit suicide. For example, the Punch Newspaper of July 10, 2018 reported that a 30year old Nigerian Abuja Law school student committed suicide in Taraba State (Ohai, 2018). In a similar development, 300 level physics/astronomy undergraduate of the University of Nigeria Nsukka's lifeless body was reportedly found dangling on a suspended rope from a height to confirm that he committed suicide. In February 2018 too, an undergraduate in Abia State University was said to have committed suicide, because he failed to graduate after two academic sessions in a row. Similar cases of suicide had been reported at the University of Benin in Edo State, Obafemi Awolowo University, Ile-Ife in Osun State; all in Nigeria and even in faraway Bristol University, United Kingdom by a Nigerian Female undergraduate (Ohai, 2018). Recently, a 300 level Medical student of Niger Delta University committed suicide which was reportedly caused by examination failure and shame from parents, close relations, and friends over inability to perform excellently in his examination.

According to The Guardian Newspaper of 12th June, 2018, Nigeria lost about 80 persons; mostly undergraduates, to suicide in a year. These cases are cause of lamentations and worries among Nigerians. And the increasing rates of suicide cases continue to pose a big socio-psychological problem to the Nigerian government as well as the international bodies (Nwachukwu, 2018). There is therefore need to investigate suicidal behaviour and risk factors among university student so as to identify these risk factors for interventions to forestall these unnecessary loss of precious lives. The study investigated perceived suicidal risk factors and behaviours among students in Niger-Delta University using College of Health Sciences' students Specifically, the study sought to: identify perceived suicidal risk factors contributing to the increase in suicide behaviour among undergraduate students in Nigeria Delta University; determine perceived institutions' role in the prevention of suicidal risks and behaviour among students in Niger delta university; determine perceived parents' role in the prevention of suicidal risks and behaviour among students in Niger delta university; and suggest possible interventions to prevent suicidal risks and behaviour. It was hypothesized that there is no statistically significant association between gender and suicidal risk behaviour among undergraduate students of Niger Delta University ($p < .05$).

Methods

The research adopted the cross-sectional survey design. The target population consist of all male and female students of College of Health Science (Medicine, Medical Laboratory



Sciences, and Nursing) who were admitted in 2014/2015 Session in College of Health Sciences in Niger Delta University, Amassoma, Bayelsa State. The sample size of 85 respondents who were selected from a population of two hundred and forty-five (245). Data were collected using a structured questionnaire based on the objectives of the study. The questionnaire assessed associative conditions that may lead to suicide behaviour in three sections: Section A investigated factors contributing to the increase in suicidal risk and behaviour, Section B investigated institutions role in the prevention of suicide risk and behaviour, while Section C investigated the role of parents in the prevention of suicide risk and behaviour. A Likert-type scale of Strongly Agree, Agree, Disagree, and Strongly Disagree, was employed to elicit the desired information in section A, with criterion mean of 2.5. Agree and Disagree were employed to also elicit the desired information in section in sections B and C, with criterion mean of 1.5. Data collection instruments were validated and reliability established by means of split half method. Consent and ethical considerations were duly observed. Data were analysed using inferential statistics of frequency, percentage, mean, standard deviation, and Chi-square statistics.



Results

Table 1: Summary of Frequency and mean scores on perceived factors contributing to increase in suicidal Risk and Behaviour among undergraduate students

S/N	Variables	Response (%)				Mean±SD
		Strongly agree	Agree	Disagree	Strongly disagree	
1.	Depression and other mental disorders like schizophrenia, or a substance – abuse disorder can lead to suicide behaviour	55 (64.7)	24 (28.2)	5 (5.9)	1 (1.2)	1.44±0.66
2.	Stressful life events, in combination with other risk factor such as depression can lead to suicidal behaviour	50 (58.8)	31 (36.5)	3 (3.5)	1 (1.2)	1.47±0.63
3.	A prior suicidal behaviour can lead to suicide if not addressed	39 (45.9)	36 (42.4)	7 (8.2)	3 (3.5)	1.69±0.77
4.	Family history of mental disorder, substance abuse, or suicide can lead to suicidal behaviour.	40 (47.1)	37 (43.5)	5 (5.9)	3 (3.5)	1.66±0.75
5.	A history of family violence or abuse can lead to a suicidal behaviour.	36 (42.4)	41 (48.2)	7 (8.2)	1 (1.2)	1.68±0.67
6.	Easy access to a firearm or other lethal means such as medications can lead to suicidal behaviour for those at risk.	31 (36.5)	32 (37.6)	16 (18.8)	6 (7.1)	1.96±0.92
7.	Changes in governmental policies, conflict and economic hardships can lead to suicidal behaviour.	16 (18.8)	45 (52.9)	19 (22.4)	5 (5.9)	2.15±0.79
8.	Poor financial background and lack of sponsors can lead to suicidal behaviour.	29 (34.1)	35 (41.2)	16 (18.8)	5 (5.9)	1.96±0.88
9.	Homelessness and hopelessness can lead to suicidal behaviour.	41 (48.2)	38 (44.7)	4 (4.7)	2 (2.4)	1.61±0.69
10.	Feelings of inferiority among fellow students or isolation or frustration among students can lead to suicidal behaviour.	35 (41.2)	41 (48.2)	7 (8.2)	2 (2.4)	1.72±0.72
11.	Consistent poor academic performance or failure can lead to suicidal behaviour.	33 (38.8)	43 (50.6)	8 (9.4)	1 (1.2)	1.73±0.68
12.	Lack of parental love, care, support or encouragement can lead to suicidal behaviour.	31 (36.5)	50 (58.8)	4 (4.7)		1.68±0.56
13.	Broken family relationship can lead to suicidal behaviour.	35 (41.2)	42 (49.4)	6 (7.1)	2 (2.4)	1.71±0.70
14.	Issue of terminal illness such as HIV/AIDS can lead to suicidal behaviour.	41 (48.2)	38 (44.7)	6 (7.1)		1.59±0.62
					Grand Mean response=	1.72±0.72

Data on table 1 show that the following were perceived factors as contributing to increase in suicidal Risk and Behaviour among undergraduate students: Changes in governmental policies, conflict and economic hardships ($X= 2.15$), Easy access to a firearm or other lethal means such as medications ($X= 1.96$), and Poor financial background and lack of sponsors ($X= 1.96$),



Table 2: Summary of Frequency and mean Scores on the perceived Institution's role in the prevention of suicidal risk and behaviours

Variables (missing)	Response (%)				Mean/SD
	Strongly agree	Agree	Disagree	Strongly disagree	
Public information and education about dangers of known risk factors should be provided by schools.	54 (63.5)	31 (36.5)			1.36±0.48
Students who attempt or threaten suicide should be made to attend weekly assessments sessions with a the school social worker, psychologist, or psychiatrist.	45 (52.9)	40 (47.1)			1.47±0.50
School counsellors should conduct face-to-face screening evaluation of students to identify those at risk and plan preventive programmes for them.	47 (55.3)	37 (43.5)	1 (1.2)		1.46±0.52
Treatment of symptoms of anxiety, drug abuse and depression should be provided by institution authorities.	46 (54.1)	37 (43.5)	2 (2.4)		1.48±0.55
Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly by the schools.	44 (51.8)	41 (48.2)			1.48±0.50
Prevention efforts by schools should aim at ban on possession of weapons.	31 (36.5)	45 (52.9)	5 (5.9)	4 (4.7)	1.79±0.76
Students found with dangerous weapons, selling or using hard drugs should be dismissed from the institution.	28 (32.9)	26 (30.6)	22 (25.9)	9 (10.6)	2.14±1.00
Parents/guardians should show more love to their children even if they fail their examination.	68 (80)	15 (17.6)	2 (2.4)		1.22±0.47
Parents/guardians should teach their children suicide risk or dangers before enrolling in university programmes.	39 (45.9)	42 (49.4)	3 (3.5)	1 (1.2)	1.60±0.62
Teachers and lecturers should create good relationship between students in class	61 (71.8)	24 (28.2)			1.28±0.45
Grand Mean score					1.53±0.59

Data on table 2 show that the perceived Institution's role in the prevention of suicidal risk and behaviours were that Students found with dangerous weapons, selling or using hard drugs should be dismissed from the institution. (2.14) Schools should aim at ban on possession of weapons (1.79), Parents/guardians should teach their children suicide risk or dangers before enrolling in university programmes.

Table 3: Summary of Parents' Role in the Prevention of Suicidal Risk and Behaviours among undergraduate students in College of Health Sciences

Variables	Agree (%)	Disagree(%)
Parents should endeavour to bring up their children in loving environment.	85 (100)	-
Parents should not spoil their children by over protecting them.	85 (100)	-
Families should provide the basic academic necessities for the undergraduate .	84 (98.8)	1 (1.2)
Parents and family member should be alert to the undergraduate manifestations of anxiety, drug abuse and depression.	83 (97.6)	2 (2.4)
Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly and parents should encourage the undergraduate to attend.	85 (100)	
Parents should endeavour to serve as shock absorber to the undergraduate in phase of hard lie challenges.	85(100)	-
Parents should not hid observed abnormal behaviour of the undergraduate, but should seek for help.	83 (97.6)	2 (2.4)
Parents/guardians should show more love to their children even if they fail their examination.	83 (97.6)	2 (2.4)



Parents/guardians should teach their children suicide risk or dangers before enrolling in university programmes.	81 (95.3)	4 (4.7)
Parents should create good relationship between themselves and the undergraduate for the better communication of their threats and frustrations.	85 (100)	-

Data on table 3 show Parents' Role in the Prevention of Suicidal Risk and Behaviours among undergraduate students in College of Health Sciences. Respondents agreed with the listed points, however, Parents should not spoil their children by over protecting them 85 (100%), Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly and parents should encourage the undergraduate to attend 85(100%), and Parents should create good relationship between themselves and the undergraduate for the better communication of their threats and frustrations, 85 (100%), scored the highest.

Table 4: Summary of Prevention of Suicidal Risk and Behaviours among undergraduate students in College of Health Sciences

Variables	Agree (%)	Disagree(%)
Public information and education about dangers of known risk factors should be provided.	85 (100)	-
Students who attempt or threaten suicide should be made to attend weekly assessments sessions with a social worker, psychologist, or psychiatrist.	85 (100)	-
Counsellors should conduct face-to-face screening evaluation of students to identify those at risk and plan preventive programmes for them.	84 (98.8)	1 (1.2)
Treatment of symptoms of anxiety, drug abuse and depression should be provided by university authorities.	83 (97.6)	2 (2.4)
Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly.	85 (100)	-
Prevention efforts should aim at ban on possession of weapons.	76 (89.4)	9 (10.6)
Students found with dangerous weapons, selling or using hard drugs should be dismissed from the university.	54 (63.5)	31 (36.5)
Parents/guardians should show more love to their children even if they fail their examination.	83 (97.6)	2 (2.4)
Parents/guardians should teach their children suicide risk or dangers before enrolling in university programmes.	81 (95.3)	4 (4.7)
Teachers and lecturers should create good relationship between themselves and the students in class	85 (100)	-

Data on Table 4 show that Prevention of Suicidal Risk and Behaviours among undergraduate students in College of Health Sciences should include: Public information and education about dangers of known risk factors should be provided.85 (100%), Students who attempt or threaten suicide should be made to attend weekly assessments sessions with a social worker, psychologist, or psychiatrist, Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly. 85(100%), and Teachers and lecturers should create good relationship between themselves and the students in class

Table 4: Cross-tabulation of Perceived Suicidal Behaviour and Risk Factors Based on gender

Item		Male	Female	X ²	df	p-value
Depression and other mental disorders like schizophrenia, or a substance-abuse disorder can lead to suicide attempt	Strongly agree	18	37	10.41	3	0.15
	Agree	11	13			
	Disagree	5	0			
	Strongly disagree	1	0			
Stressful life events, in combination with other risk factors such as depression can lead to suicide attempt	Strongly agree	16	34	5.37	3	0.15
	Agree	16	15			
	Disagree	2	1			
	Strongly disagree	1	0			
A prior suicide attempt can lead to suicide attempt	Strongly agree	13	26	2.69	3	0.44
	Agree	16	20			



	Disagree	4	3			
	Strongly disagree	2	1			
Family history of mental disorder, substance abuse, or suicide can lead to suicide attempt	Strongly agree	13	27	4.78	3	0.19
	Agree	20	17			
	Disagree	1	4			
	Strongly disagree	1	2			
A history of family violence or abuse can lead to suicide attempt	Strongly agree	9	27	7.96	3	0.05
	Agree	22	19			
	Disagree	3	4			
	Strongly disagree	1	0			
Access to firearm or other lethal means such as medications can lead to suicide attempt	Strongly agree	10	21	4.31	3	0.23
	Agree	12	20			
	Disagree	9	7			
	Strongly disagree	4	2			
Changes to governmental policy, conflict and economic stability can lead to suicide attempt	Strongly agree	3	13	5.54	3	0.14
	Agree	19	26			
	Disagree	11	8			
	Strongly disagree	2	3			
Poor financial background and lack of sponsors can lead to suicide attempt	Strongly agree	11	18	3.52	3	0.32
	Agree	13	22			
	Disagree	7	9			
	Strongly disagree	4	1			
Homelessness and feelings of hopelessness can lead to suicide attempt	Strongly agree	12	29	5.58	3	0.13
	Agree	19	19			
	Disagree	3	1			
	Strongly disagree	1	1			
Feelings of inferiority among fellow students or isolation or frustration among students can lead to suicide attempt	Strongly agree	13	22	1.21	3	0.75
	Agree	19	22			
	Disagree	2	5			
	Strongly disagree	1	1			
Lack of good academic performance or failure can lead to suicide attempt	Strongly agree	10	23	4.70	3	0.19
	Agree	19	24			
	Disagree	5	3			
	Strongly disagree	1	0			
Lack of parental love and care or support or encouragement can lead to suicide attempt	Strongly agree	9	22	2.98	3	0.23
	Agree	24	26			
	Disagree	2	2			
	Strongly disagree					
Broken Family relationship can lead to suicide attempt	Strongly agree	11	24	2.35	3	0.50
	Agree	20	22			
	Disagree	3	3			
	Strongly agree	1	1			
Issue of terminal illness such as HIV/AIDS can lead to suicide attempt.	Strongly agree	13	28	2.93	2	0.23
	Agree	19	19			
	Disagree	3	3			
	Strongly disagree					

Discussion

A total of eighty-five (85) questionnaires were administered and collected on the spot, giving a response rate of one hundred (100) percent. Females constitute a large proportion of the respondents 41.2%; the predominant age range were between 20 – 24 years (65.9%); while all the respondents were in the five hundred (500) level class.

Results on Table 1 show that overall positive mean response score for perceived factors contributing to the increase in suicidal behaviour among undergraduate students in College of Health Sciences in Niger Delta University, Bayelsa State was 1.72, which is higher than the criterion mean for all items ($\bar{X}=1.5$). The leading factors being: Changes in governmental policies, conflict and economic hardship ($\bar{X} = 2.15$). This is in line with the findings of Nock, Kessler, and Franklin (2016), on “Risk factors for suicide ideation differ from those for the transition to suicide attempt. The recent surge of insecurity, bad governance and economic hardship have separately and jointly frustrated and predisposed many undergraduate students to suicidal risk and behaviour. Situations such as continuous industrial action by the University staff, high cost of education and learning materials with the consequent poor academic



performance among other things have contributed to worsen the issues on suicidal risk and behaviour among undergraduate students in Nigeria.

Similar to the above factor discovered from the study include: poor financial background and lack of sponsors with mean score of ($\bar{X} = 1.96$), easy access to firearm or other lethal means ($\bar{X} = 1.96$), consistent poor academic performances ($\bar{X} = 1.73$), feeling of inferiority, frustration and isolation ($\bar{X} = 1.72$) and broken family relationship ($\bar{X} = 1.71$). All these factors have in one way or the other contributed to frustrate undergraduates to risk and suicidal behaviours.

Results in Table 2 show that the grand mean score for perceived institutional role in the prevention of suicidal risk and behaviour is $\bar{X} = 1.53$. Specifically, the following were the perception of the respondents on the institutions' role for the prevention of SR and Behaviour: Students found with dangerous weapons, selling or using hard drugs should be dismissed from the institution. ($\bar{X} = 2.14$), Prevention efforts by schools should aim at ban on possession of weapons ($\bar{X} = 1.79$), The finding is in line with the finding of Carlier (2015) who studied constructing the suicide risk index (SRI): does it work in predicting suicidal behaviour in young adult mediated by proximal factors. It is important to have the 'eye of the institutions' security on the students that manifest high tendency of suicidal risk and behaviours. This intelligence check may help to identify the 'at risk student'. The reason is that some of the student may begin to manifest some abnormal behaviours that may be predicting suicidal risk and behaviour which can be noticed by intelligence surveillance of the institutional staff and security. The students identified with the tendency of suicidal risk and behaviour should also need to be followed up to nip the problem early enough to avoid suicidal attempt.

Result on table three show that the respondents all agreed with the listed roles expected by the parents and the institution on the prevention of suicidal risks and behaviour. The parents are expected to have instilled into the undergraduate students the required mental ability to absorb shocks of life that can degenerate to frustration and hopelessness that may lead to suicidal risk and behaviours. The result is in line with the reports of Flatau (2015) and WHO (2012) on public health action for the prevention of suicide: A framework.

Data on Table 4 indicts that the respondents all agreed that all suggested strategies listed to prevent suicidal risk and behaviour were acceptable. The following were the generally agreed prevention strategies to be adopted in the prevention of suicidal risks and behaviour: Public information and education about dangers of known risk factors should be provided 85 (100 %). Students who attempt or threaten suicide should be made to attend weekly assessments sessions with a social worker, psychologist, or psychiatrist. 85(100%). This is in line with the finding of Olaseni (2018). Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly. 85 (100%), This is in line with the finding of Mortier, Demyttenaere, Auerbach, Cuijpers, Green, Kiekens, Kessler, Nock, Zaslavsky, and Bruffaerts (2017). Lecturers should create good relationship between themselves and the students in class 85(100%). This is also in line with the reports of Franklin, Ribeiro, Fox, Bentley, Kleiman, Huang, Musacchio, Jaroszewski, Chang, and Nock (2016) on "Risk factors for suicidal thoughts and behaviours"

Conclusion

The study concludes that increase in suicidal risk and behaviour among undergraduates borders majorly on economic hardship, negative personal and family and personal experiences that contributed to frustrate the undergraduate students and expose them to suicidal risk and behaviours. The study population also agreed that parents and institutions have roles to play in the prevention of suicide risks and behaviours undergraduate students.



Recommendations

Based on the finding, the following recommendations were made:

1. Public information and education about dangers of known risk factors should be provided.
2. Seminars for students on dangers of drug abuse, possessing dangerous weapons should be organized regularly
3. Parents/guardians should show more love tolerate the students even if they fail their examinations.
4. Parents/guardians should “be on the watch” and educate the undergraduate students on dangers of suicide risk and behaviours, before enrolling in university programmes.
5. Lecturers should create good relationship between themselves and the students.

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