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RESEARCH ARTICLE

Prevalence of Suicidal Behavioural Experiences in the University: Implications for Childhood Development

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Abstract:

Introduction:

This study surveyed the prevalence of suicidal behavior in a higher education setting. Two particular purposes, two research questions, and two null hypotheses were used to steer this study in order to achieve the objectives. This descriptive design made use of the University of Nigeria Nsukka's student demographics.

Methods:

A total of 100 students made up the study's sample. To obtain the sample, an unintentional sampling method was employed. For this study, a self-created questionnaire called the Suicidal Behaviour Questionnaire (SBQ) was utilized. The data collected was analyzed using mean and percentages.

Results:

The findings indicated that university students do not engage in suicide behavior. Additionally, it demonstrated the rarity of suicide thoughts. Gender has no discernible effect on the replies of male and female tertiary institution students based on their encounters with suicidal behavior. The mean replies of male and female tertiary institution students on the occurrence of suicide events show no discernible gender-based differences.

Conclusion:

According to the findings, it is advised that suicide education and prevention be taught in schools and that guidance counselors post bulletins on suicidology.

Keywords: Suicide, Behavioural experiences, Tertiary institution, Childhood development, SBQ, Health problem.

Article History

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1. INTRODUCTION

Statistical evidence from the World Health Organization (WHO) showed that approximately 800,000 people die every year globally through self-harm which leads to death. Nigeria, according to the world body, is ranked 67th globally based on death statistics. This rate of death due to depression or frustration has led to numerous suicidal deaths. Suicide is a major public health problem, mostly in Nigeria [1]. Apparently, suicide is a global and emerging issue that has attracted attention from various fields of study as well as developing and developed nations. Suicide is a common health issue in the western world.

Globally, suicide is the third most common cause of death for teenagers and young adults worldwide between the ages of 10 and 24. Each year, approximately 4,300 adolescents in this age range commit suicide [2]. An estimated 118,000 students between the ages of 15 and 24 are treated for self-inflicted wounds in emergency departments each year [2]. Lately, a review conducted [3] uncovered that in the 12 months prior to the survey: approximately 13.8 percent of students had seriously considered attempting suicide; 10.9 percent of students had made a plan on how they would attempt suicide, and 6.3 percent of students had attempted suicide one or more times [3]. A number of these suicides, or suicidal attempts, take place in schools, as countless students are lost to suicide each and every year [4]. Like other parts of the world, there are also recorded cases of suicide in Nigeria. Evidence shows that in Nigerian universities, students often commit suicide. At

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present, there are over thousands of cases of suicide happening every 3 hours [5]. Some of these suicide cases are recorded more often among students in the university [6]. In this regard, the University of Nigeria Nsukka is not excluded.

Over the last few years, there seem to be cases of people ending their lives as a result of stress, depression, emotional distress, lack of love, and family issues. Possibly, students in universities might have died in a room, attributed to Snipper (a poisonous liquid), with a note the student left stating depression and heartbreak from the girl or girlfriend reason could be that the student was depressed and frustrated. Media reports have it that in 2019, an average of five self-harm and self-killing cases got reported in the dailies with many not reported due largely to family's fear of the stigma associated with such deaths [7]. This rate of death due to depression or frustration has led to numerous suicidal deaths. Suicide is a major public health problem, mostly in Nigeria [1].

Suicide is a psychosocial concept that has been defined by several authors. Schneidman [8] defines suicide as an intentional death, a self-inflicted death in which an individual makes an intentional direct, and conscious effort to end one's life. In Latin, Suicidium is the act of intentionally taking one's life [9]. Similarly, a past study opined that suicidal behavior includes any intentional act that may have life-threatening repercussions, such as intentionally overdosing on drugs or crashing a car [10]. Suicide frequently results from a person feeling overwhelmed by a situation, such as social isolation, the loss of a loved one, emotional trauma, major physical sickness, age, unemployment or financial difficulties, guilt emotions, or an alcohol or drug addiction [11]. In this study, suicide is an intentional act of self-harm that is associated with student-lecturer relationships, student-parent relationships, and student-to-student relationships in and outside school settings. Hence, suicide is an act showing that an individual does not have value for life, future, self and the world. Based on the above problems stated, the researchers are poised to examine the prevalence of suicidal behavioural experiences among undergraduates of the University of Nigeria Nsukka.

1.1. Purpose of the Study

The main purpose of this study is to determine the suicidal experience and prevalence among undergraduates of the University of Nigeria Nsukka. These specific objectives guided this study;

1. Ascertain the suicidal behavioural experience among students of tertiary institution
2. Ascertain the prevalence of suicidal experiences among students of tertiary institution

1.2. Research Questions

The following research questions guided this study:

1. What is the mean response of students in tertiary institutions on their suicidal behavioural experiences?
2. What is the prevalence of suicidal experiences among students in tertiary institution?

1.3. Hypotheses

The following null hypotheses guided this study:

Ho1 There is no statistically significant difference between the mean response scores of male and female university students on suicidal behavioural experiences

Ho2 There is no statistically significant difference between the mean response scores of male and female university students on the prevalence of suicidal experience.

2. METHODS

2.1. Ethical Consideration

Following the guidelines of Helsinki Declarations, University of Nigeria ethical committee, under the auspices of the Faculty of Education, approved that the researchers should conduct this study. In addition to that, a permission letter was obtained from administrative authorities before the conduct of the study. At the point of reaching each gambling centre, participants were solicited to sign up for the study if they wished to participate. As they completed the written informed consent letter, an envelope contained copies of questionnaires, pens, and pencils.

2.2. Design

The research design adopted in this study was the descriptive survey research design. A descriptive survey design is used to collect information that identifies, describes, and explores characteristics of a given phenomenon and population [12]. In this research study, a survey research design was used as it would enable the researchers to describe the suicidal experiences, prevalence, risk factors, and guidance and counselling roles in preventing suicidal attempts among students at the University of Nigeria Nsukka. The design was chosen because it aims to describe the characteristics of the (phenomena) suicide and the preventive roles of counselors under the study.

2.3. Area of the Study

The area of study was conducted at the University of Nigeria Nsukka. The University of Nigeria, Nsukka (UNN) is a federal university located in Nsukka, Enugu State, Nigeria. Founded by Nnamdi Azikiwe in 1955 and formally opened on 7 October 1960, the University of Nigeria has four campuses – Nsukka (University of Nigeria, Nsukka, UNN), Enugu (University of Nigeria Enugu Campus, UNEC), Ituku-Ozalla (University of Nigeria Teaching Hospital, UNTH) and Aba (University of Nigeria Aba campus, UNAC). The University of Nigeria was the first full-fledged indigenous and first autonomous university in Nigeria, modelled upon the American educational system. It is the first land-grant university in Africa and one of the five most reputed universities in Nigeria. The university has 15 Faculties and 102 academic departments. The university offers 82 undergraduate programs and 211 postgraduate programmes.

2.4. Participants

The researchers used the accidental sampling technique to

select 100 students, cutting across all departments and faculties and within the school library. Therefore, 100 students of University of Nigeria Nsukka will be used as the sample size. Before each participant could be included in the present study, the person must be a university student, must be confirmed as a regular student by the department. On the other hand, those parent/adult gamblers that did not meet up with the inclusion criteria were excluded. To ensure that the number of participants was statistically accurate and adequate enough, as suggested by Faul [13]. Faul's Gpower statistical tool confirmed the power of the sample size.

2.5. Sources of Bias and Ameliorative Mechanism

We took note that the response rates in survey studies are seriously declining. This seems to be due to participants' perception of bias. Therefore, we prevented selection bias and response bias by stating clearly in the questionnaires that the present study was not funded by any institution and agency or government. The participants were also informed that the research team is politically neutral. We orally informed them to avoid any item statement that does not apply them. We also ensured that right target audiences participated in the study.

In addition, we reduced response bias by avoiding phrasing questions emotionally. There was no 'yes and no' questions in the measurement scales, instead, we used multiple-choice answers.

2.6. Instrument for Data Collection

Suicidal Behaviour Questionnaire (SBQ) is a 37-item self-report questionnaire that assesses suicidal behaviours, experiences and associated risk factors prevalent among students. SBQ was adapted from Harkavy Asnis Suicide Survey (HASS) (Harkavy Friedman, & Asnis, 1989) and Suicide Intent Scale (SIS) (Freedenthal, 2008) except fourth sub-scale that was a self-structured scale by the researchers. SBQ has two sections A and B. Section A addressed the socio-demographic characteristics of the participants, namely sex, age, department, and year of study. Section B was divided into two clusters. Cluster A focused on suicidal behavioural experience, cluster B addressed the prevalence of suicidal attempts among students, Clusters A and B were weighted at the following response options of 4- Strongly Agreed, 3- Agree, 2- Disagree, 1- Strongly Disagree. To ascertain the face-validity of the instrument, three copies of the questionnaire were given to three experts, two from the Department of Guidance and Counselling, and one from Measurement and Evaluation, Science Education, all in the Faculty of Education, the University of Nigeria Nsukka. These experts were requested to assess and cross-check the instrument to determine if it provided the necessary outcome for the research. The suggestions pointed out by the experts were affected. Hence, the final draft of the instrument was administered to the respondents. To determine the internal consistency of the instrument, a trial test was conducted using 30 undergraduate students from the Faculty of Engineering at the University of Nigeria Nsukka. The students completed the questionnaires within one week. The data were subjected to Cronbach alpha coefficient statistical method and the result was 0.95.

2.7. Methods of Data Collection

The instrument was administered to 100 undergraduate students of the University of Nigeria Nsukka. The researchers distributed the questionnaires to different faculties, which include Faculty of Arts, Education, Physical Sciences, Biological Sciences, Pharmaceutical Sciences, etc. They also visited one of the female hostels on the campus, where there is large evidence of occupants. The distribution was done with the help of two research assistants on a wait-and-collect basis after 20 minutes of issuance. The aim was to minimize the chances of loss and damage. The completed questionnaires were collected upon completion by the researchers and her assistant. The researchers, however, explained some terms on the items that may not be clear to the respondents before the distribution. There was no record of missing data because the researchers made sure that all items were ticked before collection. It took the researchers a total of 2 weeks to issue the questionnaire to the respondents.

2.8. Method of Data Analysis

The data collected was used to analyze using mean, standard deviation, and percentage and were used to analyze the research questions, while a t-test was used to analyze the null hypotheses.

3. RESULTS

3.1. Research Question One

What is the mean response of students in the university on their suicidal behavioural experiences?

Table 1 above shows the result of the responses of university students with respect to their suicidal behavioural experiences. The result indicates that the mean responses of students to all the items (1 to 24) as well as the cluster mean are below the criterion mean of 2.50. This implies that university students rejected suicidal behavioural experiences. The standard deviations for all the items are relatively high. This means that differences exist in the responses of the students to suicidal behavioural experiences.

3.2. Research Question Two

What is the prevalence of suicidal experiences among students in the university?

Table 2 above shows the frequencies and percentages of the responses of university students on the prevalence of suicidal experiences. From the analysis, 44 (43.0%) male students and 57 (57.0%) female students agreed that there is prevalence of suicidal experiences. This implies that suicidal experiences are more prevalent among female university students. 33 (33.0%) students below 20 years, 49 (49.0%) students within the range of 20-24 years, and 18 (18.0%) students who are 25 and above agreed that there is a prevalence of suicidal experiences. This is an indication that students who are below 20 to 24 years experience suicide more compared to their university counterparts. In terms of the faculties where the students belong to, a total of 20 (20.0%) education students, 4 (4.0%) Biological Sciences students, 6 (16.0%) Agric sciences

students, 25 (25.0%) Arts students, 14 (14.0%) Physical sciences students, and 21 (21.0%) Management students agreed

that suicidal experience is prevalent among students. For the years of study, students in years 1, 2, and 3 have more suicidal experiences compared to year 1 students.

Table 1. Mean and standard deviation of the responses of students in the university on their suicidal behavioural experiences.

S.NO.	Item Statements	N	X̄	SD	D
1	Last week, I planned how to kill myself.	100	1.58	0.92	R
2	Recently, I expressed regrets about being born.	100	1.71	1.03	R
3	I had a plan to kill myself, which I started, but stopped along the way.	100	1.46	0.86	R
4	Presently, I had stopped experiencing pleasurable life events such as eating, exercise, social interaction.	100	1.77	1.03	R
5	Recently, I talked to someone about killing myself.	100	1.49	0.85	R
6	Not long ago, I held a gun all in a quest to end my life.	100	1.34	0.66	R
7	I had said goodbye to others as if it were the last time.	100	1.57	0.90	R
8	Lately, I expressed regret about being alive.	100	1.65	0.97	R
9	Of late, I engaged in risky behaviour, such as intake of drugs.	100	1.66	0.92	R
10	Of recent, I don't find reasons of staying alive.	100	1.62	0.92	R
11	I had felt like running into a moving vehicle.	100	1.56	0.81	R
12	Last week, I expressed heightened state of anxiety.	100	1.85	0.99	R
13	Not long ago, I suddenly started feeling like staying alone.	100	2.04	1.10	R
14	I had thought of taking huge amounts of drugs other than marijuana or prescription drugs.	100	1.51	0.77	R
15	A moment ago, I had thoughts about different ways to kill myself.	100	1.59	0.93	R
16	Recent times, I had been in high places and felt like jumping.	100	1.48	0.75	R
17	I had newly been agitated.	100	1.85	0.94	R
18	Currently, I had thought of taking harmful substances that could end one's life.	100	1.69	0.85	R
19	I had thought that the world would be better off without me.	100	1.76	0.91	R
20	Presently, I had stopped experiencing pleasurable emotions from normally pleasurable life events such as eating, exercise, social interaction.	100	1.81	1.01	R
21	Lately, I had felt severe self-criticism.	100	2.13	1.04	R
22	At the moment, I had felt trapped and hopeless.	100	1.99	0.98	R
23	Not long ago, I had talked about being a burden to others.	100	2.02	0.98	R
24	Recently, I had felt severe remorse.	100	2.07	1.08	R
Cluster X			1.72	0.68	R

KEYS: n = sample; X̄ = Mean; SD = Standard Deviation; R = Rejected; D = Decision

Table 2. Percentage of the prevalence of suicidal experiences among university students.

Prevalence of Suicidal Experiences		N %	
Gender	Male	43	43.0%
	Female	57	57.0%
Age	Below 20 years	33	33.0%
	20-24 years	49	49.0%
	25 and above	18	18.0%
Faculty	Education	20	20.0%
	Biological Sciences	4	4.0%
	Agric Sciences	16	16.0%
	Arts	25	25.0%
	Physical Sciences	14	14.0%
	Pharmaceutical Sciences	21	21.0%
Year of Study	Year 1	21	21.0%
	Year 2	28	28.0%
	Year 3	25	25.0%
	Year 4	26	26.0%

Keys: %= percentage, n=sample size

3.3. Hypothesis One

There is no statistically significant difference between the mean response scores of male and female university students on suicidal behavioural experiences.

The analysis of the result in Table 3 indicates that the t-value of 0.55 has an associated probability value of 0.08 which is above the a priori value of 0.05. Hence, the null hypothesis is not rejected. This means that there is no significant difference in the mean response scores of male and female university students on suicidal behavioral experiences.

Table 3. t-test summary table on the difference in the mean response scores of male and female university students on suicidal behavioural experiences.

Gender	N	X-	SD	df	t	Sig.	Decision
Male	43	1.76	0.75	98	0.55	0.08	Not Sig.
Female	57	1.68	0.64			-	

Keys: n=sample size, X- = mean, SD = standard deviation, df = degree of freedom, t=t-test, sig. = significance

3.4. Hypothesis Two

There is no statistically significant difference between the mean response scores of male and female university students on the prevalence of suicidal experiences.

The result in Table 4 above shows that the t-value of 0.72 has an associated probability value of 0.968. Since the p-value (0.96) is greater than the 0.05 level of significance, the null hypothesis is not rejected. This is an indication that there is no significant difference in the mean response scores of male and female university students with respect to the prevalence of suicidal experiences.

Table 4. t-test summary table on the difference in the mean response scores of male and female university students on the prevalence of suicidal experiences.

Gender	N	X-	SD	df	t	Sig.	Decision
Male	43	1.82	0.59	98	0.72	0.96	Not Sig.
Female	57	1.73	0.63			-	

Keys: n=sample size, X- = mean, SD = standard deviation, df = degree of freedom, t=t-test, sig. = significance

4. DISCUSSION

Regarding the responses of students in the university on their suicidal behavioral experiences, it was found that tertiary institution students do not experience suicidal behaviours as the items on the listed table. This finding was in line with the study of Canino and Roberts [14] who stated that students usually experience suicidal behaviours, but the experience is low and minimal among students. Although these students may have the tendency of conceiving such ideas through their behaviours, they have not experienced or shown actions toward such suicidal behaviour.

The findings of the study indicated that suicidal experiences are prevalent among students in tertiary institutions. This finding corresponds with the study of Bosch, McGill, and Noor-Mohamed [15], who stated that although students at times can develop suicidal thoughts and ideas about

killing themselves, which may happen in a few cases, there are actually low incidences of the prevalence of students committing suicide at home or in school. They supported this view from the result they carried out among university students which attested that the rate of suicidal behaviour among students in tertiary institutions is low. Suicide is a social-health issue, hence studies on its causes, the stigma associated with suicide victims, and the necessity of good reporting of suicidal cases should be conducted in Nigeria. Making a plan for preventive intervention methods in Nigeria and effectively reporting suicide incidents without molestation will be made it easier by this. Since there was a very low prevalence of suicidal behaviors among the students, the counselor should step up efforts to keep pace by educating the public about the risks associated with established suicidal behavior risk factors. In schools and colleges, suicide prevention and education should be taught. Suicide education must be able to include themes like warning signs, myths, and facts about suicide, risk factors, and potential strategies to assist suicide in order for it to be effective. Suicidology bulletins should be published, and suicide prevention facilities that handle other psychological and emotional problems of a crisis nature in addition to preventing suicide should be established. Volunteer organizations, mental health services, public health authorities, and hospitals may be used to staff these facilities. The counselor should plan programs of preventative intervention measures for the students at the various universities.

4.1. Implications for Cognitive Behaviour Counsellors in Primary Schools

As they grow to survive and form bonds with others, humans constantly seek to make meaning of their internal and exterior experiences [16]. Individual differences in past knowledge and beliefs influence how we scan our environment and select stimuli to assign meanings [16]. We create beliefs about ourselves, other people, our environment, and the future as we grow older [17 - 20]. These ideas that persist over time and become rigid and durable are referred to as core beliefs by Beck et al. [21] Beck [22] divides essential beliefs into categories depending on a person's perception of their deservingness, lovability, and control [22]. For the reasons of survival and attachment, humans constantly seek to make meaning of their internal and external experiences. These fundamental beliefs are activated when related events take place in the present, which affects our ability to be objective and colors how we perceive our experience.

Also, Cognitive experts should approach schoolchildren with suicidal beliefs using Beck principles to deal with content deficits. The core of the CBT approach for suicidal thoughts and actions is Beck's cognitive triad. Depressed suicidal students, according to Beck, perceive themselves as flawed, insufficient, afflicted, or deprived, rendering them worthless and undesirable; they perceive others as rejecting and unsupportive by making excessive demands; and they perceive their future as hopeless because they do not think they have the internal and external resources to address their issues [23]. Their perception of being flawed causes them to take a passive attitude to resolve the issues that are upsetting them; they avoid attempting to find solutions and may even hold out hope for an

accidental one [24]. They give up because they think no one genuinely cares about them and because they do not think they can handle their problem(s) on their own. They come to the conclusion that there is no future without one's own abilities and other people's support.

School counsellors with cognitive and behavioural skills should also deal with factors that could lead to hopelessness. The main cause of suicidal thoughts and actions is hopelessness, which separates depressed, suicidal patients from depressed non-suicidal patients [25]. The result of not seeing any solutions to issues and the activation of beliefs associated with unfavorable expectations, such as "I can never be happy" and "My family will be better off without me," is hopelessness. More so than sadness or the severity of symptoms, hopelessness is a significant predictor of suicidal intent [26]. Recent research has shown that hopelessness is a reliable indicator of depression severity and that it mediates the relationship between suicidal thoughts and actions [27]. So, hopelessness foretells both present and future suicidal thoughts and actions. Hopelessness can be classified as either a state or a trait by researchers. Trait despair is linked to long-term pessimistic expectations for the future, whereas state hopelessness is linked to the immediate act of suicide. According to Beck [28], it requires less stress to cause a suicide crisis and express hopelessness when a person has a strong trait of hopelessness [28]. Young et al. [28] discovered that low levels of hopelessness over time were more predictive of suicide attempts than high levels of hopelessness at any given time in depressive patients who had achieved remission [29].

We also recommend dealing with attentional bias observed by any child/student in school. This would help to change negative thoughts about self, others, and the future. According to cognitive theory, when attempting to make sense of his or her internal experiences, a person selectively scans their environment, interprets what they see, and remembers pertinent information from the past. Past experiences, memories, and beliefs influence the selection and interpretation processes. In order to reduce their perspective and understanding of alternatives to suicide, suicidal patients will instinctively concentrate on and choose a material that is related to suicide. According to studies that support this theory, those who have tried suicide display an attentional bias on the Emotional Stroop Task toward words that are connected to suicide as opposed to negative or neutral phrases [30, 31].

CONCLUSION

The research investigated the suicidal experience and prevalence among undergraduates of University of Nigeria, Nsukka. From the mean responses of the students collected using a structured questionnaire, it was suggested that Tertiary institution students do not experience suicidal behaviours and suicidal experiences are not prevalent among tertiary institution students

LIMITATIONS OF THE STUDY

A number of factors have influenced the generalization of the findings of this study.

1. The study's main restriction was the unwillingness of the

non-academic employees at the University of Nigeria Nsukka's security and medical units to provide the researcher access to the records needed to examine the university's documented cases of completed and attempted suicides.

2. Also, the research was carried out during the researchers' examination and lecture period, and these clashes affected the researcher during the instrument administration.

3. Most of the respondents who are students were not cooperative. Some of them refused to fill the questionnaire for fear of the unknown.

4. Funding was also another problem evidenced in this research as it involves financial involvement for repeated visits, the printing of questionnaires, validation process, and other miscellaneous.

5. This study is a study using survey data from one university rather than a randomized study and the study results are less likely to be generalizable. Further investigations on the prevalence of suicidal behavioural experiences on a large scale are suggested.

6. 100 students is a small sample in many areas of psychological research and especially so in suicide research which is a relatively rare outcome, statistically.

LIST OF ABBREVIATIONS

SBQ	= Suicidal Behaviour Questionnaire
WHO	= World Health Organization
UNN	= University of Nigeria, Nsukka
UNEC	= University of Nigeria Enugu Campus
UNTH	= University of Nigeria Teaching Hospital,

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was conducted under the approval of Faculty of Education of the University of Nigeria.

HUMAN AND ANIMAL RIGHTS

No animals were used in this research. All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committee and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

Written informed consent was obtained from all participants.

AVAILABILITY OF DATA AND MATERIAL

All the data and supportive information are provided within the article.

STANDARDS OF REPORTING

STROBE guidelines were followed in this study.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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Declared none.

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