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## Academic Stress, Coping And Resilience As Predictors Of Suicidal Ideation Among Adolescents

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### Abstract

The study adopted a cross-sectional design to examine academic stress, coping and resilience as predictors of suicidal ideation among undergraduate students of the University of Nigeria, Nsukka. A total of three hundred and sixty (360) participants (214; 59.4% males and 146; 40.6% females) participated in the study. Participants were drawn using the probability sampling technique and were administered a questionnaire where they were clustered in the university. Four instruments were used in the collection of data, namely: Laskaev Academic Stress Response Scale (LASRS), Brief Cope Inventory (B-COPE), Resilience Scale (RS-14), and Scale for Suicidal Ideation (SSI). Three hypotheses were postulated and tested. The multiple regression analysis results showed that while academic stress predicted suicidal ideation ( $\beta = .13, p < .05$ ), coping did not. Resilience negatively predicted suicidal ideation ( $\beta = -.24, p < .01$ ). Findings offer some directions and focus on preventing suicidal ideation by initiating programs that teach and promote students' resilient academic skills and ability to bounce back while positively coping after stressful academic challenges, which will help alleviate adolescents' suicidal thoughts.

**Keywords:** Adolescents, Academic Stress, Coping, Resilience, Suicidal Ideation.

### Introduction

Suicide is a diverse, incomprehensible and disconcerting phenomenon to a reasonable extent (Resnik, Kuchuk, Musacchio, Pinkham, et al. 2020). Suicide appears to elude easy explanation (De Choudhury, Kiciman, Dredze, Coppersmith, & Kumar, 2016). The seeming



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inability to predict suicidal thoughts and attempts and its inestimable consequences in society make understanding this behaviour of utmost priority to clinical psychologists and mental health practitioners. Undisputable is the fact that there is a challenge to understanding the widespread attitudes that predict suicide. It is now an object of multidisciplinary scientific study that has ignited psychology, sociology, anthropology, and psychiatry, each providing an important insight into suicide (Fernandes, Dutta, Velupillai, Sanyal, Stewart & Chandran, 2018). Particularly promising are the significant advances being made in the scientific understanding of the neurological basis of suicidal behaviour (Jamison, 2000) and the mental conditions.

Nevertheless, specific questions about suicide seem to fall at least partially outside the domain of science, and indeed, suicide had been a focal philosophical examination in the West more especially in the time of Plato. For philosophers, suicide raises vast conceptual, theological, moral and psychological questions: What makes a person's behaviour suicidal? What motivates such behaviour? Is suicide morally permissible or even required in some extraordinary circumstances? Is suicidal behaviour rational?

Suffice to say this, a layperson would ask, what on earth could make a reasonable fellow man take his life, knowing nothing about what actually comes about his existence. This may be an inviting and appropriate question to ask. However, there might be a lack of foresight toward some suicidal attempts and equally completed ones in that some suicidal scenes can be created in an attempt to murder a person. Having said this, Resnik et al. (2020)



noted that it lays the informational foundation that not all people who committed suicide did it at their own accord and making. This is a case that befell the fate of one Onyebuchi Okonkwo, a University of Nigeria, Nsukka student who was reportedly found to have been tied to the roof of an uncompleted building behind the hockey pitch, with a kitchen knife under his feet and several Physics textbooks littered the scene of the incidence. It was reported that circumstances surrounding his death were all fabricated (Ubabukoh, 2012).

If a purely descriptive account of suicide is possible, where should it begin? While it is tempting to say that suicide is any self-caused death, it may be difficult to explain. Similarly, an individual who takes hydrochloric acid, believing it to be lemonade, and subsequently dies caused his or her death but does not engage in suicidal behaviour. Moreover, there are self-caused deaths that are not suicides, but there are behaviours that result in death that are arguably suicidal in which the agent is not the cause of his or her death or is so only at one's effort. This can occur when an individual arranges the circumstances for his or her death. To Yin, Tong, Huang, et al. (2020), a terminally ill patient who requests that another person inject him or her with a lethal dose of tranquillizers (a drug used to reduce the effects of stress, anxiety or tension) has knowingly, died by suicide. Though he or she is not immediately causally responsible for his or her death, he or she appears morally responsible for his or her death, since he or she initiates a sequence of events which he or she intended to result in his or her death, a sequence which cannot be explained without referring to his or her beliefs and desires. Therefore, worthy of note is that what appears



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essential for a behaviour to count as suicide is that the person in question chooses to die (Ronald, Alan, & Morton, 2000).

This work would be deemed incomplete without shedding light on the various ways in which people engage in suicidal behaviours. Moreover, they are as follow Drinking of Chemical (like "Sniper" an insecticide/pesticide), hanging, drowning, jumping from a height, firearms. Suicidal behaviour can be divided into destructive (completed) and non-fatal suicidal behaviour. However, suicidal ideation is thinking about or an unusual preoccupation with suicide. Suicidal ideation, also known as suicidal thoughts, is thoughts about killing oneself, which can range from a detailed plan to a momentary consideration but does not include the final act of killing oneself. That is to say, ideation is only a valuable marker of suicide risk as much as it is possible to assert that suicidal thoughts are more likely to translate to action. While some suicidal ideators proceed to suicide attempt, the majority of attempters and completers have engaged in ideation at some point in their lives. The majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Some suicidal ideations can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed. Much remains to be done to understand the role of different risk factors at different levels of suicidal behaviour (e.g., ideation, attempt and completion). Risk factors for suicide are associated with a greater potential to commit suicide and a variety of psychopathological states. Researchers are now beginning to explore how risk factors form interactional relationships with the environment and the effects of multiple risk factors on suicidal behaviour. It is



hoped that, in doing so, researchers and clinicians will be able to design more effective intervention and prevention programs aimed at targeting youths and young adults in such crisis. Unfortunately, little is known about the risk and protective factors related to suicidal ideation among adolescents and young adults.

Yin et al. (2020) noted that the role of stressful life events in suicidal ideation, attempts and completed suicides had been a critical area of study in the epidemiology of mental disorders. Although suicidal behaviour often occurs in the context of acute and chronic stressors, this does not prove a causal link (Rizvi & Fitzpatrick 2020). So, these associations could simply be coincidental or rather comorbid. Due to the multi-faceted nature of suicide, a range of factors, which can be categorized into risk and protective factors, were found to contribute to suicidal ideation (Clapham, Bodén, Brandt, Jönsson, Bahmanyar, Ekblom, & ...Reutgers, 2019). Shneidman (1998) observed that psychological factors (such as family instability, divorce, violence, lacking parental support, etc.) and socio-economic challenges impair healthy adolescent development, thereby increasing the risk of self-destructive behaviour. The use of ineffective coping strategies is associated with an increased incidence of suicidal ideation. There are a number of other factors correlated with suicidal ideation, which includes but not limited to drug addiction, depression, availability of means to commit suicide, family history, and previous head injury (Clapham, Bodén, Brandt, Jönsson, Bahmanyar, Ekblom, & ...Reutfors, 2019; Rizvi & Fitzpatrick 2020; Yin et al., 2020).



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Socio-economic factors such as unemployment, homelessness, poverty, discrimination, etc., may trigger suicidal thoughts. However, for the sake of this work, academic stress, coping, and resilience would be considered as a predictor of suicidal ideation.

Stress is a condition that results when the person-environment transactions cause the individual to perceive a discrepancy between the demands required from a situation and the resources (biological, psychological or social) available to deal with the situations (Caltabiano, 2002). Stress typically describes a negative concept that can impact one's mental and physical well-being, but it is unclear what exactly defines stress and whether or not stress is a cause, an effect, or the process connecting the two. One form of stress that college students are constantly experiencing is stress concerning academic concerns. Thus, the association between academic stressors and suicidal ideation has been well documented in several research studies (such as Ang & Huan, 2006; Wibum & Smith, 2005; Ciarrochi, Deane, & Anderson, 2002; Ugurlu & Ona, 2009).

Many factors jointly contribute to the stress being experienced by students. However, the following are associated with academic stress based on the available literature: time management issues, financial burdens, interactions with lecturers, personal goals, social activities, adjustment to the campus environment, lack of support network (Wilks, 2008); admission procedures, high standards of parents, curriculum being high concept laden, appropriate school timings, high student-lecturer ratio, the non-conducive physical environment of classrooms, the absent of student-lecturer interaction, irrational rules of discipline, physical punishment, excessive or unbalanced school work, teaching



methodology, different attitudes of lectures, overemphasis on weaknesses rather than strengths (Masih & Gulrze, 2016); expectations of students themselves, expectations of parents, and expectations of teachers (Ang & Huan, 2016). Additionally, the followings were recognized to be associated with academic stress based on studies: academic workload, attending lectures, examinations, school curriculum, inadequate learning materials, performance in academic work, academic difficulties, overcrowded classrooms, subject-related projects, uncertainty in getting a job after graduation or worrying about the future, self-expectations, expectations of family members or parents, expectations of peers, expectations of friends, financial limitations, college admission procedures, frustrations, conflicts, pressures, and changes (Zhang, Du, Yin, Zhang, Chen, Xiu, ... Soares, 2018; Soloff, Lynch, & Kelly, 2002).

Coping can be seen as a conscious effort to reduce stress (Weiten & Lloyd, 2008). In other words, it can be defined as efforts made by individuals in managing situations that are evaluated as potentially harmful or stressful. Coping strategies refer to the masterful ways of tolerating, reducing or minimizing stressful events. Carver, Scheier and Weintraub's (1989) research on university students developed the coping inventory, a multidimensional inventory, integrating similar coping methods into two main types: Problem-focused coping, emotional-focused coping. Furthermore, there are other coping strategies which are active and avoidance coping strategies. An active coping strategy is either behavioural or psychological responses designed to change the nature of the



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stressor itself or how one thinks about it. At the same time, avoidant coping strategy leads people into activities (such as alcohol use) or mental state (such as withdrawal) that keep them away from directly addressing stressful events. The choice of coping strategies was found to influence behavioural outcomes, as adolescents who model active coping skill reported a lower prevalence for suicidal ideation (Isrealashvili, Gilud-Osovitski & Asherov 2006). Young adults who experience difficulty coping with stressors show a greater propensity for suicidal behaviour as a means of reaching out to others and escaping from unpleasant circumstances (Lewis & Freydenberg, 2002).

Psychological resilience is an individual's tendency to bounce back to a previous state of normal functioning or simply not showing negative effects after stress and adversity. Resilience has been defined as an ability to recover from adversity (Wagnild, 2009a) and as a personality characteristic that improves individual adaptation and moderates the negative effects of stress. Resilient persons tend to manifest adaptive behaviours, especially in social functioning, morale and somatic health, and to experience positive emotions even amidst stress (Tugade & Fredrickson, 2004). Consequently, it has been argued that resilience and the resiliency theory may help to promote healing at a deeper, softer, but yet more efficacious level (Richardson, 2002). Previous studies have shown that people who are optimistic, hopeful and engaged in a cause have higher immune levels than those who perceive themselves as helpless, hopeless and depressed (Richardson, 2002). The relationship between resilience and well-being has been proposed to be mediated by positive view of the self, the world and the future (Mak, Ng, & Wong, 2011).



Once an individual is preoccupied with suicidal ideation, there is the possibility that he or she might end up committing suicide and the effects of suicidal behaviour or completed suicide on friends and family members are often devastating. Individuals who lose a loved one to suicide (suicide survivors) are more at risk for becoming preoccupied with the reasons for the suicide while wanting to deny or hide the cause of death, wondering if they could have prevented it, feeling the blame for the problems that preceded it, feeling rejected by their loved one, and stigmatized by others. Survivors may experience a great range of conflicting emotions about the deceased, feeling intense emotional pain and sadness about the loss, helpless to prevent it, extreme feeling of isolation and emptiness, etc. Suicidal behaviour (that is, ideation, attempt and completed) is a severe public health problem that causes immeasurable pain, suffering and loss to individuals, families, and communities at large. Somebody can imagine how family members, friends, co-workers, students and others in the community all suffer the long-lasting consequences of suicidal behaviours. The effect of suicide on communities across the nation goes beyond the individual.

In Nigeria today, Ugurlu and Ona (2009) noted that many tertiary institutions had been enveloped with suicidal thought one time or the other, and some ended up committing suicide due to frustration or depression, academic stress. Hence, suicide has in recent time become rampant among students in Nigeria. Ubabukoh (2012) reported earlier in June



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2012 that a 300 – level Physics and Astronomy student of the University of Nigeria, Nsukka, was found dead at the Hockey pitch behind Akanu Ibiam Stadium on the campus. Also, in June 2012, a 27-year-old Business and Administration student of the National Open University (NOUN), Lagos State, committed suicide two days after he was reported caught cheating while sitting for his final examination. Ori (2012) reported the unfortunate case of a 400-level Civil Engineering student of the Federal University of Technology, Akure (FUTA), who committed suicide in the hostel at Apakta in Ibadan, Oyo State, in August 2012). According to Ori (2012), the same fate befell a 27-year-old National Diploma graduate of Business Administration Osun State Polytechnic, Iree Muili Awolumate, who reportedly took his life in the Ifon area. Furthermore, Okutu (2012) reported in May 2012 that a 400-level Medical Laboratory student of Ebonyi State University (EBSU) committed suicide.

The above instances showed that some students who came to the ivory of towers to learn to make themselves and humanity better might end up taking their lives in a most brutal and wicked manner while bringing pains and anguish to their family, friends and well-wishers. Hence, there is a need to explore the factors in suicidal ideation. It is against this backdrop that this study intended to proffer a solution to whether academic stress, coping, and resilience predicts suicidal ideation among adolescents. Therefore, it was hypothesized that academic stress, coping, and resilience would not be associated with suicidal ideation among adolescents.



## **Method**

### **Participants and Procedure**

The study adopted a correlation-predictive design to sample a total number of 360 undergraduates of the University of Nigeria, Nsukka. They consist of 214 (59.4%) males and 146 (40.6%) females who were conveniently sampled and administered scales in the university. Their ages ranged from 16-30, with a mean age of 22.41yrs. A total of 358 (99.4%) were single, while 2 (0.6%) were married. All were SSCE holders and Christians. The four instruments were used for data collection. The instruments were distributed to students who willingly accepted to participate in the study with preceding self-introduction and the study objective. Out of the four hundred (400) copies of the questionnaire distributed, three hundred and sixty (360) were completed and returned, while forty (40) were discarded due to improper completion of the questionnaires. Hierarchical multiple regression was adopted for the result analysis.

### **Instruments**

#### *Lakaev Academic Stress Response Scale (LASRS)*

A 21- item scale developed by Lakaev (2006) to measure stress responses specifically among university students in these domains: Physiological Behavioural, Cognitive, and Affective. Respondents rate how much of the time they experience symptoms on a 5-point Likert scale. The response pattern 1= None of the Time, 2= A little of the time, 3= Some of the Time, 4= Most of the Time and 5= All of the Time. Sample items of the scale included: 'I had



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trouble concentrating in the classes', 'I felt overwhelmed by the demands of study'. Items are summed for subscale scores, and subscales are summed for a total LASRS stress response score. Higher scores indicate a greater stress response. Items for the LASRS were generated from a review of the general stress and academic stress literature. Twenty-seven items were selected and then tested in a pilot study; forty-five student volunteers completed the 27 items and the Kessler-10, a measure of non-specific psychological distress. The 27 items were then submitted to a principal components analysis, which confirmed the 4-factor component structure of the questionnaire. Reliability analysis of the four factors using the leave-one-out procedure suggested that the scales would be improved by discarding six items. The remaining 21 items yielded acceptable to excellent internal consistency ranging from .64 to .92. These 21 items became the LASRS as used in the present study to measure student responses to academic stress. The scale was pilot tested, and the result yielded a Cronbach Alpha of .83.

#### *Brief COPE (B-COPE)*

Brief COPE consists of 14 scales, of two items each. Therefore, the Brief COPE includes only 28 items, which measure 14 conceptually differentiable coping skills. When tested, it yielded a Cronbach Alpha of .87. Some of these skills are known to be generally adaptive; others are known to be problematic. Thus, the Brief COPE provides researchers with a way to quickly assess potentially important coping responses—response options in this format range from 1 (not at all) to 4 (Always). Sample items of the scale included: 'I have been taking action to try to make the situation better, 'I have been looking for something good in



what is happening'. The scale was pilot tested, and the result yielded a Cronbach Alpha of .77.

#### *Resilience Scale (RS-14)*

This measures the capacity to withstand life stressors and to make meaning from challenges. Wagnild and Young (1993) developed the 14-Item Resilience Scale. The scale contains items that measure two major dimensions of Psychological resilience: personal competence (as it was indicated in items 1, 2, 5, 6, 7, 8, 9, 11, 12, 14), and acceptance of self and life (as it was indicated in items 3,4,10,13). It has internal consistency reliability of .93. All the 14 items are positively worded, and participants responded on a 7-point scale that ranged from strongly Disagree (1) to Strongly Agree (7). Sample items of the scale included: 'I usually manage one way or another, 'I can get through difficult times because I have experienced difficulty before'. The scale was pilot tested, and the result yielded a Cronbach Alpha of .93.

#### *Suicidal Ideation (SSI)*

Suicidal ideation among the students was assessed with a 19-item self-report Scale for Suicidal Ideation, developed by Beck et al. (1979). The ISS was designed to quantify the intensity of current conscious suicidal intent by scaling various dimensions of self-destructive thoughts or wishes. The items assessed the extent of suicidal thoughts and their characteristics as well as the respondent's attitude towards them; the extent of the wish to die, the desire to make an actual suicide attempt, and details of plans, if any; internal



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deterrents to an active attempt; and subjective feeling of control or "courage" regarding a proposed attempt. Each item consisted of three alternative statements graded in intensity from 0 to 2. Sample items of the scale included: 'Wish to live', Duration of suicidal ideation'.

The instrument's total score was the sum of the



individual item scores and may range from 0 (low ideation) to 38 (high ideation). In other words, a positive rating (>1) on any of the ideation scale's 19-item was considered as a potential indicator of suicide ideation. Out of 29 items, 16 have positive and significant item-total correlations and a Cronbach alpha was .89 which indicated high reliability of SSI and also support the validity of this scale (Beck et al., 1979). Validity of SSI was also indicated by the moderate correlations with clinical ratings of suicidal risk and self-harm (Beck et al., 1979). The scale was pilot tested and result yielded a Cronbach Alpha of .82.

## Results

**Table 1: Means, Standard Deviations, and Correlations**

Variable	Mean	SD	1	2	3	4	5	6	7	8	9	10
1 Suicidal_Ide	5.80	5.90	1.00									
2 Gender	1.41	.49	.01	1.00								
3 Age	1.26	.46	-.02	-.00	1.00							
4 Marital Stat	1.02	.19	.07	-.03	-.03	1.00						
5 Ethnic Grp	1.12	.52	-.02	-.06	-.05	.23**	1.00					
6 Religion	1.97	.19	-.03	.08	.06	-.06	-.11	1.00				
7 Edu_Quali	1.01	.09	.10*	-.01	.22**	-.01	.04*	.18**	1.00			
8 Acad_Stress	45.63	12.16	.13*	.17**	-.03	-.04	-.03	-.01	-.01	1.00		
9 Coping	69.65	11.80	.04	.10*	.05	-.08	-.12*	-.01	.05	.29**	1.00	
10 Resilience	75.97	17.34	-.24**	.15**	-.00	-.04	-.03	-.04	-.10*	-.10*	.23**	1.00

\*  $p, .05$ , \*\*  $p, .01$ ,  $N=360$ . The measures are all in a Likert response options such that a higher score represented greater strength of that construct.



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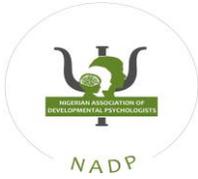
Table 1 above showed that suicidal ideation has positive association with educational qualification ( $r = .10$ ;  $p < .05$ ), and academic stress ( $r = .13$ ;  $p < .05$ ), but has negative association with resilience ( $r = -.24$ ;  $p < .01$ ). However, suicidal ideation has no association with coping. The associations with educational qualification and academic stress were further tested with hierarchical regression, and the results were presented in Table 2 illustrated below:

**Table 2:  $\beta$  Contributions of IVs on Suicidal Ideation**

Variables	B	R <sup>2</sup>	R <sup>2</sup> Change
Constant			
Gender	-.00	0%	.00
Age	-.04	0%	.00
Marital Status	.08	1%	.01
Ethnic group	.05	0%	.00
Religion	-.04	1%	.01
Education Qualification	.12	1%	.01
Academic Stress	.13	4%	.02*
Coping	.01	4%	.00
Resilience	-.24	9%	.05**

\*  $p, .05$ , \*\*  $p, .01$ ,  $N=360$ .

The results of the hierarchical regression conducted with suicidal ideation, as presented in Table 2 above, indicated that academic stress is a predictor of suicidal ideation among students. In the same vein, resilience negatively predicted suicidal ideation. This implies that lower levels of resilience among students lead to the likelihood of more suicidal ideation and vice-versa. The first and third hypotheses did not support this result. However, coping did not predict suicidal ideation among undergraduate students of UNN.



This result implies that adequate coping helps one to adapt and adjust to life-threatening challenges.

## **Discussion**

The result showed that academic stress significantly predicted suicidal ideation, and therefore the first hypothesis was not supported. The result implies that as academic stress increased, suicidal ideation increased and vice-versa. Thus, the higher the academic demands and pressures to succeed, the higher the propensity to suicidal ideation. Therefore, the result is consistent with the findings of Wibum and Smith (2005), Hameeda and Musaddiq (2017); Ang and Huan (2006); and Cirrochi, Deane and Anderson (2002), who found that academic stress was positively correlated with suicidal ideation. That is, as academic stress increased, suicidal ideation increased and vice-versa.

It was found that coping did not predict suicidal ideation. Thus, the second hypothesis, which stated that coping would not significantly predict suicidal ideation, was supported. This implies that coping did not implicate suicidal thoughts. The university students adopted such adaptive coping such as active, emotional and problem-focused coping unlike the maladaptive ones (for example, avoidance coping and so on) to equip themselves against suicidal thoughts. The available literature has proven otherwise. The inconsistency the result of this study has yielded to other available literature may be attributed to the fact that Nigerian University students adopt adequate coping such as problem and emotional-focused coping, which helps them adapt and adjust to life-threatening situations.



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However, the result showed that resilience negatively predicted suicidal ideation, and therefore, the third hypothesis was not supported. This implies that as an individual's ability to bounce back increased, the less the individual experienced suicidal ideation and vice-versa. This result is consistent with the findings of Cleverly and Kidd (2011), Marnin and Gordon (2008), and Izadinia, Amiri, Jahromi and Hamidi (2010), who stated that perceived resilience has a significant negative association with suicidal ideation. Furthermore, Rossetti, Tosone, Stratta, Collazzoni, Santarelli, Guadagni, Rossi and Rossi's (2017) findings on the relationship between resilience in the sample with and without a history of suicide showed higher scores for resilience in the group with no suicide history than in the group with suicide history which proved consistent with the above-mentioned literature and the current result obtained in the study.

### **Implications of the Findings**

The findings in this study demonstrated the alarming prevalence of suicidal ideation among the University of Nigeria, Nsukka students due to academic stress brought about by overwhelming academic demands and the inability of the students to bounce back after experiencing academic stress threatening challenges. However, the findings also showed that they coped, indicating that coping may serve as a mediating factor between academic stress and suicidal ideation.

Since resilience can be learnt, students should be trained on gaining the psychological skill of resilience since it will help them cope with academic stress. This will help enhance and facilitate students' bounce back if found in any life-threatening challenges. This is a clarion



call to the school authority to help put things in place to ensure students' well-being, which will help reduce the incessant student and adolescent suicidal ideation and equally its attempts.

### **Limitations of the Study**

This study suffers from some constraints and shortcomings, which include:

Firstly, the number of participants was relatively small. In this study, only three hundred and sixty participants were used, which of course, cannot serve as an accurate representation of the students of the University of Nigeria, Nsukka (that has a rough estimate of ten thousand students) and, as such, cannot permit generalization of the entire population.

After the study, SSI was discovered not to have made response provisions for those respondents who have not thought about suicide before. Thus, making those participants without suicidal thoughts felt compelled to respond to the items in the questionnaire as if to say they have suicidal undertones.

### **Suggestions for Further Studies**

For better generalization, further studies may consider an extensive cutting across cultures as our study was only limited to one university.

Equally, a more concisely and contently suicidal tapping scale that does not either compel subject/participants or assume everyone to be suicidal prone may be used to ensure that the core tenets of suicide and its thoughts are exactly tapped. With SSI, it is unclear



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whether these findings could be an indication that these individuals with potential suicidal intents may eventually need intervention or whether thinking about suicide is a common occurrence in the lives of university students. Therefore, further studies should also investigate attempted and completed suicidal behaviours. In conclusion, the findings of this study offer some direction and focus for universities interested in suicidal prevention. That is to say, initiating programmes that teach and promote students' resilience skills, bounce back, and positively coping skills will help them adapt to the challenging academic stressors that invariably and minimally reduce suicidal ideation.

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