

## DEPRESSION AND SUICIDAL THOUGHT: A MENACE TO STUDENTS' ACADEMIC PERFORMANCE

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### **Abstract**

*This paper examined the relationship between depression and suicidal thought as it affects students' academic performance. The paper also tried to shed light on the intricate connections between psychological well-being and students' academic achievement, given the rising frequency of mental health concerns among students. The paper conducted a thorough literature review to determine the frequency of depression and suicidal thoughts among students, as well as to pinpoint risk factors and possible causes. Also, drawing on empirical studies, the paper explored the complex ways that mental health issues affect several facets of academic performance, such as attendance, focus, motivation, and general cognitive functioning. Furthermore, the paper drew attention to the vicious cycle that frequently results when mental health problems are exacerbated by academic difficulties, a pattern that further impedes students' academic performance. The paper additionally examined how institutions and the larger educational setting affect these mental health issues, either by alleviating them or making them worse. The paper concludes by highlighting the critical necessity of a comprehensive strategy that includes preventative measures, easily available mental health services, and destigmatization initiatives in order to address students' mental health. In order to provide a friendly and favourable learning environment for students, educators, legislators, and mental health experts must jointly recognize and address the intricate relationships that exist between depression, suicidal thoughts, and students' academic performance.*

**Keywords:** Academic performance; cognitive functioning; depression; suicidal thoughts; mental health

### **Introduction**

An estimated 300 million individuals worldwide suffer from depression, a prevalent mental illness (World Health Organization [WHO], 2017). Depression and suicidal thoughts are typified by an enduring sense of melancholy and an inability to partake in things that one typically finds enjoyable, coupled with an inability to function daily for at least two weeks. It was estimated that 4.4% of people worldwide suffer from depression (WHO, 2017). It severely hinders a person's capacity to operate and manage day-to-day living and can be persistent or recurring (WHO, 2017). It differs from plain sadness, grief, or mourning mood, which are acceptable emotional reactions to unfavourable situations

(Adegboyega et al., 2016). The primary cause of disability and a significant contributor to the overall global illness burden is depression (WHO, 2018; Effiong and Agha, 2020). Despite the fact that depression affects people of various ages, it has been shown that this mental illness has a variety of distinct symptoms (Alabi, et al., 2021). Similarly, suicide, on the other hand, has a long-lasting, catastrophic repercussion on friends, families, and communities which makes it a serious public health problem. Over 800,000 people die from it every year (WHO, 2014), and many of them are young individuals between the ages of 15 and 29 (Nock et al., 2013; WHO, 2012). This has serious economic

ramifications for the modern world (Kinyanda et al., 2012). Suicide was thus listed as one of the priorities for careful consideration and action in the World Health Organization's 2008 Gap Action Programme. The risk factor for suicide is suicidal thought, which is becoming more common among students (Bilsen, 2018). In the modern period, research on suicidal thoughts is crucial and has gained prominence in scholarly circles. Similar to this study, these investigations have caught the interest of behavioural scientists like Social Work educators and professionals who wish to investigate the latent elements that lead to a growing predisposition toward suicidal thoughts.

Surprisingly, Banerejee (2001) reveals that around 25,000 students annually, aged between 18 and 20 years, take their own lives during the test months. According to the Centres for Disease Control and Prevention (2007), suicidal thoughts are the predisposing factor to suicide. Suicide is the second leading cause of death for individuals aged 25 to 34 and the third leading cause of death for those aged 15 to 24. Suicide accounts for 12.2% of all deaths worldwide, making it a serious public health concern on college campuses. All overt suicidal actions and communications, such as threats of suicide and declarations of want to die, are considered suicidal ideation. According to several studies (Aradilla-Herrero et al., 2014; Denise et al., 2008; Stark et al., 2011), suicidal ideation is a known risk factor for suicide attempt, which raises the chance for suicidal death.

In order to attempt suicide, a person must consider ending their life, make plans on how to do it, and even consider writing death threats. All intentional suicides and suicide attempts aside from unintentional ones or fatalities come from an idea. There can never be a successful suicide or attempted suicide without careful planning, preparation, and occasionally even penning death threats. High parental expectations, demanding coursework, adjusting to new circumstances, the school and college environment, peer pressure, and breaking up with friends (both males and females) are some of the most common events in the lives of undergraduates that can have a serious negative impact and result in suicidal thoughts (Shaheen&Jahan, 2014). The issue of depression among students is becoming a growing global public health concern. Over the past decade, there has been a noticeable increase in the frequency of depression, suicides, and attempted suicides among the students population in Nigeria. These events have had a negative impact on students' academic performance and their general well-being. Students have become incredibly

unhappy as a result of these pressures, and their incapacity to handle these expectations and demands frequently results in suicide thoughts. Toero et al. (2001) provided evidence in support of their claim that there is a direct correlation between student suicide tendencies and the pressure to do well in school. Their study also revealed that the peak of suicide instances in a given year typically occurred during test periods, when students were under a lot of stress at school. Suicidal behaviours are thought to impact a large number of adults and college students nationwide, including in Nigeria. According to a research by Bauer et al. (2014), 21.6% of the sample had suicidal thoughts, while the Centres for Disease Control (2012) revealed that 49% of college students had attempted or had suicidal thoughts at some point in their lives. Suicide death, awful as it is, is a relatively rare occurrence. The likelihood that efforts to reduce suicide will have an effect on the improvement of suicidal tendencies is significantly higher.

Suicidal behaviours are those that are associated with the idea or process of self-inflicted death, even though they don't necessarily end in death (Silverman et al., 2007). There have been further reports of multiple suicides among Nigerian students (Temi, 2014; Aruya, 2017; Atueyi, 2018; Chux, 2018; Dayo, 2018; Akinloye, 2018). Only a handful of suicide instances have been disclosed to the public; many more have occurred throughout Nigeria, but they have either been hidden or undisclosed by the relatives of the victims out of fear of shame or have not been reported to the media or the police. Despite this, suicidal thoughts and actual suicide are prevalent in our culture. Suicidal thoughts are a problem that needs more attention due to the fact that suicide rates among Nigerian students are on the increase students (Temi, 2014; Aruya, 2017; Atueyi, 2018; Chux, 2018; Dayo, 2018; Akinloye, 2018). These raised major concerns for this study.

### **The Hopelessness Theory of Suicidality**

The hopelessness theory of suicidality was proposed by Beck et al. (1985/1990). The theory was based on the belief that depressing thoughts and overpowering emotions of hopelessness are what trigger suicidal thoughts and ultimately result in suicide. An individual's hopeless belief that nothing they do would improve the unfavourable circumstances in their life is the root cause of suicidal thoughts. Suicidal thoughts may arise from thinking such as "No matter what I do, I will still be a failure; No I can't make it" according to the theory, and these thoughts may exacerbate suicidal thoughts.

The theory also suggests that suicidal individuals are more prone to feel hopeless and helpless when faced with challenges in their lives. Empirical evidence indicates a robust correlation between despair and depression and self-esteem (Harter, 1999). Suicidal activity has been explained by a combination of low self-esteem, pessimistic future expectations, and loneliness. In relation to depression and suicidal thought amongst students, students in tertiary institutions experiencing high levels of academic stress and low self-esteem are more likely to entertain suicidal thoughts, which may finally result in an attempt or successful suicide.

### **Worldview on Depression and Suicidal Thoughts amongst Students**

Individuals of various socio-cultural backgrounds are susceptible to depression as it is a prevalent mental illness that significantly increases the overall global disease burden. With over 800,000 fatalities, depression-related suicide was the second most common cause of death for those aged 15 to 29 in 2015 (WHO, 2017). WHO (2019) claims that as a result of growing lifespan and population expansion, depression is becoming more commonplace worldwide, particularly in developing nations. Students from all over the world have also reported an increase in prevalence that is correlated with a decreasing age of onset. According to Ibrahim et al. (2013), depression incidence among students currently ranges from 10% to 85% worldwide, which is greater than the rate seen in the general population. Research from Africa has revealed that 39.2% of Ghanaian undergraduates suffer from depression, 37% in Egypt, 41.3% in Kenya, and 13.6–31.7% in Ethiopia (Asante & Andoh-Arthur, 2015; Othieno et al., 2014). Rates in Nigeria have been reported to range from 23.3 to 58%, depending on the depression assessment tools utilized (Aniebue & Onyema, 2007; Dabana & Gobir, 2018; Peltzer et al., 2013).

Most undergraduates are between the ages of 15 and 24, going through a transitional phase that is characterized by a range of experiences, many of which are contradictory, including emotional, behavioural, sexual, academic, and economic experiences; as well as attempt to find one's identity through psychosocial and sexual maturation, (Reyes-Rodríguez et al., 2015). Reyes-Rodríguez et al further stated that the undergraduate's susceptibility to developing depression is increased by this transitional period and the academic demands of university life. Depression has an impact on many facets of life since it negatively impacts both male and female

students, particularly those enrolled in university. A chronic sense of melancholy is known as depression, and it can also be accompanied with poor self-esteem and guilt emotions. Usually, it is accompanied by an array of symptoms. Following anxiety, depression is the most frequent psychological problem. It is regarded as one of the most common mental illnesses in the contemporary period, affecting both adults and children in general (Alabi et al., 2021). Many studies, such as Effiong, Udokang, Udom and Nkanta, (2023) have shown that depression symptoms, which may range from minor to severe, begin to show in adolescence. It is seen as a disruption of mood and thinking that impacts how a person feels about himself and other people (Janet, 2003). Depression is an emotional condition that might last for a short while or last a lifetime in people, causing them to feel depressed, constricted, and distressed. It may also be accompanied by mood swings and other behavioural, somatic, and pathological signs (Al-Saboon, 2011).

In our day of hectic transitions and fast-paced events, depression is becoming more prevalent and has become an inevitable part of life. Depression affects 3 percent of teenagers, which means that a person is more likely to experience depression between the ages of 15 and 24. Given that research links this condition to suicide and that depression accounts for 50% to 70% of suicide cases, this disorder is extremely severe given that it is one of the primary causes of human devastation (Barakat, 2000). Burns (2000) highlighted this, stating that he believes depression to be the world's most serious health issue, one that ultimately results in suicide. A depressed individual might need to visit a physician right away. As a result, health status should be examined before diagnosing depression, as there are situations where symptoms like those of depression are present, such as thyroid issues, brain tumours, or vitamin D deficiencies. Boughri (2009) defined depression as a biologically-based illness that is frequently caused by a variety of factors, including genetics, stress, changes in brain and body function, and psychological, intellectual, and social exhaustion. It is challenging to diagnose since the symptoms of depression can overlap with those of other illnesses, or they can be attributed to feelings of melancholy, excessive fatigue, aging, or overwork.

### **Prevalence of Depression, Anxiety, Stress among Students in Tertiary Institutions**

The prevalence of anxiety, stress, and depression among undergraduates is a major global health concern. These

conditions hurt students' quality of life, academic achievement, and success (Asif et al., 2020; Haq et al., 2018; Islam et al., 2020). Depression is a mental illness that can be caused by several factors, including social issues, psychology, genetics, and bad life experiences (Boumosleh&Jaalouk, 2017; Islam et al., 2020 National Institute of Mental Health, 2011). It can also affect an individual's thoughts, decisions, and behaviour (Lew et al., 2019; Paudel et al., 2020; Yeshaw&Mossie, 2016). Symptoms of depression include extreme tiredness, loss of concentration, sadness, feelings of guilt or low self-worth, disturbed sleep, and loss of appetite, among other problems (Marcus et al., 2012; Yeshaw&Mossie, 2016). Anxiety, on the other hand, is the body's response to an apparent threat brought on by a person's thoughts, feelings, and emotions. It is typified by tenseness, elevated blood pressure; heart rate, breathing rate, perspiration, difficulty swallowing, dizziness, and chest discomfort (Yeshaw&Mossie, 2016). However, among college students, persistent stress is one of the risk factors for depression (Sawatzky et al., 2012). University students experience stress due to several major causes, including relationship breakups on campus, high parental expectations, test anxiety, and financial difficulties.

Previous research has shown that psychological morbidity, particularly anxiety and depression, is prevalent among college students worldwide (Adewuya et al., 2006; Nerdrum et al., 2006; Ovuga et al., 2006). The majority of research on stress, anxiety, and depression that are based on cross-sectional studies also looks at the frequency and relationships between students' academic performance and their demographic traits (Lagunes et al., 2020). Examinations, academic overload, time constraints, and high expectations were the primary sources of stress (Dyrbye et al., 2006; Goebert et al., 2009; Lagunes et al., 2020). Young individuals who experience depression and anxiety frequently develop poor self-esteem, self-blame, hopelessness, suicidal thoughts, irritation, and irritability (Elgard&Arlett, 2002). According to studies, first-year university students are more vulnerable to mental health problems since they are adjusting to a lot of new stresses (Voelker, 2003). Students who experience psychological hardship frequently decide not to continue with their studies. According to Adlaf et al. (2001), first-year students had a twice as high chance of dropping out as second and third-year students.

Eva et al. (2015) discovered that over 50% of Bangladesh medical students experience quantifiable stress related to their studies. However, Islam et al. (2020) discovered that first-year Bangladesh university students had a significant frequency of anxiety and sadness. Students at Nigerian universities, according to Agha, Ukommi, Ekpenyong and Effiong, (2020), also experience this (the University of Benin City in Edo State inclusive). Ahmmed et al., (2020) discovered that several variables influence depression among college students in the nation in a study conducted at a private institution (Harris et al., 2017). Skin tone, financial ruin, the failure to live up to parental expectations, a lack of social-cultural-emotional resilience on campus, and contentment with the tertiary institutions curriculum are a few of the contributing causes.

Intense rivalry in the labour market has made the nation's university education system competitive. In addition, parents, the majority of whom come from middle-class and upper-class backgrounds, think of sending their children to private universities as an investment in their social security in the future. Parents, in the meantime, have great hopes that their offspring will assume family management responsibilities shortly after graduation. Nigerian tertiary institution students experience poor mental health outcomes due to factors such as family expectations and financial constraints in addition to the country's competitive academic environment.

### **Factors that Cause Depression and Suicidal Thoughts in Students**

It is essential to acknowledge that depression is a complex illness, with individual experiences varying widely. Understanding how these elements interact may help students avoid depression, and it's essential to use this knowledge when creating preventative and therapeutic plans. A multitude of intricately intertwined causes can lead to student depression. Personal, intellectual, and environmental influences can be used to group these variables.

- 1. Personal Factors:** Numerous individual characteristics can have an impact on student depression. These innate qualities of the person might interact with outside pressures and stresses, such as those related to school. These includes but not limited to:

- a. **Genetic Predisposition:** An individual's vulnerability to depression is influenced by hereditary factors. Studies have established a genetic component to depression, since it may run in families. A family history of depression has been linked to an increased risk of developing depression in a person (Sullivan et al., 2000).
  - b. **Biochemical Aspects:** Depression has been linked to neurochemical dysregulation, including changes in serotonin and dopamine levels (Nestler et al., 2002). These imbalances can affect an individual's mood and emotional regulation.
  - c. **Personality Traits:** Neuroticism is one attribute that might increase an individual's susceptibility to depression symptoms while under stress (Kotov et al., 2010). In other words, certain psychological characteristics, especially when exposed to stress, might increase a person's risk of developing depression. For instance, those who exhibit high degrees of neuroticism which is defined by emotional instability and a predisposition toward negative emotions are more likely to experience depressive symptoms in response to stresses.
  - d. **Difficult Life Events:** According to Kendler et al. (1999), depression can be brought on by personal tragedies like the death of a loved one or physical abuse.
  - e. **Cognitive Patterns:** Depression may be influenced by an individual's cognitive patterns. For instance, when faced with difficulties in their personal or academic lives, those who have a tendency to engage in negative self-talk, rumination, and tilted thought patterns are more prone to suffer depression symptoms and if not adequately controlled can lead to suicidal thoughts.
2. **Academic Factors:** Students that experience depression often do so as a result of academic difficulties. The distinct difficulties and demands of educational settings can significantly affect mental health in the following ways:
    - a. **Academic Pressure:** According to Hunt and Eisenberg (2010), there is a risk of chronic stress and depression as a result of high academic expectations, such as tests, homework, and competitive situations.
    - b. **Perceived Failure:** Feeling hopeless and experiencing depression symptoms might result from experiencing recurrent academic defeats or believing that one is academically unsuccessful (Lewinsohn et al., 2003).
    - c. **High Stakes and Competition:** In environments where there is intense competition for grades or limited opportunities, the fear of not meeting expectations or losing out can create a pressure-cooker atmosphere. This high-stakes and competitive environment can contribute to stress and depression.
    - d. **Academic Burnout:** According to Schaufeli et al. (2002), academic burnout is a condition that precedes depression and is brought on by extended exposure to academic stress without appropriate coping mechanisms.
    - e. **Excessive Workload:** An excessive workload can overwhelm students, leaving them with little time for relaxation, self-care, and social activities. This can lead to stress and fatigue, which are precursors to depression. A heavy academic workload has been linked to higher levels of depressive symptoms (Dusselier et al., 2005).
    - f. **Social Comparison:** Students frequently compare themselves to others, which might make them feel inadequate if they think their academic performance falls short of expectations (Festinger, 1954).
    - g. **Isolation:** Intense academic demands can lead to social isolation as students spend more time studying and less time socializing. Social support is crucial for mental well-being, and social isolation can contribute to depressive symptoms.
  3. **Environmental Elements:** Students' development of depression can be strongly influenced by environmental circumstances. These variables include a range of external factors, such as social, economic, and cultural aspects, that interact with the intellectual and personal aspects of an individual. It is essential to comprehend how these environmental elements affect students' depression to avoid and treat it. These include, but are not limited to:
    - a. **Social Support:** According to Hammen (2005), depression may be significantly exacerbated by a lack of social support from friends, family, or peers. The presence of a strong social support network can act as a protective factor against depressive symptoms.



- b. **Economic Stress:** According to Daly et al. (2001), financial hardships or worries about the expense of schooling might cause depressive symptoms.
- c. **Campus Environment:** The physical and social environment of the campus can impact students' mental health. Factors such as safety, social connectedness, and the availability of recreational and relaxation spaces can influence the overall well-being of students.
- d. **Discrimination:** According to Williams et al. (2003), encounters with bias or discrimination based on sexual orientation, gender, or race might set off depressive episodes.
- e. **Access to Mental Health resources:** Students may be discouraged from seeking depression therapy due to a lack of mental health resources and the stigma associated with requesting assistance (Eisenberg et al., 2009).
- f. **Living Situations:** According to Dusselier et al. (2005), unfavourable living situations, such as cramped quarters or unsupportive roommates, might exacerbate depression symptoms.
- g. **Cultural Norms:** Cultural norms and attitudes toward mental health and emotional expression can influence how students perceive and cope with depressive symptoms. Some cultures may stigmatize seeking help for mental health issues, making it difficult for students to acknowledge and address their depression.
- h. **Academic and University Policies:** Academic and university policies related to grading, workload, accommodation for students with mental health issues, and the availability of counseling services can either alleviate or exacerbate the stress and pressure students experience.

take care of our requirements and has favourable effects (Isen, 2003). When a baby is taken away from its primary attachment figure-as was the case in the Harlow research with rhesus monkeys-the immune system is also harmed, which contributes to depression (Hennessy et al., 2009). The usual reaction is not hopelessness and passivity. People who have experienced rejections, separations, and unstable bonds in the past may be sad (Hammen, 2009; Nolan et al., 2003). However, the death of a cherished lifetime spouse can also lead those with a history of contented and stable relationships to experience protracted depression (Wakefield et al., 2007). When prompted to reminisce about happier moments, both depressed and non-depressed individuals become more upbeat. Still, unhappy people experience an additional worsening of their feelings, as though the good recollection somehow confirms that they will never again be happy (Joormann et al., 2007). Individuals with depression tend to explain things more negatively than those without depression. Depression is associated with a gloomy, negative explanation and interpretation of failure. According to a 2011 American College Health Association across the nation study of students attending two- and four-year colleges, about 30% of college students reported having depression, even to the point that it was difficult for them to function (American College Health Association, (2012). According to a 2006 poll by the University Counselling Centre, 91.6% of participants reported having psychological issues, and this finding was followed up on (Blanco et al., 2008). Depression is a serious problem at American universities, thus many of them are constructing health and counseling centres for students to help them succeed in their college studies. College students with mild to moderate depression may have an elevated risk for academic harm (Heiligenstein & Guenther, 2006).

### Effects of Depression on Students' Academic Performance

Depression is categorized as a psychiatric ailment and is sometimes referred to as the "psychiatric cold," a prevalent mental illness in the twenty-first century. Depression has a detrimental impact on our actions, including decreased interest, productivity, and social interaction. Suicide is the eleventh most common cause of death in the United States. Suicide happens around every 16 minutes, and virtually all of those who commit suicide had a diagnosis of a psychiatric illness at the time of death (American Association of Suicidology, 2015; American Foundation for Suicide Prevention [AFSP], 2007; Sudak et al., 2005). A pleasant mood makes us feel good, which motivates us to

### Conclusion and Recommendations

This study has established that depression and suicidal thoughts are inimical to academic performance of students in tertiary institutions. Depression and suicidal thoughts among undergraduate students are caused by certain personal, academic, and environmental factors. The personal factors include genetic predisposition, biochemical aspects, personality traits, difficult life events, and cognitive patterns. Academic factors include academic pressure,

perceived failure, high stakes and competition, academic burnout, excessive workload, social comparison, and isolation. Environmental factors are related to lack of social support (from friends, family, or peers), economic stress or financial hardships, campus environment, discrimination, access to mental health resources, living situations, cultural norms, and academic and university policies.

The prevalence of anxiety, stress, and depression among undergraduates is a major global health concern. Thus, this study recommends that educational establishments should implement and enhance mental health initiatives that encompass counseling services, awareness campaigns, and easily available materials for students.

## Reference

- Adegboyega, L.O., Yahaya, L.A., Alwajud-Adewusi, M.B., & Aminu, H.P. (2016). Manifestation of Depression Among Undergraduate Students: Implications for Counselling. *IJUM Journal of Educational Studies*, 4(2), 85-96.
- Adewuya A, Ola, B, Olutayo O, Mapayi B, & Oginni, O. (2006). Depression amongst Nigerian university students. Prevalence and socio-demographic correlates; *Psychiatr.Epidemiol.*, (41), 674–678.
- Adlaf E, Gliksman L, Demers A, & Newton, B. (2001). The prevalence of elevated psychological distress among Canadian undergraduates: Findings from the 1998 Canadian Campus Survey; *J. Am. Coll. Health*, (50), 67–72.
- Agha, E., Ukommi A., Ekpenyong, O. and Effiong U. (2020). Establishing the Nexus between Technical Education and Industrial Development in Nigeria. *Journal of Research in Education and Society*, 11(1), 38-56.
- Ahmed M, Babu A, & Salim ZR. (2020). Depression and Associated Factors among Undergraduate Students of Private Universities in Bangladesh: A Cross-sectional Study; *International Journal of Psychosocial Rehabilitation*, 24(02), 97–108.
- Akhtar, Z., & Alam, M (2015), Stress and suicidal ideation among school students. *Journal of the Indian Academy of Applied Psychology*, 41(2), 236-241.
- To address pressing issues, this entails expanding the pool of qualified counsellors, starting support groups, and putting crisis intervention procedures into place. It also entails promoting a positive work-life balance by reevaluating and, if needed, adjusting the expectations for academic burden. Additionally, a friendlier learning environment may be created by acknowledging the pressures students endure, particularly during test times, and offering flexible options. Lasting, peer support networks or mentorship programmes can also be established to allow students to interact with one another for emotional support.
- Akinloye, D. (2018). Medical student commits suicide over poor. Retrieved from [grades.www.pulse.ng/news/metro](http://grades.www.pulse.ng/news/metro)
- Alabi, A. N., Segun-Adelodun, R. O., Ayinmode, B. A., Issa, B. A., Olafimihan, K. O., Odeigah, L. O., & Ezemenahi, S. I. (2021). Depression and Certain Family Characteristics among University of Ilorin Students. *Tropical Journal of Health Sciences*, 28(4), 1-7.
- Al-Najma, A. (2008). The Effectiveness of a Psychological Counseling Program for Reducing Depressive Symptoms for High School Students". Department of Psychological Counseling - College of Education, Islamic University - Gaza. Male and female students of Kuwait and Sultan Qaboos Universities. *Annals of the Center for Psychological Research and Studies*, (3), 157-143.
- Al-Shaboon, D. (2011). Anxiety and its relationship to depression in adolescents, a correlative field study among a sample of ninth graders of basic education in Damascus public schools." *Damascus University sentence*, 27(3), 759-797.
- American Association of Suicidology. USA. (2015). "Recommendations for Reporting Suicide," Retrieved September 14, 2021 from: *Sci.int.(Lahore)*, 27(2), 1619-1624, 2015 ISSN 1013-5316.

- American Foundation for Suicide Prevention (AFSP, 2007).Facilitating suicide bereavement support groups; Aselfstudy manual. New York, NY: Author.
- American College Health Association, (2012). American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2011. Hanover, MD: American College Health Association.
- Aniehue, P.N., &Onyema, G.O. (2007).Prevalence of depressive symptoms among Nigerian medical undergraduates.*Trop*; (5), 61–63.
- Aradilla-Herrero, A., Tomás-Sábado, J., &GómezBenito, J. (2014). Associations between emotional intelligence, depression and suicide risk in nursing students. *Nursing Education Today*, 34(4), 520-525.
- Arun, P., & Chavan, B. S. (2009).Stress and suicidal ideations in adolescent students in Chandigarh Indian. *Journal of Medical Science*, 63(7), 281-287. doi: 10.410310019-5359.
- Aruya, T. (2017).Nigeria and increasing rate of suicide. Retrieved from <http://www.pmnews>.
- Asante K O, &Andoh-Arthur J. (2015).Prevalence and determinants of depressive symptoms among university students in Ghana.*Journal of Affective Disorders*; 171(15), 161-166.
- Asif S, Muddassar A, Shahzad TZ, Raouf M, Pervaiz T. (2020). Frequency of depression, anxiety and stress among university students.*Pakistan Journal of Medical Sciences*; 36.10.12669/pjms.36.5.1873.
- Atueyi, U. (2018). Taming the scourge of suicide among students. Retrieved from <http://guarding.com/taming the scourge of suicide among students>.
- Barakat, A.B.A.R. (2000). The relationship between parenting styles and depression among some adolescents attending the Mental Health Hospital in Taif (unpublished master's thesis).Umm Al-Qura University, Saudi Arabia.
- Banerjee, N., & Chatterjee, I. (2016).Academic Stress, Suicidal Ideation & Mental WellBeing among 1st Semester & 3rd Semester Medical, Engineering & General Stream Students *Academic Journal Article*, 7(3), 73- 80.
- Bauer, R. L., Chesin, M. S., &Jeglic, E. L. (2014).Depression, delinquency, and suicidal behaviours among college students. *Crisis*, 35, 36–41.
- Beck, A. T., Brown, G., Berchick, R. J., & Stewart, B. L. (1990). Relationship between hopelessness.
- Beck, A. T., Brown, G., Berchick, R. J., & Stewart, B. L. (1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *American Journal of Psychiatry*, (147), 190–195.
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, (142), 559–563.
- Bilsen, J. (2018). Suicide and youth: Risk factors. *Front Psychiatry*, 9, 540. doi: 10.3389/fpsyt.2018.00540.
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S., &Olfson, M. (2008). Mental health of college students and their non-college-attending peers. *Archives of General Psychiatry*, 65(12), 1429-1437.
- Brent, D. A., Kalas, R., Edelbrock, C., Costello, A. J., Dulcan, M. K., & Conover, N. (1986), Psychopathology and its relationship to suicidal ideation in childhood and adolescence. *Journal of American Academic Child Psychiatry*, (25), 666-673.
- Boghari, M.K.M. (2009). Physical abuse, parental neglect, psychological tranquility and depression among a sample of primary school students (12-11) in the Holy City of Makkah (unpublished master's thesis), Umm Al-Qura University, Saudi Arabia.



- Boumosleh, JM, & Jaalouk, D. (2017). Depression, anxiety, and smartphone addiction in university students- A cross sectional study. *PLoS ONE*; 12. 10.1371/journal.pone.0182239.
- Burns, D. (2000). *Feeling good: The new mood therapy*, New York, American Library.
- Center for Disease Control (2012). *Suicide: Facts at a glance*. Retrieved from [cdc.org/suicide](http://cdc.org/suicide).
- Centres for Disease Control and Prevention (2007). *Suicide trends among youths and young adults aged 10–24 years - United States, 1990–2004*. *Morbidity and Mortality Weekly Report*, 56, 905–908.
- Chux, O. (2018). *Worries, as more Nigerian undergraduate commit suicide*. Retrieved from <https://punchng.com>.
- Conner, K. R., Duberstein, P. R., Conwell, Y., Seidlitz, L., & Caine, E. D. (2001). *Psychological Vulnerability to Completed Suicide: A review of empirical studies*. *Suicide Current perspectives* (pp. 334-339). New York: Psychology Press.
- Dabana, A., & Gobir, AA. (2018). *Depression among students of a Nigerian University: Prevalence and academic correlates*. *Arch Med Surg* (3), 6-10.
- Dahlin, ME, & Runeson, B. (2007). *Burnout and psychiatric morbidity among medical students entering clinical training: A three year prospective questionnaire and interview-based study*. *BMC Medical Education*; (7), 161. doi: 0.1186/1472-6920-7-6.
- Daly, M., Delaney, L., & Egan, M. (2001). *Childhood circumstances and adult health in the National Child Development Study*. *International Journal of Epidemiology*, 30(3), 725-731.
- Dayo, A. (2018). *Teenage suicide, the precaution, cure*. Retrieved from <http://www.vanguardng.com>
- Denise, L., Middlebrook, Pamela, L., LeMaster, Beals, J., Douglas, K., Novins, & Spero, M. (2008). *Suicide Prevention in American Indian and Alaska Native Communities: A Critical review of programs*. *Suicide and Life-Threatening Behaviour*, 31(1), 132-149. doi:10.1001/jama.289.23.3161.
- Dusselier, L., Dunn, B., Wang, Y., Shelley, M. C., & Whalen, D. F. (2005). *Personal, health, academic, and environmental predictors of stress for residence hall students*. *Journal of American College Health*, 54(1), 15-24.
- Dyrbye LN, Thomas MR, & Shanafelt TD. (2006). *Systematic review of depression, anxiety and other indicators of psychological distress among U.S. and Canadian medical students*. *Academic Medicine*, (81), 354–373. doi: 10.1097/00001888-200604000-00009.
- Effiong, U. U. and Agha, E. O. (2020). *Rehabilitation interventions and non-medical use of prescription among persons with psycho-social disabilities in Nigeria*. *Perspectives on Drugs, Alcohol and Society in Africa*, 5(1), 92-108.
- Effiong, U. U., Udokang, I. Udom, S. D. and Nkanta, N. C., (2023). *Alcohol use and mental health disorder among youths in rural communities of Essien Udim in the post-covid-19 Era in Nigeria*. *AKSU Annals of Sustainable Development*. ICIDR Publishing House. Ikot Ekpene.
- Elgard J.F, & Arlett, C. (2002). *Perceived social inadequacy and depressed mood in adolescents*; *J. Adolesc.*, (25), 301–305.
- Eva, EO, Islam, MZ, Mosaddek, ASM, Rahman, MF, Rozario, RJ, Iftekhar, AFMH, Ahmed, TS, Iffat, J, Abubakar, AR, Wan Dali, WPE, Razzaqu, e, MS, Habib, RB, & Haque M. (2015). *Prevalence of stress among medical students: a comparative study between public and private medical schools in Bangladesh*. *BMC Res Notes* 8:327. doi: 10.1186/s13104-015-1295-5.

- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7(2), 117-140.
- Goebert D, Thompson D, Takeshita J, Beach C, Bryson P, Ephgrave K, & Tate, J. (2009). Depressive symptoms in medical students and residents: A multi school study.
- Hammen, C. (2005). Stress and depression. *Annual Review of Clinical Psychology*, (1), 293-319.
- Haq, M.A.U, Dar, I.S, Aslam, M., &Mahmood, Q.H. (2018).Psychometric study of depression, anxiety and stress among university students. *Public Health*.(26), 211–217. <https://doi.org/10.1007/s10389-017-0856-6>.
- Harris ML, Oldmeadow C, Hure A, Luu J, Loxton D, &Attia J. (2017). Stress increases the risk of type 2 diabetes onset in women: A 12-year longitudinal study using causal modelling. *PLoS ONE*; 12. e0172126. 10.1371/journal.pone.0172126.
- Harter, S. (1999). *The construction of self: Developmental perspective*. The Guilford Press.
- Heiligenstein, E., & Guenther, G. (2006).Depression and academic impairment in college students.*Journal of American College Health*, 45(2), 59-64.
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students.*Journal of Adolescent Health*, 46(1), 3-10.
- Ibrahim AK, Kelly SJ, Adams CE, Glazebrook C. (2013).A systematic review of studies of depression prevalence in university students. *J Psychiatr Res*. 47(3), 391-400.
- Isen, A. M. (2003). Positive affect as a source of human strength. In LG Aspinall and Staudinger U (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (pp. 179-195). Washington, DC: American Psychological Association.
- Islam, MA, Barna, SD, Raihan, H, Kha,n MNA, & Hossain MT. (2020). Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. *PLoS ONE*; 15. 10.1371/journal.pone.0238162.
- Janet, A .(2003). *Human Adjustment*. Wisconsin, Brown and Benchanark.
- Joormann, J., Siemer, M., &Gotlib, I. H. (2007). Mood regulation in depression: Differential effects of distraction and recall of happy memories on sad mood. *Journal of Abnormal Psychology*, 116(3), 484– 490.
- Kendler, K. S., Karkowski, L. M., & Prescott, C. A. (1999).Causal relationship between stressful life events and the onset of major depression. *American Journal of Psychiatry*, 156(6), 837-841.
- Kinyanda, E., Hoskins, S., Nakku, J., Nawaz, S., & Patel, V. (2012). The prevalence and characteristics of suicidality in HIV/AIDS as seen in an African population in Entebbe district, Uganda. *BMC psychiatry*, 12, 1-9.
- Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010).Linking “big” personality traits to anxiety, depressive, and substance use disorders: A meta-analysis.*Psychological Bulletin*, 136(5), 768-821.
- Lagunes, AAP, Alvarez, JEV, Méndez, LES, Santos, KAR, &Puig-Nolasco A. (2020). Prevalence of depression, anxiety, and academic stress among medical students during different periods of stress.*AtenciónFamiliar*;(27). 165-171. 10.22201/fm.14058871p.2020.4.76891.
- Lew B, Huen J, Yu P, Yuan L, Wang DF, Ping F, Talib MA, Lester D, &Jia CX.(2019). Associations between depression, anxiety, stress, hopelessness, subjective well-being, coping styles and suicide in Chinese university students.*PLoS ONE*; 14. 10.1371/journal.pone.0217372.

- Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (2003). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review, 23*(6), 769-788.
- Marcus M, Yasamy MT, Ommeren MV, Chisholm D, & Saxena S. (2012). Depression: A global public health concern. WHO, Department of Mental Health and Substance Abuse. 2012; (1):6–8. Available from: [http://www.who.int/mental\\_health/management/depression/who\\_paper\\_depression\\_wfmh\\_2012.pdf](http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf)
- National Institute of Mental Health (2011). What is depression? Available from <http://www.nimh.nih.gov/health/publications/depression/what-causes-depressio.shtml>
- Nerdrum P, Rustøen T, & Rønnestad, MH. (2006). Student psychological distress: A psychometric study of 1750 Norwegian, 1st-year undergraduate students. 2006; *Scand. J. Educ. Res., 50*(1), 95–109.
- Nestler, E. J., Barrot, M., DiLeone, R. J., Eisch, A. J., Gold, S. J., & Monteggia, L. M. (2002). *Neurobiology of depression. Neuron, 34*(1), 13-25.
- Nock, M. K., Deming, C. A., Fullerton, C. S., Gilman, S. E., Goldenberg, M., Kessler, R. C., & Ursano, R. J. (2013). Suicide among soldiers: a review of psychosocial risk and protective factors. *Psychiatry: Interpersonal & Biological Processes, 76*(2), 97-125.
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiology Review, 30*(1), 133-154. doi:10.1093/epirev/mxn002.
- Othieno, C.J, Okoth, R.O, Peltzer, K, Pengpid, S, & Malla, L.O. (2014). Depression among university students in Kenya: Prevalence and socio-demographic correlates. *Journal of Affective Disorders, 165*, 120–125.
- Ovuga, E., Boardman J, & Wasserman, D. (2006). Undergraduate student mental health at Makerere University, Uganda; *World Psychiatr., 5*(1), 51–52.
- Paudel, S, Gautam, H, Adhikari, C, & Yadav, DK. (2020). Depression, Anxiety and Stress among the Undergraduate Students of Pokhara Metropolitan, Nepal. *Journal of Nepal Health Research Council. 18*(1), 27–34. 10.33314/jnhrc.v18i1.2189.
- Peltzer, K., Pengpid, S., Olowu, S., & Olasupo, M. (2013). Depression and Associated Factors Among University Students in Western Nigeria. *J Psychol Africa; 23*(3), 459–466.
- Reyes-Rodríguez M.L, Rivera-Medina C.L, Cámara-Fuentes L, & Suárez-Torres A, (2015). The Role of Family Environment in Depressive Symptoms among University Students: A Large Sample Survey in China. *PLoS ONE. ; 10* ( 12 ) : e 0 1 4 3 6 1 2 . doi:10.1371/journal.pone.0143612.
- Robbins, D., & Alessi, N. (1985). Depressive symptoms and suicidal behaviour in adolescents. *American Journal of Psychiatry, 142*, 588-592.
- Sawatzky, R. G., Ratner, P .A., Richardson, C. G., Washburn, C., Sudmant, W., & Mirwaldt, P. (2012). Stress and depression in students: The mediating role of stress management self-efficacy, *Nursing Research, 61* (1), 13–21.
- Schaufeli, W. B., Martinez, I. M., Pinto, A. M., Salanova, M., & Bakker, A. B. (2002). Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology, 33*(5), 464-481.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14.
- Shaheen, H., & Jahan, M. (2014). The role of optimism in experience of student stress and suicidal ideation. *IOSR Journal of Humanities and Social Science, 19*(11), 23-34.

- Stark, C., Riordan, V. & O'Connor, R. (2011). A conceptual model of suicide in rural areas. *Rural and Remote Health, 11*(2), 1622-1632.
- Sudak, H. S. Suicide. In B. J. Sadock V.A. & Sadock (Eds) (2005). *Comprehensive textbook of psychiatry* (Vol. 2. 8th ed., Pp. 2442-2443). Philadelphia
- Sullivan, P. F., Neale, M. C., & Kendler, K. S. (2000). Genetic epidemiology of major depression: Review and meta-analysis. *American Journal of Psychiatry, 157*(10), 1552-1562.
- Tem, B. (2014). 30-years old Nigerian law school student commits suicide. Retrieved from [www.nigeriamonitor.com](http://www.nigeriamonitor.com)
- Toero, K., Nagy, A., Sawaguchi, T., Sawaguchi, A., & Sotonyi, P. (2001). Characteristics of suicide among children and adolescents in Budapest. *Journal of Paediatric, 43*(3), 68–371.
- Voelker R. (2003). Mounting student depression taxing campus mental health services. *JAMA, (289)*, 2055–2056.
- Wilburn, V., & Smith, D. (2005). Stress, self-esteem and suicidal ideation in late adolescents. *Adolescence, 40*(157), 33-46.
- World Health Organization (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*. Geneva: World Health Organization. Licence: CC BY-NC-SA3.0 IGO.
- World Health Organization (2012). *Public health action for the prevention of suicide: A framework*. Geneva, Switzerland: WHO Press.
- World Health Organization (2018). Depression. <https://www.who.int/news-room/fact-sheets/detail/depression> Accessed 23rd October, 2023. World Health Organization (2019). News–Room/Fact sheet on Depression. <https://www.who.int/newsroom/fact-sheets/detail/depression>.
- World Health Organization. (2014). *Preventing suicide: A global imperative*. World Health Organization.
- World Health Organization (2017). *World Health Organization Report—Depression and Other Common Mental Disorders: Global Health Estimates*. World Health Organization.
- Yeshaw Y & Mossie A. (2016). Depression, anxiety, stress, and their associated factors among Jimma University staff, Jimma, Southwest Ethiopia, 2016: a cross-sectional study. *Neuropsychiatric Disease and Treatment. (13)*, 2803–2812. 10.2147/NDT.S150444.