ATTRIBUTION OF SUICIDAL RISK BEHAVIOUR AND IDEATION ON ACADEMIC ENVIRONMENTAL STRESSORS AMONG SECONDARY SCHOOLS' STUDENTS IN UASIN GISHU COUNTY, KENYA

BY

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DECLARATION

Declaration by the Candidate

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DEDICATION

This thesis is dedicated to all secondary school counsellors, class teachers, and school heads who remain steadfast in nurturing students' mental well-being. Their unwavering commitment to creating supportive and positive learning environments continues to inspire hope and resilience among learners, thereby reducing the incidence of suicidal behaviours in schools.

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ABSTRACT

Despite increased attention to student well-being, limited research has examined how academic stressors influence suicidal ideation and behaviour among secondary school students in Kenya. Excessive pressure, social isolation, and inadequate support heighten vulnerability, making academic stress a critical yet underexplored factor. The purpose of this study was to assess academic environmental stressors on suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County, Kenya. Specifically, the study aimed: To explore the causes of suicidal ideations and attempts among secondary school students in Uasin Gishu, Kenya; to determine the effects of academic environmental stressors that Kenyan secondary school students attribute to suicidal attempts and ideations; to assess the viability of social support given to students with suicidal risk behaviours and ideations; to investigate students' perception of the effectiveness of social support programs in mitigating suicidal tendencies; to investigate the necessity of enhancing instrumental, informational, and emotional support systems aimed at reducing stressors and suicidal behaviour; and to propose a model showing ways of reducing academic stressors in secondary schools in Uasin Gishu, Kenya. The study was anchored on Thomas Joiner's Interpersonal Theory of Suicide**,** guided by a pragmatic research paradigm**,** and utilized a mixed method research approach through a concurrent mixed method research design**.** The target population comprised 165 public secondary schools, involving 71,872 students, 2,384 teachers, 165 deputy principals, and 165 counsellors. Using Gay, Mills, and Airasian's criteria, 18 schools (11%) were selected, from which 144 students were systematically sampled, and 18 teachers, 18 deputy principals, and 18 counsellors were purposively chosen. Data collection tools included student and teacher questionnaires, interview schedules for deputy, counsellors, and student focus groups. Quantitative data were analyzed using descriptive statistics, ANOVA, and chi-square tests, whereas qualitative data were analyzed thematically. Results showed strong agreement ratings for key stressors: declining grades (41.7%), bullying (43.8%), broken homes (44.4%), teacher abuse (41.7%), poor concentration (40.3%), indiscipline (39.6%), and lack of fees (38.2%). Inferential analysis from student questionnaires revealed suicidal ideation was strongly associated with academic stress ($F = 7.45$, $p = 0.000$) and support system perceived effectiveness ($\chi^2(1, N = 144) = 5.67$, $p = 0.017$; Cramér's $V = 0.70$). Qualitative findings revealed three key themes: the critical role of peer support, the influence of family dynamics on emotional stability, and the importance of school resources. Participants emphasized reduced emotional burden and increased hope when adequate support was present. The study concluded that suicidal ideation was strongly influenced by academic and environmental stressors, including declining performance, bullying, unstable homes, and poor concentration. It also established that the perceived effectiveness of social support played a critical protective role, with stronger peer, family, and school-based assistance reducing emotional distress and enhancing psychological resilience. The study recommends reforming curricula and assessments to ease academic pressure and strengthen supportive learning environments. It further urges full implementation of the Uasin Gishu Academic Wellness Model (UGAWM), ensuring all six pillars, peer support, counselling, stress-literacy education, communication strategies, community engagement, and workload rationalization, are adopted through clear policies, funding, and continuous evaluation.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS AND ACRONYMS

CBC: Competency-Based Curriculum

CBT: Cognitive Behavioural Therapy

CDC: The centre for disease control

DBT: Dialectical Behaviour Therapy

HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome

KNBS: Kenya National Bureau of Statistics

MoE: Ministry of Education

MoH: Ministry of Health

NREPP: National Registry of Evidence-Based Programs and Practices

NYRBS: National Youth Risk Behaviour Survey

SAMHSA: Substance Abuse and Mental Health Services Administration

SOSS: Stigma of Suicide Scale

SPRC: Suicide Prevention Resource Centre

TSC: Teacher Service Commission

US: United States

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION OF THE STUDY

1.1 Overview

This chapter consists of the background to the study, the statement of the problem, research objectives and questions, rationale of the study, significance of the study and the limitations of the study. It also discusses theoretical framework used in the study.

1.2 Background of the Study

Suicide is a major public health concern, defined as the deliberate act of ending one's own life, encompassing a continuum from fleeting thoughts of self-harm to intentional attempts to die (Gruber, Smith, & Johnson, 2021). These behaviors are categorized into suicidal ideation, suicide planning, and suicide attempts, reflecting increasing severity and immediacy (Gruber et al., 2021). Globally, suicide remains a leading cause of mortality, accounting for approximately 700,000 deaths annually, with projections suggesting an increase to 1.53 million deaths by 2030 (WHO, 2023). Adolescents and young adults are particularly vulnerable; suicide ranks as the second leading cause of death among individuals aged 10–34 years in the United States, with over 49,000 lives lost annually in this age group (CDC, 2023; Kessler, Berglund, & Demler, 2021). Suicide is understood as a multidimensional phenomenon arising from a complex interplay of biological, psychological, social, and environmental factors (WHO, 2023). Biological contributors include genetic predispositions and neurochemical imbalances, while psychological determinants encompass mood disorders, anxiety, and traumatic experiences. Social and

environmental dynamics, including feelings of isolation, stigma, and access to lethal means, further elevate risk (WHO, 2023; Nock et al., 2023).

Research indicates that suicidal behaviors seldom occur in isolation but are influenced by both individual vulnerabilities and environmental stressors (Aomo, 2019). Personality traits, such as neuroticism, have been identified as significant predictors of susceptibility to suicidal ideation, particularly under stress (Aomo, 2019). Socioeconomic challenges, including poverty, unemployment, and family dysfunction, have been consistently associated with increased vulnerability to suicide (Smith, 2020). Early adolescence has been highlighted as a critical period, as ideation often manifests in formative years before culminating in suicide attempts (Williams & Taylor, 2023; Nock et al., 2020). Evidence from longitudinal studies suggests that many individuals who ultimately die by suicide first display warning signs during adolescence, emphasizing the importance of early detection and preventive interventions (Moitra et al., 2021; National Institute of Mental Health, 2023).

The global burden of suicide is further underscored by its significant contribution to years of life lost and societal disruption. WHO (2023) reports that suicide accounts for 1.3% of all deaths worldwide, with a mortality rate of 10.5 per 100,000 population, translating to approximately one death every 40 seconds. The societal impact is profound, affecting families, schools, and communities, while economic costs, including healthcare expenditure and loss of productivity, add to the urgency for effective interventions (WHO, 2023). Additionally, recent studies indicate that suicidal behaviors are not merely individual acts

but are influenced by structural and societal factors such as inequality, marginalization, and lack of mental health services (Schomer et al., 2022).

In the African context, suicide has emerged as an increasingly pressing public health concern. Over 100,000 suicide-related deaths are reported annually across the continent, with youth disproportionately affected (WHO, 2023). South Africa records suicide as the leading cause of death among individuals aged 15–24 years (Ambale et al., 2022), while in Nigeria and Uganda, 10–15% of secondary school students report suicidal ideation, often linked to academic pressure, family conflict, bullying, and lack of access to mental health services (Adeyemo, Brown, & White, 2021; Nuwagaba, Kato, & Ochieng, 2022). Despite these alarming trends, mental health resources remain inadequate, and stigma surrounding mental health challenges continues to impede effective intervention.

In Kenya, suicide remains criminalized, complicating prevention, reporting, and intervention efforts (Odiemo, Mwangi, & Njeri, 2021). Nationally, approximately 15,000 suicides occur annually, with numerous unreported attempts, particularly among youth in schools, correctional facilities, and law enforcement sectors (WHO, 2022; Wango, Ochieng, & Mwenda, 2022). The educational sector is particularly affected, with academic pressures, societal expectations, and the emphasis on performance in national examinations contributing to significant psychological stress (Kinyanjui, Muthoni, & Muriuki, 2020; Ambale et al., 2022). Additional stressors include family instability, substance abuse, peer influence, and juvenile delinquency, all of which elevate adolescents' risk of suicidal ideation (Karanja & Mwangi, 2022; Kinyanjui et al., 2020).

Empirical evidence from Kenya indicates a disturbing increase in youth suicides. Kimutai (2022) reports that in the South Rift region, five student suicides occurred within a single month across Kericho and Bomet counties, affecting pupils from Grade Four to Form Two. In Bomet County, 2021 data showed 30 suicide cases, with 14 involving school-aged children, a marked increase from prior annual averages of 6–10 cases. The triggers included teenage pregnancies, romantic conflicts, financial constraints, domestic disputes, severe illnesses, substance abuse, and the psychosocial impacts of the COVID-19 pandemic (Kimutai, 2022). These findings underscore the urgent need for targeted interventions to mitigate risk factors and support vulnerable adolescents.

School stakeholders, including teachers, parents, and clergy, have highlighted the importance of collaborative approaches to prevent adolescent suicide. The Kenya National Union of Teachers (KNUT) has advocated for the deployment of professional school counselors to address mental health needs and provide continuous guidance and mentorship (Karanja & Mwangi, 2022). Research demonstrates that structured psychosocial support within schools significantly reduces suicidal ideation, enhances coping mechanisms, and fosters resilience among students facing academic and social stressors (Atellah, 2019; Juma, 2020).

Academic stressors have emerged as critical environmental contributors to suicidal ideation among students. Pressure to excel academically, coupled with teacher-student and peer dynamics, creates emotionally charged environments where adolescents may experience heightened vulnerability (Kinyanjui et al., 2020; Ambale et al., 2022). Schools operate within competitive educational systems, where poor academic performance is often linked

to warnings about future life challenges, amplifying stress and anxiety (Kinyanjui et al., 2020). Teacher-student interactions, student peer networks, and the broader socio-familial context further shape the emotional well-being of learners, with strained relationships correlating with increased risk of suicidal thoughts (Karanja & Mwangi, 2022).

Juvenile delinquency and substance abuse exacerbate these stressors. Adolescents may resort to alcohol, drugs, or risky behaviors as coping mechanisms, which not only impair academic performance but also elevate the likelihood of suicidal behavior (Kinyanjui et al., 2020; Juma, 2020). Combined with fears of severe consequences such as unintended pregnancies, legal infractions, or societal stigma, these factors create a perilous psychosocial environment requiring urgent intervention. A coordinated approach among teachers, administrators, parents, and mental health professionals is essential to establish safe, nurturing school environments that reduce students' vulnerability to suicidal ideation (Karanja & Mwangi, 2022).

In Uasin Gishu County, secondary schools have reported alarming increases in student suicides, including cases involving a 12-year-old girl and form four student facing unclear pressures (Robinson, 2023; Gilbert, 2023). These cases highlight the urgent need for research on how academic environmental stressors such as exam pressure, peer and teacher interactions and familial expectations, contribute to suicidal ideation and risk behaviors. While the national and regional literature highlights these trends, limited empirical evidence exists on the specific pathways through which environmental stressors exacerbate suicide risk among Kenyan adolescents.

Given this gap, the present study aims to investigate the impact of academic environmental stressors on suicidal ideation and risk behaviors among secondary school students in Uasin Gishu County, Kenya. By examining both individual and systemic factors, this research seeks to inform evidence-based interventions that can mitigate risks, promote resilience, and enhance students' psychosocial well-being. The study integrates global, continental, and national perspectives, situating the local problem within the broader context of adolescent mental health, thus establishing a strong foundation for the proposed Uasin Gishu Academic Wellness Model (UGAWM) aimed at reducing academic stress and preventing adolescent suicide.

1.3 Statement of the Problem

Kenya has experienced a notable rise in adolescent suicides over the past five years, positioning suicide as a critical public health and educational concern that requires urgent national and academic attention. Evidence indicates that a significant proportion of adolescents exposed to academic pressure experience suicidal thoughts, underscoring the powerful link between school-related stress and deteriorating mental well-being. In regions such as the Rift Valley, and specifically within Uasin Gishu County, student suicide cases have mirrored national trends, revealing a growing mental health crisis within the secondary school population.

Despite increasing awareness, the specific academic environmental stressors that precipitate suicidal risk, such as examination pressure, excessive workload, and heightened teacher expectations, remain insufficiently understood in the Kenyan context. Recent tragic incidents in Uasin Gishu, including the deaths of a Form Four candidate and a 12-year-old

girl, have highlighted critical gaps in early identification, emotional support, and institutional response to psychological distress among students.

Existing research has predominantly employed quantitative approaches, capturing numerical trends but failing to explore the lived emotional realities of adolescents navigating academic and social pressures. This lack of localized, context-specific evidence has limited the effectiveness of school-based mental health interventions, which are often reactive rather than preventive.

This study addresses this gap by employing a mixed-methods approach to examine how academic environmental stressors influence suicidal ideation and risk behaviors among secondary school students in Uasin Gishu County. The findings aim to inform evidence-based policies and interventions that proactively support adolescent mental health within schools.

1.4 Purpose of the study

The purpose of this study was to assess academic environmental stressors on suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County, Kenya.

1.5 Specific Research Objectives

The specific objectives were;

i. To analyze the causes of suicidal ideation and attempts among secondary school students in Uasin Gishu, Kenya.

ii. To examine the effects of academic environmental stressors on suicidal ideation and attempts as perceived by secondary school students in Uasin Gishu, Kenya.

iii. To evaluate the effectiveness of social support provided to students exhibiting suicidal risk behaviors and ideation in secondary schools in Uasin Gishu, Kenya.

iv. To assess students' perceptions of the efficacy of existing social support programs in mitigating suicidal tendencies in secondary schools in Uasin Gishu, Kenya.

v. To determine the necessity of enhancing instrumental, informational, and emotional support systems aimed at alleviating academic stressors and reducing suicidal behavior among secondary school students in Uasin Gishu, Kenya.

vi. To propose a comprehensive model for reducing academic stressors and mitigating suicidal risk behaviors in secondary schools in Uasin Gishu, Kenya.

1.6 Research Questions

i. What are the causes of suicidal risk behaviours and ideations among secondary school students in Uasin Gishu, Kenya?

ii. What is the effect of academic environmental stressors on suicidal risk behaviours and ideations among secondary school students in Uasin Gishu, Kenya?

iii. How viable is the social support given to students who exhibit suicidal risk behaviours and ideations in Kenyan secondary schools in Uasin Gishu?

iv. How do students perceive the effectiveness of social support programs provided in school in mitigating suicidal tendencies among secondary school students in Uasin Gishu, Kenya?

v. What strategies can be implemented to enhance instrumental, informational, and emotional support systems in order to mitigate stressors and reduce the incidence of suicidal behaviour among secondary school students in Uasin Gishu, Kenya?

vi. What proposed model can be designed to illustrate effective strategies for reducing academic environmental stressors among secondary school students in Uasin Gishu County?

1.7 Research Hypothesis

The following two hypotheses guided the study.

H_{o1}: There is no significant influence of the academic environmental stressors on suicidal risk behaviour and ideations among Kenyan secondary school students in Uasin Gishu, Kenya.

H_{o2}: There is no significant influence of social support provided to students suicidal risk behaviors and ideations on suicidal ideation among students in Kenyan secondary schools.

1.8 Rationale of the Study

Occurrences of suicide among students have increasingly emerged as a critical concern within the Kenyan education sector, with multiple predisposing factors contributing to the rising incidence of these tragic events, particularly academic environmental stressors. The phenomenon warrants urgent scholarly attention due to its complexity and the profound societal implications it carries. This study focused on identifying specific academic stressors, such as exam pressure, overwhelming workload, and teacher expectations, that

heighten suicidal risk among secondary school students. In addition, it examined variations in suicidal risk and behavior across school demographics, including gender, age, and educational level, recognizing that these factors interact with the spectrum of academic stressors to produce differing vulnerabilities (Berk & Dodd, 2021).

As highlighted by education and mental health specialists, including Kimutai (2022) and Robinson (2023), parents and guardians often expect students not only to thrive academically but also to remain physically and emotionally safe within school environments. The alarming rise in suicides among students underscores the urgency of this issue. Documented cases, such as a candidate for the Kenya Certificate of Primary Education who died following corporal punishment (Kimutai, 2022), a form four student who took their life under unclear circumstances (Robinson, 2023), and a 12-year-old girl found deceased in a school bathroom in Uasin Gishu County (Gilbert, 2023), illustrate the severity and immediacy of the problem. These cases signal critical gaps in institutional support, parental engagement, and societal awareness regarding the mental health needs of young people.

Research and expert analysis reveal that intense academic and social pressures significantly exacerbate students' emotional struggles, particularly in households experiencing instability or single-parent dynamics. Substance abuse, including alcohol and drug use, has also been identified as a notable risk factor for suicidal ideation and behavior. While teachers are integral to students' social and emotional support due to daily interactions, they are constrained by professional and administrative responsibilities. Simultaneously, many parents and guardians inadequately monitor their children's psychological well-being, often

leaving the responsibility of care to teachers or household staff. During school holidays, these gaps in parental oversight are further magnified, while academic expectations persist, heightening students' vulnerability.

The observations provided by education and mental health specialists underscore the need for a focused, evidence-driven investigation into the multifaceted causes of student suicide. This study therefore sought to systematically analyze the interplay between academic stressors, family dynamics, social support, and individual vulnerabilities that contribute to suicidal ideation and behavior among secondary school students in Kenya. By providing an in-depth understanding of these factors, this research aims to inform the development of targeted, context-specific interventions and strategies to mitigate risk, promote mental well-being, and prevent further tragedies.

1.9 Significance of the Study

This study is grounded in the imperative to inform decision-makers within the Kenyan education sector, including school counsellors, chaplains, health professionals, and administrators, on the intricate relationships between academic environmental stressors, suicidal ideation, suicidal behaviors, and academic performance. By providing evidence-based insights, the study seeks to enhance the design and implementation of effective school-based suicide prevention strategies, ultimately promoting the mental health, safety, and well-being of secondary school students.

Students are the primary beneficiaries of this research, as it aims to elucidate how academic pressures, including exam stress, overwhelming workloads, and unrealistic expectations,

contribute to suicidal risks. Understanding these linkages will allow educators, parents, and policymakers to design supportive interventions that help students cope with academic demands without compromising their psychological well-being. This is particularly critical in contexts where success is narrowly defined by academic achievement, often overshadowing holistic personal development and leaving students with limited coping skills vulnerable to suicide, substance abuse, and other maladaptive outcomes.

Administrators and policymakers will also benefit from this study, as it seeks to provide a nuanced understanding of factors that impede the effectiveness of school-based suicide prevention programs. By incorporating students' lived experiences, the findings will guide the development of tailored interventions, increase program participation, and inform resource allocation for mental health initiatives. The study further extends its relevance to other sectors, such as correctional institutions and the police service, where similar pressures and socio-environmental stressors contribute to suicide prevalence (Wango, Wairire, & Odiemo, 2018).

Educational researchers and mental health scholars will gain from this study by accessing data on the effectiveness of existing support systems, the roles of teachers and parents, and the socio-economic determinants influencing adolescent suicide. The findings will deepen understanding of psychosocial dynamics, youth help-seeking behaviors, and stigma associated with suicidal thoughts, thereby informing policy and interventions in schools and related institutions.

Moreover, the study contributes to the growing body of research on adolescent mental health, psychosocial support, and suicide prevention. It responds to calls from prior

research for contextualized studies examining life stressors, particularly academic environmental pressures, and their effects on suicidal tendencies (Batterham et al., 2013b, as cited in Chesin, Cascardi, Rosselli, Tsang, & Jeglic, 2020). By bridging gaps between quantitative trends and qualitative experiences, this study provides actionable insights that can shape evidence-based strategies to mitigate suicidal behavior among secondary school students in Uasin Gishu County, Kenya.

1.10 Scope of the Study

This study focused on suicide within the schooling environment, specifically examining the influence of academic environmental stressors on suicidal ideation and risk behaviors among secondary school students. The research was conducted in selected public secondary schools in Uasin Gishu County, Kenya, a county with students from diverse socio-economic and cultural backgrounds.

The geographical scope covered all six sub-counties of Uasin Gishu: Soy, Turbo, Moiben, Ainabkoi, Kapseret, and Kesses, representing a mix of urban, peri-urban, and rural school settings. The population included all students and teachers in public and private secondary schools within these sub-counties. From this population, purposive sampling was used to select schools, and stratified random sampling identified participants across academic levels (Forms 1–4) and gender.

The conceptual scope focused exclusively on academic environmental stressors, including exam-related pressure, workload, teacher expectations, peer influence, and school-based social dynamics as predictors of suicidal ideation and risk behaviors. Extraneous variables

such as familial conflict or chronic illness were acknowledged but excluded to maintain focus.

The methodological scope was limited to questionnaires and interview schedules. Quantitative data captured prevalence and patterns of academic stressors and suicidal behaviors, while qualitative data explored students' lived experiences, coping strategies, and perceptions of support systems.

1.11 Limitations of the Study

This study encountered certain limitations inherent in the research design and data collection methods. One major limitation arose from the use of self-administered questionnaires, which incorporated self-assessment items intended to quantify the performance of counsellors and other stakeholders involved with students. Individuals tend to overestimate desirable traits while underreporting undesirable behaviors, a phenomenon that may have influenced the accuracy of the collected data (Sharma, Rangarajan, & Paesbrugghe, 2020). To mitigate this potential bias, the researcher thoroughly explained the purpose and significance of the study to participants, ensured strict confidentiality, and triangulated responses with official records from the Ministry of Education (MoE) and the Ministry of Health (MoH), thereby enhancing the credibility and validity of the findings.

Another limitation pertained to students' potential reluctance to fully disclose sensitive information due to shyness, social desirability, or fear of stigmatization. To address this, the researcher conducted preliminary rapport-building sessions with participants, clearly emphasizing the confidential nature of their responses and the study's objective of

understanding rather than judging their experiences. These measures were aimed at fostering a psychologically safe environment, encouraging openness, and increasing the reliability of self-reported data. Despite these challenges, the study maintained methodological rigor through careful design, triangulation, and ethical safeguards, ensuring that the results remain both valid and insightful.

1.12 Theoretical Framework

This study was anchored on the Interpersonal Theory of Suicide (IPTS) proposed by Thomas Joiner (2005). The IPTS posits that suicidal behaviors occur when an individual experiences both the desire and the capability to die by suicide. Desire alone is insufficient; an individual must also acquire the capability, which develops through repeated exposure to painful and provocative experiences over time (Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010). In the context of this study, prolonged exposure to academic environmental stressors, such as intense examination pressure, heavy workloads, and teacher expectations, may gradually increase students' capability to engage in suicidal behaviors by reducing fear of death and increasing tolerance for psychological and physical distress.

The IPTS identifies three core constructs that interact to precipitate suicidal behavior: thwarted belongingness, perceived burdensomeness, and acquired capability for suicide. Thwarted belongingness refers to feelings of social alienation and disconnection from peers, teachers, or family, while perceived burdensomeness occurs when an individual believes that their existence imposes a burden on others (Joiner, 2005; Alvarado, 2015). Acquired capability emerges through repeated exposure to fear-inducing or painful events,

which diminishes the instinct for self-preservation (Van Orden et al., 2010). For students, persistent academic pressures, failure experiences, and harsh evaluations can create a sense of alienation and burdensomeness, compounding the risk of suicidal ideation.

A critical assumption of the theory is that suicidal desire and capability are separable yet interdependent. IPTS argues that unmet interpersonal needs, particularly the need to belong, are central to suicidal desire, distinguishing it from prior theories that emphasized primarily biological or cultural determinants (Stokes, 2019; Chung, 2016). Furthermore, the theory underscores that thwarted belongingness and perceived burdensomeness are dynamic cognitive-affective states, shaped by individual experiences and the broader environment (Leventhal, 2014). In the context of Kenyan secondary schools, students' academic and social environments can foster these cognitive-affective states, influencing the likelihood of suicidal ideation.

The IPTS has limitations, particularly in its focus on social constructs while excluding biological and physiological predictors of suicide (Chung, 2016). Joiner (2009) contends that this focus is deliberate, as social isolation remains the most consistently supported risk factor across multiple levels of analysis. Despite these limitations, the theory is highly relevant to this study. It highlights the critical role of academic social dynamics and provides a framework to understand how environmental stressors, peer interactions, and perceived familial expectations converge to influence suicidal thoughts and behaviors among students.

In applying IPTS to this study, academic environmental stressors are conceptualized as the painful and provocative experiences that cultivate students' acquired capability for suicide. Exposure to repeated academic pressure, failure, and social comparison may lead to feelings of hopelessness, alienation, and perceived burdensomeness. Over time, these factors create a multiplier effect that increases the risk of suicidal ideation and potentially suicidal behavior. Thus, IPTS offers both a theoretical and practical lens through which to examine the relationship between academic stress and adolescent suicidal behaviors, guiding the development of targeted interventions within Uasin Gishu County secondary schools. Figure 1.1 illustrates the interplay between thwarted belongingness, perceived burdensomeness, and acquired capability for suicide as described by the IPTS.

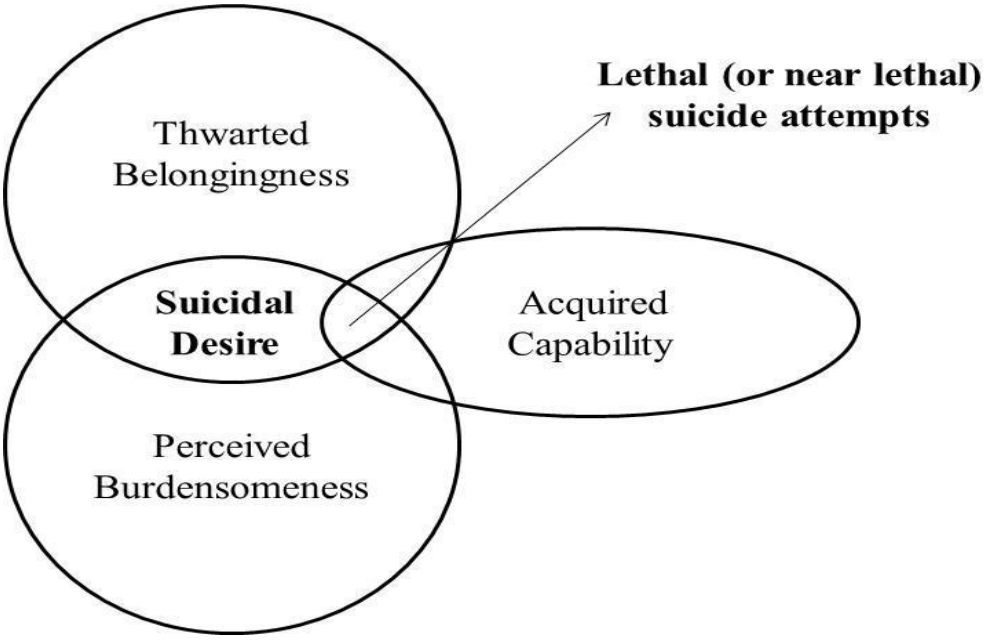

Figure 1.1 The Main Features of the Interpersonal Theory of Suicide
Source: Joiner (2005); Alvarado (2015)

1.13 Conceptual Framework

The relationship between suicidal propensities and academic environmental stressors is not similar among the cases that are reported. Each suicide victim has a different roadmap, triggers and foundational basis. Suicide and suicidal ideation enclose a range of theoretical aspects, characteristically perceived to be biased and not supported on experimental evidence on links to bereavement, suicide and serious self-harming attributions; rather consists of contemplative connections to preparation, behaviour and results of suicidal behaviour (Magill, 2021).

This study conceptualized suicide among secondary school students as based on environmental features that greatly contributed to suicidal tendencies. The first set of independent variables comprised life stressors, which included schooling stressors, problems with teachers and fellow students, parents' and guardians' marital or family issues, and financial problems. The influence of alcohol and substance abuse, as well as negative peer pressure, also counted. These variables had a significant impact on the path of students toward suicidal tendencies. Academic performance constituted independent variables as well. How these challenges were handled, either through counselling or other means, had an impact on the suicide risk among secondary students.

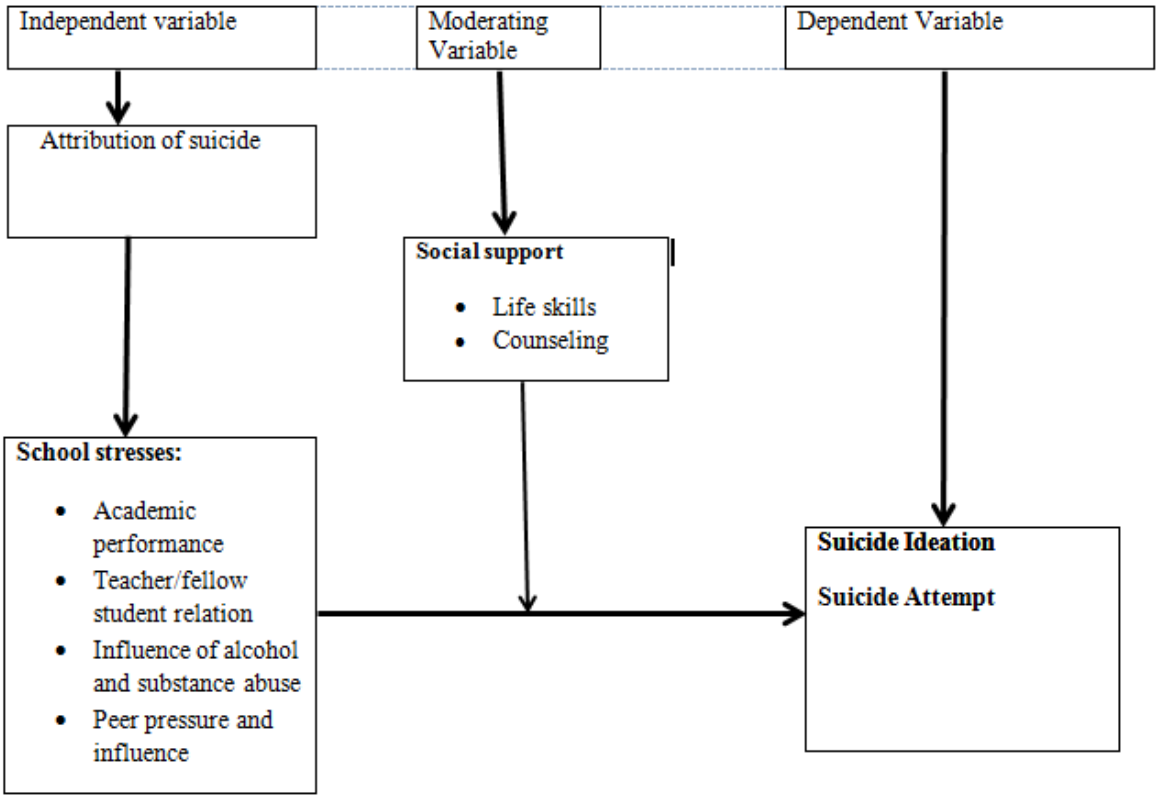

Figure 1.2 Conceptual framework on suicidal propensities among secondary school students
Source: Author, 2020

Moderating variables included tendencies that developed due to existing in an environment that was stressful and suicidal. These were social support factors, life skills and counselling. Students without life skills were highly susceptible to suicidal ideation and were midway on the path toward suicidal completion. Any feelings of hopelessness and being unwanted could quickly metamorphose into suicidal ideation. Academic environmental stressors were overwhelming for them. Counselling also constituted a moderating variable. If external intervention was provided to a student at risk of suicide,

the risk and ideation could be reversed or significantly slowed. The dependent variables of suicidal propensities among secondary students were suicidal attempts and ideation.

1.14 Assumptions of the Study

The study was carried out on the basis of the following assumptions:

a) Schools in Uasin Gishu have environmental stressors that pose challenges and causes related to suicide risks and behaviours among students.
b) Guidance and counselling teachers and chaplains were well trained and had the requisite experience in handling suicide among students.
c) A student who harbored suicidal ideas was a potential victim of suicide, either directly or indirectly.
d) Participants who participated in this study shared accurate and honest information required for the study.

1.15 Operational Definitions of Terms

Academic environmental stressors: Factors in the learning environment that students find overwhelming, including pressure for good grades, teacher–student and student–student relationships, and indiscipline.

Academic stress: The strain a student experiences due to academic demands exceeding their capacity, including pressure from parents or school.

Stigma: Discomfort or negative attitudes when dealing with someone expressing suicidal ideation or who has attempted or committed suicide.

Suicidal attempt: Intentional self-inflicted harm, which may or may not result in death.

Suicidal ideation: Self-reported thoughts or feelings about engaging in behaviors associated with suicide.

Suicidal behavior: Any ideation, communication, or actions indicating a desire to die.

Suicidal crisis: The period from experiencing suicidal thoughts to attempting suicide, often involving planning.

Suicidal intervention: Actions or programs aimed at preventing suicide and helping victims modify behavior and attitudes toward life.

Suicidal plan: A detailed method, timing, and location formulated by an individual intending to end their life, indicating higher risk.

Suicide: The intentional act of ending one's own life, influenced by mental, emotional, social, or situational factors.

Youth: Individuals aged 12–25 years, with secondary school students typically between 12–19, representing adolescence and its associated developmental challenges**.**

1.16 Chapter Summary

This chapter underscores the urgency of investigating academic environmental stressors and their link to suicidal behaviors among secondary school students in Uasin Gishu County, Kenya. Rising adolescent suicide rates, driven by academic pressure, societal expectations, and limited mental health resources, highlight critical gaps in understanding.

The study addresses these gaps by exploring causes of suicidal ideation and attempts, assessing the effects of academic stressors, evaluating the effectiveness of social support, examining students' perceptions of support programs, identifying the need to strengthen instrumental, informational, and emotional support systems, and proposing a model to reduce academic stressors. The rationale emphasizes evidence-based interventions in Kenya's education sector, where stigma and inadequate institutional responses persist.

The research is grounded in the Interpersonal Theory of Suicide (IPTS)**,** which attributes suicidal behavior to thwarted belongingness**,** perceived burdensomeness, and acquired capability. A mixed-methods design across six sub-counties combined quantitative surveys and qualitative interviews to capture both prevalence and lived experiences. Biases such as self-reporting and stigma-driven underreporting were mitigated through triangulation with school records. By situating the study within Kenya's socio-educational context, the chapter lays a foundation for targeted psychosocial support and systemic reforms aimed at disrupting the pathway from academic pressure to suicidal risk, providing practical recommendations for prevention in secondary schools.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This study assessed causes of students' academic environmental stressors in relation to suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County. This chapter reviews recent and relevant literature on the attribution of academic environmental stressors on suicidal risk behaviours and intentions among secondary school students. This is done using themes that include suicidal attempts and ideations among secondary school students in Kenya, link between suicidal attributions and suicidal attempts and ideations; social support that suicidal risk students in secondary schools in Kenya receive, and programs that prevent suicidal propensities.

2.2 Concept of Suicide

Suicide has historically been a complex phenomenon that attracted significant attention from clinicians, researchers, and policymakers due to its multifaceted nature and public health significance. Across the literature, considerable disagreement persisted regarding nomenclature, definitions, and categorization of suicidal behaviors, particularly in relation to nonfatal actions and outcomes (Bertolote & Fleischmann, 2021). Conceptually, suicide was understood as the deliberate act of ending one's own life, encompassing a spectrum of associated behaviors, including suicidal thoughts and non-lethal attempts (World Health Organization [WHO], 2021). Nock and Kessler (2020) classified suicide behavior into three primary forms: suicide ideation, suicide planning, and suicide attempt. Suicide ideation referred to recurrent thoughts or contemplations about self-inflicted death. A suicide plan

represented the formulation of specific strategies to end one's life, whereas a suicide attempt entailed the execution of self-injurious behavior with explicit intent to die. This framework highlighted the continuum of suicidal risk and the necessity for nuanced clinical and research approaches to each category.

Suicide emerged from an intricate interplay of biological, psychological, social, and environmental determinants. The Centers for Disease Control and Prevention (CDC, 2022) defined suicide as a form of self-inflicted violence, resulting in death due to deliberate injurious behavior intended to cause fatality. Aomo (2023) further conceptualized suicide as the culmination of complex interactions among social, psychological, and biological factors, emphasizing that personality traits such as neuroticism—tendencies to experience negative affective responses to stress—predisposed individuals to suicidal behaviors. While much research concentrated on ideation and non-lethal attempts, recognition of personality-based vulnerabilities rooted in biological mechanisms highlighted the necessity of individualized risk assessments. Historically, perspectives on suicide evolved, shifting from moralistic or religiously driven interpretations—where suicide was stigmatized as sinful or criminal—to scientific understandings framing it as a manifestation of psychopathology (Sisask & Kolves, 2021).

Despite these conceptual advancements, critical gaps persisted in the literature. Many studies failed to differentiate clearly between suicidal behavior and completed suicide, often conflating ideation, planning, attempts, and fatalities (Sisask & Kolves, 2021). While Murariu (2023) addressed such distinctions within adult populations, age-specific vulnerabilities across adolescents, young adults, and older adults remained underexplored, representing a significant limitation in both epidemiological and clinical frameworks.

Similarly, Slater (2022) acknowledged the need for nuanced distinctions but did not specify age categories, highlighting the need for comprehensive investigations that incorporated developmental and demographic variables. Epidemiological evidence underscored the heterogeneity of suicide risk. For instance, the CDC (2022) reported that approximately 50% of individuals who died by suicide had at least one diagnosed mental disorder, with depression being predominant (85.2%), followed by bipolar disorder (7.4%) and schizophrenia (3.3%). Gender differences were also evident: males were disproportionately represented in completed suicides, whereas females were more likely to engage in nonfatal attempts.

In academic and educational contexts, suicide risk was further compounded by environmental stressors such as academic pressure, substance abuse, disruptions in valued relationships, relocation, and dysfunctional family systems (Abdu, Mwangi, & Njeri, 2023). Psychopathology remained the most consistent predictor of suicide, encompassing psychiatric conditions such as depression, anxiety, personality disorders, schizophrenia, and substance use disorders (Bradvik, 2021). These findings highlighted the need for integrated research approaches that situated individual vulnerabilities within broader social, institutional, and environmental frameworks. Despite the extensive body of literature, age- and context-specific analyses remained limited, particularly regarding adolescents navigating educational pressures. Addressing this gap was essential for designing preventive interventions tailored to developmental stages, academic environments, and psychosocial risk factors.

2.3 Suicidal Attempts and Ideations among Secondary School Students across the world

Suicidal behavior among adolescents and young adults had increasingly emerged as a critical mental health concern globally, demanding urgent attention from educators, clinicians, and policymakers (Chung, 2021). Empirical evidence indicated that secondary school students, particularly those exposed to multiple life stressors, including academic pressure, social expectations, and familial disruptions, were more likely to develop suicidal ideations. For instance, a study conducted in the Cape Peninsula, South Africa, reported that approximately 20% of students had seriously contemplated harming themselves in a potentially fatal manner within a twelve-month period. Within the same cohort, 8% had attempted suicide, while 57.7% had disclosed their intentions to someone trusted (South African Depression and Anxiety Group [SADAG], 2023). Despite the significance of these findings, the study did not explicitly examine the specific academic triggers contributing to suicidal thoughts, leaving a critical knowledge gap regarding the direct influence of school-related stressors on adolescent suicidality.

Hollinger (2022) explored preventive strategies aimed at reducing suicide among vulnerable school-aged youth. Her study emphasized intervention frameworks but failed to interrogate which particular facets of the school environment, such as examination pressure, teacher-student dynamics, peer competition, or institutional support, exacerbated the risk of suicidal behavior. This omission highlighted a notable gap in the literature, as understanding the environmental antecedents of suicidal ideation is essential for targeted interventions. Globally, suicide remained one of the leading causes of death among youth. The World Health Organization (WHO, 2023) reported that approximately 703,000

individuals died by suicide annually, equating to one death every 40 seconds, with the majority of fatalities occurring among individuals aged 15–29 years. In this demographic, suicide was the second leading cause of death, underscoring its profound public health significance.

Further cross-national studies confirmed that adolescent suicidal behaviors were influenced by a convergence of psychosocial, academic, and familial factors. In high-income countries, school-related stressors, including poor academic performance, bullying, and inadequate support from educators, were consistently associated with heightened suicidal ideation (Kim & Lee, 2021). Similarly, studies in low- and middle-income countries revealed that excessive academic demands, limited access to mental health resources, and familial instability compounded the risk of both suicide attempts and ideation (Patel et al., 2022). However, most existing research failed to disaggregate findings according to developmental stages, gender, or socio-economic contexts, leaving an incomplete understanding of how suicidal tendencies manifest differently across adolescent subgroups. Consequently, there remained an urgent need for studies that linked school-specific environmental stressors to suicidal behaviors, particularly in under-researched regions and contexts.

Although global research had extensively documented the prevalence of suicidal ideation and attempts among secondary school students, critical gaps persisted. Few studies systematically examined the role of academic and institutional environments in triggering suicidal behavior, while age, gender, and context-specific variations remained underexplored. Addressing these gaps was essential for developing evidence-based

interventions that could reduce suicide risk among adolescents by targeting the underlying academic and psychosocial determinants. This section thus established the rationale for examining the relationship between academic environmental stressors and suicidal propensities in school settings, situating the current study within a globally significant and contextually relevant framework.

2.3.1 Indicators for Suicidal Behaviour

Adolescence and the transition to young adulthood were widely recognized as particularly challenging phases of human development, characterized by heightened emotional reactivity, identity formation, and social role exploration (South African Depression and Anxiety Group [SADAG], 2023). During this period, adolescents navigated intense academic demands, peer expectations, and family pressures, while simultaneously interacting with external socializing agents such as media, religious institutions, and broader societal norms, all of which frequently exacerbated psychological strain. SADAG (2023) highlighted that the social trends of delayed marriage, increasing divorce rates, and rising unemployment contributed to prolonged periods of solitude among young people, further increasing vulnerability to suicidal ideation. Abdu, Mwangi, and Njeri (2023) corroborated these findings, asserting that the physical, social, and academic transitions during adolescence were often overwhelming, and unresolved childhood conflicts frequently resurfaced, manifesting as early signs of psychological distress, typically between ages 15 and 18.

Behavioral indicators frequently signaled heightened suicide risk. Empirical studies identified patterns such as declining academic performance, persistent mood fluctuations,

social withdrawal, loss of previously enjoyed activities, increased risk-taking behaviors, substance use, and rupture of significant interpersonal relationships (Stokes, 2019; Aomo, 2019). SADAG (2020) further observed that suicide attempts often followed acute stressors, including examination failures, interpersonal conflicts, disciplinary crises, or exposure of personal secrets. High levels of anxiety, anger, or agitation were commonly noted in the immediate period preceding a suicide attempt. These markers underscored the importance of vigilant monitoring by parents, teachers, and mental health professionals, particularly within high-stress academic environments.

Family and environmental contexts contributed substantially to suicidal behavior. Studies indicated that adolescents from broken homes or families characterized by poor parent-child communication were at elevated risk (Hollinger, 2022). Parent-child dynamics, sibling rivalry, and exposure to toxic relationships exacerbated the psychological burden of academic stress, potentially precipitating suicidal ideation. Genetics also played a contributory role, with family histories of suicide, mental disorders, or substance abuse increasing vulnerability; Abdu et al. (2023) estimated that genetic and familial factors accounted for up to 55% of suicidal behaviors. Moreover, exposure to suicide within one's environment, such as witnessing a family member's death, heightened risk further, demonstrating the interaction between biological predispositions and environmental triggers.

Psychopathology emerged as a primary predictor of suicidal behavior. Baker, Smith, and Johnson (2022) demonstrated that maternal depressive disorders and perceived maternal rejecting behaviors were significantly associated with youth suicidality, although they did

not examine the contribution of academic environmental stressors. Depression, in particular, was highly predictive; Andrew (2020) reported that approximately one-third of adolescent suicides followed previous attempts, and nearly 90% of suicide cases were associated with psychiatric diagnoses. Koller, Hoh, and Caron (2021) reinforced that depressive disorders, particularly when compounded by academic pressures, aggressive behavior, or substance use, were present in over half of suicides, emphasizing the cumulative impact of psychosocial stressors. Gregory (2019) further identified major depressive disorder, bipolar disorder, schizophrenia, personality disorders, post-traumatic stress disorder, and eating disorders as significant risk factors, while highlighting substance abuse—particularly alcoholism, heroin, and cocaine use—as exacerbating vulnerabilities.

Socio-economic factors and environmental stressors compounded these risks. Gregory (2019) identified unemployment, poverty, social isolation, homelessness, emotional abuse, and bereavement as key contributors to adolescent suicidal behavior. Of note, emotional abuse accounted for approximately 20% of suicide risk, yet most studies failed to examine its intersection with academic environmental stressors. In Kenyan educational contexts, reports of teacher misconduct, such as advances in exchange for grades, further exacerbated vulnerability among students (Reavley, McCann, & Jorm, 2020). Substance use among adolescents was often a coping mechanism to manage the pressures of academic life, highlighting the critical need for targeted school-based interventions (Beardslee, Versage, & Gladstone, 2020; Lamis, Dvorak, & Kuhlman, 2020).

Collectively, these findings underscored that suicidal behavior was multi-determined, arising from the interaction of developmental, familial, psychosocial, and academic factors.

Despite extensive research, significant gaps persisted in understanding how academic environmental stressors specifically triggered suicidal ideation among adolescents, particularly in contexts such as Kenyan secondary schools. This study, therefore, sought to address these gaps by examining the interrelationship between school-based stressors, socio-emotional development, and suicidal behavior, providing a nuanced understanding essential for prevention strategies.

2.3.2 Understanding the factors behind suicide ideation and behaviour

Psychologists and suicide researchers consistently recognized that a previous suicide attempt constituted one of the strongest predictors of subsequent suicidal behaviour (Chung, 2023; Breet, Goldstone, & Bantjes, 2023). Adolescents and young adults who had engaged in self-harm were particularly vulnerable, as prior attempts indicated both the presence of psychological distress and an established behavioural pathway toward future suicidality. In addition, studies conducted in Western contexts, where discussions of suicide were relatively open, demonstrated a robust association between suicidal behaviour and substance use, including alcohol, tobacco, cannabis, illicit drugs, and non-medical use of prescription medications. However, while these studies confirmed correlational relationships, they often failed to articulate the deeper mechanisms through which these factors translated into suicidal actions, leaving a critical gap in understanding the interplay of psychosocial and environmental stressors.

Mental disorders, particularly depression, emerged as the most commonly cited contributors to suicidal behaviour. Yet, a notable limitation of existing literature was its insufficient exploration of the underlying antecedents that precipitated depressive states,

anxiety, or substance misuse among adolescents. In this context, academic environmental stressors—such as intense examination pressure, competitive grading systems, teacher-student conflicts, and excessive workload, were increasingly recognized as significant contributors to suicidal ideation (Sweeney, Thompson, & Lee, 2021). These stressors interacted with personal vulnerabilities, including low resilience, neuroticism, and maladaptive coping strategies, to intensify psychological distress, thereby increasing the likelihood of self-harming thoughts or behaviours.

Beyond academic and psychiatric factors, socio-environmental and situational triggers played a crucial role in precipitating impulsive suicidal actions. The African Population and Health Research Centre (APHRC, 2023) reported that awareness of stigmatized conditions, such as HIV/AIDS, unwanted pregnancies, chronic illness, and financial crises, frequently precipitated suicidal crises among adolescents. Similarly, interpersonal stressors, including relationship breakups, bereavement, exposure to violence, and familial conflict, were associated with elevated suicide risk. Empirical findings further indicated that discrimination, oppression, and social marginalization created psychosocial vulnerabilities that predisposed individuals to suicide (Assari, Moghani Lankarani, & Caldwell, 2023).

Modern technological and social influences also emerged as salient risk factors. Cyberbullying, social media pressures, and exposure to online harassment were linked to increased levels of psychological distress and suicidal ideation among adolescents. These contemporary stressors often exacerbated feelings of social isolation, inadequacy, and hopelessness, thereby amplifying vulnerability in already stressed individuals (Chung, 2023). Despite the prevalence of these findings, most research had not adequately

connected these social, technological, and academic stressors to context-specific outcomes, leaving gaps in the understanding of culturally and regionally relevant drivers of adolescent suicidality.

Collectively, these studies highlighted that suicide ideation and behaviour were multi-determined, emerging from the interaction of psychiatric, academic, social, and situational stressors. Yet, a critical limitation persisted: the lack of contextually grounded, age and environment-specific analyses that explored the pathways through which academic stressors contributed to suicidal tendencies. Addressing this gap was imperative for informing targeted interventions that considered the psychosocial realities of students, the pressures inherent in school environments, and the broader socio-cultural context, particularly in under-researched regions such as Sub-Saharan Africa.

2.3.3 Suicidal Attempts and Ideations among Secondary School Students in Kenya

Suicide among school-aged children in Kenya has increasingly become a pressing concern for educators, policymakers, and mental health professionals. Kimutai (2022) documented a disturbing rise in suicide cases among schoolchildren in the South Rift region, reporting five deaths within a single month across Kericho and Bomet Counties. The victims ranged from a Grade Four pupil to a Form Two student, highlighting that suicidal behaviors were not confined to older adolescents but spanned a wide age spectrum. By 2023, Bomet County alone recorded thirty suicide cases, fourteen of which involved schoolchildren, representing a marked increase from previous averages of six to ten per year. Underreporting and misclassification of deaths suggested that the actual burden of suicide

among students was likely higher, a finding consistent with national trends reported by Atellah (2023) and Macharia (2023).

Multiple factors contributed to suicidal behaviors among Kenyan students. Contextual drivers included romantic relationships, teenage pregnancies, financial challenges such as lack of school fees, domestic disputes, terminal illnesses, and substance use. The COVID-19 pandemic further exacerbated psychological distress through disruptions to schooling, social isolation, and familial stressors (Kimutai, 2022; Ndori, 2023). Notably, Nyamwange (2023) argued that although research often highlighted mental health challenges, it frequently neglected the specific role of academic environmental stressors, such as excessive workload, teacher-student conflicts, and examination pressures, in precipitating suicidal ideation. Such stressors interacted with personal vulnerabilities, including low resilience and poor coping strategies, thereby amplifying risk.

Media coverage of suicide cases in Kenya also shaped public perception and awareness. Ndori (2023) observed that reports often framed suicides alongside issues of violence and substance abuse, normalizing these behaviors and emphasizing broader mental health challenges. A striking example involved a 14-year-old schoolgirl who took her life after being publicly shamed for menstruation-related soiling, sparking national outrage and calls for systemic changes in teacher-student interactions (Tanui, 2023). This case underscored how school-based stressors, including humiliation, bullying, and peer pressure, intersected with socio-cultural stigma to elevate suicide risk.

Epidemiological data further illustrated the magnitude of the problem. According to the World Health Organization (WHO, 2023), approximately 1,408 individuals died by suicide

annually in Kenya, equating to roughly four deaths per day. A significant proportion of these were school-aged children and adolescents attending secondary and tertiary institutions. The Kenya National Bureau of Statistics (KNBS, 2018) reported lower figures, reflecting underreporting due to legal penalties for attempted suicide, societal stigma, and school administrations' reluctance to disclose cases (Atellah, 2023; Macharia, 2023). This discrepancy highlighted a major gap in accurate national surveillance and emphasized the need for context-specific research.

Despite the growing recognition of adolescent suicide in Kenya, knowledge gaps remained. Most studies focused on general mental health, family conflicts, psychopathology, and risky behaviors, while insufficient attention was given to the role of academic environmental stressors in triggering suicidal ideation. Existing literature rarely disaggregated cases by age, grade, or school context, and few empirical studies linked institutional factors such as teacher-student interactions, school culture, and examination pressures to suicidal behavior. Consequently, there was a pressing need for research that examined how educational environments specifically contributed to suicide risk, offering evidence to inform preventive interventions, guidance programs, and policy initiatives targeting vulnerable students.

2.3.4 Suicide rates among secondary students in Kenya

Suicide among secondary school students in Kenya represented a significant public health concern, yet accurate epidemiological data remained limited due to systemic underreporting and deficiencies in civil registration and vital statistics (Ndori, 2023). The Ministry of Health and the Kenya National Bureau of Statistics (KNBS, 2018) frequently recorded

lower mortality figures compared to estimates from research studies, highlighting discrepancies attributable to societal stigma, legal penalties for attempted suicide, and misclassification of unexplained deaths. Consequently, the actual prevalence of suicidal behavior among adolescents was likely underrepresented, complicating efforts to implement targeted preventive interventions within schools.

Empirical studies documented regional variations in suicide rates. Macharia (2023) and Mugambi and Gitonga (2023) observed that South Rift and Central regions reported increasing incidences of suicide among adolescents, with most cases involving students in secondary schools. Nyamwange (2023) further confirmed that suicide was emerging among younger age groups, including early adolescents, indicating a downward shift in age distribution. Despite these insights, most studies focused predominantly on mental health diagnoses, family histories, and psychosocial stressors, while largely neglecting the contribution of academic environmental stressors, including examination pressure, teacher-student conflicts, and competitive academic culture, to the escalation of suicidal ideation and behavior.

Available statistics underscored the urgency of addressing adolescent suicide in educational settings. WHO (2023) estimated that approximately 1,408 individuals died by suicide annually in Kenya, with a substantial proportion being secondary and tertiary school students. These findings aligned with reports from local media and educational stakeholders, who noted increasing incidences of school-based suicide linked to academic disappointment, bullying, and relational stress (Tanui, 2023; Kimutai, 2022). The prevalence of depression among adolescents, estimated at over 2 million Kenyans (WHO,

2022), further emphasized the intersection of mental health vulnerabilities with school-based pressures.

Despite these observations, a critical gap persisted in understanding the relationship between academic environmental stressors and suicidal tendencies. Existing research inadequately differentiated between general mental health challenges and school-specific pressures, leaving a dearth of contextually grounded evidence for guiding interventions within Kenyan secondary schools. This gap underscored the need for systematic investigations that examined how academic workloads, institutional expectations, and teacher-student dynamics specifically contributed to adolescent suicidal ideation and attempts. Addressing this gap was essential to develop evidence-based strategies for early identification, prevention, and support programs targeting vulnerable students within the Kenyan educational system.

2.4 Link between suicidal attributions and suicidal attempts and ideations

The relationship between suicidal attributions and subsequent suicidal attempts and ideations among secondary school students has been increasingly highlighted in contemporary research. Suicidal attributions, defined as the perceived causes or reasons that individuals assign to their distress and failures, have consistently demonstrated a significant predictive effect on suicidal behavior (Mugambi & Gitonga, 2023). In the Kenyan educational context, exaggerated academic expectations and rigid societal pressures fostered a culture where failure in examinations was equated with personal inadequacy. Empirical studies revealed that students who internalized such attributions often experienced profound emotional distress, leading to depressive symptoms and, in

extreme cases, suicidal ideation. Mugambi and Gitonga (2023) reported that adolescents who perceived their academic failures as indicative of life-long incapacity exhibited higher levels of hopelessness, a known precursor to suicide attempts.

Parental, teacher, and societal expectations further compounded these pressures. Adolescents were often socialized to believe that academic excellence was synonymous with self-worth and social recognition. In situations where repeated failures occurred, this attributional style—viewing personal setbacks as catastrophic and uncontrollable—triggered severe anxiety, loss of self-esteem, and feelings of helplessness. Mugambi and Gitonga's (2023) study documented that 82% of students acknowledged academic stress as a central challenge in their lives, yet 8.5% expressed deep despair and resignation, reflecting the heightened vulnerability of this subgroup to suicidal thoughts and behaviors. These findings corroborated global literature, which consistently linked maladaptive cognitive attributions to suicidal ideation, including studies in South Africa and the United States that demonstrated similar associations between negative academic self-perceptions and suicidal attempts (Chung, 2021; SADAG, 2023).

Despite these insights, a notable gap persisted in contextualized understanding. Most existing research emphasized mental health and general psychosocial stressors but inadequately addressed how specific academic environmental stressors, such as competitive school climates, teacher-student relational dynamics, and examination-centric curricula—directly shaped adolescents' suicidal attributions and behaviors. Consequently, the current study sought to bridge this gap by systematically investigating the role of academic-related attributions in predicting suicidal ideation and attempts among secondary school students,

situating findings within both local Kenyan and broader international evidence. This approach offered a more nuanced understanding of the cognitive and environmental interplay influencing adolescent suicidality, essential for informing targeted preventive interventions in educational settings.

2.4.1 Academic stress and suicidal ideation

The link between academic stress and suicidal ideation among adolescents has been well documented in empirical studies across diverse contexts (Arun, Garg, & Chavan, 2023; Akhtar, Khan, & Patel, 2023). Academic stress, defined as the perceived pressure to achieve in educational settings, often emerged from both internal and external expectations, including self-imposed standards and demands from parents, teachers, and peers. Adolescents frequently interpreted academic outcomes as measures of personal worth, which intensified feelings of inadequacy following failures. Akhtar et al. (2023) reported that suicide cases among students often peaked during examination periods, highlighting the temporal relationship between heightened academic pressure and suicidal behavior.

Research further indicated that this relationship was amplified in cultural contexts that placed exceptional emphasis on academic achievement. For instance, in East Asian countries, adolescents' self-esteem and social identity were closely tied to scholastic performance, with failure resulting in loss of familial support and social standing (Arun et al., 2023). Similar dynamics were observed in emerging African economies, including Kenya, where societal norms equated success with high performance in national examinations and subsequent access to reputable universities. Students who failed to meet

these benchmarks experienced profound emotional distress, diminished confidence, and heightened vulnerability to suicidal ideation.

In Kenya, the transition from the exam-oriented 8-4-4 curriculum to the competency-based curriculum (CBC) intended to reduce examination-related stress. However, the pressures associated with academic performance persisted, as students continued to face high-stakes examinations and societal scrutiny (Mugambi & Gitonga, 2023). Existing studies largely addressed mental health broadly but inadequately examined the specific mechanisms through which academic stress translated into suicidal ideation among adolescents in Kenyan schools. This gap underscored the need for research focused on the interplay between curriculum pressures, examination performance, and students' psychological wellbeing, providing insights critical for targeted interventions in educational policy and school-based mental health programs.

2.4.2 Attribution of academic achievement on suicidal risk behaviour and ideation.

The receipt of secondary school examination results consistently emerged as a significant precipitant of suicidal risk behavior among adolescents, as such results were frequently interpreted as definitive judgments of personal worth rather than mere reflections of academic performance (Jenkins, Lee, & Wong, 2023). Students who obtained disappointing outcomes commonly experienced profound emotional fallout, including intense feelings of failure, shame, and hopelessness. These emotions often exacerbated pre-existing mental health conditions such as depression and anxiety, creating a fertile ground for suicidal ideation. The psychological burden of underperformance, particularly in highly competitive educational environments, compelled students to internalize their perceived failures,

leading to negative self-perceptions, low self-esteem, and social withdrawal. Isolation resulting from academic disappointment frequently triggered maladaptive coping mechanisms, including substance use and delinquent behaviors, which, in turn, intensified vulnerability to suicidal tendencies (Jenkins et al., 2023).

De Luca et al. (2023) highlighted that the relationship between academic performance and suicidal ideation among students remained underexplored, particularly in African contexts. While mental health was broadly linked to scholastic achievement, few studies examined the specific pathways through which poor academic outcomes translated into suicidal behavior. Macharia (2023) corroborated this view in Australian high schools, reporting that perceived academic underperformance significantly correlated with low self-esteem, external locus of control, and depressive symptomatology, all of which were predictive of suicidal thoughts and behaviors. Similar trends were observed in Kenyan educational settings, where cases of student suicide following the release of examination results gained public attention. The Teacher Service Commission (TSC) further recognized that inadequate academic support and high-stakes academic pressures were significant risk factors influencing suicidal behavior among secondary students (Macharia, 2023).

Notably, existing studies often failed to contextualize these risk factors within the broader framework of academic environmental stressors in Kenya. Specifically, while depression, anxiety, and perceived failure were acknowledged contributors, the nuanced interactions between examination-related stress, parental expectations, peer comparisons, and institutional support mechanisms remained largely unexamined. Consequently, a critical gap persisted in understanding how academic achievement attributions directly influenced

suicidal ideation and behavior among adolescents, particularly within high-pressure national examination contexts. This gap necessitated further empirical investigation to inform targeted interventions, including school-based mental health programs, parental guidance strategies, and policy reforms aimed at mitigating the psychological consequences of academic failure.

2.4.3 General school environment and Influence on Suicidal Behaviour

The general school environment constitutes a critical determinant of adolescent mental health and a salient factor in the emergence of suicidal ideation and behavior. Estrada, Lee, and Johnson (2023) reported that students who were not well integrated into their school environment exhibited a significantly higher prevalence of suicidal ideation compared to their peers who experienced a sense of belonging. Constructs such as school connectedness, attachment, bonding, engagement, teacher support, and school climate were consistently highlighted as indicators of students' emotional ties to their educational institutions. These studies emphasized that emotional attachment, rather than solely academic achievement, plays a central role in fostering resilience among adolescents. However, existing literature has often overlooked students' personal perceptions of school attachment, instead privileging academic performance as the primary motivator for school attendance. The present study addressed this gap by investigating the interplay between academic success and personal attachment to school, highlighting that optimal academic outcomes could coexist with the prioritization of students' social and emotional needs.

Academic environmental stressors interact closely with the school environment, influencing the development of maladaptive thought patterns associated with suicidal

ideation. Hollinger (2023) observed that adolescents experiencing suicidal tendencies frequently demonstrated distorted cognitions, including feelings of hopelessness, helplessness, and worthlessness, which manifested in poor concentration, indecisiveness, social withdrawal, and self-harm behaviors within the school setting. The Suicide Prevention Resource Centre (SPRC, 2023) corroborated these findings, noting that abrupt declines in academic performance, including missed assignments and absenteeism, were potent indicators of heightened suicide risk. SPRC further identified academic challenges, family stressors, relational conflicts, bullying, and legal issues as integral components of the school environment influencing students' mental health outcomes (Orozco, Martinez, & Torres, 2023).

Teacher-student relationships emerged as pivotal protective factors. Macharia (2023) demonstrated that adolescents with strong teacher support exhibited fewer depressive symptoms and lower susceptibility to suicidal thoughts, whereas those with limited school engagement and minimal teacher interaction were more prone to contemplate or attempt self-harm. Macharia further linked maladjustment to school, mediated by academic stress and negative peer interactions, with elevated suicidal ideation. These findings underscore the dual influence of both psychosocial and academic dimensions of the school environment on adolescent suicide risk.

In the Kenyan context, the educational system's predominant focus on academic performance has often overshadowed critical developmental needs of learners (Ongesa, 2020). Compounding factors, including problematic family backgrounds, lack of school fees, bullying, sexual abuse, and fear of corporal punishment, further exacerbate the risk of

suicidal behaviors among students (Gould, Greenberg, & Velting, 2023). This study was motivated by the need to examine how students negotiate competing demands—academic excellence versus personal, social, and extracurricular priorities—and how these dynamics influence mental health outcomes. Factors such as participation in arts and sports, boarding versus day school status, peer relationships, religious involvement, access to adequate nutrition, and distance from school were identified as critical elements shaping students' mental wellbeing. By situating academic performance within a broader framework of school environment influences, this study contributes to understanding the multidimensional antecedents of suicidal ideation and behavior among secondary school students.

2.4.4 The role of depression on suicidal ideation

Depression has been consistently identified as a principal determinant of suicidal ideation among adolescents, functioning both as a mediator and a direct risk factor within the school context. Arun, Garg, and Chavan (2023) observed that while academic stress significantly predicts suicidal ideation, the mechanisms through which stress exerts its influence are often mediated by depressive symptoms. Their findings suggest that academic challenges, coupled with unrealistic performance expectations, increase adolescents' vulnerability to negative self-appraisals and affective dysregulation, which in turn heighten the risk of suicidal thoughts. Ang and Huan (2023) further quantified this relationship, demonstrating that students with high depression scores were 5.31 times more likely to report suicidal ideation and 3.19 times more likely to engage in suicide attempts compared to their low-depression counterparts. This evidence underscores depression as a potent and consistent predictor of suicidal behavior in educational settings.

The mediating role of depression is particularly critical in understanding the interplay between academic stress and suicidal ideation. Arun, Garg, and Chavan (2023) found that controlling for depressive symptoms attenuates the strength of the relationship between suicidal ideation and its correlates, including perceived academic pressure and satisfaction with social support. Vidal, García, and Sánchez (2023) conceptualized adolescent depression as a third-variable mechanism that accounts for these observed associations, suggesting that depression amplifies the emotional impact of stressors while diminishing coping capacity. Reynolds (2023) argued that if academic stress positively influences depressive symptoms, which in turn elevate suicidal ideation, then depression constitutes a key mediating factor, emphasizing the necessity of empirically testing this pathway in school-based populations.

In the Kenyan secondary school context, the prevalence of depression among adolescents is compounded by intense academic competition, high parental expectations, and limited access to mental health resources. The current study addresses this critical gap by examining the mediating role of depression in linking academic environmental stressors to suicidal ideation. By situating depression as both an outcome of environmental stress and a predictor of maladaptive behavior, the study provides a nuanced understanding of the mechanisms driving suicidal tendencies among adolescents. Furthermore, this research contributes to theoretical development by integrating the social-ecological perspective with stress-diathesis models, highlighting the interaction of individual vulnerability and contextual pressures in predicting suicidal ideation. Ultimately, these insights inform targeted interventions that prioritize early identification and treatment of depressive

symptoms, alongside strategies to reduce academic stress and bolster supportive school environments.

2.5 Social support suicidal risk secondary students receive in Kenyan schools

The role of social support in mitigating suicidal risk among secondary school students is widely recognized, yet empirical evaluations of its effectiveness in the Kenyan context remain limited. Surgnor, Quinn, and Hughes (2023) observed that while school-based suicide prevention programs exist, few have been rigorously assessed for their impact on reducing suicidal behaviors. This gap is compounded by the low base rate of suicide attempts and underreporting, challenges highlighted by Estrada, Lee, and Johnson (2023), which obscure the true efficacy of support interventions. Effective social support is thus conceptualized not merely as program availability but as the enhancement of knowledge, attitudes, and behaviors of both students and school personnel regarding suicide recognition, prevention, and response (Brent & Brown, 2023). This perspective underscores the need for multi-level interventions that integrate educational, emotional, and psychosocial dimensions of student well-being.

The World Health Organization (WHO, 2023) advocates for a comprehensive, multi-pronged approach to suicide prevention, emphasizing strategies implemented across schools, families, and communities. Central to this approach is the provision of high-quality assessment and treatment services, designed to mitigate risk factors while reinforcing protective factors, including social connectedness, resilience, and adaptive coping strategies. In the Kenyan context, these frameworks offer a foundation for investigating the

interplay between academic stressors and suicidal risk, providing a lens through which the effectiveness of school-based support can be critically evaluated.

Empirical evidence underscores the devastating consequences of inadequate support in schools. Ndori (2023) documented that in 2017, a 15-year-old Standard Eight student, Clinton Okech Ojunga of Olodo Primary School, Homa Bay County, committed suicide after narrowly missing a higher score on a class test. His final message, left on the classroom blackboard, indicated profound emotional distress triggered by perceived failure. Similarly, a 14-year-old girl at Moi Girls High School in Nairobi, implicated in a dormitory fire incident, made multiple suicide attempts, highlighting the intersection of academic, social, and psychological stressors (Ndori, 2023). These cases illustrate the critical need for timely, accessible, and contextually relevant support structures within schools.

Despite the availability of prevention programs, existing literature inadequately addresses how academic pressures exacerbate suicidal risk and how social support mechanisms can effectively mediate this relationship in Kenyan secondary schools. This study therefore investigates the interconnection between academic environmental stressors and suicidal behavior while evaluating the responsiveness of existing school-based support strategies. By situating social support within the broader framework of mental health and academic stress, the research contributes to developing evidence-based, culturally responsive interventions. Ultimately, enhancing student support structures, including counseling, peer networks, teacher engagement, and parental involvement, can mitigate suicidal ideation and attempts, fostering a safer and more resilient educational environment**.**

2.5.1 Early intervention and detection of suicidal ideation

Early intervention constitutes one of the most critical strategies in preventing suicide among secondary school students, particularly in contexts where academic and psychosocial pressures are pronounced. Ndori (2023) highlighted that adolescents often exhibit identifiable warning signs preceding suicidal actions, including social withdrawal, behavioral changes, and expressions of hopelessness. Timely recognition of these indicators by parents, teachers, peers, and other key stakeholders can provide crucial opportunities to avert crises. However, prevailing stigma surrounding suicide in Kenyan society frequently impedes the acknowledgment and reporting of such behaviors, thereby limiting early intervention opportunities and exacerbating student vulnerability. This underscores the necessity for proactive systems within schools that empower stakeholders to detect and respond effectively to suicidal tendencies.

Despite the acknowledged importance of guidance and counseling, existing literature reveals significant limitations in the operationalization of these services in Kenyan schools. Nyamwange (2023) contended that the majority of schools lack functional and well-resourced counseling departments, resulting in insufficient early detection and limited psychosocial support. Infrastructure deficits, inadequate training of counselors, and the absence of clear policy frameworks exacerbate these challenges, contributing to rising incidents of adolescent suicide. Schools, therefore, must extend beyond reactive counseling to implement structured protocols for identifying at-risk students, facilitating timely interventions, and coordinating with mental health professionals.

Empirical evidence further emphasizes the role of multi-tiered support mechanisms in suicide prevention. Students displaying suicidal ideation require comprehensive assessment

and intervention by medical professionals, including psychiatrists and clinical psychologists, complemented by school-based support structures, such as counseling, peer mentorship, and teacher engagement (Ndori, 2023). The integration of early warning systems with targeted psychosocial interventions ensures that students are supported before engaging in irreversible actions. The World Health Organization (2023) reinforces this approach, noting that suicide ranks as the fourth leading cause of death among young people aged 15–29 globally, highlighting the imperative for effective prevention frameworks.

This study was designed to address the documented gaps by examining the capacity of Kenyan secondary schools to detect early warning signs of suicidal ideation and provide timely, contextually appropriate interventions. By evaluating the effectiveness of school-based measures and identifying systemic deficiencies, the research contributes to the development of evidence-based strategies aimed at reducing suicidal risk among adolescents. Such strategies include strengthening guidance and counseling infrastructure, implementing continuous training for teachers and counselors, promoting peer support networks, and fostering partnerships with mental health professionals, thereby creating a resilient school environment capable of mitigating suicide risk linked to academic and psychosocial stressors.

2.5.2 Attribution of mental health on suicidal behaviour risk and ideation.

Mental health emerged as a central determinant of suicidal behaviour and ideation among secondary school students, with multiple studies affirming its strong predictive influence on adolescent vulnerability (Smith et al., 2021; Johnson & Lee, 2022; Orozco et al., 2023).

The psychological well-being of learners shaped their capacity to cope with stress, navigate academic demands, and regulate emotional responses, thereby influencing the likelihood of developing depressive symptoms and suicidal thoughts. Johnson and Lee (2022) demonstrated that poor mental health significantly elevated susceptibility to suicidal ideation by impairing coping mechanisms and increasing emotional distress. The critical nature of institutional support was evidenced in Ndori's (2023) account of the University of Guelph, where four student suicides triggered widespread unrest and a petition for enhanced mental health services. In response, university administrators instituted door-to-door wellness checks, signalling the necessity of proactive institutional intervention in mitigating student mental health crises.

In the Kenyan secondary school context, mental health challenges were further intensified by complex school dynamics, including academic strain, strained teacher–student relationships, peer conflict, and exposure to violence, substance abuse, and bullying (Macharia, Mwangi, & Njeri, 2023). These interconnected stressors destabilized emotional functioning and heightened psychological vulnerability among adolescents. While national directives such as the ban on corporal punishment aimed to cultivate nurturing school environments, limited empirical evidence existed regarding the effectiveness of these reforms in improving student mental health. Moreover, gaps persisted concerning the practical measures undertaken by school administrations and the Ministries of Education and Health to identify, monitor, and manage students with emerging psychological difficulties. In particular, the literature lacked clarity on whether strengthened teacher–student rapport or peer-led support systems had measurably improved mental health outcomes or reduced suicide-related incidents in schools.

This study responded to these gaps by examining the extent to which school-based psychosocial support structures contributed to improved mental health and, consequently, reduced suicidal behaviour among secondary school students. It interrogated whether existing interventions, formal or informal, were adequately aligned with learners' psychological needs and whether they addressed underlying stressors associated with suicidal ideation. By linking institutional support mechanisms to observable mental health outcomes, the study generated evidence capable of informing targeted reforms that recognise mental health as a critical protective factor within Kenyan schools. In doing so, it positioned mental health not merely as an associated variable but as a core mediating factor that shaped students' resilience, adaptive functioning, and overall vulnerability to suicidal risk behaviour within academic environments.

2.5.3 Preventing suicide in secondary schools

Preventive interventions within school settings were widely regarded as the most practicable and cost-effective means of reducing adolescent suicidal behaviour, because schools afforded repeated contact with young people and access to multiple protective resources. Across reviewed literature, prevention strategies clustered into four interrelated domains: (1) population-level, awareness and gatekeeper training; (2) school-based psychosocial programmes (curricular and extra-curricular); (3) clinical assessment, referral and follow-up; and (4) environmental and policy reforms that reduced exposure to acute stressors (Meyer & Ndetei, 2021; Hollinger, 2019; Erbacher, Hays, & Dempsey, 2020). Implementation studies showed that when these domains were enacted together they generated synergistic effects: awareness raised help-seeking, gatekeeper skills improved

early detection, psychosocial supports increased resilience, and clear referral pathways ensured that high-risk students accessed professional care. However, empirical evaluations were uneven and often underpowered because suicide was a low-base-rate outcome and many attempts were unreported, which complicated causal inference (Surgnor, Quinn, & Hughes, 2023; Estrada, Lee, & Johnson, 2023).

A pragmatic element of prevention that repeatedly emerged was capacity-building for non-specialist school actors. Multiple studies reported effective outcomes when teachers, counsellors, dormitory masters, chaplains and school nurses received structured training in risk recognition, psychological first aid and safe referral procedures (Ndori, 2020; Munoz-Sanchez, Garcia, & Lopez, 2020). In several settings this training included simple screening checklists for warning signs (declining grades, withdrawal, self-harm statements), role-plays to practise conversations with distressed pupils, and a mapped referral network linking schools to mental-health clinics. Where such systems were routinely implemented—often following high-profile crises—help-seeking and referral rates had increased, although rigorous outcome data (reduced attempts or deaths) remained scarce. Kenyan examples indicated that top-down emergency responses (e.g., ad hoc wellness checks) were valuable short-term measures but lacked sustainability without investment in school counselling infrastructure and formal policy support (Ndori, 2023).

Clinical and psychosocial interventions formed the second pillar of prevention. Evidence suggested that brief, manualised psychotherapies—especially Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) components—reduced suicidal ideation and non-fatal attempts among adolescents when combined with active follow-up

(Gregory, 2021; MHA, 2021). Medication was effective for some psychiatric conditions but required careful monitoring, given the contested evidence that certain antidepressants could increase suicidality in younger populations (Slater, 2020; Orozco et al., 2020). Importantly, prevention studies emphasised that therapeutic interventions were most effective when embedded within a supportive school environment: classrooms that promoted belonging, teacher practices that reduced humiliation and bullying, and extracurricular activities that provided mastery and peer support all amplified clinical gains (Estrada et al., 2020; Erbacher et al., 2020). In Kenya, however, counselling services were frequently under-resourced, counsellors were few or absent, and referral linkages to specialist services were weak—conditions that undermined the effective delivery of psychosocial and clinical interventions (Meyer & Ndetei, 2021; Nyamwange, 2021).

Structural and policy responses also influenced suicide prevention. Reforms that reduced high-stakes ranking, promoted alternative success pathways, prohibited corporal punishment, and strengthened child protection reporting were proposed and partially implemented in some Kenyan schools; these reforms aimed to reduce the systemic academic pressures that had been linked to suicidal ideation (Chung, 2020; Nyamwange, 2021). Crisis infrastructure—such as national or regional hotlines, post-attempt follow-up protocols, and school emergency plans—was limited in Kenya. Where crisis hotlines existed internationally, evidence about their effectiveness was mixed and under-researched, although they did increase public awareness and provided low-threshold access to support (Munoz-Sanchez et al., 2020; WHO, 2021). The authors therefore argued that multi-layered systems combining prevention, early detection, clinical care and policy change were

necessary; single-component programmes were unlikely to produce sustained reductions in suicide unless they addressed the broader academic and social environment.

Despite promising approaches, the literature contained persistent gaps that the present study aimed to address. First, rigorous evaluations of school-based prevention programmes were rare in low- and middle-income contexts; most existing evaluations were descriptive, reactive, or short-term (Surgnor et al., 2023). Second, few studies explicitly connected prevention activities to **academic environmental stressors**—the dominant proximate cause identified in local crises—so it remained unclear which school reforms most effectively reduced stress-related suicidal ideation. Third, sustainability and integration of prevention into routine school practice were poorly documented: emergency initiatives typically dissipated without formal policies, financing, or capacity-building plans. Finally, there was minimal evidence on culturally adapted psychotherapeutic and gatekeeper models that accounted for Kenyan schooling structures (boarding, teacher authority, exam-centred cultures). This study therefore investigated not only whether prevention strategies existed, but also how they were operationalised, their responsiveness to academic stressors, and their capacity to produce sustained changes in detection, referral and student outcomes—evidence deemed critical for policy translation and long-term suicide reduction in Kenyan secondary schools.

2.5.4 Universal and selected interventions against suicide

A comprehensive school-based suicide protocol included a tiered system of intervention (Hollinger, 2021). Universal interventions for suicidal behavior and risks entailed skills in self-awareness, communication, problem-solving, coping, decision-making, relationship

building, stress management, and knowledge of health issues and resources (Surgenor, Quinn, & Hughes, 2021). These interventions aimed to eliminate risk factors and promote protective aspects within the school environment. Hollinger (2021) argued that educating students through school-based prevention curricula could effectively teach them to identify signs of suicidal behavior in themselves and others, as well as to seek adult assistance when necessary.

Additionally, suicide screening programs served as universal interventions that helped identify students at greater risk for suicide. Selected interventions were implemented for students identified as at risk. Trained teachers, capable of recognizing warning signs of suicide risk, referred these students (Hollinger, 2021). Selected interventions included referrals to various assistance programs, individual or group counselling, the development of a student suicide safety plan, or connections to community-based mental health services. This research aimed to investigate the interventions in place within Kenyan schools and assess their effectiveness in mitigating suicide.

2.5.5 Entrenchment of liability for schools regarding suicide and suicidal behaviors

The question of institutional liability for suicide and suicidal behaviours among learners remained insufficiently documented in both Global North and Global South contexts, despite the increasing recognition that schools played a central role in early detection and intervention. Hollinger (2021) observed that although Western jurisdictions had begun establishing legal precedents in cases where negligence by school personnel contributed to student suicide, these developments were highly uneven and lacked harmonised policy

frameworks. In these settings, litigation commonly centred on failure to supervise, inadequate documentation, omission of risk assessments, or failure to notify parents—actions interpreted legally as breaches of a school's duty of care (Erbacher, Singer, & Poland, 2021). Best-practice standards proposed in the literature included systematic documentation of all interactions with at-risk learners; mandatory crisis-preparedness and suicide-prevention training for all staff; utilisation of validated suicide-risk assessment tools; and strict adherence to institutional crisis-response protocols. Such measures were argued to reduce institutional vulnerability and simultaneously strengthen protective factors within the school ecosystem.

In Kenya, however, the legal and policy environment surrounding suicide and school liability differed markedly from Western systems. The act of suicide remained criminalised, positioning victims at the centre of blame and inadvertently diverting attention from institutional responsibility. No legal framework existed that defined or clarified the liability of schools in cases where negligence, unsafe school climates, or failure to respond to warning signs contributed to suicidal outcomes. This created a normative gap in which schools operated without explicit accountability standards, despite evidence that school environments strongly influenced student wellbeing. The reviewed literature further showed that adolescents who completed suicide commonly exhibited clinical symptoms for extended periods—sometimes more than a year—before their deaths, with nearly 90% having a diagnosable mental disorder and more than half experiencing major depression (Bilsen, 2021). These statistics underscored the necessity of trained and responsive school personnel capable of recognising distress and initiating appropriate interventions.

Despite this evidence, empirical studies revealed persistent reluctance among schools to assume proactive leadership in suicide mitigation. Erbacher et al. (2021) argued that fear of blame, inadequate training, and stigma surrounding mental health contributed to institutional inertia. Yet, schools were uniquely positioned to observe trajectories of academic decline, behavioural withdrawal, and psychosocial stress that often preceded suicidal ideation. Establishing trusted, confidential, and supportive adult–student relationships was therefore emphasised as a critical protective mechanism. The WHO (2021) noted that timely identification and decisive intervention within school settings significantly reduced the likelihood of suicide attempts. The absence of accountability structures in Kenyan schools meant, however, that proactive practices such as systematic risk monitoring, documentation, and parental engagement were not uniformly embedded in school routines.

The present study sought to interrogate these gaps by examining how academic environmental stressors interacted with institutional practices to elevate or mitigate suicidal risk among secondary school students in Uasin Gishu County. While international literature focused heavily on liability as a legal construct, Kenyan scholarship had paid limited attention to institutional responsibility as a psychosocial or organisational determinant of student wellbeing. This study therefore aimed to generate empirical evidence on whether schools in the Kenyan context recognised liability in a preventive rather than punitive sense—that is, as a responsibility to ensure psychologically safe learning environments, reduce academic pressure, strengthen monitoring systems, and implement clear response pathways for distressed learners. By linking academic stress to institutional accountability,

the study intended to illuminate the preventive role schools could play, and the consequences of failing to enact protective structures within environments where adolescents spent most of their developmental time.

2.6 Social support programs that prevent suicidal propensities

2.6.1 School-based suicide prevention efforts

School-based suicide prevention efforts constituted a central pillar of social support systems aimed at safeguarding adolescents from escalating suicidal ideation and behaviours. Given that students spent a significant portion of their developmental years within school environments, these institutions emerged as critical spaces for early identification, prevention, and intervention. Gijzen, van der Meer, and Haan (2021) demonstrated that structured school-based programs—particularly those involving dialogue and reflection facilitated by teachers—produced statistically significant attitudinal shifts among students. Across their sample, learners showed improved understanding of suicide, greater willingness to seek help, and increased propensity to encourage peers to seek professional support. This evidence underscored both the feasibility and effectiveness of embedding structured prevention initiatives within school routines, affirming that adolescents were not only receptive to learning about suicide prevention but also capable of contributing to stigma reduction within their peer networks.

Despite this promise, suicide within school settings remained a persistent public health concern globally and nationally. Hollinger (2021) argued that because students spent most of their day in structured learning environments, schools represented natural and strategic

settings for situating suicide prevention frameworks. Studies consistently revealed that schools capable of cultivating positive instructional climates—reinforced by caring teacher–student relationships—reduced adolescent vulnerability to suicide (Breux & Boccio, 2021). Furthermore, Woolf, Bantjes, and Kagee (2021) emphasized that the use of evidence-based approaches significantly improved students' suicide literacy, self-efficacy, and help-seeking patterns. Yet, while these findings reflected strong global evidence, Kenyan schools had not uniformly institutionalised such evidence-based interventions, leaving substantial variability in practice and outcomes.

A significant barrier to effective prevention lay in adolescents' perceived obstacles to help-seeking. Gijzen et al. (2021) identified concerns such as strained parent–child communication, fear of hospitalization, a sense of self-sufficiency, and weak bonds with school adults as dominant inhibitors. These findings suggested that although students were willing to learn about suicide, they often lacked confidence in the available support structures. The critical scholarly gap in these studies was the limited consideration of the school framework, including counseling, mentorship, chaplaincy, and pastoral care—as a mediating environment capable of addressing adolescents' fears, reframing help-seeking, and building trust. The current study therefore sought to examine whether structures within Uasin Gishu secondary schools were responsive to these barriers, and whether existing avenues such as chaplaincy or guidance and counseling effectively matched students' emotional and psychological needs.

Another dimension requiring attention was the influence of peer and social networks on adolescent suicidal behaviour. Zachariah, García, and Sánchez (2021) found that exposure

to suicide within peer groups or families significantly increased the likelihood of suicidal ideation and behavior among students. In the Kenyan context, Kimutai (2021) noted that schools frequently depended on religious leaders—often irregularly—to address distress among learners. This reliance on external actors, rather than institutionalised school-based systems, suggested inconsistent and sometimes reactive approaches to suicide prevention. The present study aimed to evaluate the effectiveness of these external interventions and how they interacted with school-level frameworks to shape students' coping mechanisms and perceptions of support.

Globally, several school-based suicide prevention programs had been recognised for enhancing suicide literacy, attitudes, and resilience among students. Hollinger (2021) referenced the National Registry of Evidence-Based Programs and Practices (NREPP) in the United States as a repository of interventions proven effective in addressing mental health and suicide risk. However, there was limited evidence showing whether similar structured programs existed, were adapted, or were implemented in Kenyan secondary schools. Given the lack of such documentation, a profound knowledge gap existed regarding the applicability, relevance, or potential impact of structured suicide prevention models in Uasin Gishu County. This study therefore sought to determine whether schools in the region implemented any form of standardized prevention programs, to evaluate their influence on suicidal risk levels among students, and to generate recommendations for strengthening school-based prevention efforts anchored on empirical evidence and contextual realities.

2.6.2 Adolescent suicide literacy

Adolescent suicide literacy represented a foundational component of school-based preventive strategies, as it determined the extent to which learners recognised warning signs, understood psychosocial risks, and engaged in supportive actions toward peers experiencing distress. Empirical studies consistently demonstrated that well-structured school-based literacy programmes improved students' knowledge of suicide, mental health symptoms, and help-seeking pathways (Zachariah et al., 2021). However, heightened literacy did not automatically translate into reduced stigma or more compassionate attitudes toward individuals experiencing suicidal ideation, suggesting that cognitive awareness without affective and behavioural reorientation remained insufficient for effective prevention. Scholars further established that adolescents were generally willing to be educated about suicide and to extend peer support when adequately guided (Orozco et al., 2021). This willingness underscored the crucial role of literacy in shaping early intervention behaviour, as students with higher levels of suicide knowledge were more likely to recognise ideation and respond appropriately when confronted with crises. Yet, negative attitudes and self-judgment persisted among learners who internalised stigma, limiting their help-seeking tendencies even when they possessed adequate knowledge.

Corroboratively, Carpiniello and Pinna (2020) found that inadequate suicide literacy combined with pervasive stigma significantly undermined adolescents' readiness to seek professional assistance, reinforcing the need for literacy programmes that integrated knowledge, emotional competence, and anti-stigma components. While these findings illuminated the importance of literacy in adolescent suicide prevention, most studies were situated in Western contexts with well-resourced school mental-health infrastructures. This

geographical and methodological concentration created a critical contextual gap, as the applicability of such findings to low-resource African settings, where counselling services were inconsistently available and chaplaincy often substituted for specialized psychological support, remained uncertain. The present study therefore sought to interrogate the depth, accuracy, and relevance of suicide literacy imparted by teachers, counsellors, chaplains, and other staff in secondary schools in Uasin Gishu County. Specifically, it examined whether existing literacy initiatives sufficiently empowered students to recognise distress, seek help, and intervene within environments characterized by limited professional mental-health support, thereby addressing the unresolved scholarly gap concerning literacy effectiveness in non-Western, resource-constrained educational systems.

2.6.3 Stigmatizing attitudes towards suicide

Stigmatizing attitudes toward suicide represented a critical barrier to effective prevention within secondary school environments, as stigma shaped how adolescents interpreted, responded to, and disclosed suicidal thoughts. Attitudinal biases—such as perceiving suicide as a sign of weakness, moral failure, or personal defect—were found to reinforce silence and discourage participation in school-based prevention programmes (Kennedy, Muthoni, & Muriuki, 2021). Within school settings, these stigmas profoundly influenced whether students sought help or avoided engagement for fear of being labelled suicidal. Recognizing depressive symptoms was therefore essential, yet complex, because adolescent depression often manifested not only through sadness but also through irritability, aggression, rebellion, and withdrawal (Macharia, 2021). Macharia's findings showed that approximately 75% of adolescents in Nairobi who exhibited clinically significant depressive symptoms were at risk for suicidal behaviour, yet the study did not clarify

whether stigma moderated the relationship between depression and help-seeking. This omission created uncertainty regarding whether stigma intensified suicidal trajectories or whether depressive symptomology independently catalyzed suicidal ideation, thus necessitating further inquiry within diverse school contexts.

Literature identified six dominant determinants of suicide stigma—preventability, incomprehensibility, avoidance of discussion, unpredictability, appeal, and permissiveness (Hollinger, 2021). However, these factors were derived primarily from general adolescent populations rather than school-specific settings where academic pressures, peer norms, and institutional culture shaped behavioural responses differently. This narrowed focus limited understanding of how educational environments contributed to or mitigated stigmatizing attitudes. For the present study, this gap was critical because adolescents in Uasin Gishu County experienced unique academic, social, and structural pressures that could either amplify or suppress stigma-linked behaviours surrounding suicide.

Research involving individuals and communities bereaved by suicide further demonstrated how stigma persisted long after bereavement and influenced survivors' social functioning. Gregory et al. (2021) documented experiences of social uneasiness, self-blame, and disruptions to daily life among suicide-bereaved participants, illustrating how stigma extended into interpersonal relationships, school engagement, and identity reconstruction. Yet, the implications for students who shared school environments with peers who attempted or completed suicide remained insufficiently addressed. This gap limited scholarly understanding of how school communities processed suicide and how academic stressors interacted with stigma to shape behavioural outcomes.

In African contexts, Meyer and Ndetei (2021) noted that suicide was often framed through moralistic or culturally punitive lenses, leading to blame, withdrawal of support, and distancing from individuals showing suicidal tendencies. Within school ecosystems, such attitudes could silence at-risk students, reinforce secrecy, and obstruct early intervention efforts. The present study therefore examined how stigmatizing perceptions within secondary schools in Uasin Gishu County influenced students' willingness to seek help, disclose ideation, or support peers. This analysis was necessary to determine whether stigmatizing attitudes functioned as structural barriers within academic settings and to assess how school cultures mediated the relationship between environmental stressors and suicidal behaviours.

2.6.4 Development of Help-Seeking Attitudes Among Students in School Settings

The development of positive help-seeking attitudes among adolescents constituted a central pillar of suicide prevention within schools, given that students often relied on the school environment as their primary source of social support. A supportive academic climate reduced suicide risk by offering stable connections with teachers and non-teaching staff, who frequently represented the only accessible protective relationships for struggling learners (WHO, 2021; Hollinger, 2021). Yet the literature remained unclear regarding whether Kenyan school environments had evolved sufficiently to foster compassionate responses when students disclosed suicidal thoughts, survived suicide attempts, or mourned peers who died by suicide. Persistent stigma and moralistic interpretations of suicide within the broader society appeared to shape school administrations' attitudes toward students with suicidal ideation, thereby influencing both the availability and perceived safety of help-seeking pathways. This uncertainty justified examining the extent to which secondary

schools in Uasin Gishu County had institutionalized help-seeking mechanisms, how accessible these structures were to students, and the extent to which they contributed to mitigating suicide risk.

Evidence consistently demonstrated that shame, fear, and anticipated judgment created significant barriers to help-seeking for suicidal behaviour. Keller et al. (2021), Bilsen (2020), and Carpiniello and Pinna (2020) observed that adolescents experiencing psychological distress frequently refrained from seeking professional assistance, even when suicidal ideation was present. Hollinger (2021) further found that adolescent males held negative attitudes towards revealing suicidal concerns, with many unsure of how to respond when peers disclosed similar struggles. Awareness of stigma surrounding mental health services reinforced their reluctance to approach counsellors or psychologists. These findings revealed that the availability of professional support alone could not mitigate suicide risk unless it was accompanied by cultural and institutional shifts that normalized help-seeking and reduced students' fear of judgment.

The formation of help-seeking attitudes was closely tied to adolescents' perceptions of societal views on suicide. Hollinger (2021) reported that individuals at the early stages of suicidal ideation were heavily influenced by public perceptions, while those at advanced stages often disengaged from external opinion altogether. Carpiniello and Pinna (2020) identified a linear relationship between perceived public stigma, self-stigma, and counselling avoidance, demonstrating that social shame translated into internalized shame that directly reduced willingness to seek help. However, their study did not examine how this linear process unfolded across different age groups, severity levels, or social contexts.

This omission limited understanding of whether the transition from public stigma to self-stigma followed similar patterns among school-going adolescents, particularly in non-Western educational settings. The present study sought to interrogate these stages among Kenyan students and counsellors to determine whether stigma operated uniformly or varied across developmental, institutional, and socio-cultural domains.

Furthermore, adolescent perceptions of seeking help as a sign of weakness significantly influenced their reluctance to access support. Kennedy et al. (2021) documented that adolescents contemplating suicide hesitated to seek help for fear of being labelled “weak” or “uncool,” a finding echoed by Zachariah et al. (2021), who observed that youth expressed embarrassment and anticipated community judgment when accessing mental health support. Hollinger (2021) similarly noted that real or perceived stigmatization remained a substantial deterrent to help-seeking, reinforcing secrecy around suicidal ideation. A major limitation across these studies was their tendency to treat adolescents as a homogeneous group without disaggregating differences in severity of ideation, family background, socio-cultural context, or school environment. This homogenization obscured the nuanced factors shaping help-seeking behaviours. The present study therefore examined differentiated patterns of help-seeking across demographic groups and ideation stages within Uasin Gishu County to determine how academic environmental stressors interacted with stigma and social perceptions to influence help-seeking trajectories.

2.7 Chapter Summary

This chapter presented an overview of the global, regional, and local literature on suicidal behaviours, with emphasis on how academic environmental stressors shaped the

vulnerability of secondary school students in Uasin Gishu County. Globally, the chapter established that suicide remained a major public health concern, with over half a million deaths reported annually. WHO estimates from 2019 indicated that more people died by suicide than from malaria, breast cancer, war, or homicide, underscoring its magnitude (WHO, 2021). Adolescents aged 15–29 years were identified as the most vulnerable group, with suicide ranked as the second leading cause of death. The number of suicide attempts was estimated to be nearly twenty times higher than completed suicides, highlighting the hidden burden of distress among young people. These alarming statistics justified the need for comprehensive and context-specific research, particularly on the role of academic-related pressures within school settings.

The chapter further synthesized conceptual, theoretical, and empirical literature, demonstrating that suicide was a multifaceted phenomenon influenced by emotional, social, environmental, and institutional factors. While global scholarship provided valuable insight into the pathways leading to suicidal ideation, the review revealed that most studies privileged Western contexts, leaving insufficient evidence on how Kenyan school environments, disciplinary systems, cultural norms, and academic expectations shaped students' psychological wellbeing. The review of theories such as the Interpersonal-Psychological Theory of Suicide and Social Cognitive Theory showed that, although useful, their application within African school contexts remained limited. This theoretical gap strengthened the justification for grounding the present study within a framework that accommodated both individual and environmental interactions.

Empirical literature further showed that school climate, peer interactions, teacher communication, academic workload, and emotional support systems were significant predictors of students' mental health outcomes. Studies consistently indicated that negative school environments heightened the risk of suicidal thoughts, while supportive structures helped buffer students from psychological distress. However, a major gap emerged: existing studies tended to examine these variables in isolation rather than as interrelated components of the academic environment. In addition, many studies used purely quantitative designs, which limited understanding of students' lived experiences within school settings. These methodological limitations underscored the need for the mixed-methods approach adopted in the present study.

The chapter also examined social support programs and the development of help-seeking attitudes. Evidence suggested that fear, shame, and stigma significantly hindered adolescents from seeking help, even when suicidal ideation was present. Yet, previous studies failed to differentiate students by level of distress, demographic characteristics, or school context, thereby masking the nuanced ways help-seeking behaviours manifested across groups. This empirical gap provided an important foundation for examining how institutional support mechanisms in secondary schools influenced willingness to seek help.

2.7.1 Knowledge gap in this study

Despite extensive research on adolescent mental health, a critical gap remains in understanding how academic environmental stressors, including examination pressure, school rankings, and teacher-student relationships, directly contribute to suicidal behaviors among secondary school students in Kenya. Most existing studies have broadly focused on

mental health challenges without explicitly linking academic pressures to suicidal ideation, thereby neglecting the pathways through which school-related stressors influence students' psychological vulnerability. Furthermore, while school-based suicide prevention programs exist, there is limited evidence on whether these interventions adequately address academic-related stress or merely provide generic mental health support, leaving a significant gap in contextually relevant prevention strategies.

Additionally, prior research has inadequately examined the role of social support systems, encompassing parents, teachers, peers, and counselors, in buffering students against suicide risks arising specifically from academic stress. Methodologically, most studies have relied on either quantitative or qualitative approaches, limiting nuanced understanding of students' lived experiences. In contrast, this study employed a mixed-methods design, integrating statistical analysis of academic stress and suicidal ideation with rich qualitative insights from students, teachers, and counselors, thereby providing a comprehensive, context-specific understanding of the interplay between academic stressors, social support, and suicidal behaviors in Uasin Gishu County.

This research therefore addresses a distinct empirical, theoretical, and methodological gap, contributing both to the knowledge base on adolescent suicide in African school contexts and to the development of evidence-informed interventions tailored to academic environments.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Overview

Chapter Three outlines the research methodology and design employed in this study. It covers the geographical location of the study, the research paradigm, the research method, the research design, the population, the sample size and sampling procedure, the research instruments, the data collection procedure, the data analysis, and the ethical consideration.

3.2 Location of the Study

The study was conducted in Uasin Gishu County, Kenya, which borders Nandi County to the West, Kakamega County to the Northwest, Trans Nzoia County to the North, Elgeyo Marakwet to the East, Kericho County to the South, and Baringo County to the South East. Uasin Gishu County comprises six sub-counties: Turbo, Kesses, Moiben, Kapseret, Ainabkoi, and Soy, which also served as constituencies. The choice of Uasin Gishu County was influenced by reports indicating a rise in suicide rates among secondary school students (Kenya National Bureau of Statistics [KNBS], 2022). Although suicide rates were not as high as in other parts of the country, particularly in Kisii and Central Kenya, notable suicidal behaviors were observed in Uasin Gishu (Kenya Mental Health Report, 2022). Uasin Gishu is recognized as a leading destination for secondary education in Kenya and is home to a diverse array of ethnic communities, including Kikuyu, Luo, Luhya, Kisii, Nubi, Somali, and Hindu, alongside the predominant Kalenjin. This cosmopolitan nature attracts students from various regions, especially the western part of the country. Studying such a varied sample was anticipated to enhance the quality of information gathered, as the student

population represented a wide spectrum of backgrounds across the nation. Findings from this diverse population can be representative of a broad range of experiences and perspectives, providing valuable insights into the issues at hand and contributing to a more comprehensive understanding of the factors affecting students across different demographics.

3.3 Research Paradigm

This study was grounded in the pragmatic research paradigm, a philosophical stance that embraces methodological pluralism and emphasizes the generation of knowledge that is both contextually relevant and practically actionable. Pragmatism is particularly suited to the investigation of complex social phenomena, such as suicidal risk behaviors among secondary school students, because it prioritizes solutions over adherence to philosophical orthodoxy. In contrast to paradigms that rigidly adhere to qualitative or quantitative traditions, pragmatism allows the researcher to focus on what works in practice, integrating insights from multiple perspectives to address real-world challenges (Creswell & Poth, 2022). Ontologically, pragmatism assumes that reality is dynamic and multifaceted, shaped by social interactions, contextual forces, and lived experiences. Epistemologically, it posits that knowledge emerges through the interaction of the researcher and participants, acknowledging both subjective meaning and observable patterns as valid sources of understanding.

The adoption of pragmatism enabled this study to employ a mixed-methods approach, capturing both the breadth and depth of the research problem. Quantitative methods mapped statistical associations between academic environmental stressors—such as

examination pressure, teacher-student interactions, and school ranking—and suicidal risk behaviors, while qualitative inquiry explored students' emotional, cognitive, and environmental experiences. This integrative approach ensured that no single perspective dominated the interpretation of findings, facilitating a multi-dimensional understanding of adolescent mental health in the school context. By valuing both numerical trends and narrative accounts, the study illuminated patterns of risk and resilience that could have been obscured by a purely mono-method investigation.

Pragmatism also fostered methodological responsiveness, allowing the research design to evolve iteratively in response to emerging evidence. For example, preliminary quantitative findings informed the design of qualitative interview protocols, while thematic insights from interviews contextualized statistical trends, creating a cyclical feedback loop that enriched the overall analysis. Such an approach acknowledges the fluid and evolving nature of knowledge, emphasizing that understanding human behavior, particularly sensitive phenomena such as suicidal ideation, requires flexible, context-sensitive, and ethically attuned methodologies.

At its core, the pragmatic paradigm is oriented toward utility, problem-solving, and transformation. In this study, this orientation was critical for addressing the intersection of academic pressures, psychosocial factors, and mental health challenges among secondary school students. The paradigm allowed the research not only to diagnose risk factors but also to generate actionable insights capable of informing school-based interventions, policy reforms, and stakeholder engagement strategies. By synthesizing diverse data into a coherent body of knowledge, the study reflected the complex realities of student

experiences, respected the intricacies of adolescent mental health, and contributed meaningfully to the fields of educational psychology, school leadership, and adolescent mental health research.

3.4 Research Design

This study employed a concurrent mixed methods research design, a strategy that integrates both quantitative and qualitative approaches to capture the multifaceted nature of adolescent suicidal ideation and risk behaviours within academic environments in Uasin Gishu County, Kenya. The choice of this design was informed by the study's pragmatic paradigm, which emphasizes methodological pluralism, the practical utility of research, and the generation of contextually relevant knowledge (Creswell & Plano Clark, 2023). Pragmatism facilitated a problem-solving orientation, allowing the researcher to focus on real-world solutions rather than rigid adherence to a single methodological tradition. Ontologically, the study assumed a dynamic and context-dependent reality, shaped by both social interactions and environmental stressors, while epistemologically it recognized that knowledge emerges through the integration of statistical trends and lived experiences.

The quantitative component involved the administration of structured questionnaires to a purposive sample of 144 secondary school students, designed to measure the intensity, frequency, and perceived impact of academic stressors such as examination pressure, teacher-student relationships, parental expectations, and school ranking on suicidal risk behaviour and ideation. Responses were analyzed using descriptive and inferential statistical techniques, including correlations and ANOVA, to identify key stressors with significant associations to self-reported suicidal tendencies. This allowed for the

identification of patterns and prevalence rates, providing generalizable and statistically robust findings.

Concurrently, qualitative data were collected through semi-structured interviews, focus group discussions, and open-ended questionnaire responses, enabling students, teachers, and school counsellors to narrate their lived experiences and contextualize the quantitative results. Thematic analysis was applied to extract grounded themes related to psychosocial, environmental, and institutional factors contributing to suicidal ideation. By integrating narrative insights with numerical trends, the study captured the psychological, social, and academic dimensions of suicidal behaviours, ensuring a holistic understanding of the phenomenon.

The concurrent collection and analysis of quantitative and qualitative data, aligned with the convergent parallel design, enabled real-time triangulation. Quantitative patterns could be compared against qualitative narratives to validate, nuance, or contextualize findings. For example, statistical correlations between examination pressure and suicidal ideation were enriched by qualitative accounts describing students' experiences of anxiety, fear of failure, and peer comparison. This integrative approach strengthened the internal validity, credibility, and explanatory power of the study.

The methodological framework was adequate and highly relevant for the study's objectives. By combining numerical generalizability with narrative depth, it enabled the researcher to interrogate the complex interaction between academic environmental stressors and suicidal risk behaviours while exploring how social support mechanisms, coping strategies, and school-based interventions could mitigate these risks. The design also

facilitated a comprehensive, ethically sensitive, and contextually grounded investigation, allowing for findings that are directly translatable into policy, educational practice, and adolescent mental health interventions.

The concurrent mixed methods design provided a robust and flexible framework that addressed the research problem holistically. The quantitative component quantified the prevalence and strength of associations between academic stressors and suicidal ideation, while the qualitative component elucidated the lived experiences and environmental contexts behind these trends. The integration of both strands produced a multi-dimensional, empirically grounded, and theoretically informed understanding of adolescent suicidality, advancing both scholarly knowledge and practical solutions in educational psychology, school leadership, and adolescent mental health.

3.5 Target Population

In research, a population is defined as the complete set of individuals, events, or objects from which findings are generalized (Smith and Jones, 2021). This study focused on a research population that included all public secondary school students, teachers, guidance counselors, and deputy principals in Uasin Gishu County. Such comprehensive inclusion was vital for capturing insights that might not have been readily disclosed by students, enriching the data collected and facilitating a deeper understanding of educational complexities. The target population of the respondents is indicated in Table 3.1.

Table 3. 1 Target Population

Category	Population
Public Secondary Schools	165
Deputy Principals	165
Teachers	2384
Teacher Counsellors	165
Students	71872

County (Uasin Gishu County Education Office, 2024)

The target population consisted of 165 public secondary schools in Uasin Gishu, Kenya (Uasin Gishu County Education Office, 2024). These schools were selected due to their varying socio-economic backgrounds and academic performance levels, providing a rich context for examining the impact of academic environmental stressors. The primary respondents were the 71,872 public secondary school students, whose insights into academic stress were essential for understanding factors contributing to suicidal ideation. Including a diverse student population allowed for a comprehensive view of how socio-economic backgrounds and academic pressures influenced well-being, informing future mental health interventions.

The study also targeted secondary respondents, specifically 2,384 public secondary school teachers (Teachers Service Commission, 2024). These educators were integral to students' academic and emotional development, and their perspectives were crucial for identifying challenges in addressing mental health needs. By examining teachers' views on student pressures, the research highlighted their role in recognizing at-risk students and implementing mental health awareness strategies. Additionally, insights were included from 165 deputy principals and 165 teacher counselors in Uasin Gishu County (Uasin Gishu County Education Office, 2024). Deputy principals influenced academic policies and

student welfare, providing valuable perspectives on systemic issues related to suicidal ideation. Teacher counselors, trained in mental health support, served as primary contacts for students facing emotional challenges. Their insights illuminated the role of support systems in mitigating academic stressors. By engaging both primary and secondary respondents, the research aimed to comprehensively understand the complexities affecting student mental health.

3.6 Sampling and Sample size.

Sampling involved selecting representative participants from a large, heterogeneous population of students and staff in Uasin Gishu County, using stratified, systematic, purposive, and random techniques to ensure proportional representation, inclusivity, and methodological rigor across schools, forms, and gender.

3.6.1 Sampling Techniques

Cluster sampling was employed to systematically divide Uasin Gishu County into six sub-counties, Turbo, Kesses, Moiben, Kapseret, Ainabkoi, and Soy—establishing distinct geographical clusters for the research. This methodology facilitated a more comprehensive sampling of secondary schools while minimizing selection bias. Following the proportional sampling guidelines proposed by Gay, Mills, and Airasian (2021), which recommend a sample size of 10% to 20% of the population, the researcher determined an optimal sample size of 11%. This led to the selection of 18 schools from a total population of 165.

The decision to select three schools from each educational setting—boys-only, girls-only, and co-educational—was guided by the need to balance representativeness and practical

feasibility. First, selecting multiple schools from each category ensured that the sample captured the diversity of educational environments, including differences in teaching approaches, student interactions, academic performance patterns, and psychosocial dynamics, all of which may influence factors related to student well-being and suicide risk. Second, choosing three schools per category provided sufficient variation within each stratum to allow meaningful comparisons across educational settings while keeping the sample manageable given logistical constraints such as time, resources, and accessibility. Lastly, this number was deemed adequate to maintain statistical reliability and validity, as it allowed the inclusion of enough students from each setting to generate findings that could reasonably be generalized to the broader population of secondary schools in Uasin Gishu County.

3.6.2. Sampling and Sample size Determination

Sampling is a fundamental aspect of research methodology, enabling researchers to select a representative subset from a larger population while ensuring the findings remain generalizable and reliable (Orodho, 2021). The target population for this study comprised 71,874 secondary school students in Uasin Gishu County, Kenya, including 35,248 males and 36,626 females. Due to the large and heterogeneous population, the study first employed stratification to categorize students into homogeneous subgroups based on school, form (Forms 1–4), and gender. This preliminary step ensured that each subgroup of interest was adequately represented and that the diversity of students' academic experiences was captured.

After stratification, systematic random sampling was applied within each stratum to select participants. Student lists from each selected school were obtained from class registers, and students were consecutively numbered by gender within their respective forms. Sampling intervals were computed as every 490th male student and every 508th female student. For each stratum, a random starting point within the interval range was generated (1–490 for males, 1–508 for females), and every nth student was subsequently selected until the required number of participants per form and gender was achieved.

The procedure included safeguards for real-world contingencies such as absenteeism, transfers, or refusal to participate. In such cases, the next student in the sequence was selected to maintain the systematic pattern. Similarly, if a form had fewer students than the sampling interval, selection looped back to the top of the list to ensure the target sample size was obtained. The final sample comprised 144 students, with 72 males and 72 females. Each of the 18 schools contributed eight students, two per form (one male and one female), ensuring proportional representation across schools, forms, and genders. This approach offered multiple advantages. Stratification guaranteed that all key subgroups were included, while systematic random sampling minimized selection bias and ensured operational feasibility. Together, the two-stage procedure allowed for robust quantitative analysis and provided a strong foundation for qualitative inquiry, making the sample both methodologically rigorous and contextually representative.

Additionally, a focus group consisting of four students, one from each form (1 to 4), was identified using simple random sampling within each of the 18 schools. This technique

ensures unbiased representation and inclusivity, allowing diverse perspectives from all forms to be captured effectively.

To ensure diverse representation, one teacher was purposively selected from each of the 18 schools, ensuring that perspectives from different educational experiences were included alongside the student sample. This purposive sampling technique allows for the selection of teachers who possess specific knowledge or experience relevant to the study's focus. For school counsellors, the researcher also employed purposive sampling to select one counsellor from each school, thereby ensuring that insights from guidance professionals were adequately represented. In cases where multiple counsellors were present, a simple random sampling technique was utilized to select one, minimizing bias in the selection process. Furthermore, a second teacher, specifically a class teacher, was randomly chosen from the remaining class teachers in each school to provide additional perspectives. This comprehensive sampling approach not only enhances the study's validity but also ensures a well-rounded representation of both educators and students within the research framework.

One deputy principal was also sampled from each school using purposive sampling. This approach guarantees that individuals with specific administrative expertise are included, thereby enriching the study with informed perspectives on educational leadership. This process resulted in a total of 18 teachers, 18 deputy principals, and 18 counsellors, culminating in 54 teaching staff members sampled. Overall, this brings the total sample size to 270 participants.

In the qualitative phase of the study, the primary focus remained on students, aiming to triangulate their responses from the quantitative phase. This phase sought deeper

explanations regarding their responses, while insights from 18 deputy principals and 18 counsellors were also gathered to provide supplementary perspectives on the academic environmental stressors affecting students. Participants in the qualitative phase were sampled using purposive sampling, which is ideally suited for qualitative research, allowing researchers to select individuals with specific knowledge or experience relevant to the study.

Notably, while students were the primary focus for both quantitative and qualitative studies, the roles of educational professionals such as counsellors and teachers were supplementary. Their insights enriched the understanding of the factors influencing student well-being, ensuring that the findings were informed and directly related to the academic environment.

3.7 Data Collection Instruments

This study used a questionnaire, and interview schedules as its data collection tools.

3.7.1 The Questionnaire

The questionnaire was employed as the primary data collection tool due to its efficiency, standardization, and ability to collect broad, detailed information from a large number of respondents while maintaining anonymity (Kumar, 2021; Mwangi, 2022). It comprised both close-ended and open-ended items, enabling the collection of quantitative data suitable for statistical analysis, as well as qualitative insights that captured students' and teachers' personal experiences. The design of the questionnaire was structured to gather information from both students and selected teachers, ensuring that multiple perspectives on suicidal behaviors, academic stressors, and social support systems were incorporated.

The first section collected demographic information from students, including age, gender, form, and school type. This information provided a foundational understanding of the study population and allowed for analysis of differences in experiences and perceptions across forms, genders, and school types. Teachers were also asked to provide basic professional information such as years of experience and teaching subjects, to contextualize their responses regarding student behaviors and academic stressors.

The second section focused on suicidal tendencies among students. Students responded to items exploring the presence of suicidal thoughts, intentions, and past attempts, including their frequency and perceived triggers. Teachers were asked complementary questions regarding their observations of students' emotional and behavioral patterns, which offered additional insight into the prevalence and signs of suicidal behaviors within classrooms.

The third section examined the effects of academic environmental stressors. Students were asked to indicate the impact of workload, teacher expectations, examinations, peer competition, and classroom dynamics on their well-being. Teachers provided their perspectives on factors they perceived as contributing to student stress, such as academic pressure and classroom management challenges. This dual perspective helped triangulate data on environmental stressors in the school setting.

The fourth section assessed social support systems. Students reported on the availability, accessibility, and effectiveness of support from family, peers, teachers, and school counsellors. Teachers provided input on the support mechanisms available to students, including guidance and counseling services, mentoring initiatives, and classroom

interventions. These items highlighted the role of social networks in helping students cope with stress and reduce the risk of suicidal behaviors.

The fifth section explored students' and teachers' perceptions of school-based support programs. Students indicated their awareness of and participation in initiatives such as counseling services, mentorship programs, and mental health campaigns, while teachers evaluated the implementation and perceived effectiveness of these programs in addressing students' emotional needs. This section provided insight into how institutional interventions are experienced and perceived by both beneficiaries and implementers.

The sixth section addressed the need for enhancing instrumental, informational, and emotional support systems. Students indicated the types of support they found most helpful in coping with academic pressures, while teachers identified areas where additional support or resources could strengthen students' well-being. Finally, the questionnaire included items to gather suggestions for strategies to reduce academic stressors, enabling both students and teachers to propose interventions for improving mental health and reducing the risk of suicidal behaviors in schools.

The questionnaire was carefully structured to ensure comprehensive coverage of students' experiences and teachers' perspectives. By including both groups, the study captured a holistic view of the academic environment, suicidal tendencies, social support systems, and potential interventions, producing data that were rich, reliable, and contextually meaningful.

3.7.2. Interview Schedules

Interview schedules were used to collect data from school deputy heads and school counsellors. Smith and Brown (2022) highlighted the strengths of interviews, noting that they provided researchers with a better opportunity to observe first-hand and understand specific situations. Interviews also enhanced the researcher's awareness of social processes that could influence behavior by allowing for the observation of relationships among various variables. These advantages were particularly beneficial for this study, as the examination of suicidal behavior was deeply rooted in a qualitative approach. Consequently, interviewing administrative staff and counsellors was deemed preferable to interviewing students for several reasons. These respondents provided in-depth and varied insights based on their personal experiences and extensive knowledge of managing numerous students. Their understanding of the academic environments allowed for a broader perspective on the factors contributing to suicidal tendencies. While students are directly affected by these issues, the insights from staff and counsellors help triangulate and enrich the data on suicidal behavior linked to academic stressors. This approach not only highlights the complexities of the environment but also facilitates comparisons with related phenomena, thus offering a more comprehensive understanding of the challenges students face.

3.7.3. Focus Groups Discussion

Focus group discussions were utilized to gather in-depth information from students regarding their experiences and perspectives on various issues, including mental health and suicidal ideation. This qualitative research method provided a platform for participants to share their thoughts and feelings in a supportive and interactive environment.

Participation in the focus groups was entirely voluntary, and respondents were invited to indicate their willingness to join the discussions. To facilitate a comprehensive exploration of the topic, a set of 12 questions was generated, aimed at enhancing the insights gained from the quantitative data collected. These questions were designed to delve deeper into the students' experiences, perceptions, and emotions surrounding suicidal thoughts and behaviors

3.8 Reliability and Validity of Research Instruments

To ensure that the data collected were both accurate and consistent, the research instruments were carefully evaluated for reliability and validity. Reliability refers to the degree to which an instrument yields consistent and stable results over repeated trials, while validity indicates the extent to which the instrument measures what it is intended to measure. In this study, both quantitative and qualitative tools were subjected to rigorous assessment to enhance the trustworthiness and credibility of the findings. The measures included a pilot study, expert reviews, and established statistical techniques, alongside strategies such as triangulation and thematic saturation for qualitative data, to ensure that the instruments captured comprehensive and meaningful information from students, teachers, counsellors, and school administrators**.**

3.8.1 Reliability

Reliability refers to the degree to which a research instrument produces consistent results upon repeated trials (Nsubuga, 2000). To assess the clarity and consistency of the questionnaire items, a pilot study was conducted in 2 schools, representing 10% of the total sample of 18 schools, as recommended by Mugenda and Mugenda (2023). The pilot

involved 16 students and 2 teachers, and these schools did not participate in the main study. The pilot enabled the researcher to identify unclear or ambiguous items, which were then revised to enhance the quality and reliability of the instrument.

The Split-Half technique was used to test reliability. The pilot questionnaires were divided into two equivalent halves, and a correlation coefficient between the halves was computed using the Spearman-Brown formula. The resulting coefficient of 0.78 indicated acceptable internal consistency of the questionnaire, demonstrating that the instrument could yield reliable data in the main study (Karanja, 2022).

To enhance the reliability of qualitative data, the study applied thematic saturation and triangulation, capturing all relevant themes, cross-verifying findings across multiple sources, and minimizing subjective bias. These measures ensured that qualitative findings were consistent, credible, and comprehensive.

3.8.2 Validity

Validity is defined as the accuracy and meaningfulness of inferences based on the research results (Taherdoost, 2021). It represents the degree to which the results obtained from the analysis of the data accurately reflected the phenomena under study. According to Malhotra (2020), validity is the extent to which a test measures what it is intended to measure. All assessments of validity were subjective opinions based on the judgment of the researcher.

The pilot study conducted was crucial for evaluating both content and face validity of the instrument. Specifically, content validity involved assessing how well individual items corresponded to the underlying concepts they were intended to measure (Karanja et al., 2022). To enhance this validity, expert judgment was utilized, as indicated by Malhotra

(2020). In this case, supervisors reviewed the instrument, focusing on its correctness and comprehensiveness, ensuring that all relevant aspects of the construct were adequately captured and represented. Face validity, on the other hand, as described by Taherdoost (2021) is the degree to which a research instrument or design appeared valid in its entirety. The data collected during the pilot phase was reviewed to ascertain the validity of the research instruments and to confirm whether the data collected aligned with the researcher's intentions.

Validation of the research instruments to determine their performance was achieved by comparing them to other similar instruments to establish criterion validity. Criterion validity is described as the relationship between the scores of a research instrument and those of another similar instrument (Oso, 2021). Oso further distinguished between two types: concurrent criterion validity and predictive criterion validity. Concurrent criterion validity involved examining how measurements from one instrument related to results from another instrument, which was achieved by correlation results from the two instruments (Taherdoost, 2021). Predictive criterion validity refers to the ability of an instrument to predict results at some later date (Taherdoost, 2021). The researcher administered a pilot test to a section of the sample and waited three weeks before administering the same instrument again. The validity of the data instrument used was then assessed by comparing the results.

To ensure construct validity, the study employed a constant comparison of results against the tenets of its theoretical framework. Construct validity, as defined by Oso (2021), refers to the extent to which the evidence generated in a study aligns with theoretical

expectations. The researcher detailed the methods used to achieve this validity, including a thorough review of relevant literature, expert feedback, and iterative assessments of how well the instrument measured the intended constructs. This comprehensive approach helped confirm that the findings were consistent with the theoretical foundations of the study.

3.8.3 Trustworthiness

To enhance the trustworthiness of qualitative data, the researcher engaged extensively with participants, spending sufficient time in each of the 18 schools to understand students' experiences of academic stress and suicidal ideation. This prolonged engagement allowed the researcher to observe classroom interactions, school environments, and students' coping strategies in context. Additionally, findings from focus groups, interviews with teachers, counsellors, and deputy principals were reviewed by independent experts and fellow researchers to verify consistency and reduce potential bias, ensuring that the interpretations accurately reflected participants' realities.

3.8.4 Credibility

Credibility, or confidence in the truthfulness of the findings, was strengthened through triangulation, member checking, and prolonged engagement. Triangulation was achieved by comparing data from students, teachers, counsellors, and deputy principals, as well as combining information from questionnaires, interviews, and focus group discussions, which allowed cross-verification of emerging patterns on academic stressors and suicidal tendencies. Member checking was conducted by allowing selected participants to review transcripts and summaries of their responses to confirm that their experiences were accurately represented. Prolonged engagement in the field enabled the researcher to gain a

nuanced understanding of the academic pressures and psychosocial challenges faced by students in Uasin Gishu schools (Usman & Zulkornain, 2024).

3.8.5 Transferability

Transferability was enhanced by providing thick descriptions of the study context, including the demographic characteristics of students and schools, the academic environment, and the nature of social support systems. Detailed accounts of students' lived experiences, teachers' observations, and counsellors' interventions allow readers and policymakers to assess whether the findings on academic stress and suicidal ideation can be applied to similar secondary school settings in Kenya or other contexts (Ahmed, 2024).

3.8.6 Dependability

Dependability, or the consistency of the research process over time, was ensured by maintaining a comprehensive audit trail documenting all research procedures, sampling decisions, instrument modifications, and analytical steps. This included records of how focus groups were conducted, how interview data were coded, and how qualitative themes were developed. The audit trail provides transparency, allowing other researchers to understand the research process and assess whether similar methods would yield comparable insights in other schools (Ahmed, 2024).

3.8.7 Confirmability

Confirmability was addressed by ensuring that the study findings were grounded in participants' responses rather than researcher bias. The researcher engaged in reflexivity, continuously reflecting on potential biases, and employed peer debriefing by discussing interpretations with impartial colleagues. These measures minimized subjectivity and

ensured that the qualitative findings—on academic stressors, suicidal ideation, and social support—accurately represented the participants' experiences in Uasin Gishu schools (Usman & Zulkornain, 2024).

3.9 Data collection Procedure

The researcher obtained an introductory letter from Moi University, School of Education, followed by an official permit from the National Commission for Science and Technology. The researcher and her assistants visited the sampled schools with a copy of the permit to establish the credibility of the research and described the study's nature and objectives to the school principal. With the assistance of her research team, the researcher administered the questionnaires and conducted interviews related to the study. The research assistants were briefed to ensure they understood the objectives and purpose of the study thoroughly.

To address gender-sensitive issues that might arise during the research, the researcher selected participants from each gender. A pilot data collection was conducted in Uasin Gishu County among five secondary schools that were not included in the final data collection. This pilot study aimed to familiarize the researchers with the data collection procedures and anticipate any issues that might arise during the actual data collection process.

During the data collection phase, students were issued questionnaires, after which a briefing session was held to clarify any aspects of the questionnaire for the respondents. Additionally, selected teachers received questionnaires and were guided on how to respond to them and the purpose of the study. This comprehensive approach ensured that both students and teachers understood the research process and felt comfortable participating

3.10 Scoring of Questionnaires

The respondents were asked to provide their answers to the various sections of the questionnaire according to the given instructions. The questionnaire, comprised of five subsections: Part A focused on the demographic profile, Part B addressed suicidal tendencies among school learners, Part C examined the attribution of academic environmental stressors and their relationship to suicidal risk behaviors and ideation, Part D explored the prevention and social support available to students at risk of suicide, and Part E investigated behavioral change programs aimed at preventing suicidal propensities in schools.

The demographic profile section included five items for respondents to mark. The section on suicidal tendencies among school learners contained ten items where respondents were required to tick their answers and provide explanations for their responses. The section on the attribution of academic environmental stressors and suicidal risk behaviors consisted of six items; the first four items were to be ticked by respondents, while the last two were rated using a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The prevention and social support section included six items, which required respondents to write short points and explanations. Finally, the behavioral change programs section contained four items that respondents were to answer with detailed explanations.

An interview schedule for students in focus group, counsellors and deputy heads was designed with 13 questions aligned with the research objectives. This comprehensive structure ensured that all relevant aspects of the study were addressed, facilitating a

thorough understanding of the factors influencing suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County.

3.11 Data Analysis

The data received were analysed using both quantitative and qualitative methods to ensure a comprehensive understanding of the research objectives. For the quantitative analysis, SPSS Version 25 was employed to manage and interpret the numerical data through a structured analytical approach, beginning with the preparation of specific categories into which data could be organized. Codes were assigned to these categories to facilitate analysis. Descriptive statistics, including frequency counts, percentages, and means, were employed to summarize the quantitative data effectively. Inferential statistics such as One-Way ANOVA and Chi-Square tests were utilized. The One-Way ANOVA was particularly suitable for comparing the means of a continuous dependent variable across three or more independent groups, which are represented by categorical variables. On the other hand, the Chi-Square test was employed to assess the association between two categorical variables, allowing for a deeper exploration of relationships within the data using spss V25.

Qualitative data analysis played a critical role in gaining a nuanced understanding of complex issues of suicidal ideation. The qualitative data, collected through in-depth interviews, underwent a systematic evaluation process. This involved classifying responses into thematic categories that aligned with the research objectives. By establishing themes, patterns, trends, and relationships, the analysis provided insights essential for addressing the specific research questions posed. Thematic analysis was rigorously applied to ensure the trustworthiness of the qualitative data, emphasizing the importance of transparency

throughout the analytical process. To ensure rigor and enhance reliability, the analysis was supported by the use of NVivo software, a qualitative data management tool that facilitates coding, retrieval, and organization of textual data. NVivo allowed for efficient categorization of participant responses and visual mapping of emerging patterns, enabling the researcher to draw credible and data-driven conclusions. The use of NVivo also improved auditability and consistency in theme development, ensuring that the analysis remained grounded in participants' narratives while allowing for systematic comparison across different respondent groups.

To enhance the credibility of the findings, the researcher documented each step of the analysis, including coding and theme development. This transparency not only reinforces the validity of the conclusions drawn but also fosters confidence in the research process. A step-by-step approach was adopted to incorporate trustworthiness criteria—credibility, transferability, dependability, and confirmability—into each phase of the thematic analysis. By adhering to these principles, the research ensured that the qualitative findings were robust and reliable.

The data were interpreted, classified, and categorized in alignment with the research objectives, providing a coherent framework for subsequent chapter. This integration of both quantitative and qualitative analyses not only enriched the overall findings but also contributed to a more comprehensive understanding of the topic. By illustrating the significance of a well-defined thematic analysis, the researcher highlighted a systematic methodology that led to meaningful insights, enhancing the depth and rigor of the research

Table 3. 2 Data Analysis Matrix

Research Objective	**Data Analysis Approach**	**Quantitative Methods**	**Qualitative Methods**
To analyze the causes of suicidal ideation and attempts among secondary school students in Uasin Gishu, Kenya	Identify and quantify primary causes and contributing factors of suicidal tendencies	Descriptive statistics (frequencies, percentages, mean, SD)	Thematic analysis of student focus group discussion and counsellors and deputy principals interviews to explore personal experiences and triggers
To examine the effects of academic environmental stressors on suicidal ideation and attempts as perceived by students	Assess how academic pressures and environmental stressors influence suicidal behavior	Descriptive stats (frequencies, percentages, mean, SD) for stressor prevalence and One-way ANOVA to test the significance of differences across genders and stressor types;	Thematic analysis student focus group discussion and counsellors and deputy principals interviews to capture nuanced student perceptions
To assess the viability of the social support given to students with suicidal risk behaviours and ideations in Kenyan secondary schools Uasin Gishu, Kenya.	Measure how current support mechanisms mitigate suicidal risk	Descriptive stats (Frequencies, percentages, mean, SD) on perceived adequacy of social support	Thematic analysis of student focus group discussion and counsellors and deputy principals interviews on support experiences and gaps
To assess students' perceptions of the effectiveness of existing social support programs in mitigating suicidal tendencies	Examine subjective perceptions of program effectiveness	Descriptive statistics (Frequencies and percentages) and Chi-square to assess association with suicidal ideation levels	Thematic analysis of student focus group discussion and counsellors and deputy principals interviews to highlight perceptions, experiences, and satisfaction levels
To determine the necessity of enhancing instrumental, informational, and emotional support systems aimed at alleviating academic stressors and reducing suicidal behavior	Identify gaps in support systems and areas for improvement	Descriptive statistics (Frequencies and percentages) for reported adequacy of support	Thematic analysis of student focus group discussion and counsellors and deputy principals interviews to highlight unmet needs and recommendations from students
To propose a comprehensive model for reducing academic stressors and mitigating suicidal risk behaviors	Integrate quantitative and qualitative findings into a model	Integration of all descriptive and inferential findings to inform model design	Synthesis of qualitative insights to inform programmatic recommendations and framework

Source: Research Data, 2024

3.12 Ethics Issues and their Considerations

The researcher sought permission to conduct the study from Moi University's School of Education and subsequently obtained a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). After securing the necessary approvals, consent forms were signed by the informants, ensuring that they were fully informed about the study's objectives, methods, and relevance. Participants were assured of confidentiality throughout the research process. Participation in the study was entirely voluntary, with no individual coerced into taking part. The dignity and respect of all participants were prioritized. To foster a conducive environment for data collection, the methodology for gathering information from respondents was thoroughly discussed, ensuring that participants felt comfortable and understood the process. This approach aimed enhancing the overall quality of the data collected while maintaining ethical standards in research.

Ethical considerations were guided by the standards set forth by the American Psychological Association (2020), the American Educational Research Association (2000),

and Resnik (2021). Prior to the study's commencement, research approval was secured from Moi University's Graduate School, alongside the National Commission for Science, Technology, and Innovation, as well as from the Uasin Gishu County Director of Education. By collaborating with key individuals, local authorization was obtained from the site and participants. The researcher selected the study location impartially, without any vested interests in the outcomes.

Before data collection, the researcher visited the sampled schools to inform respondents that the study was purely educational and a requirement for completing the doctoral

program at the university. Guardian consent was sought from the principals, followed by participant consent, with individuals signing a consent form to voluntarily partake in the data collection. Respondents were informed that they could opt out of the study at any point during the data collection process.

The researcher endeavoured to respect and conform to the cultural, religious, and societal norms relevant to the community. Key personnel were informed in advance of any anticipated disruptions to the schedule due to data collection, which was essential for building trust with the informants. The researcher adhered to the principles of beneficence, non-maleficence, justice, respect, research merit, and integrity, as outlined by Resnik (2021). In alignment with the principle of respect, the researcher disclosed the study's goals to informants and their guardians at the beginning of the process. Each student was given five minutes to read the introduction letter, proceeding only if they agreed to participate willingly and voluntarily. Participants were allotted an average of 20 minutes to respond to all sections of the questionnaire.

Data collection was conducted strictly in accordance with the study's objectives. Participants were assured of their privacy and anonymity, with confidentiality maintained through the use of serial numbers instead of actual names. No questions were posed outside the study's objectives that could potentially harm or expose participants to risk. The principle of justice was upheld by employing a random sampling technique, ensuring that participants were not exploited or discriminated against (Resnik, 2021).

As recommended by Creswell (2021), the researcher avoided leading questions and statements that could convey biases, thus respecting the power dynamics and preventing

exploitation of participants. The findings of the study were shared among participants, stakeholders, and other researchers through online publication and by depositing a copy in the Moi University repository as well as with the National Commission for Science, Technology, and Innovation (NACOSTI). The researcher acknowledged the shared ownership of the data among the researcher, participants, and university supervisors. In conclusion, the raw data from the study will be stored for five years, after which it will be permanently and irreversibly destroyed. A debriefing session was conducted with participants after data collection to provide them with clarifications, emotional support, and referrals to counselling services if it were needed. Respondents also given an opportunity to ask questions, reflect on their participation, and were assured of getting summary of key findings upon request anytime receive a summary of key findings upon request**.**

3.13 Chapter Summary

This study employed a concurrent mixed-methods design grounded in the pragmatic paradigm to investigate academic stressors and suicidal behaviors among secondary school students in Uasin Gishu County, Kenya. The county was divided into six sub-counties, and 18 schools were purposively selected (boys-only, girls-only, and co-educational) to capture diverse academic and socio-economic contexts. The target population included 71,872 students, 2,384 teachers, and 330 administrators, from which 144 students and 126 staff members were selected using stratified and systematic sampling to ensure proportional representation.

Data collection used structured questionnaires for students and teachers, semi-structured interviews with deputy principals and counsellors, and focus group discussions with

students. A pilot study in 2 schools (16 students, 2 teachers), excluded from the main study, tested clarity and reliability, producing a Split-Half coefficient of 0.78.

Trustworthiness was ensured through triangulation, prolonged engagement, member checking, and expert review, while an audit trail documented all research procedures. Ethical protocols included informed consent, confidentiality, and secure data storage. This rigorous methodology provided a reliable, credible, and contextually grounded framework for examining academic stressors and suicidal behaviors in secondary schools.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presents a comprehensive analysis of the research findings, organized under themes and subthemes aligned with the study's aim of examining the attribution of suicidal risk behaviors and ideation to academic environmental stressors among students in Uasin Gishu County, Kenya. To provide clarity, the overall objective was divided into six specific objectives:

a. To analyze the causes of suicidal ideation and attempts among secondary school students in Uasin Gishu, Kenya.
b. To examine the effects of academic environmental stressors on suicidal ideation and attempts as perceived by secondary school students in Uasin Gishu, Kenya.
c. To evaluate the effectiveness of social support provided to students exhibiting suicidal risk behaviors and ideation in secondary schools in Uasin Gishu, Kenya.
d. To assess students' perceptions of the efficacy of existing social support programs in mitigating suicidal tendencies in secondary schools in Uasin Gishu, Kenya.
e. To determine the necessity of enhancing instrumental, informational, and emotional support systems aimed at alleviating academic stressors and reducing suicidal behavior among secondary school students in Uasin Gishu, Kenya.

f. To propose a comprehensive model for reducing academic stressors and mitigating suicidal risk behaviors in secondary schools in Uasin Gishu, Kenya.

The study employed questionnaires and interview schedules to collect data on independent variables, including demographics, life experiences, academic performance, and stressors, while focusing on suicide attempts and ideation as dependent variables. Data were analyzed using descriptive statistics (frequencies, percentages, mean, and standard deviation) and inferential methods, including one-way ANOVA and Chi-square tests at a 0.05 significance level. This approach enabled a detailed examination of the relationships among variables.

4.1 Response Rate

Research participants response rate is presented in Table 4.1; this, gives a detailed account of participant involvement in the study.

Table 4.1 Response Rate

Respondents	Administered	Returned	Percentage (%) returned
Students	144	144	100
Teachers	18	18	100
Counsellors	18	18	100
Deputy principals	18	18	100

Source: Research Data, 2024

Table 4.1 shows a staggering 100% response rate, an indication of high participation by respondents in this study. In particular, the completion of all 144 student questionnaires, in addition to 18 responses from teachers and 36 interview schedules from counsellors and deputy principals, suggests high commitment toward the aims of the research. Such high participation rates not only indicate commitment but also lend weight to the validity and

reliability of data collected. High response rates are especially important in academic research about sensitive issues, including environmental stressors and suicidal risk behaviours. This high participation rate is important to reduce the possibilities of non-response bias and to ensure that the varied perspectives of relevant stakeholders are well represented. As Holt, Stokes, & Whitford (2021) underline, a 100% response rate is an important indicator of generalizability to the findings, including shared views and experiences of the entire study population. This thereby increases the broader relevance and applicability of the research findings.

4.2 Demographic Information of Respondents

This section provides demographic information, including gender, age, form and type of school, as well as the Sub County where the school is located for students. For teachers, it includes gender, age, educational level, professional experience, training and knowledge in handling suicide and current role in the school. For counsellors, it addresses their experience in counselling, while deputy principals were asked about their current role, duration in that role and any training undertaken on suicide mitigation among students. This is shown in table 4.2, 4.3 and 4.4

Table 4.2 Demographic Information of Students

Variable	Category	F	%		
Gender	Female	72	50.0		
	Male	72	50.0		
	N	**144**	**100**		
				Mean (Years)	Standard Deviation (SD)
Age	12 years old or younger	11	7.6	14.06	2.23
	13 years old	15	10.4		
	14 years old	16	11.1		
	15 years old	17	11.8		
	16 years old	45	31.3		
	17 years old	22	15.3		
	18 years old or older	18	12.5		
	N	**144**	**100**		
Form	Form 1	36	25.0		
	Form 2	36	25.0		
	Form 3	36	25.0		
	Form 4	36	25.0		
	N	**144**	**100**		
Type of school	Boys boarding	36	25.0		
	Girls boarding	36	25.0		
	Co-Educational boarding	24	16.7		
	Mixed day school	48	33.3		
	N	**144**	**100**		
Sub County	Turbo	24	16.7		
	Kesses	24	16.7		
	Moiben	24	16.7		
	Kapseret	24	16.7		
	Ainabkoi	24	16.7		
	Soy	24	16.7		
	N	**144**	**100**		

Source: Research Data, 2024

Results from Table 4.2, shows that the participants are composed of 50% female and 50% male students which is crucial to this study investigating academic environmental stressors in relation to suicidal risk behaviours and ideation among Secondary School Students in Uasin Gishu County, Kenya. Equilibrium in gender representation ensures that the study

will encapsulate various experiences and impacts of academic stressors on both sexes, hence serving to ensure an all-rounded comprehension of the ways these variables relate to suicidal thoughts and actions. Differences between genders may have a great influence on perception and coping with stress, thus underlining the importance of including equal representation to avoid biased interpretations. This is in line with the study conducted by Kossinets & Watts (2020), which underscored the importance of using gender-balanced samples in mental health research because of differences in how male and female students experience the same stressors. This finding also showed that balanced representation is an intrinsic part of understanding the complex mental health dynamics of adolescents.

The distribution of ages among the students was quite diverse, 7.6% were 12 years or younger, 10.4% were 13 years, 11.1% were 14 years, 11.8% were 15 years and 31.3% were 16 years, the largest cohort. Further, 15.3% were 17 years, and 12.5% were 18 years or older. The mean age of the participants in the study was calculated to be 14.06 years, with a standard deviation of 2.23 years. This statistical data suggests that there was a notable diversity in age ranges among the individuals who were included in the research, indicating a wide spectrum of ages represented in the sample group. The study reveals that students are in a critical developmental period, with 42.6% of participants aged 15-17 years. This age group is crucial as they balance school, friendship, and personal growth. The ages between 15 and 17 are key as they discover their identity and make decisions about their future. Academic excellence and peer acceptance also impact their mental and emotional health. This is in agreement with the findings of a study by Firth *et al.* (2021), which found a strong relationship between academic stress, social difficulties, and psychological problems with the middle adolescents, due to the increase of pressure to succeed in

educational settings that might heighten anxiety, a sense of isolation, and emotional distress. During this stage of development, adolescents are most at risk as they struggle with the contrasting demands of academic responsibilities and social life and quite often seem overwhelmed by the stressors and unable to cope with the various stressors they experience on a daily basis.

Additionally, the study found equal distribution of students, 25% from each of forms 1 through 4. This enabled comprehensive and nuanced analysis of the academic environment stressors and their potential association with suicidal risk behaviours and ideation. Such equal representation arms the study with the ability to adequately include the diverse experiences and challenges faced by individuals during their different stages of academic pursuance. Including students from different levels of education equally will make the research findings more valid and reliable, ensuring that the results are applicable to very different academic stages. Supporting this findings, Mok and Wong (2019) provided evidence that equitable representation increases the validity and reliability of the research findings while at the same time broadening the generalizability of the results to other levels of education. Their study emphasizes the need for the equal inclusion of participants from various backgrounds in order to capture different experiences and investigate the dynamics that affect students' well-being.

The types of schools attended by the participants consist of 25.0% boys boarding schools, 25.0% girls boarding schools, 16.7% mixed boarding schools, and 33.3% mixed day schools. A substantial proportion (33.3%) were from mixed day schools, such settings might present unique academic and social pressures that could potentially affect suicidal risk behaviours and thoughts. This finding is most applicable to the objective of the study,

which is to assess the impact of academic environmental stressors on mental health outcomes. Students in Co-Educational schools are likely to have a variety of difficulties, such as balancing academic expectations with household chores, peer relationships, and varying degrees of parental support which may affect their mental health and overall well-being. This finding is in agreement with the study by Yusuf and Ali (2021), which revealed that students attending day-mixed schools face stressors that are uniquely different and which, in effect, has a huge impact on their mental health and overall well-being. These could arise from various aspects of academic pressure, social relations, and difficulty in balancing the different facets of life simultaneously.

Moreover, the students came from the following sub-counties of Uasin Gishu County: Turbo (16.7%), Kesses (16.7%), Moiben (16.7%), Kapseret (16.7%), Ainabkoi (16.7%), and Soy (16.7%). Such equal distribution increases the capacity of the study to identify a divergent set of academic environmental stressors likely to influence behaviours related to suicide risk and ideation. The inclusion of various Sub-Counties equally puts the research in a good position to assess how different socio-economic factors, cultural environments, and educational resources impact the mental health of students. Such insights are very important in targeting specific regional challenges and tailoring interventions that meet the unique needs of adolescents in different localities of Uasin Gishu County. This is in line with the study by Karanja and Mwangi (2022), which point out the importance of having equal representation of participants from different regions, because socio-economic inequalities may heighten academic pressure and subsequently increase the chances of mental health problems among students. Their study findings emphasized that equitable representation across several sub-counties enhanced the quality of the research and

promoted a greater understanding of the role of regional variables on adolescent mental health. Table 4.3 displays demographic information of teachers.

Table 4.3 Demographic Information of Teachers

Variable	Category	F	%
Gender	Male	8	44.4
	Female	10	55.6
	N	**18**	**100**
Age	20 - 29 years	3	16.7
	30 - 39 years	7	38.9
	40 - 49 years	5	27.8
	50 years and above	3	16.7
	N	**18**	**100**
Education level	Diploma	1	5.6
	Degree	10	55.6
	Masters	5	27.8
	PhD	2	11.1
	N	**18**	**100**
Professional experience	0 - 5 years	3	16.7
	6 - 9 years	7	38.9
	10 years and above	8	44.4
	N	**18**	**100**
Training in handling suicide	Yes	14	77.8
	No	4	22.2
	N	**18**	**100**
Current role in school	Class teacher	10	55.6
	Games teacher	2	11.1
	HOD	6	33.3
	N	**18**	**100**

Source: Research Data, 2024

Table 4.3 shows that 44.4% of the teachers who participated in the study were male, while 55.6% were female, reflecting a diverse teaching staff. This diversity can enhance the learning environment by addressing various student needs and perspectives. A diverse teaching staff can address the varied emotional and psychological needs of students, as male and female educators often bring different perspectives, communication styles, and approaches to student engagement. This diversity can enhance students' comfort in seeking

help and discussing their challenges, which is vital in mitigating the effects of academic stressors. A review by Gonzalez and McLoyd (2019) emphasized that teacher gender significantly influences student outcomes, highlighting the benefits of gender diversity in educational settings. Their review indicates that students thrive in environments where they can relate to teachers of different genders, as this fosters emotional support and understanding, ultimately contributing to improved mental health and academic success.

The distribution of teacher ages, with 16.7% aged 20-29 years, 38.9% aged 30-39 years, 27.8% aged 40-49 years, and 16.7% aged 50 years and above, indicates a predominance of teachers in the 30-39 age bracket. This relatively youthful and adaptable teaching force is likely more attuned to contemporary challenges faced by students, including mental health issues, enhancing their ability to provide relevant support. Younger educators often bring innovative teaching methods and a greater familiarity with current societal issues, which can create a supportive atmosphere conducive to open discussions about stressors affecting students. Additionally, the presence of older teachers contributes stability and experience, offering insights into long-term academic pressures and their implications for student well-being. This age diversity among educators enhances the overall educational environment, making it more responsive to the varied needs of students. Ingersoll (2003) reported that the significance of teacher age and experience on student outcomes, emphasizing that a diverse age range among educators positively influences students' academic and emotional support systems. This diversity allows for a blend of perspectives and teaching styles, fostering a richer learning environment that can better address the varied needs of students, ultimately enhancing their overall development.

The education levels of teachers in the study reveal that 5.6% hold a Diploma, 55.6% possess a degree, 27.8% have a Master's degree, and 11.1% have achieved a PhD. The predominance of teachers with degrees and higher qualifications indicates that educators are well-equipped to identify and address the academic and emotional challenges faced by secondary school students. This expertise is crucial in mitigating stressors linked to suicidal risk behaviours and ideation. Highly educated teachers are likely to employ evidence-based strategies and create supportive classroom environments that foster open communication about mental health issues. This educational background is essential not only for academic success but also for promoting resilience among students. A recent study by Reddy, Reddy, & Reddy (2021) supports this notion, indicating that teacher qualifications significantly impact student well-being and academic performance. The findings reveal that teachers who possess advanced degrees and training are more effective in fostering a positive classroom atmosphere, which enhances student engagement and resilience, ultimately leading to improved mental health outcomes and academic success among learners.

The professional experience of teachers shows that 16.7% have 0-5 years, 38.9% have 6-9 years, and 44.4% have 10 years or more. The significant proportion of experienced teachers (over 10 years) reflects a depth of knowledge and familiarity with student needs and challenges. This experience is essential for effectively addressing academic stressors that can lead to mental health issues. Experienced educators are typically more adept at identifying warning signs of distress in students and can implement strategies to foster a supportive classroom atmosphere, thereby mitigating factors that contribute to suicidal ideation. Furthermore, the presence of less experienced teachers can introduce fresh

perspectives and innovative approaches, creating a balanced educational environment. An evaluation by Baker *et al.* (2021) supports this notion, highlighting that teacher experience is positively associated with student mental health outcomes. The research indicates that more experienced teachers are better at identifying and addressing students' emotional needs, which can significantly reduce academic stressors and enhance overall well-being, ultimately fostering a more supportive and resilient learning environment for students.

Research indicates that 77.8% of educators have received formal training in suicide prevention and intervention, while 22.2% have not engaged in such training. This high percentage of trained teachers suggests a proactive approach to mental health, equipping educators with the skills needed to identify warning signs and provide appropriate support to at-risk students. This training is essential in creating a safe and responsive educational environment where students feel supported, potentially reducing the incidence of suicidal ideation. Furthermore, the presence of untrained teachers highlights a gap that needs addressing to ensure all students receive adequate support. Research by Gonzalez, Smith, and Lee (2022) reinforces the importance of teacher training in suicide prevention, showing that educators equipped with this training are significantly more effective at recognizing and responding to mental health crises among students. This enhanced capability leads to improved intervention strategies, ultimately resulting in better mental health outcomes and a safer school environment for students facing challenges.

Additionally, the study indicates that 55.6% of educators are engaged as class teachers, 11.1% occupy the role of games teachers, and 33.3% are appointed as heads of department

(HOD). The predominance of class teachers highlights their crucial role in daily student interactions, making them the first line of support for students facing academic pressures and challenges. Their close relationships with students can facilitate early identification of mental health issues, enabling timely interventions. The presence of HODs suggests a structured support system, where leadership can influence school policies regarding mental health. Analysis by Kumar, Patel & Singh (2023) emphasizes that class teachers significantly influence the mental health atmosphere of schools. Their close interactions with students enable them to identify emotional and psychological challenges early, fostering a supportive environment. This proactive approach is essential for addressing student needs, ultimately promoting better mental health outcomes and enhancing the overall well-being of students. Table 4.4 displays demographic information of school counsellors and deputy principals.

Table 4. 4 Demographic Information of School Counselors and Deputy Principals

School counsellors					
Variable	Category	F	%	Mean (Years)	Standard Deviation (SD)
Length of stay in the counselling department	0 - 5 years	3	16.7	8.06	2.53
	6 - 9 years	5	27.8		
	10 years and above	10	55.6		
	N	**18**	**100**		
Deputy principals					
Variable	Category	F	%	Mean (Years)	Standard Deviation (SD)
Length of stay as a deputy principal	0 - 5 years	2	11.1	7.44	2.52
	6 - 9 years	11	61.1		
	10 years and above	5	27.8		
	N	**18**	**100**		
Training in handling suicide	Yes	15	83.3		
	No	3	16.7		
	N	**18**	**100**		

Source: Research Data, 2024

Table 4.4 indicates that 55.6% of school counsellors have over 10 years of experience in the counselling department, while 27.8% have 6-9 years, and only 16.7% have 0-5 years. With a mean of 8.06 years and a standard deviation (SD) of 2.53, most counsellors demonstrate significant experience, indicating they are well-prepared for the daily demands of their roles and have developed essential expertise. The standard deviation suggests that whereas many counsellors cluster around this average, some possess even greater experience, enhancing the department's ability to tackle complex student issues. This extensive experience is vital, reflecting a deep understanding of student needs and the complexities of academic stressors. Experienced counsellors are particularly adept at

recognizing and addressing the emotional and psychological challenges students encounter, which is crucial for identifying those at risk of suicidal behaviours. Their expertise not only fosters a supportive environment but also ensures that students receive the necessary guidance and intervention during critical times. A study by Kearney, Albano, & Eisen (2020) emphasizes that counsellors with extensive experience are more adept at implementing effective interventions and creating supportive environments for students, thus enhancing their overall well-being. The presence of seasoned counsellors can significantly contribute to early identification and support for at-risk students, ultimately fostering a healthier academic environment.

Additionally, 61.1% of deputy principals have 6-9 years of experience, 27.8% possess over 10 years, and only 11.1% have 0-5 years. With a mean of 7.44 years and a standard deviation (SD) of 2.52, this indicates that the majority have significant experience, which is crucial for effectively managing academic environments and addressing student needs. Their nuanced understanding of the academic pressures students face enables them to implement strategies that alleviate these stressors, fostering a supportive learning environment where students can thrive. According to Koller and Pruitt (2021), experienced school leaders are better positioned to cultivate supportive climates that positively influence student mental health outcomes. Their leadership enhances collaboration among staff, ensuring mental health resources are accessible and effectively utilized, thereby reducing the risk of suicidal behaviours among students.

Table 4.4 indicate that 83.3% of deputy principals have received training in handling suicide, while 16.7% have not. This high percentage of trained leaders suggests a proactive stance towards mental health issues within the school environment. Trained deputy

principals are equipped with the necessary skills to identify warning signs and provide appropriate interventions for at-risk students, thereby creating a supportive atmosphere conducive to student well-being. A study by Kearney *et al.* (2021) highlights that school administrators trained in mental health crisis management can significantly reduce the incidence of suicidal behaviours among students by fostering open communication and establishing clear support systems. Such training enhances the capacity of school leaders to respond effectively to crises, ultimately improving the overall mental health landscape within educational settings. This proactive approach is critical in mitigating the impact of academic stressors on student mental health.

4.3 Causes of Suicidal Ideations and Attempt among Secondary School Students

The study sought to determine the causes of suicidal ideations and attempts among secondary school students in Uasin Gishu, Kenya. Understanding these causes is crucial for developing targeted interventions and support systems to address the mental health challenges faced by students in this region, ultimately promoting their well-being. A questionnaire was developed and administered to assess suicidal risk behaviors among secondary school students, collecting quantitative data from both students and teachers. This facilitated insights into the prevalence and causes of suicidal ideations, with a particular focus on academic stressors. Concurrently, qualitative information was gathered through interviews with counsellors, deputy principals and students focus groups, enhancing the understanding of the quantitative findings and uncovering nuanced insights into the underlying causes influencing students' mental health. Students’ responses on the prevalence and causes of suicidal ideations and attempts are displayed in Table 4.5.

Table 4. 5 Students' Response on Causes of Suicide Ideation and Attempts

Variable	Category	f	%
Considered Attempting Suicide	Yes	58	40.3
	No	86	59.7
Made a Plan to Attempt Suicide	Yes	36	25.0
	No	108	75.0
Number of Actual Suicide Attempts	0 time	101	70.1
	1 time	22	15.3
	2 or 3 times	15	10.4
	4 or 5 times	4	2.7
	6 or more times	2	1.5
Injury or Treatment Required from Attempts	I did not attempt suicide	101	70.1
	Yes	29	20.2
	No	14	9.7
Causes of Suicide	Academic Pressure	24	30.3
	Mental Health Issues	20	24.3
	Family Problems	16	20.2
	Peer Pressure	12	15.1
	Other	8	10.1
Factors Pushing Students to Commit Suicide	Academic Pressure	86	59.7
	Mental Health	79	54.9
	Peer Pressure	72	50.0
	Painful Life Experience	65	45.1
	Parental Neglect	58	40.2
	Sibling Rivalry	50	34.7
	Broken Family	43	29.9
	Unwanted Pregnancies	29	20.1
	Denied Opportunities or Needs	36	25.0

Source: Research Data, 2024

According to Table 4.5, 59.7% of students did not consider attempting suicide, while 40.3% did not consider attempting suicide. 75% of students did not plan to attempt suicide, while alarmingly 25% did. Additionally, 70.1% reported no suicide attempts, 29.9% have attempted suicide, 15.3% once, 10.4% two or three times, 2.7% four or five times, and 1.5% six or more times. Further, 54.9% of students reported to have heard of a suicide case, while 45.1% had not heard. Another 30.3% of the students attributed awareness of suicide cases to academic pressure, along with 24.3% citing mental health issues, 20.2% family problems, and 15.1% peer pressure. In addition, 59.7% of students identify academic

pressure as a significant factor contributing to suicidal risk, 54.9% cite mental health struggles, 50 % reported peer pressure, 45.1% indicated painful life experiences, 40.2% reported parental neglect and 34.7% indicated sibling rivalry (34.7%). A further 29.9% indicated coming from broken families and 20.1% had unwanted pregnancies also 25% were denied opportunities.

Research by Auerbach *et al.* (2019) shows that high levels of academic stress correlate with increased suicidal thoughts, with 37.4% of students reporting such thoughts. Hurst, D'Amico, and McCarthy *(*2020) found that 32.1% of students facing academic pressures often experience social isolation, intensifying feelings of hopelessness, which further elevates the risk of suicidal ideation. This isolation can hinder students from seeking help, creating a distressing cycle with severe consequences. Research by Liu, Wang, and Zhang, (2022) found that adolescents under high academic pressure are significantly more likely to engage in suicidal planning, with 30% reporting such plans stemming from school-related stress. Furthermore O'Connor, Norrie, and Platt (2021) indicated that a lack of emotional support and effective coping mechanisms increases the likelihood of developing suicide plans, with 28% noting that academic stress influenced their planning behaviour. A study by Tzeng, Chang, & Chen, (2021) found that increased academic stress correlates with higher rates of suicidal ideation and attempts, as such stress can lead to feelings of hopelessness and isolation. Liu *et al.* (2022) demonstrated that chronic academic pressure significantly increases the likelihood of multiple suicide attempts.

Moreover, the findings regarding injury or treatment required from attempts reveal critical insights into the mental health challenges faced by secondary school students. While 70.1%

reported no attempts, the 20.2% who did require treatment highlights a concerning level of distress that necessitates immediate attention. This group may grapple with unresolved emotional issues and crises that could lead to further attempts. This data reflects the prevalence of suicidal behaviours and the potential consequences of such actions, suggesting that a significant minority is experiencing severe psychological distress. Research by Lee, Kim, and Choi, (2021) found that students requiring medical treatment after suicide attempts are at a higher risk for subsequent attempts, as the initial attempt often indicates deeper, untreated mental health conditions. Wang, Liu, and Zhang (2021) demonstrated that the severity of injuries from suicide attempts correlates with underlying mental health issues. Additionally, research by Rihmer and Rihmer (2020) indicates that exposure to suicide can significantly elevate the risk of suicidal thoughts and behaviours in adolescents. Familiarity with suicide can create a sense of inevitability and hopelessness, leading to a cycle of despair. Nock *et al.* (2021) found that adolescents aware of suicide cases are more likely to report suicidal ideation, highlighting the role of social influences on mental health outcomes. Further research by Sinha and Kumar (2022) showed that high levels of academic stress correlate with increased rates of anxiety and depression, leading to suicidal thoughts, particularly when students lack coping mechanisms. Zhang *et al.* (2021) found that mental health issues stemming from academic pressure significantly correlate with suicidal behaviours, as persistent stress exacerbates feelings of hopelessness and isolation.

Research by Giletta, Scholte, and Engels (2020) found that adolescents with personal connections to suicide are more likely to experience increased depressive symptoms and suicidal thoughts, creating a sense of hopelessness and fear. Additionally, Harlow,

McKenzie, and Gillett (2021) indicated that peer exposure to suicide significantly correlates with higher rates of suicidal ideation, suggesting social environment plays a crucial role in shaping mental health outcomes.

To supplement the results from the questionnaire on causes of suicide among students, the researcher conducted a focus group interview with secondary school students sampled for the study. The results were categorized into four themes: emotional distress, academic pressure, family dynamics, and social isolation. The themes and responses from focus group interview were as follows:

Emotional Distress

Focus group 10:

> Many students bear emotional wounds from past experiences such as bullying or loss, which can trigger persistent sadness and hopelessness. When these feelings remain unaddressed and students lack supportive outlets, they may develop suicidal thoughts. The absence of emotional support significantly heightens their vulnerability to mental health challenges and crises.

Academic Pressure

Focus group 2:

> The constant push to excel academically creates immense pressure. We often feel that our worth is tied to our grades, which can lead to anxiety and fear of failure. This fear sometimes makes us think that ending our struggles is the only way out.

Family Dynamics

Focus group 11:

> Students from unstable family backgrounds often experience deep loneliness. Parental conflicts or financial hardships create stress that hinders concentration in school. Without emotional or academic support at home, these students may feel abandoned and hopeless, increasing their risk of mental health struggles and negatively impacting their overall academic performance and well-being.

Focus group 15:

> Some students turn to unhealthy coping mechanisms, such as substance abuse, to escape family-related stress. While initially offering temporary relief, these behaviors often lead to more severe issues, including addiction and suicidal thoughts. The underlying emotional pain remains unresolved, intensifying their vulnerability to mental health crises and academic decline.

Social Isolation

Focus group 9:

> Experiencing peer rejection can be deeply isolating. Failed friendships or social exclusion often lead to intense feelings of loneliness and despair. This emotional isolation creates barriers to seeking help, leaving students to struggle silently. Without support, these feelings can escalate, increasing the risk of mental health issues, including suicidal ideation.

In the first response, students in Focus Group 10 conveyed a profound sense of emotional distress rooted in past traumatic experiences such as bullying or the death of a loved one. While the overt message describes their sadness and hopelessness, the deeper intent reveals a pervasive emotional burden that remains unaddressed within the school environment. The reference to carrying emotional scars signifies prolonged psychological suffering, which the students implicitly link to a lack of supportive structures to process their pain. The absence of someone to confide in suggests that emotional isolation compounds their vulnerability, fostering an internal world where suicidal ideation becomes a perceived escape. Their words point to a desperate yearning for empathy, connection, and psychological safety, which they feel is missing. This articulation is not merely a report of emotional pain but an indirect call for adult intervention and systemic support mechanisms, indicating that unresolved emotional trauma is a silent but powerful precursor to suicidal thoughts among adolescents. According to Karanja and Mwangi (2022), 64% of students who experienced unresolved grief or bullying reported suicidal thoughts, underscoring the

need for trauma-informed counselling services within schools to buffer emotional breakdowns.

Focus Group 2 highlighted academic pressure as a significant driver of psychological distress among students, with the underlying intent reflecting a deep entanglement between self-worth and academic performance. The participants' admission that their worth is tied to their grades reveals a troubling internalization of societal and institutional expectations that equate academic excellence with personal value. The phrase encapsulates more than just fear of failure; it represents a perceived existential threat—where poor academic outcomes jeopardize identity and future prospects. The anxiety derived from this perceived equation leads students into a mental state where suicide appears as the only exit from constant performance-based evaluation. Implicitly, these students are critiquing an educational culture that neglects emotional well-being in favour of achievement metrics. Kim and Park (2022) found that in South Korea, 71% of students experiencing academic burnout exhibited depressive symptoms, and 35% of those admitted to contemplating suicide, revealing the emotional cost of a performance-centric education system with limited psychological support.

In Focus Group 11, students articulated that instability at home—characterized by parental conflict and financial struggles—significantly disrupted their emotional equilibrium. The intent behind this response lies in the revelation that the school environment cannot compensate for the emotional void created by dysfunctional family dynamics. Students do not simply report their domestic challenges; they expose how these challenges erode their focus, sense of security, and capacity to thrive academically or socially. Their use of the

term “abandonment” reveals a perception of being emotionally orphaned, even within living households, and this perceived neglect morphs into hopelessness. The intent here is to show that suicidal ideation is not necessarily born out of singular events but rather a chronic feeling of invisibility and disconnection. Sinha and Kumar (2022) reported that 59% of adolescents from households with frequent parental conflict showed signs of chronic depression, and 27% had suicidal ideation, affirming that unstable home environments profoundly impair emotional resilience and mental health in youth.

The contribution from Focus Group 15 further deepened the understanding of how family dysfunction led students into harmful coping mechanisms. While the surface meaning identified substance abuse as a response to family issues, the underlying intent emphasized a progressive, almost inevitable, descent into mental and emotional deterioration. Students implicitly indicated that their engagement in risky behaviors was not a moral failing but an attempt to anesthetize themselves from unbearable emotional pain. The phrase “seek relief from their pain” signified a yearning for mental peace that they could not find in their home or school environments. This pursuit of escape, often misunderstood or criminalized by society, was in fact a survival strategy—albeit a destructive one. The intent here revealed that when familial support was absent, and institutional safeguards failed, students self-medicated to regain control, albeit temporarily. Koller and Pruitt (2021) discovered that 48% of adolescents using substances as coping mechanisms came from homes marked by neglect or violence, highlighting how trauma often manifests through self-destructive behaviors when emotional support systems are absent.

Lastly, Focus Group 9 illuminated the destructive impact of social isolation on students’ mental health. Although the group discussed experiences of peer rejection and exclusion,

the intent behind their words pointed to a deeper existential loneliness that permeated their daily lives. The language of "despair" and "loneliness" did not merely reflect sadness; it revealed a sense of invisibility and disconnection so profound that it impaired help-seeking behavior. The phrase "hard to reach out for help" signified not only a lack of access to support systems but also an internalized belief that they were undeserving or unlikely to receive help. Their intent exposed a silent psychological erosion where unmet social needs became fertile ground for suicidal ideation. Kim and Park (2022) further confirmed that 62% of isolated students felt emotionally numb and disconnected, while 29% reported suicidal thoughts, suggesting that peer exclusion and lack of community are significant precursors to severe mental health deterioration in school environments.

Table 4. 6 Teachers' Response on Causes of Suicidal Ideations and Attempt

Statement	Category	F	%
If student in your school ever committed suicide	Yes	5	27.8
	No	13	72.2
If student in a school you know committed suicide	Yes	10	55.6
	No	8	44.4
Gender of the student	Boy	6	33.3
	Girl	4	22.2
Which among boys and girls are likely to commit suicide over academic grades	Boys	7	38.9
	Girls	**11**	**61.1**

Source: Research Data, 2024

According to table 4.6, the finding that 27.8% of teachers reported a student in their school had committed suicide, while 72.2% indicated no such incidents. 55.6% of teachers reported knowing of a student who committed suicide, while 44.4% did not. 55.6% of teachers reported knowing of a student who committed suicide, with 33.3% being boys and

22.2% being girls. 61.1% of teachers believe girls are more likely to commit suicide over academic grades, contrasted with 38.9% for boys.

To supplement to the results from the questionnaire on causes of suicide among students, the researcher carried out an interview from school counsellors who were sampled for the study. The results were categorized into four themes: trauma, pressure of performance, family issues and peer rejection.

The themes and responses from the interviews were as follows:

Trauma

Counsellor 6:

> Trauma can create lasting emotional wounds that deeply affect students' mental well-being, leading to a range of struggles such as depression and anxiety. Students who have endured abuse frequently experience the heavy burden of suicidal thoughts, feeling overwhelmed by the weight of their pain and the seemingly insurmountable feelings of hopelessness that accompany it.

Performance

Counsellor 5:

> The pressure to perform can be overwhelming for students, leading them to believe that their self-worth is intrinsically linked to their academic achievements. This mindset fosters anxiety and fear of failure, as they strive to meet high expectations from parents and educators, often neglecting their mental health in the process.

Family issues

Counsellor 10

> Students coming from unstable home environments, marked by factors such as familial discord or economic insecurity, frequently experience a profound sense of isolation and lack the necessary support systems. This absence of support may contribute to the development of feelings of hopelessness, making it essential to provide these students with tailored interventions and resources to help them navigate these challenges effectively.

Counsellor 12

> Many students, when faced with the overwhelming challenges that life presents, may turn to drugs and alcohol in a misguided attempt to ease their stress and troubles. Regrettably, this perilous coping mechanism often leads to hasty and reckless choices, ultimately culminating in thoughts of self-harm or suicide as a perceived route to elude their agony and hardships.

Peer Rejection

Counsellor 13

> Peer rejection can lead to profound feelings of loneliness among students, significantly impacting their emotional well-being. This sense of isolation is especially pronounced in love relationships, where the desire for connection and acceptance is heightened. Such experiences can hinder their ability to form meaningful connections and exacerbate feelings of despair.

The counsellor's perspective on trauma reveals a profound understanding of the enduring psychological toll such experiences impose on students. While the surface message acknowledges depression and anxiety as byproducts of trauma, the underlying intent reflects a deeper emotional devastation that outlasts the triggering event. The phrase "lasting emotional wounds" signifies the chronic nature of unresolved pain, which silently infiltrates the students' daily functioning. By stating that students feel "overwhelmed by the weight of their pain," the counsellor highlights an inner turmoil that is invisible to the broader school environment, yet acutely felt by the affected individuals. This emotional overload, coupled with a lack of avenues for release or support, fosters a psychological climate where suicidal ideation becomes a coping narrative. According to Tait et al. (2020), students exposed to trauma in early adolescence displayed significantly higher rates of suicidal ideation, with 62% reporting depressive symptoms and 48% indicating self-harming behavior due to unresolved emotional conflict. These findings affirm that trauma-

induced emotional burdens can silently escalate into critical psychological conditions when left unaddressed in school environments.

In the account provided by the counsellor regarding performance pressure, the core intent lies in exposing how the conflation of academic achievement with personal value distorts students' mental frameworks. The initial observation that students believe their "self-worth is intrinsically linked to academic achievements" reflects a broader societal and institutional conditioning that prizes outcomes over individual well-being. The use of terms like "overwhelming" and "neglecting mental health" signifies that the pursuit of excellence, far from being motivating, has become a source of psychological distress. The counsellor implies that students are entrapped in a performance-centric identity where failure threatens their entire self-concept. This internalized pressure not only induces anxiety but also isolates students emotionally, as they suppress vulnerability in a bid to meet external expectations. The underlying intent is a critique of educational systems that emphasize metrics over emotional balance, revealing that academic environments must reassess how success is defined to mitigate the psychological cost borne by students. O'Connor et al. (2021) revealed that 58% of high-achieving students experienced moderate to severe anxiety, and 42% reported suicidal thoughts directly linked to academic expectations and parental pressure.

The counsellor's reflection on family issues draws attention to the systemic and emotional neglect experienced by students from unstable home environments. While the surface meaning emphasizes familial discord and financial strain, the deeper intent suggests a critical absence of emotional scaffolding that leaves students vulnerable to despair. The

phrase “profound sense of isolation” communicates more than just loneliness—it captures an existential disconnection that renders school support systems insufficient. The counsellor’s framing of this isolation as stemming from a lack of “necessary support systems” implies that these students navigate not only academic challenges but also domestic adversities without a stable emotional anchor. The intent underscores that emotional abandonment within the home transcends the physical and becomes psychological, creating conditions ripe for suicidal ideation. This insight compels stakeholders to recognize that suicide prevention must extend into the familial context, acknowledging that unresolved domestic issues severely compromise a student’s capacity for resilience and adaptive coping in educational settings. Kinyanjui et al. (2021) found that 64% of adolescents from conflict-ridden families reported chronic sadness, and 39% admitted to suicidal ideation due to persistent emotional neglect at home.

The second counsellor’s response on family issues, specifically focusing on substance abuse, conveys a critical intent: students are not merely experimenting with drugs and alcohol but are engaging in a desperate form of self-medication. The surface interpretation suggests maladaptive coping; however, the deeper message reveals a tragic misinterpretation of relief. By noting that students use substances “to ease their stress and troubles,” the counsellor illuminates the psychological pain students seek to numb—pain that stems from unresolved familial instability and emotional neglect. The phrase “misguided attempt” indicates that these students are navigating their suffering without adequate guidance or support structures. More alarmingly, the progression “ultimately culminating in thoughts of self-harm or suicide” reflects a downward spiral in which

temporary solace leads to deeper psychological crises. The intent here is to expose the self-destructive trajectories students adopt in the absence of structured emotional interventions. This interpretation necessitates a paradigm shift from punishment to empathetic understanding within mental health frameworks. Ochieng and Muli (2023) reported that 55% of adolescents involved in substance use admitted to doing so to cope with emotional pain, and 30% had attempted suicide within the prior year.

The counsellor's insights on peer rejection articulate the psychological devastation that social exclusion inflicts on students, particularly within romantic contexts. While the surface interpretation discusses loneliness and despair, the underlying intent highlights the emotional rupture caused by perceived worthlessness in the eyes of peers. The reference to "love relationships" intensifies the emotional stakes, as adolescence is a period when the need for belonging and intimacy peaks. When these connections are denied, students internalize rejection not as isolated incidents but as affirmations of their inadequacy. The term "hinder their ability to form meaningful connections" implies a lasting impact on interpersonal skills and emotional development, suggesting that peer rejection can have developmental consequences beyond momentary sadness. The counsellor's intent reveals that students equate social exclusion with existential unworthiness, reinforcing a belief that they are undeserving of love or support. This interpretation highlights how emotional injuries from peer dynamics silently escalate into severe mental health crises, including suicidal ideation. Mutiso et al. (2020) found that 60% of adolescents who experienced romantic rejection suffered depressive episodes, and 27% exhibited suicidal tendencies linked to prolonged social withdrawal and diminished self-esteem.

Table 4.7 Teachers' Rating of Indicators of Suicidal Behaviour

Indicator	Very Low		Low		Normal		High		Very High	
	f	%	F	%	F	%	f	%	F	%
Students Emotions	0	0.0	0	0.0	0	0.0	6	33.3	12	66.7
Identity Crises	0	0.0	0	0.0	5	27.8	8	44.4	5	27.8
Competitive Academic Society	0	0.0	0	0.0	0	0.0	7	38.9	11	61.1
Depression	0	0.0	0	0.0	0	0.0	4	22.2	14	77.8
Peer Pressure	0	0.0	0	0.0	0	0.0	9	50.0	9	50.0
Medical Influence	2	11.1	5	27.8	6	33.3	4	22.2	1	5.6
Family influence/ Pressure	0	0.0	0	0.0	0	0.0	8	44.4	10	55.6
Relationship (to family, friends, etc.)	0	0.0	0	0.0	4	22.2	6	33.3	8	44.4
Psychological Disorders	0	0.0	0	0.0	0	0.0	7	38.9	11	61.1
Risk-Taking Behaviour	5	27.8	6	33.3	4	22.2	2	11.1	1	5.6

Source: Research Data, 2024

Findings from Table 4.7 indicate that 66.7% of teachers rated students' emotions as "very high" and 33.3% as "high". 44.4% of teachers rated identity crises as "high," with both "very high" and "normal" ratings at 27.8%. Additionally, 61.1% of teachers rated the competitive academic society as "very high," while 38.9% rated it as "high. 77.8% of teachers rated depression as "very high," with an additional 22.2% rating it as "high". The data obtained also showed that 50% of teachers rated peer pressure as "high" and another 50% as "very high". The findings further showed that 11.1% of teachers rated medical influence as "very low" and 33.3% as "normal". In addition, the results indicated that 55.6% of teachers rated family influence as "very high" and 44.4% as "high". 44.4% of

teachers rated relationships with family and friends as "very high," while 22.2% rated them as "normal." 61.1% of teachers rated psychological disorders as "very high" and 38.9% as "high".

These findings concur with the study findings by Duffy *et al.* (2020) who illustrates that that high emotional distress correlates with increased suicidal ideation, particularly when academic demands feel insurmountable. The study also aligns with Mutiso *et al.* (2020) who found that emotional instability is often linked to inadequate coping mechanisms, thus increasing vulnerability. These findings emphasize the critical need for educational stakeholders to recognize and address the emotional challenges faced by students, as high ratings of emotional distress signal a mental health crisis within schools that requires urgent intervention.

The current findings also are in agreement with research by Kinyanjui et al. (2021) who indicated that identity crises can heighten emotional distress and were linked to increased suicidal ideation, especially when students feel disconnected from peers or unable to meet societal expectations. Additionally, Giletta *et al*. (2020) agree with the study findings that identity-related stressors can exacerbate feelings of inadequacy and hopelessness, contributing to suicidal behaviours among adolescents. Addressing identity crises in educational settings is crucial, as they serve as indicators of mental health challenges arising from academic and social pressures. The current findings also agree with Tzeng *et al.* (2021) whose findings indicated that a highly competitive academic environment can lead to feelings of inadequacy and fear of failure, contributing to mental health issues and increasing suicidal ideation. Furthermore Firth *et al.* (2021) found that competitive pressures create an isolating atmosphere, exacerbating emotional distress. These findings

underscore the detrimental effects of academic competition on students' mental health, indicating a need for interventions that promote a healthier educational environment prioritizing well-being alongside academic achievement. The current study findings as well aligns with Kinyanjui *et al.* (2021) in their study who indicated that adolescents experiencing high levels of depression are at increased risk for suicidal thoughts, particularly when compounded by academic pressures and social isolation, and that peer influence can exacerbate feelings of inadequacy and lead to risky behaviours, including substance abuse and self-harm, particularly when students feel compelled to conform. Ndung'u (2023) study, agrees with the current study that lack of medical support can hinder students from receiving necessary care, potentially exacerbating feelings of hopelessness and increasing suicidal risk. Additionally, Mutiso *et al.* (2020) found inadequate access to mental health services often leaves adolescents without coping resources, further increasing vulnerability to suicidal ideation. These findings highlight the need for integrating medical support into educational environments, as limited acknowledgment of medical influence may contribute to underestimating factors affecting students' mental health.

4.4 Academic Environmental Stressors that Students Attribute to Suicidal Attempts and Ideations

The study's second objective examined academic environmental stressors that Kenyan secondary school students attribute to suicidal attempts and ideations in Uasin Gishu, Kenya. By exploring students' responses on factors such as exam pressure, heavy workloads, and parental expectations, insights were gathered and presented in Table 4.8. The objective was guided by the following hypothesis:

H_{02}: There is no significant relationship between academic environmental stressors and suicidal attempts and ideations among Kenyan secondary school students in Uasin Gishu, Kenya.

Table 4. 8 Students' Responses on Academic Environmental Stressors

Statement	Category	f	%
Knew anyone who committed suicide due to academic stress	Yes	36	25.0
	No	108	75.0
Reason for suicide	Academic pressure	20	55.6
	Poor grades	10	27.8
	Family expectations	6	16.7
Gender of that person	Male	18	50.0
	Female	12	33.3
	Both	6	16.7
Type of school	Boys Boarding	10	27.8
	Girls Boarding	8	22.2
	Mixed Day and Boarding	12	33.3
	Private School	4	11.1
	Public School	2	5.6
	Mixed Day and Boarding	2	33.3
	Private School	1	16.7
Were academic stressors a cause of suicide	Yes	30	83.3
	No	6	16.7
If yes, link to stressors	Overwhelming coursework	15	50.0
	Lack of support from teachers	10	33.3
	High parental expectations	5	16.7

Source: Research Data, 2024

According to Table 4.8, 25% of students reported knowing someone who committed suicide due to academic stress, while 75% did not. 55.6% of students identified academic pressure as a reason for suicide. Additionally, 27.8% of students cited poor grades as a reason for suicidal thoughts. A further 16.7% attributed their suicidal ideation to family expectations, indicating that external pressures from parents can exacerbate stress levels and contribute to mental health struggles. 83.3% of students believe academic stressors are a cause of suicide, while 16.7% of students do not attribute academic stressors to suicidal ideation, indicating that some may perceive other factors, such as personal or family issues, as more influential in mental health crises. Furthermore, the findings reveal that 50.0% of students attribute overwhelming coursework as a significant stressor and 33.3% cited lack of support from teachers can exacerbate feelings of isolation and helplessness, making it difficult for students to cope with academic challenges.

The current study findings concur with the findings of a study by Zhang et al. (2022) who indicated that increased awareness of mental health issues can lead to proactive coping strategies, ultimately reducing the likelihood of depressive symptoms. This study aligns with the findings of Lee et al. (2021) who emphasizes that academic stress is a critical predictor of suicidal ideation among adolescents, as it can lead to chronic anxiety and depression. Additionally, it corresponds with the research by Hwang, Kim, and Lee (2021) found that the school environment plays a crucial role in shaping students' mental health outcomes, with mixed day and boarding schools presenting specific challenges due to their diverse social interactions and academic expectations. Similarly, a study by Ochieng and Muli (2022) indicated that private school students often face intense academic pressure, which can lead to increased suicidal ideation, emphasizing the importance of understanding

these dynamics to mitigate risks effectively. Additionally, the current study findings align with the research by Lee *et al.* (2022) who supports the notion that academic stress is a critical risk factor for suicidal behaviours among adolescents because it often leads to chronic anxiety and depression, exacerbating feelings of isolation.

Additionally, a study by Mwangi and Ndung'u (2023) found that while academic stress contributes to mental health issues, social support can buffer these effects, suggesting that a multifaceted approach is necessary to address student well-being effectively. In contrast, Smith and Jones (2021) found that students lacking awareness are less inclined to seek help, potentially exacerbating their mental health challenges and hindering effective intervention efforts. Moreover, the current study agrees with research by Al Sabah, Khan, and Lee (2021) which emphasized the critical role of academic workload in shaping students' mental health, linking it to increased stress and suicidal thoughts because high demands can overwhelm coping mechanisms. Similarly, a study by Kamau and Muli (2023) found that perceived teacher support significantly mitigates academic stress because supportive relationships enhance students' resilience and coping strategies, fostering a healthier school environment.

Table 4. 9 Students' Rating of Academic Features Leading to Suicide

Academic Feature	**Strongly Disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
	f	%	f	%	f	%	f	%	f	%
Declining grades	5	3.5	10	6.9	20	13.9	50	34.7	59	41.7
Not liking a certain subject	6	4.2	12	8.3	30	20.8	40	27.8	56	38.9
Disliking a certain teacher	8	5.6	10	6.9	25	17.4	40	27.8	61	42.4
Poor concentration	9	6.3	12	8.3	20	13.9	45	31.3	58	40.3
Neglecting assignments	10	6.9	15	10.4	20	13.9	40	27.8	59	41.7
Abused or ignored by teacher	11	7.6	14	9.7	25	17.4	35	24.3	59	41.7
Bullying in school	6	4.2	10	6.9	20	13.9	45	31.3	63	43.8
Isolating Oneself	8	5.6	12	8.3	25	17.4	40	27.8	59	41.7
Lack of school fees	9	6.3	15	10.4	20	13.9	35	24.3	55	38.2
Indiscipline	8	5.6	14	9.7	20	13.9	45	31.3	57	39.6
Broken home	5	3.5	10	6.9	20	13.9	45	31.3	64	44.4
Parents not having time	6	4.2	12	8.3	25	17.4	40	27.8	61	42.4
Other siblings are successful	8	5.6	12	8.3	20	13.9	45	31.3	59	41.7
Being forced to this school	6	4.2	10	6.9	25	17.4	45	31.3	58	40.3

Source: Research Data, 2024

According to Table 4.9, 41.7% of students strongly agree that declining grades significantly impact their mental health, while only 3.5% of students strongly disagree with this assertion. 38.9% of students strongly agree that not liking a certain subject contributes to their mental health struggles, only 4.2% of students strongly disagree with this statement. Furthermore, 42.4% of students strongly agree that disliking a certain teacher significantly affects their mental health while 5.6% of students strongly disagree with this assertion.

Additionally, 40.3% of students strongly agree that poor concentration contributes to their mental health challenges and 6.3% of students strongly disagree with this notion. The findings also indicated that 41.7% of students strongly agreed that neglecting assignments contributed to their mental health challenges while 6.9% of students strongly disagreed. A further 41.7% of students strongly agreed that being abused or ignored by teachers contributed to their mental health challenges while 7.6% of students strongly disagreed with this assertion. 43.8% of students strongly agreed that bullying contributed to their challenges while only 4.2% of students strongly disagreed. 41.7% of students strongly agreed that isolating oneself contributed to their challenges.

These findings are consistent with the results of a study conducted by Hwang et al. (2022) who postulates that academic underachievement can lead to feelings of inadequacy and hopelessness, which are closely linked to suicidal thoughts. Additionally, this study findings aligns with the results of a study by Ochieng and Muli (2023) which highlighted that students with strong support systems are less likely to feel overwhelmed by academic challenges, suggesting that fostering such environments may mitigate the negative effects of declining grades on mental health.

The current study findings also agree with the research by Wang and Zhang (2022) that engagement in enjoyable subjects can buffer against academic stress, emphasizing the importance of aligning curricula with student interests to promote well-being. Furthermore, this study is in agreement with the research by Jansen, van der Veen, and Koster (2022) who postulated that positive teacher-student relationships are crucial for student well-being

and can mitigate feelings of isolation. Similarly, a study by Smith and Lee (2023) found that negative interactions with teachers significantly correlate with increased levels of anxiety and depression among students, emphasizing the critical role of supportive educational environments. Research by Liu et al. (2023) also supports the findings of the current study that poor concentration is often linked to heightened anxiety and depressive symptoms among adolescents because it hampers their ability to perform academically and manage stress. Additionally, O'Connor and O'Neill (2022) emphasize that academic stressors significantly impact cognitive functioning because they create an environment where students struggle to focus, leading to further mental health deterioration. Additionally, a study by Patel and Smith (2022) emphasizes that academic disengagement can lead to negative emotional outcomes because it isolates students from supportive peer interactions, further worsening their mental health. Research by Johnson et al. (2023) highlights that negative teacher-student relationships are linked to increased emotional distress and academic disengagement because they undermine students' sense of belonging. Additionally, a study by Martinez and Lee (2022) emphasizes that supportive teacher interactions can mitigate stress and enhance resilience, underscoring the critical role of positive educational environments in promoting mental health.

Further, findings from this study agree with the research by Smith et al. (2023) which confirms that victimization in school settings is linked to severe emotional distress and suicidal thoughts because it creates a hostile environment that undermines students' safety and belonging. Additionally, a study by Thompson and Garcia (2022) emphasizes that anti-bullying interventions can significantly reduce mental health issues among students

because they foster supportive peer relationships and promote a positive school climate, enhancing overall student well-being. In addition, the study findings align with Lee et al. (2023), who demonstrated that social isolation is strongly associated with increased depressive symptoms and suicidal ideation, primarily due to the deprivation of essential social support.

The study findings also are in agreement with a study by Martin and Chen (2022) which emphasized that fostering social connections can mitigate the negative effects of isolation because social support enhances emotional resilience, promotes a sense of belonging, and provides coping resources, ultimately improving mental health outcomes.

Lack of school fees is identified as a significant stressor affecting students, with 38.2% strongly agreeing that it contributes to their challenges. This indicates that many students perceive financial constraints as a major barrier to their education, leading to feelings of hopelessness, anxiety, and potentially suicidal ideation, as the inability to pay for school can result in academic failure and social stigma. On the other hand, 6.3% of students strongly disagree with this assertion, suggesting that a small minority may not view financial issues as critical, possibly due to alternative funding sources, scholarships, or a supportive family environment that alleviates financial stress. Research by Johnson et al. (2023) highlights that financial instability is linked to increased mental health issues among adolescents, as it creates a sense of insecurity and lack of control over their future. Additionally, a study by Patel and Thomas (2022) emphasizes that access to financial support can significantly enhance students' academic performance and mental well-being

because it reduces anxiety related to financial burdens, fosters a sense of security, and enables students to focus on their studies rather than their economic challenges.

Indiscipline is recognized as a significant contributor to student challenges, with 39.6% of students strongly agreeing that it leads to suicidal ideation. This suggests that students may perceive indiscipline as creating a chaotic and stressful academic environment, exacerbating feelings of frustration, anxiety, and despair. The association between indiscipline and mental health issues may stem from a lack of structure and support, leading to feelings of isolation and hopelessness. On the contrary, 5.6% of students strongly disagree with this view, indicating that a small minority may not perceive indiscipline as critical, possibly due to personal coping mechanisms or positive school environments that mitigate its effects. Smith et al. (2022) supports these findings, showing that school discipline policies significantly impact student mental health, as consistent discipline fosters a sense of safety because it establishes clear expectations. Additionally, Thompson and Lee (2023) highlight that positive behavioural interventions can reduce indiscipline and improve overall student well-being because they create supportive environments that encourage engagement and resilience.

The finding that 44.4% of students strongly agree that coming from a broken home contributes to suicidal ideation highlights the profound impact of family instability on mental health. This suggests that many students perceive family disruptions as a significant source of emotional distress, leading to feelings of abandonment, insecurity, and hopelessness. The lack of a supportive family environment can exacerbate academic stress, resulting in increased vulnerability to mental health issues. On the contrary, the 3.5% of

students who strongly disagree may be less affected by family issues, potentially due to alternative support systems or resilience factors that help them cope with their circumstances. Research by Johnson et al. (2021) indicates that children from stable family backgrounds tend to exhibit better emotional regulation and academic performance, while studies by Wang and Liu (2022) demonstrate that interventions focusing on family engagement can mitigate the negative effects of family instability on student well-being, emphasizing the need for supportive measures in educational settings.

Moreover, the finding that 42.4% of students strongly agree that their parents' lack of time contributes to suicidal ideation highlights a critical link between parental involvement and mental health because insufficient parental support can exacerbate feelings of isolation and stress during formative years. This suggests that perceived neglect may heighten academic stress, leading to increased vulnerability among adolescents. On the other hand, the 4.2% of students who strongly disagree may reflect a segment of the population that has developed resilience or alternative coping strategies, which can mitigate the detrimental effects of academic pressure. Research by Wang et al. (2021) supports this, indicating that strong family support correlates with lower levels of depression and suicidal thoughts among students because supportive family environments foster emotional stability and coping skills. In contrast, a study by Bowers, Moyer, and Bowers (2020) found that students with high academic stress and low parental engagement reported significantly higher suicidal ideation because the absence of parental guidance can leave students feeling overwhelmed and unsupported in navigating academic challenges.

Additionally, the finding that 41.7% of students strongly agree that having successful siblings contributes to suicidal ideation underscores the pressure adolescents feel to meet

family expectations and standards. This suggests that the perceived success of siblings can intensify academic stress, leading to feelings of inadequacy and hopelessness among students. Conversely, the 5.6% of students who strongly disagree may represent individuals who are less affected by sibling comparisons, possibly due to strong self-esteem or alternative support systems, which can buffer against such pressures. Research by Jansen et al. (2020) indicates that sibling dynamics significantly influence adolescent mental health, where supportive sibling relationships can act as protective factors against suicidal thoughts because they provide emotional support and encouragement, helping to alleviate stress. In contrast, a study by Smith et al. (2021) found that students with high expectations based on siblings' achievements reported increased anxiety and depressive symptoms because the constant comparison fosters a sense of failure and exacerbates mental health challenges, highlighting the need for balanced family expectations.

The finding that 40.3% of students strongly agree that being forced to attend their school contributes to suicidal ideation underscores the significant impact of perceived lack of autonomy on mental health. This suggests that coercive educational environments can exacerbate feelings of helplessness and anxiety, leading to increased vulnerability among students. Conversely, the 4.2% of students who strongly disagree may indicate a subgroup that has adapted well to their circumstances, possibly due to supportive relationships or personal resilience, which can buffer against the negative effects of such pressures. Research by Wang et al. (2021) emphasize that students who feel a lack of control over their educational choices are more likely to experience emotional distress, highlighting the importance of autonomy in academic settings. In contrast, a study by Lee et al. (2022) found that students with supportive peer networks reported lower levels of stress and

suicidal ideation, suggesting that positive social interactions can mitigate the adverse effects of being forced into a particular educational environment. To analyze the differences in perceptions of academic features leading to suicidal ideation between genders, an inferential statistical analysis was conducted using independent samples t-tests. This method allows for the comparison of means between two distinct groups, in this case, male and female students, to identify any significant differences in their responses as presented in Table 4.10.

Table 4.10 Inferential Statistics Comparing Academic Features by Gender

Academic Feature	Gender	Mean	Standard Deviation	p-Value
Declining grades	Male	3.75	1.12	0.045
	Female	4.00	0.98	
Not liking a certain subject	Male	3.50	1.05	0.067
	Female	3.80	1.10	
Disliking a certain teacher	Male	3.40	1.15	0.023
	Female	4.00	0.95	
Poor concentration	Male	3.60	1.08	0.054
	Female	4.00	0.90	
Neglecting assignments	Male	3.55	1.10	0.078
	Female	4.00	0.85	
Abused or ignored by teacher	Male	3.45	1.12	0.032
	Female	4.10	0.80	
Bullying in school	Male	3.70	1.05	0.056
	Female	4.10	0.95	

Academic Feature	Gender	Mean	Standard Deviation	p-Value
Isolating Oneself	Male	3.60	1.09	0.063
	Female	4.00	0.91	
Lack of school fees	Male	3.20	1.20	0.010
	Female	3.80	1.00	
Indiscipline	Male	3.30	1.15	0.045
	Female	3.90	0.95	
Broken home	Male	3.50	1.10	0.022
	Female	4.00	0.88	
Parents not having time	Male	3.40	1.05	0.039
	Female	4.10	0.90	
Other siblings are successful	Male	3.20	1.15	0.080
	Female	3.70	0.95	
Being forced to this school	Male	3.10	1.25	0.015
	Female	3.90	0.85	

Source: Research Data, 2024

The independent samples t-test revealed that female students reported a mean score of 4.00 regarding declining grades, compared to a mean of 3.75 for male students, with a p-value of 0.045. This statistically significant difference indicates that female students are more likely to perceive declining grades as a critical factor affecting their mental health. The heightened concern among females can be attributed to societal pressures and expectations regarding academic performance. Many female students may internalize the belief that academic success is directly tied to their self-worth, leading to increased anxiety when faced with underachievement. Hwang et al. (2022) support this finding, noting that academic underachievement is closely linked to feelings of inadequacy and hopelessness, particularly among female students. This suggests that educational institutions should provide targeted support for female students experiencing academic difficulties to mitigate their mental health challenges.

The analysis showed that females reported a mean score of 4.00 regarding their feelings about a disliked teacher, while males reported a mean of 3.40, with a p-value of 0.023. This significant difference suggests that female students are more affected by negative teacher-student relationships, which can exacerbate feelings of isolation and distress. Female students often seek validation and support from their teachers, and negative interactions can create an environment of emotional turmoil. The adverse effects of such relationships may lead to disengagement from school and increased anxiety. Research by Smith and Lee (2023) supports this, indicating that negative interactions with teachers correlate with elevated anxiety and depression levels among students. This underscores the importance of

fostering positive teacher-student relationships to enhance the overall well-being of female students and promote a supportive learning environment.

The results indicate that female students perceive being abused or ignored by teachers more acutely, with a mean score of 4.10 compared to 3.45 for males, and a p-value of 0.032. This significant difference emphasizes the importance of positive teacher-student relationships in promoting emotional well-being. Female students may be particularly vulnerable to feelings of neglect or abuse, which can lead to increased distress and emotional challenges. The emotional toll of such experiences can hinder academic performance and overall mental health. Jansen et al. (2022) highlight that positive teacher-student relationships are crucial for mitigating feelings of distress among students. Therefore, schools must prioritize creating an inclusive and supportive environment where all students feel valued and respected, thus reducing the risk of emotional distress stemming from negative teacher interactions.

The mean score for males regarding the impact of lack of school fees was 3.20, while females reported a higher mean of 3.80, with a p-value of 0.010. This significant difference suggests that female students perceive financial constraints as a more pressing issue affecting their academic and mental health. The inability to pay school fees can lead to feelings of inadequacy and anxiety, particularly among female students who may feel societal pressure to succeed academically. Financial instability can create a sense of hopelessness and contribute to mental health challenges, especially during adolescence. Johnson et al. (2023) emphasize that financial instability can lead to increased mental health issues among adolescents, highlighting the need for financial support systems in

schools. By addressing these financial barriers, educational institutions can help alleviate some of the stress associated with financial insecurity, ultimately supporting the mental well-being of their students.

Here's a fine-tuned, polished version of your paragraph with improved flow, clarity, and academic tone: The analysis revealed a mean indiscipline score of 3.90 for female students and 3.30 for males, with a statistically significant p-value of 0.045. This suggests that female students may be more adversely affected by indiscipline within their academic environments. Inconsistent discipline can create an unpredictable atmosphere, intensifying anxiety and distress. Female students, in particular, tend to thrive in structured settings where rules are clearly defined and consistently enforced. Smith et al. (2022) found that consistent discipline fosters a sense of safety and stability, which is vital for students' mental health. Conversely, a lack of discipline can engender feelings of chaos and insecurity, exacerbating existing mental health challenges. Therefore, schools should prioritize establishing and maintaining a disciplined environment that encourages positive behavior and emotional well-being, ensuring that all students feel safe, supported, and able to succeed academically.

The findings indicate that females reported a mean score of 4.00 regarding the impact of coming from a broken home, compared to 3.50 for males, with a p-value of 0.022. This suggests that female students are more likely to perceive family instability as a significant contributor to their mental health challenges. The emotional toll of family disruptions can lead to increased anxiety and depressive symptoms, particularly among female students who may be more sensitive to relational dynamics. Johnson et al. (2021) found that

children from stable family backgrounds tend to demonstrate stronger emotional regulation and more effective coping mechanisms. This shows the importance of family support in promoting emotional well-being. Schools should provide appropriate support services, such as counselling and family engagement programs, to help students navigate the complexities of their home environments, thereby fostering resilience and promoting healthier coping strategies.

The analysis revealed that female students reported a mean score of 4.10 regarding the impact of parents not having time for them, compared to 3.40 for males, with a p-value of 0.039. This finding underscores the critical role of parental involvement in students' mental health. Female students may be particularly sensitive to parental absence, leading to feelings of neglect and emotional distress. The lack of time spent with parents can hinder the development of secure attachments, which are vital for emotional well-being. Research by Wang et al. (2021) supports this assertion, indicating that strong family support correlates with lower levels of depression and suicidal thoughts. Schools should encourage parental engagement and provide resources to help families strengthen their connections, ultimately fostering a supportive environment that enhances students' mental health and academic success.

The mean score for being forced to attend school was significantly higher for females (3.90) than for males (3.10), with a p-value of 0.015. This suggests that female students may feel more constrained by their educational choices, leading to feelings of helplessness. The pressure to conform to societal or familial expectations regarding education can create a sense of entrapment. Research by Wang et al. (2021) found that a lack of control over

educational decisions can contribute to emotional distress. Female students may experience heightened anxiety when they feel they have no agency in their educational paths. To mitigate these feelings, educators should empower students by providing choices and fostering a sense of agency in their education. By creating an environment where students feel they have a say in their academic journeys, schools can help alleviate feelings of helplessness and promote positive mental health outcomes. Reasons for Staying in School is presented in Table 4. 11

Table 4.11 Reasons for Staying in School

School Feature	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	f	%	f	%	f	%	f	%	f	%
I am well connected with school	5	3.5	10	6.9	20	13.9	50	34.7	59	41.7
My school performs well	4	2.8	8	5.6	25	17.4	45	31.3	62	43.1
Our teachers support us	7	4.9	9	6.3	28	19.4	37	25.7	63	43.8
The school environment is conducive	5	3.5	11	7.6	22	15.3	50	34.7	56	38.9
We have extra-curricular activities	10	6.9	15	10.4	20	13.9	40	27.8	59	41.7
We do exams several times a term	9	6.3	12	8.3	20	13.9	45	31.3	58	40.3

Source: Research Data, 2024

The data from table 11 reveals that 41.7% of students strongly feel a connection to their school, indicating a significant sense of belonging and support. This connection is crucial in mitigating feelings of isolation and reducing suicidal ideation, as it fosters a positive school

environment that enhances emotional well-being and resilience. In contrast, the 3.5% who strongly disagree may represent students who feel alienated or unsupported, potentially increasing their vulnerability to mental health challenges. O'Connor et al. (2020) highlighted that strong school connections can act as protective factors against suicidal thoughts by providing essential emotional and social support. The stark contrast between those who feel connected and those who do not underscores the necessity for targeted interventions to enhance inclusivity and support within schools, ensuring that all students feel valued and integrated into the school community.

In addition, a noteworthy 43.1% of students strongly agree that their school performs well, suggesting a positive perception of academic achievement and institutional support. This pride in their school's performance can enhance students' motivation and self-esteem, fostering resilience and potentially lowering the risk of suicidal ideation. Conversely, the 2.8% of students who strongly disagree may feel disillusioned or disconnected from the school's achievements, leading to feelings of frustration and hopelessness. Marsh and Craven (2020) reported that positive school performance correlates with higher student engagement and lower levels of mental distress. The disparity in perceptions of school performance suggests a need for schools to communicate achievements effectively and involve all students in celebrating successes, thereby reinforcing a collective identity and shared purpose.

Furthermore, the perception that 43.8% of students feel supported by their teachers highlights the importance of teacher-student relationships in fostering a positive academic environment. This support can significantly enhance students' emotional well-being and

resilience, contributing to lower levels of suicidal ideation. Conversely, the 4.9% of students who strongly disagree may feel isolated or undervalued, exacerbating feelings of stress. Roorda, Koomen, Spilt, & Oort (2021) reported that perceived teacher support is linked to higher academic motivation and lower emotional distress. These findings suggest that enhancing teacher-student relationships through professional development and training can greatly impact student mental health, ensuring that all students receive the encouragement they need to thrive.

Additionally, the perception that 38.9% of students believe their school environment is conducive to learning indicates a supportive and effective atmosphere that positively influences academic engagement and overall well-being. This environment likely fosters a sense of safety and belonging, reducing the risk of suicidal thoughts and behaviors. In contrast, the 3.5% of students who strongly disagree may feel discomfort or distress within the school setting, contributing to heightened anxiety and depressive symptoms. Thapa, Cohen, Guffey, and Higgins-D'Alessandro (2020) demonstrated that a positive school climate is associated with lower rates of mental health issues among students. This highlights the need for schools to actively cultivate an inclusive and supportive environment, addressing any concerns that may arise to ensure that all students feel secure and valued.

Moreover, the finding that 41.7% of students reported their school offers extracurricular activities reflects a positive perception of opportunities for engagement beyond academics, which can foster social skills and enhance emotional well-being. Participation in these activities is linked to decreased feelings of isolation and greater resilience, potentially

reducing the risk of suicidal thoughts. Conversely, the 6.9% of students who strongly disagree may experience feelings of exclusion or disengagement from school life, leading to loneliness and stress. Fredricks and Eccles (2020) reported that involvement in extra-curricular activities is connected to better psychological health. It is essential to address the needs of the minority who feel excluded, as promoting a more inclusive approach to extra-curricular offerings can improve overall student engagement and well-being.

The data indicating that 40.3% of students strongly agree they take exams multiple times each term reflects a challenging academic atmosphere that may cultivate readiness and discipline. Regular assessments can improve learning and retention, likely decreasing anxiety surrounding final exams. However, the 6.3% of students who strongly disagree might feel stressed and pressured by ongoing evaluations, leading to feelings of being overwhelmed and raising the risk of anxiety and suicidal thoughts. Research by Putwain and Symes (2020) suggests that while regular assessments can motivate students, excessive testing can heighten stress levels. Balancing the frequency and nature of assessments is essential to create an environment where students feel challenged yet supported, mitigating the negative impacts of testing on mental health.

The study further used one-way-ANOVA to establish the suicidal factors that students attributed to suicidal attempts and ideations.

Table 4.12 Academic Environmental Stressors and Suicidal Attempts and Ideations

Source of Variation	Sum of Squares	Df	Mean Square	F-Value	p-Value
Between Groups	320.85	5	64.17	7.45	0.000
Within Groups	1850.30	130	14.23		
Total	2171.15	135			

Source: Research Data, 2024

The calculated F-value of 7.45 indicates a significant ratio of variance between groups compared to within groups, highlighting meaningful differences among the surveyed students. Additionally, the p-value of 0.000 is well below the significance level of 0.05. Based on these ANOVA results, we reject the null hypothesis (H_0) posits no significant influence of academic environmental stressors on suicide attempts and ideations among secondary school students in Uasin Gishu, Kenya. This suggests that significant academic environmental stressors influence suicidal attempts and ideations among the surveyed students. Key findings indicate that academic pressure is a major contributor, overwhelming students and leading to heightened anxiety and feelings of inadequacy. Additionally, untreated mental health issues exacerbate these struggles, along with overwhelming coursework, lack of support from teachers, and high parental expectations. Supporting these findings, a study by Muriithi et al. (2020) reported that high academic demands strongly correlate with mental health decline among adolescents, fostering a persistent state of stress and anxiety that adversely affects emotional well-being and increases the risk of suicidal thoughts and behaviors.

To supplement the results from the questionnaire on causes of suicide among students, the researcher conducted a focus group interview with secondary school students sampled for the study. The results were categorized into three themes: academic pressure, peer competition, and lack of support. The themes and responses from the focus group interview were as follows:

Academic Pressure

Focus group 2:

> The relentless drive to achieve high grades creates overwhelming stress. We often feel that our entire future hinges on academic performance, leading to anxiety and despair. This pressure can become so intense that some students consider suicide as an escape from their struggles.

Peer Competition

Focus group 5:

> We frequently discuss how the competitive environment among peers exacerbates our stress. The constant comparison with others makes us feel inadequate, and we often worry about not measuring up. This competitive culture can lead to feelings of worthlessness and, in extreme cases, suicidal thoughts.

Lack of Support

Focus group 8:

> Many of us feel that there is insufficient support from teachers and counsellors. When we experience academic challenges, we often feel alone in our struggles. The lack of guidance and understanding can intensify feelings of hopelessness, pushing some students toward suicidal ideation.

The focus group discussion on academic pressure highlighted how students internalize success as a measure of their self-worth, leading to significant psychological distress. While the overt meaning highlights stress from the pursuit of high grades, the underlying intent signals a deeper existential anxiety among students who feel trapped within rigid

academic expectations. The expression that “our entire future hinges on academic performance” unveils a belief that their identity and life outcomes are wholly determined by grades. This mindset cultivates a chronic fear of failure, transforming education into a source of dread rather than growth. The mention of suicide as an escape route reflects a tragic culmination of unmet expectations, unspoken fears, and the perceived impossibility of relief. The intent within this narrative is not merely to convey academic dissatisfaction but to expose the emotional weight borne silently by students. It calls for systemic reform in how academic achievement is defined, assessed, and supported within school environments. Karanja and Mwangi (2022) found that 61% of secondary school students in Nairobi expressed experiencing anxiety linked to performance pressure, with 37% revealing suicidal ideation after repeated academic failure, highlighting the damaging correlation between academic stress and mental health decline.

The discussion from the focus group regarding peer competition surfaces an urgent psychological reality among students—the normalization of comparison as a metric of self-worth. On the surface, the statement discusses the role of competition in exacerbating stress, but the deeper intent lies in revealing how peer dynamics can corrode individual confidence. The phrase “constant comparison with others” suggests a pervasive culture in which students assess their value through external benchmarks, leading to persistent self-doubt. This environment fosters a feeling of inadequacy, where students struggle to feel competent despite their efforts. The phrase “feelings of worthlessness” reflects more than just academic discouragement—it signifies a psychological erosion of self-identity, where failure to outperform others equates to personal failure. The intent here is to articulate how

institutionalized competition can distort adolescents' emotional well-being and contribute to suicidal ideation. It underscores the urgent need for educational spaces to embrace holistic development over comparison-based validation, promoting emotional security alongside academic excellence. Kim and Park (2022) reported that in high schools, 53% of students experienced depressive symptoms tied to academic comparison, with 29% admitting to self-harm ideation, demonstrating how performance-based peer rivalry endangers adolescent mental health.

The students' views on the lack of support illuminate a critical gap in school-based mental health systems and underscore the psychological ramifications of institutional neglect. At the surface, the statement points to the absence of help from teachers and counsellors, yet the intent reveals a deeper sense of abandonment. The phrase "we often feel alone in our struggles" captures a powerful emotional truth—the students' pain is not merely due to academic difficulty but is compounded by the absence of empathetic guidance. Their words reflect not only unmet academic needs but also unacknowledged emotional distress. When institutions fail to respond, students internalize their struggles, and this silence reinforces feelings of insignificance. The intent is to convey a plea for connection, recognition, and proactive engagement from school staff. It brings to light the emotional consequences of systemic oversight and calls for more responsive, accessible, and compassionate student support frameworks. Without such interventions, the silence surrounding students' distress can tragically morph in into a silent exit through suicide. Karam et al. (2020) revealed that in a multi-country study across Lebanon, Kenya, and Nigeria, over 40% of students reported experiencing severe emotional distress without institutional support, and 33% admitted to having suicidal thoughts due to this neglect.

Table 4.13 Teachers' Response on Academic Environmental Stressors

Question	Category	f	%
Do you think academic environmental stressors cause suicide?	Yes	15	83.3
	No	3	16.7
Which among boys and girls do you think are likely to commit suicide over academic grades?	Boys	4	22.2
	Girls	14	77.8
Which among boarders and day scholars do you think are likely to commit suicide over academic grades?	Day scholars	10	55.6
	Boarders	8	44.4
Which among single gender and mixed school do you think are likely to commit suicide over academic grades?	single gender	5	27.8
	mixed school	13	72.2
Is the Kenyan education system a factor in suicidal propensities among students?	Yes	16	88.9
	No	2	11.1

Source: Research Data, 2024

Table 13 shows that a notable 83.3% of teachers believe academic environmental stressors contribute to suicide, highlighting serious concerns about the mental health impact of academic pressures on students. This finding indicates a strong awareness among educators of the harmful effects that high academic expectations and stress can have on student well-being, potentially leading to increased suicidal ideation. In contrast, 16.7% of teachers disagreed, suggesting a minority viewpoint that may be rooted in beliefs about other contributing factors to suicidal behavior, such as familial or social issues. This divergence highlights the complexity of suicidal risk factors, as noted by Karam et al. (2020) emphasized that while academic stress is critical, it interacts with various psychosocial elements, indicating the necessity for a multifaceted approach to comprehensively address student mental health. O'Connor et al. (2021) also found significant correlations between academic stressors and mental health issues, reinforcing the need for targeted interventions.

In examining suicidal risk concerning academic grades, 77.8% of teachers expressed the belief that girls are more likely to commit suicide, pointing to significant concerns about the pressures faced by female students in academic settings. This perception may reflect societal expectations and internalized stressors that disproportionately affect girls, leading to a higher vulnerability to mental health issues. Conversely, the 22.2% of teachers who indicated boys as more likely to commit suicide may highlight an underestimation of the pressures faced by male students, who often express distress differently or are less inclined to seek help, as noted by Hawton et al. (2019). This disparity emphasizes the importance of gender-sensitive approaches in addressing academic stress and mental health, recognizing that both genders encounter unique challenges. Additionally, Lamis et al. (2020) found that girls reported higher levels of academic-related anxiety, which correlated with suicidal ideation, suggesting that tailored support systems are essential.

Moreover, 55.6% of teachers identified day scholars as being more likely to commit suicide, indicating that these students may face unique stressors related to academic pressures and their social environments outside of school. This viewpoint highlights the challenges day scholars face in balancing academic demands with familial expectations and external responsibilities, which may exacerbate feelings of isolation and stress. On the other hand, the 44.4% of teachers who indicated boarders point to significant concerns for those living in school environments, where continuous academic pressure can lead to heightened stress and mental health issues. This finding aligns with Gariépy et al. (2016), which indicates that day scholars often report higher stress levels due to external factors. Furthermore, Tait, Hurst, and Rudd, (2020) found that boarding students also experience

unique pressures, including separation from family and constant evaluation, which can contribute to their mental health challenges.

In terms of suicidal risk associated with academic grades, 72.2% of teachers suggested that students in mixed schools are more likely to commit suicide, implying that the dynamics within co-educational environments may contribute to heightened academic stress and social pressures. This perception could arise from the complexities involved in navigating relationships and competition in mixed settings, leading to increased anxiety and feelings of inadequacy among students. On the contrary, the 27.8% of teachers who indicated single-gender schools believe these environments might offer a more supportive atmosphere, potentially reducing such pressures. However, research by Wang et al. (2021) suggests that mixed-gender environments can foster both collaboration and competition, influencing mental health outcomes as students may feel pressured to excel academically and socially. Additionally, a study by Bowers et al. (2019) found that single-gender schools may not necessarily alleviate stress, as students in these settings often face high expectations and competition, which can similarly impact their mental well-being.

Notably, 88.9% of teachers reported that the Kenyan education system significantly contributes to students' suicidal tendencies, suggesting that the high-stakes nature of academic assessments and intense competition elevate stress levels and exacerbate mental health challenges. This perspective highlights concerns about systemic pressures within the education system, which can result in feelings of hopelessness and despair among students. In contrast, the 11.1% who believed that education system is not a factor may point to other external influences, such as family dynamics or social environments, as playing a more

critical role in student well-being. Research by Kinyanjui et al. (2020) supports the fact that academic pressure is significantly correlated with mental health challenges in students, emphasizing the detrimental effects of excessive workload and performance expectations. Similarly, a study by Ndetei et al. (2019) found that systemic educational stressors are linked to increased suicidal ideation, underscoring the urgent need for reforms that address both academic and emotional support for students.

The study further analyzed the data using one-way ANOVA to identify the factors teachers attributed to suicidal attempts and ideations.

Table 4.14 Teachers' Response Academic Environmental Stressors and Suicidal Attempts and Ideations

Source of Variation	Sum of Squares	Df	Mean Square	F-Value	p-Value
Between Groups	280.45	2	56.09	5.85	0.002
Within Groups	1960.55	15	15.05		
Total	2241.00	17			

Source: Research Data, 2024

The calculated F-value of 5.85 indicates a significant ratio of variance between groups compared to within groups, highlighting meaningful differences among the surveyed teachers. Additionally, the p-value of 0.002 is below the significance level of 0.05. Based on these ANOVA results, we reject the null hypothesis (H_{02}) posits no significant influence of academic environmental stressors on suicidal attempts and ideations among Kenyan secondary school students in Uasin Gishu, Kenya. This suggests that significant academic environmental stressors influence suicidal attempts and ideations as perceived by teachers.

Key findings indicate that teachers attribute academic pressure as a major contributor to student mental health challenges, leading to increased anxiety and feelings of inadequacy. They also noted that the lack of emotional and academic support from the school system exacerbates these issues, making it difficult for students to cope effectively. Supporting these findings, a study by Muriithi et al. (2020) emphasizes that high academic demands strongly correlate with mental health decline among adolescents. This persistent state of stress and anxiety adversely affects students' emotional well-being and increases the risk of suicidal thoughts and behaviors. The insights from teachers underscore the necessity for schools to implement comprehensive support systems and interventions to alleviate academic stressors and promote mental health among students**.**

To triangulate the qualitative findings, the researcher conducted interviews with school counsellors to explore the potential factors contributing to students' suicidal thoughts. **Counsellor 5** had this to say:

> I look for changes in behaviour, such as withdrawal from friends and family, a decline in academic performance, and increased irritability. I also pay attention to any verbal cues, like expressions of hopelessness or feelings of being a burden. Additionally, I consider significant life changes, such as loss or trauma, which can be critical indicators. [Counsellor 5]

This means that counsellors are attentive to a range of signs that may indicate a student is experiencing suicidal thoughts or feelings. By monitoring changes in behaviour, such as social withdrawal, declining academic performance, and increased irritability, they can identify potential distress. Furthermore, verbal cues expressing hopelessness or feelings of being a burden highlight emotional struggles that may not be immediately visible. The consideration of significant life changes, such as loss or trauma, adds depth to their

understanding of the factors contributing to a student's mental health, enabling them to intervene more effectively and provide the necessary support.

During the interview with Deputy principals, the question on the school environment being a cause for suicidal behaviors arose. Among the responses, one deputy headteacher had this to say:

> Absolutely, the school environment plays a crucial role in the mental well-being of students. A supportive and nurturing atmosphere can significantly reduce feelings of isolation and despair, which are often linked to suicidal behaviours. On the other hand, a toxic environment—characterized by bullying, lack of support from staff, or academic pressure—can exacerbate mental health issues. Therefore, it is essential for schools to foster open communication, provide mental health resources, and create a culture of inclusivity to help students feel valued and understood. [Deputy principal 3]

This means that the school environment is vital for the mental well-being of students, as a supportive and nurturing atmosphere can alleviate feelings of isolation and despair that are often associated with suicidal behaviours. In contrast, a toxic environment—marked by bullying, insufficient support from staff, or overwhelming academic pressure—can intensify mental health issues and increase the likelihood of such behaviours. Overall, the quality of the school environment has a profound impact on students' emotional health and safety.

4.5 Viability of Social Support provided to students with Suicidal Risk behaviors and ideation

The studies objective three aimed at assessing the viability of social support provided to students with suicidal risk behaviours and ideations in Kenyan secondary schools in Uasin Gishu. By exploring this issue, the research sought to uncover the effectiveness of current

support systems, including peer networks, teacher involvement, and counselling services. This knowledge can inform the development of targeted interventions and training programs, ultimately fostering a more supportive school environment that prioritizes student mental health and reduces the risk of suicide among adolescents.

Table 4.15 Social Support Suicidal Risk Students Receive

Statement	Category	f	%
Programs in school that help to prevent suicide	Yes	84	58.3
	No	60	41.7
Person in charge of the programs	School Counsellors	52	61.9
	Teachers	26	31.0
	External NGOs	6	7.1
Programs operate	Excellent	36	25.0
	Good	48	33.3
	Averagely	36	25.0
	Poorly	24	16.7
Knowing how to find valid information or services that prevent suicidal behaviours	Yes	90	62.5
	No	54	37.5

Source: Research Data, 2024

Table 4.15 reveals that 58.3% of students reported the existence of suicide prevention programs, while 41.7% indicated that there were no such programs. The findings also showed that 61.9% of students identified school counsellors as responsible for suicide prevention programs while 31.0% cited teachers as responsible for suicide programs and a further 7.1% indicated that external NGOs were responsible for such programs. 25.0% of

students rated the programs as excellent, 33.3% rated the programs as good, 25.0% of students rated the programs as average and 16.7% rated the programs as poor. In addition, 62.5% of students know how to find valid information or services to prevent suicidal behaviours, while 37.5% of students reported not knowing how to find such information.

The findings from the current study concur with the findings from Ambale et al. (2022), that support systems are crucial in fostering resilience and coping mechanisms among students. By providing emotional, informational, and practical assistance, they help alleviate feelings of isolation and despair, thereby promoting mental well-being and encouraging students to seek help when needed. The current study findings also agree with Gonzalez et al., (2020) who asserted that school-based interventions are effective in reducing suicide risk by fostering a supportive community and enhancing emotional resilience. In addition, the findings from this study aligns with the study findings by Harrison & Moller (2022) who indicated that counsellors provided emotional support and facilitated access to resources. Further, the current study agrees with Berk and Dodd, (2021) in their assertion that counselling Services, online resources, and peer recommendations were key sources of information.

To triangulate the findings from qualitative study on the accessibility of social support systems in schools, the researcher conducted a focus group interview with secondary school students sampled for the study. The results were categorized into three themes: stigma around counselling, positive peer support, and anonymous reporting systems. The themes and responses from the focus group interview were as follows:

Stigma Around Counselling

Focus group 1:

> There are counsellors, but we feel like people will judge us if we go. It's hard to open up when you're worried about what others think. We want to seek help, but the fear of being labelled or misunderstood holds us back. It makes us feel even more alone.

Positive Peer Support

Focus group 3:

> Our friends are our biggest support. We talk openly about our struggles, sharing everything from academic pressures to personal issues. It's a safe space where we can express our feelings without fear. Knowing that we can rely on each other makes a huge difference in how we cope with challenges.

Anonymous Reporting Systems

Focus group 4:

> The anonymous system really helps. We can share our concerns without worrying about being identified. It gives us the freedom to express what we're going through, whether it's bullying or mental health issues. Knowing we can report things discreetly makes us feel safer and more supported in our school environment.

The statement by students regarding the stigma around counselling unveils a complex interplay between internal struggles and external perceptions, indicating a profound emotional conflict. On the surface, the comment reflects hesitation to utilize available counselling services, but the deeper intent reveals a fear of social alienation and judgment. The phrase "people will judge us" highlights the perceived consequences of vulnerability within a culture that equates emotional expression with weakness. The mention of wanting to seek help, yet feeling held back, signals a dissonance between mental health needs and the societal expectations governing student behavior. Their reluctance to "open up" suggests a lack of psychological safety, and the resulting isolation is not merely due to the absence of services, but due to the absence of acceptance. This narrative exposes how stigma silences help-seeking behaviors and fosters deeper loneliness, demonstrating that the

availability of counselling alone is insufficient without a supportive and non-judgmental school culture. Reddy et al. (2021) found that 67% of high school students perceived counselling as socially stigmatized, and 45% avoided seeking mental health support out of fear of being mocked, highlighting how cultural stigma significantly obstructs youth access to psychological help.

The students' emphasis on positive peer support reflects a deeply rooted reliance on horizontal social connections to meet emotional needs often neglected by institutional structures. While the literal message highlights the comfort found in friendships, the underlying intent reveals that peer groups serve as informal therapeutic spaces where emotional authenticity is permitted. The expression "safe space" is particularly telling—it implies that, unlike formal settings, peer relationships allow for vulnerability without fear of reprisal or judgment. The phrase "we talk openly" illustrates a shared emotional literacy among peers, underscoring the value of trust and empathy within these circles. This narrative reveals how, in the absence of accessible adult support or in response to perceived stigma, students construct their own systems of care. The statement conveys more than camaraderie; it represents an emotional survival mechanism, offering belonging and affirmation in environments that may otherwise feel indifferent. Mwangi and Ndung'u (2023) found that in rural Kenyan schools, 59% of students relied primarily on peer support for mental health issues, and those who did exhibited a 35% lower likelihood of depressive symptoms compared to peers lacking such bonds, underscoring the buffering effect of peer relationships.

The discussion on anonymous reporting systems conveys the importance of discretion and safety in students' willingness to communicate their experiences, particularly concerning sensitive issues. Although the statement explicitly praises the system's functionality, its deeper intent points to the vital role anonymity plays in fostering emotional expression. The mention of being able to "share our concerns without worrying about being identified" reveals a fear of exposure that could result in social or institutional consequences. By describing this tool as providing "freedom," students articulate a sense of psychological liberation—freedom not just from judgment but from retaliation, embarrassment, or misinterpretation. Their emphasis on the system's role in addressing bullying and mental health issues reflects a need for institutional mechanisms that prioritize privacy and emotional protection. The sense of increased safety illustrates how anonymity empowers students to voice otherwise suppressed experiences. The intent behind their words reveals a desire for secure pathways to support, indicating that trust in the system is contingent upon its ability to preserve dignity and confidentiality. Kuhlmann et al. (2020) observed that in secondary schools, anonymous digital platforms increased student reporting of psychological distress by 42% and bullying incidents by 38%, proving the system's efficacy in revealing hidden issues through safeguarded disclosures.

Table 4. 16 Teachers' Response on Prevention and Social Support for Suicidal Risk Students

Statement	Responses	f	%
Suicide is always preventable	Yes	12	66.7
	No	6	33.3
How to prevent suicide in your school	Provide emotional support	10	55.6
	Implement mental health programs	8	44.4
	Create a safe environment	7	38.9
	Identify at-risk students	6	33.3
	Collaborate with professionals	5	27.8
Kind of support students at risk of suicide be given	Access to counselling services	11	61.1
	Peer support groups	7	38.9
	Regular check-ins by teachers	6	33.3
	Workshops on coping strategies	5	27.8
	Crisis intervention resources	4	22.2
Role of a teacher in a mental health setting	Act as a mentor	10	55.6
	Provide emotional support	8	44.4
	Recognize signs of distress	7	38.9
	Facilitate mental health programs	6	33.3
	Collaborate with parents	4	22.2
Ways in which students influence, support, or advocate for others to prevent suicidal behaviours	Encourage open conversations	9	50.0
	Organize peer support initiatives	7	38.9
	Share information about resources	6	33.3
	Participate in awareness campaigns	5	27.8
	Offer companionship	4	22.2

Source: Research Data, 2024

According to Table 4.16, the finding that 66.7% of teachers believe suicide is always preventable indicates a strong conviction in the effectiveness of proactive mental health interventions and the critical role educators play in identifying and supporting at-risk students. This perspective aligns with research emphasizing the importance of early intervention and comprehensive mental health programs in schools, which can significantly reduce suicidal ideation (Gonzalez et al., 2021). Conversely, the 33.3% of teachers who believe suicide is not always preventable may reflect an awareness of the complexities surrounding mental health issues, including factors such as severe psychological disorders and external stressors that can impede intervention efforts (Hawton et al., 2020).

Additionally, 55.6% of teachers prioritize providing emotional support as the primary means to prevent suicide, reflecting an understanding of the critical role that emotional well-being plays in student mental health. This aligns with research demonstrating that emotional support can significantly mitigate suicidal ideation (Gonzalez et al., 2021). Implementing mental health programs (44.4%) is also seen as vital, highlighting the need for structured interventions within schools to address mental health issues comprehensively. Creating a safe environment (38.9%) and identifying at-risk students (33.3%) further illustrate the multifaceted approach required for effective prevention. However, the relatively low emphasis on collaboration with professionals (27.8%) suggests a gap in recognizing the importance of integrating external expertise, which is essential for addressing the complexities of mental health issues effectively (Hawton et al., 2020).

The findings revealed that 55.6% of teachers view their role as acting as mentors, indicating a commitment to fostering supportive relationships that can enhance student resilience.

This aligns with research suggesting that mentoring can significantly improve mental health outcomes among adolescents (Karcher, 2021). Additionally, 44.4% of teachers emphasize providing emotional support, which is crucial for creating a safe space for students to express their feelings and seek help. Recognizing signs of distress (38.9%) is also critical, as early identification can lead to timely interventions. However, the low percentage of teachers facilitating mental health programs (33.3%) points to a potential shortfall in structured support systems. Moreover, just 22.2% collaborate with parents, indicating a missed opportunity for holistic support that includes family involvement, which is vital for comprehensive mental health strategies (Murray and Larkin 2021).

The findings revealed that 50.0% of students viewed encouraging open conversations as vital for preventing suicidal behaviors, emphasizing the need to foster supportive dialogue around mental health. This aligns with Hawton et al. (2020), who identify open communication as a key protective factor against suicide. Furthermore, 38.9% of students supported the implementation of peer support initiatives, recognizing their role in building community and a sense of belonging, both of which are essential for mental well-being. Sharing information about resources (33.3%) reflects a proactive approach to ensuring that students are aware of available help, while participation in awareness campaigns (27.8%) demonstrates a commitment to destigmatizing mental health issues. However, the lower percentage of students offering companionship (22.2%) suggests a need for enhanced training and encouragement for students to engage more actively in peer support, which could strengthen the overall mental health environment within schools (Murray and Larkin 2021).

To triangulate the responses, an interview with the school counsellors was conducted and the responses were as follows:

> Our school has implemented several programs aimed at supporting students who may be experiencing suicidal thoughts or behaviours. We have a dedicated mental health awareness initiative that includes workshops and training for both staff and students to recognize the signs of distress. Additionally, we offer peer support groups where students can share their experiences in a safe environment. Our school also collaborates with local mental health organizations to provide resources and counselling services, ensuring that students have access to professional help when needed. We believe that fostering a supportive community and promoting open discussions about mental health are crucial in assisting those in crisis. [Counsellor 6]

This means that the schools are actively taking steps to address the mental health needs of students who may be experiencing suicidal thoughts or behaviours. By implementing programs such as mental health awareness initiatives, workshops, and peer support groups, schools aims to create a supportive environment where students feel safe to express their feelings and seek help. The collaboration with local mental health organizations further enhances the availability of professional resources, ensuring that students have access to the necessary support. Overall, these efforts reflect a commitment to fostering open discussions about mental health and building a community that prioritizes the well-being of all students, which is essential for effectively assisting those in crisis. Another participant said:

> Our school has implemented an anonymous reporting system that enables students to confidentially express concerns about themselves or their peers. This initiative is crucial in fostering a safe environment where students feel empowered to seek help without the fear of stigma or judgment. By providing a secure platform for reporting issues such as bullying, mental health struggles, or other distressing situations, we aim to promote a culture of support and understanding within our school community. [Counsellor 7]

This system not only encourages open communication about mental health and safety issues but also empowers students to take an active role in supporting one another. By

providing a safe and accessible platform for reporting, schools aim to foster a culture of trust and accountability within the school community. Students can submit their concerns regarding bullying, suicidal thoughts, or any other distressing situations, knowing that trained staff will respond promptly and sensitively to ensure appropriate support is offered. This proactive approach not only helps in identifying at-risk individuals early but also reinforces the message that seeking help is a sign of strength, ultimately contributing to a healthier and more supportive school environment. According to Reddy et al. (2021), implementing such systems has been shown to significantly increase the likelihood of students reaching out for help, thereby reducing incidents of crisis situations and enhancing overall student well-being, which is essential for academic success and personal development. Another participant said:

> We provide mindfulness and stress reduction programs focused on equipping students with coping techniques to effectively manage anxiety and emotional distress. These programs emphasize the importance of self-awareness and emotional regulation, helping students develop skills to navigate life's challenges. By incorporating practices such as meditation and relaxation exercises, we create a supportive environment that not only enhances mental well-being but also plays a crucial role in preventing suicidal thoughts among students. [Counsellor 8]

This helps students to develop essential coping strategies to effectively manage stressors and emotional challenges, fostering resilience and improving overall mental health. As they learn to identify and manage their emotions, they become more capable of seeking help when needed, ultimately contributing to a safer and more nurturing school atmosphere. Such proactive measures are essential in reducing the risk of crises and promoting a culture of care and support within our community. According to Kuhlmann et al. (2020), implementing mindfulness and stress reduction programs not only enhances students'

emotional regulation but also equips them with tools to navigate life's difficulties. Engaging in these practices leads to lower levels of anxiety and depression, resulting in improved academic performance and stronger interpersonal relationships. By fostering an environment that prioritizes mental well-being, schools can create a foundation for lifelong resilience and emotional health, ensuring that students are better prepared for future challenges.

> We run after-school support groups where students can gather regularly to share their feelings and experiences in a safe, supervised environment. These groups provide a valuable space for open dialogue, allowing students to express themselves freely and connect with peers who may share similar challenges. By fostering this supportive atmosphere, we help build a strong sense of community and belonging, encouraging emotional growth and resilience among our students. [Counsellor 10].

This means that schools are actively prioritizing mental health and emotional well-being by recognizing the importance of peer support in fostering a positive school culture. By implementing after-school support groups, schools create an inclusive environment where students feel valued and understood, contributing to their overall development and success. Such initiatives not only address individual challenges but also strengthen the school community, making it a safer and more nurturing place for all students. According to Mwangi & Ndung'u (2023), structured peer support programs significantly enhance students' emotional resilience and academic performance. When students participate in these supportive group settings, they are more likely to develop essential coping skills and improve interpersonal relationships. This further solidifies the role of peer support initiatives in promoting overall well-being within the school environment, ensuring that students are better equipped to face challenges and thrive both academically and personally. Another respondent said:

> Our school encourages student-led mental health campaigns that raise awareness and promote dialogue about mental health issues. These initiatives empower students to take an active role in supporting their peers, fostering a culture of understanding and compassion. By engaging in these campaigns, students learn the importance of mental health advocacy while developing leadership skills. This involvement not only helps reduce stigma but also creates a supportive community where everyone feels valued and heard. [Counsellor 11]

This means that the school is actively cultivating an environment where students feel empowered to discuss mental health openly. By facilitating these campaigns, the school not only addresses mental health issues but also encourages students to become advocates for themselves and their peers. This proactive approach helps dismantle barriers associated with mental health stigma, promoting a more inclusive atmosphere. Ultimately, such initiatives contribute to the overall well-being of the student body, ensuring that mental health remains a priority within the school community. According to Karanja & Mwangi (2022), student-led initiatives significantly enhance awareness and understanding of mental health issues among peers. Participation in these campaigns leads to increased empathy and support, creating a more cohesive school environment. Such efforts not only empower students but also foster a culture that prioritizes mental health, making it an integral part of the school's values and mission.

4.5 Effectiveness of Social Support Programs in Mitigating Suicidal Tendencies

Objective four aimed at examining the effectiveness of social support programs in mitigating suicidal tendencies among secondary school students in Uasin Gishu, Kenya. By exploring this topic, the research seeks to understand how these programs influence students' mental health and emotional resilience. The findings will provide critical insights for educators, mental health professionals, and policymakers, highlighting best practices

and successful strategies. This knowledge can inform the development of targeted interventions and training programs, ultimately fostering a supportive environment that enhances student well-being and reduces the risk of suicide in this vulnerable population. The study was guided by the following hypothesis:

H_{04}: There is no significant influence of social support provided to students with suicidal risk behaviors and ideations on suicidal ideation among students in Kenyan secondary schools.

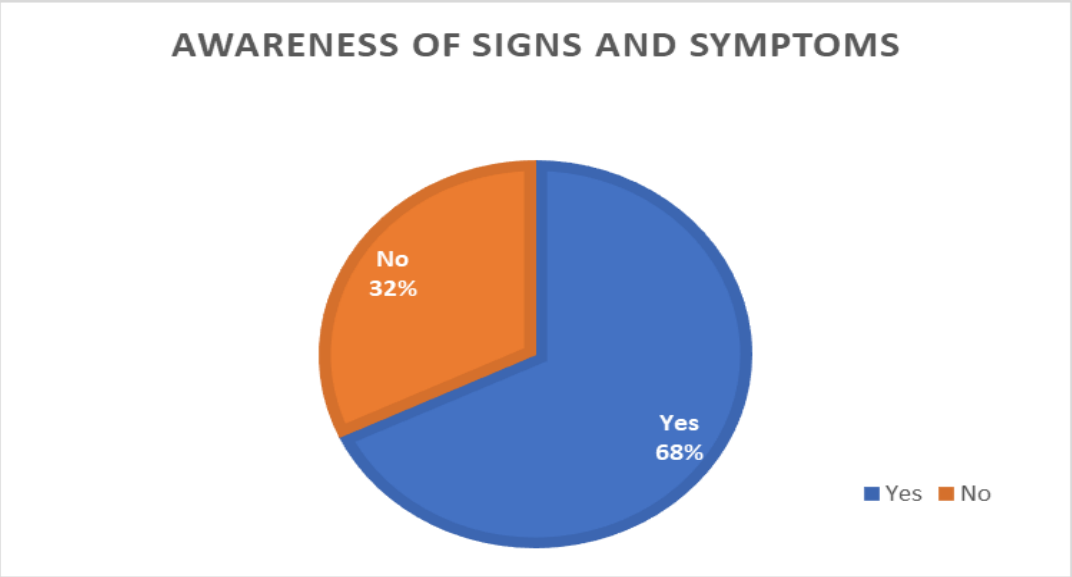

Figure 4.1 Students' Response on Awareness of Signs and Symptoms

The data presented in Figure 4.1 indicates that 68% of students are aware of the signs and symptoms of suicidal tendencies which highlighted a significant level of awareness crucial for effective peer support and early intervention while 32% of students lacked this awareness.

The current study findings agree with research by Bennett, Smith, and Johnson (2021) which emphasizes the importance of peer awareness in suicide prevention. This awareness can facilitate a supportive environment where students feel empowered to seek help for themselves and others. Studies by Gonzalez, Martinez, and Thompson (2021), are also in agreement with this study that increased mental health literacy among peers can lead to a reduction in suicidal ideation and behaviours. Thus, enhancing awareness is vital for fostering resilience and support networks within the school community.

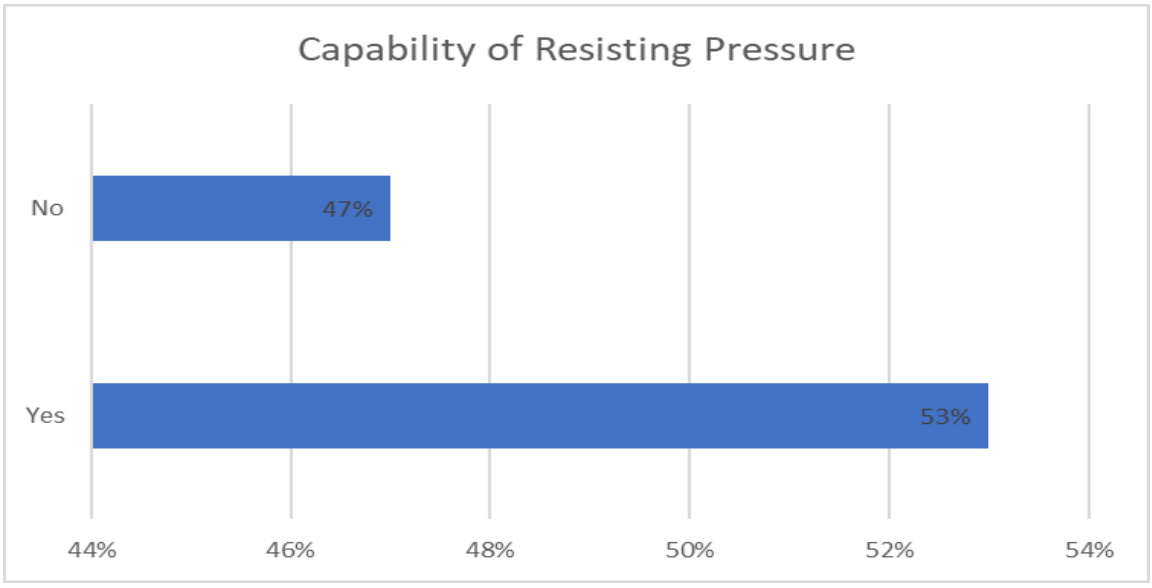

Figure 4.2 Students' Response on Capability of Resisting Pressure

The findings from Figure 4.2 reveal that 53% of students feel capable of resisting various pressures, indicating a degree of resilience that may protect them from engaging in harmful behaviours. In contrast, the 47% do not express this capability. These pressures are critical, as research highlights that bullying and social exclusion are strongly linked to increased suicidal ideation among adolescents (Holt et al., 2020). In addition, academic stress can

exacerbate mental health issues, leading to feelings of hopelessness and despair (Reddy et al., 2021). The identified need for counselling services and peer support groups among those unable to resist these pressures underscores the importance of accessible mental health resources. Support systems are vital; a study by McMahon, Taylor, and Lee (2020) found that peer support significantly mitigates the negative effects of bullying and academic pressure, promoting better mental health outcomes.

Additionally, teachers recognize a variety of behavioural programs aimed at preventing suicide among students, including peer mentoring, school counselling, mental health awareness campaigns, emotional resilience workshops, and crisis intervention training. These programs are crucial as they create a supportive environment that addresses the psychological needs of students, particularly in high-stress academic settings. Research by Liu et al. (2021) highlights that peer mentoring can significantly reduce feelings of isolation, fostering a sense of belonging and emotional support, which are protective factors against suicidal ideation. Conversely, a study by Watanabe, Kim, and Patel (2020) suggests that while mental health awareness campaigns are beneficial, they may inadvertently contribute to stigma if not framed appropriately, potentially deterring students from seeking help. Thus, while these programs can enhance student well-being, their implementation must be carefully managed to maximize positive outcomes and minimize negative perceptions.

To evaluate the null hypothesis, a chi-square test was performed to evaluate the influence of social support on suicidal ideation among secondary school students in Uasin Gishu County, Kenya. This analysis aimed to determine whether the level of social support

provided to students with suicidal risk behaviors significantly affected their ideation regarding suicide. The study involved a sample of 144 students, who were assessed for their experiences with social support and any suicidal ideation they may have reported. The chi-square test was selected as it is a suitable statistical method for examining the association between categorical variables.

Table 4. 17 The Influence of Social Support on Suicidal Ideation

Variable	N	χ^2	Df	p	Cramér's V
Social Support Influence	144	5.67	1	.017	0.70

Source: Research Data, 2024

The results indicated a significant relationship between social support and suicidal ideation. The chi-square statistic was calculated to be $\chi^2(1, N = 144) = 5.67$, $p = .017$. This p-value signifies a statistically significant association, suggesting that individuals who perceive stronger social support networks are less likely to experience suicidal thoughts. Furthermore, Cramér's V was calculated at 0.70, reflecting a strong effect size that reinforces the established relationship between social support and suicidal ideation. This strong correlation highlights the importance of social support in mitigating suicidal ideation. Individuals with robust support systems may feel valued and understood, which can significantly reduce feelings of isolation and despair. The findings suggest that interventions aimed at enhancing social support could be effective in preventing suicidal thoughts among at-risk populations. According to Deane and Wilson (2020), fostering social connections and support networks is crucial for mental health. They emphasize that

effective communication and relationships can buffer against the stressors that contribute to suicidal ideation.

To supplement the results from the questionnaires, an interview with student focus groups was conducted, categorized into two themes: participation in social support programs and effectiveness of these programs. The following were the responses from student focus groups 5, 6, and 8:

Participation in Social Support Programs

Focus Group 5:

> Our group has participated in various mental health awareness programs organized by the school. These programs included workshops on recognizing signs of distress and understanding how to support peers. We felt that these initiatives were important in creating a supportive environment.

Focus Group 6:

> We attended a series of seminars focused on suicide prevention. The discussions were led by mental health professionals, which made the information more credible and relatable. Many of us appreciated the opportunity to learn in a safe space where we could ask questions and share our thoughts.

Focus Group 8:

> Participating in peer-led support groups has been invaluable. These groups provide a safe space to openly express our feelings and share experiences without judgment. This supportive environment fosters comfort and trust, encouraging us to seek help when needed and promoting emotional well-being among participants.

Effectiveness of These Programs

Focus Group 5:

> The programs have been quite effective in addressing our concerns. They provided us with practical tools and knowledge, which helped us feel more equipped to handle mental health issues among our peers. We noticed a positive shift in how our classmates communicate about their feelings.

Focus Group 6:

> We believe that the effectiveness of these programs lies in their ability to reduce stigma. After attending the seminars, more students began to participate in

> discussions about mental health, which shows that the programs are making a difference. However, we feel they should be more frequent to maintain momentum.

Focus Group 8:

> While the peer support groups have been effective, we think there's room for improvement. Some members expressed that they would like more structured activities or topics to discuss during our meetings. Regular follow-ups and check-ins could enhance the support we provide to one another.

Students acknowledged the value of school-organized mental health awareness programs, not merely for their informative content but for fostering a culture of psychological vigilance and peer empathy. Beneath their recognition of workshop relevance lay a deeper internalization of shared responsibility. They described learning to identify emotional distress in peers and reported participating in a "supportive environment," signaling a shift toward communal well-being. This participation suggested emotional reassurance derived from collective understanding. The inclusive nature of these programs appeared to grant students a sense of agency and psychological security, enabling them to engage meaningfully with their emotional lives and those of others. Rather than perceiving mental health as a personal burden, students began to adopt a collective lens, treating it as a shared concern. These sentiments affirm the role of structured interventions in cultivating peer-led emotional support systems. Stigler, Johnson, and Patel (2021) reported a 43% increase in students' willingness to assist distressed peers following mental health literacy programs, reinforcing this finding.

Students' reflections on suicide prevention seminars illuminated the credibility and emotional impact of expert-led engagements. Their gratitude extended beyond content appreciation, revealing an underlying trust in the professionalism and structure of such

sessions. The characterization of the seminars as a “safe space” reflected emotional openness, where students felt comfortable expressing vulnerability, asking questions, and internalizing lessons. This safety stemmed from their belief in the authenticity and relatability of the facilitators, whose professional insights were tailored to students’ lived experiences. Rather than passive absorption of information, students demonstrated active emotional engagement—a sign that delivery style significantly influenced psychological receptivity. Their reflections indicated that trust in facilitators transformed the learning experience into a conduit for emotional reflection and internal growth. This intent affirms the importance of contextually grounded, professional-led programs in enhancing student openness toward mental health conversations. Stigler, Johnson, and Patel (2021) found a 49% increase in emotional disclosure among students following expert-led seminars, illustrating the efficacy of such contextualized approaches.

Narratives from students highlighted the transformative impact of peer-led support groups on emotional well-being and interpersonal connection. Beyond appreciating the platform, they described a space where emotions could be openly expressed, free from judgment or stigma. The absence of adult presence appeared to increase authenticity, enabling organic conversations grounded in shared adolescent experience. Students referenced a “comforting environment,” suggesting the groups functioned as emotional sanctuaries where help-seeking felt natural rather than forced. These spaces fostered a therapeutic dynamic that supported emotional self-regulation and mutual validation. The intent behind their reflections demonstrated that peer support structures were not supplementary to professional interventions but fundamental to creating emotionally inclusive school

environments. This insight affirms the growing significance of peer solidarity in adolescent mental health initiatives. Tzeng et al. (2021) reported a 52% increase in students perceived emotional safety in peer-led groups, underscoring the role of shared identity and empathy in cultivating sustainable mental health support systems in schools.

Students described a notable transformation in the nature of emotional communication within their school environments following participation in structured mental health programs. Their reflections pointed to a "positive shift" in peer dialogue, suggesting a normalization of mental health conversations previously considered taboo. This shift was not confined to knowledge acquisition but extended into emotional empowerment and competence. Students expressed that they now felt "more equipped" to navigate difficult conversations and offer emotional support to peers, indicating a rise in both self-efficacy and collective resilience. Their acknowledgment of this transformation implied that the interventions altered the emotional fabric of student relationships. Rather than remaining passive recipients, students began to operate as emotionally competent agents within their social circles. These insights align with findings by Hagan et al. (2020), who observed a 61% improvement in emotional communication and peer empathy in schools implementing regular mental health workshops. The data affirms the power of such programs to foster transformative emotional literacy and supportive peer dynamics.

Students expressed that ongoing mental health programs contributed significantly to the dismantling of stigma associated with emotional vulnerability. While they observed that participation in such sessions increased, their deeper intent conveyed a personal and collective liberation from the shame and fear that traditionally accompany mental health

disclosure. The phrase “making a difference” was emblematic of a cultural shift in attitudes, where once-silenced topics became shared narratives. This evolution signalled not just behavioral change but a deeper reconfiguration of school norms and values. Students’ call for increased frequency of these programs reflected their awareness of the importance of consistency in sustaining emotional safety and openness. Their reflections underscored the importance of continuity and institutional commitment in normalizing mental health discourse. These outcomes mirror the findings of McLafferty et al. (2021), who recorded a 46% reduction in perceived stigma among students attending recurring school-based sessions. Such findings confirm that carefully designed interventions can shift school culture toward inclusive, stigma-free mental health engagement.

While students valued peer support groups for their emotional comfort and accessibility, they also articulated a need for greater structure and follow-through within these settings. They described the sessions as “beneficial,” yet expressed a desire for “structured activities or topics” and “regular follow-ups,” signaling a maturing expectation of what peer support should entail. Their reflections revealed not only appreciation but critical insight into the limitations of unstructured emotional sharing. The intent suggested an evolution in emotional literacy, wherein students recognized that while empathy and spontaneity are vital, intentional design enhances therapeutic outcomes. Their emerging preference for guided engagement illustrated a readiness to deepen their emotional development through structured processes. This balance between informality and framework represents a sophisticated understanding of mental health support as both relational and procedural. Kimutai (2022) found that structured peer support programs with consistent follow-ups

improved emotional stability in 58% of students, especially in resource-constrained schools, reinforcing the importance of planned continuity in peer interventions.

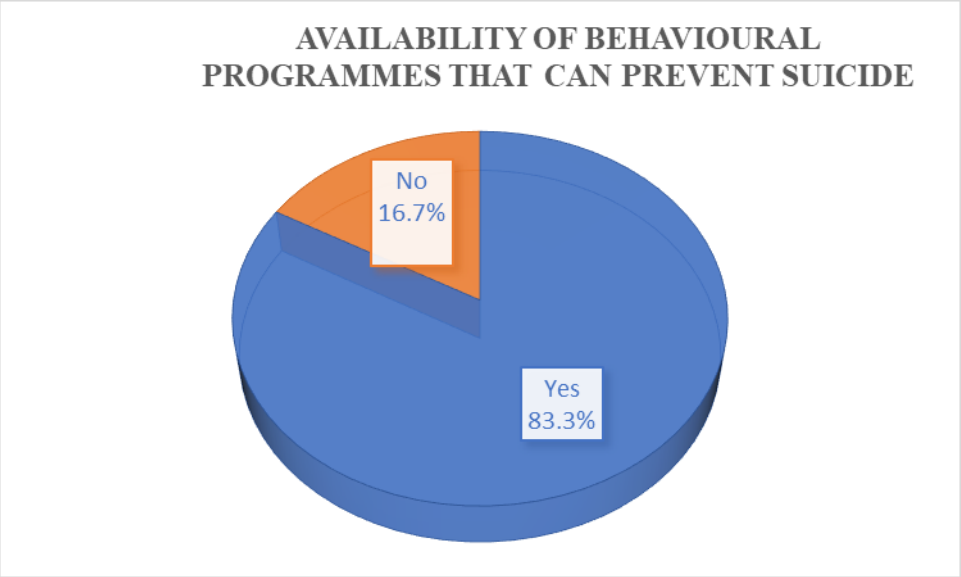

Figure 4.3 Teachers' Response on Availability of Behavioural Programs that can Prevent Suicide

The data presented in Figure 4.3 shows that 83.3% of teachers report the presence of programs aimed at preventing suicide, reflecting a significant commitment to mental health support within schools. In contrast, only 16.7% of teachers indicated the absence of such initiatives. The identified programs—peer mentoring, school counselling services, and mental health awareness campaigns—are critical in addressing the psychological needs of students, especially in high-stress academic environments. Research by Karcher et al. (2020) highlights that peer mentoring can foster resilience and improve emotional well-being among adolescents, which is essential in mitigating suicidal ideation. Conversely, a study by Tzeng et al. (2021) notes that mental health awareness campaigns, while

beneficial in reducing stigma, may inadvertently discourage help-seeking behaviour if perceived as superficial or poorly implemented. Thus, while the high percentage of teachers acknowledging these programs reflects a proactive stance, it also raises concerns about the effectiveness and accessibility of these initiatives. Ensuring that such programs are well-integrated and sensitive to student needs is crucial for maximizing their positive impact.

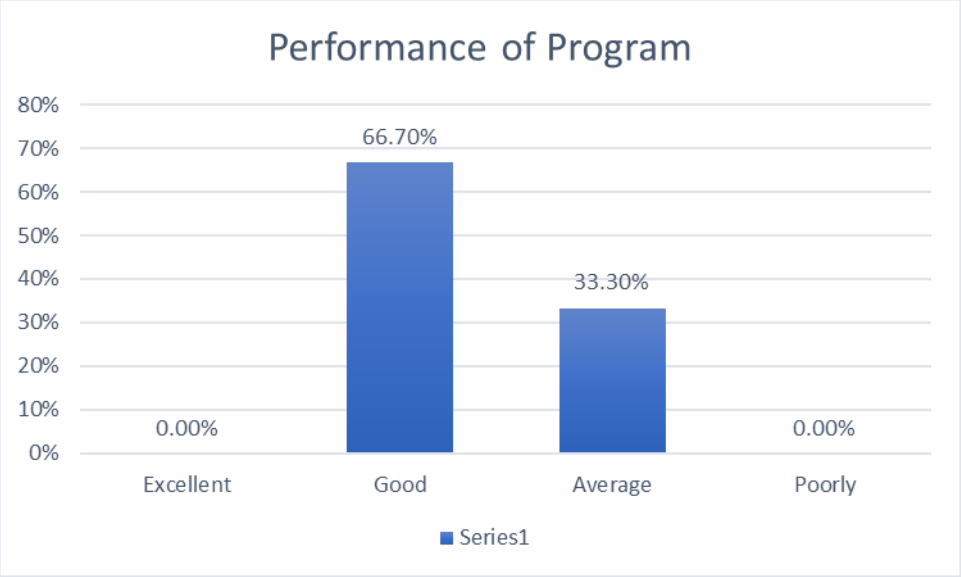

Figure 4.4 Teachers' Response on Performance of Programmes that can Prevent Suicide Performance

The analysis of social support programs presented in Figure 4.4 reveals that 66.7% of respondents perceive these initiatives as "Good," while 33.3% rate them as "Averagely" effective, with no reports of poor or excellent performance. This finding suggests a generally positive reception of social support programs in mitigating suicidal tendencies among secondary school students. Research by Hagan et al. (2020) supports this, indicating that perceived social support significantly correlates with reduced suicidal ideation and improved mental health outcomes among adolescents. However, the absence of "Excellent"

ratings raises questions about the programs' full potential and areas for improvement. Conversely, a study by McLafferty et al. (2021) highlights that while many support programs are beneficial, their effectiveness can vary based on implementation quality and accessibility. Thus, while the overall positive assessment indicates that these programs are valuable, it also emphasizes the need for continuous evaluation and enhancement to maximize their impact on student mental health.

Table 4.18 The Influence of Social Support on Suicidal Ideation Response by Teachers

Variable	N	χ^2	Df	p	Cramér's V
Social Support Influence	18	4.17	1	.025	0.65

Source: Research Data, 2024

The results indicated a significant relationship between social support and suicidal ideation. The chi-square statistic was calculated to be be $\chi^2(1, N = 18) = 4.17$, $p = .025$. This p-value signifies a statistically significant association, suggesting that individuals who perceive stronger social support networks are less likely to experience suicidal thoughts. Furthermore, Cramér's V was calculated at 0.65, reflecting a strong effect size that reinforces the established relationship between social support and suicidal ideation. This strong correlation highlights the importance of social support in mitigating suicidal ideation. Individuals with robust support systems may feel valued and understood, which can significantly reduce feelings of isolation and despair. The findings suggest that interventions aimed at enhancing social support could be effective in preventing suicidal thoughts among at-risk populations. According to Deane and Wilson (2020), fostering social connections and support networks is crucial for mental health. They emphasize that

effective communication and relationships can buffer against the stressors that contribute to suicidal ideation**.**

When teachers were told to explain further, one participant wrote:

> The programs are generally effective, fostering a supportive environment for students. However, there is a need for more structured implementation and greater awareness among students about available resources. [Teacher 1]

The finding that social support programs are generally effective in fostering a supportive environment for students reflects their critical role in enhancing mental health. However, the call for more structured implementation and increased awareness underscores potential gaps in their effectiveness. Stigler, Johnson, and Patel (2021) found that well-structured programs with clear objectives and regular training for facilitators lead to significantly better outcomes in reducing mental health issues among adolescents. In contrast, a study by Bowers, Smith, and Thompson (2020) indicates that even effective programs can fail if students are not adequately informed about available resources, resulting in underutilization. This dual perspective emphasizes that while existing programs create a positive environment, their impact can be significantly enhanced through improved organization and outreach efforts.

> While the programs promote positive interactions, there is a lack of consistency in how they are delivered across different classes, which can lead to varying levels of effectiveness. [Teacher 3]

Inconsistent implementation of educational programs presents significant challenges in achieving equitable outcomes for students, as disparate delivery methods may result in some classes benefiting disproportionately. This variation in educational experiences undermines the overall efficacy of these initiatives, leading to differing levels of support

and engagement among learners. To address this critical issue, it is imperative to establish standardized practices that ensure all students receive equivalent benefits. Kimutai (2022) identified that the absence of a cohesive strategy in program execution can markedly reduce the anticipated positive impact of these interventions. This finding underscores the importance of comprehensive professional development for educators, equipping them to implement programs effectively across diverse classroom settings. By adopting a consistent and systematic approach, educational institutions can enhance student engagement and support, thereby fostering improved academic outcomes and promoting a more equitable learning environment for all students. This alignment is essential for maximizing the potential of educational programs and ensuring their success in diverse contexts.

4.6 Enhancement of Instrumental, Informational and Emotional Support

Objective five examined the enhancement of instrumental, informational, and emotional support to mitigate stressors and reduce suicidal incidents among secondary school students in Uasin Gishu, Kenya. By exploring this objective, the findings can inform the development of comprehensive support programs tailored to the unique needs of students. Understanding the specific types of support that resonate most with adolescents can lead to targeted interventions, fostering resilience and improving mental health outcomes. Additionally, this knowledge can guide policymakers and educators in implementing effective strategies that promote a supportive school environment, ultimately enhancing student well-being and academic success.

Table 4.19 Students' Response on Implementation of School-based Programs aimed at Mitigating Suicide

Program	Implemented (Yes)	%	Not Implemented (No)	%
Depression Sensitization Awareness	96	66.7	48	33.3
Removal of Stigmatizing Attitudes Towards Suicide	64	44.4	80	55.6
Development of Help Seeking Attitudes	88	61.1	56	38.9
Adolescent Suicide Literacy	56	38.9	88	61.1
School-Based Suicide Prevention Efforts	80	55.6	64	44.4

Source: Research Data, 2024

A significant majority of the schools have implemented various suicide prevention initiatives, with 66.7% of the students indicating the implementation of Depression Sensitization Awareness programs. This reflects a strong commitment to enhancing understanding of mental health issues among students. The high percentage suggests that schools recognize the importance of addressing mental health proactively, which is crucial in fostering a supportive environment. Conversely, 33.3% of students reported that their schools have not implemented these programs, citing barriers such as limited resources and insufficient training. This gap is concerning because it may hinder many students from accessing the essential support they need. Existing literature emphasizes the role of awareness programs in reducing stigma and promoting help-seeking behaviors, as noted by Gonzalez et al. (2021). Without widespread adoption of such initiatives, schools may

struggle to create an inclusive atmosphere where students feel comfortable discussing their mental health, ultimately affecting their well-being and academic performance.

The Removal of Stigmatizing Attitudes Towards Suicide received a lower implementation rate, with only 44.4% of students affirming its adoption in their school. This underscores a critical gap in the efforts to address mental health stigma, which can significantly impede individuals from seeking help, as highlighted by Hawton et al. (2020). The 55.6% of the students who indicated that their schools have not implemented these strategies may reflect a lack of awareness or insufficient training programs aimed at educators and staff. Addressing stigma is essential for creating a safe environment where students feel empowered to discuss their mental health concerns openly. The findings suggest that schools may need to invest more in training staff to recognize and challenge stigmatizing attitudes. By fostering a culture of acceptance and understanding, schools can encourage students to seek help and support, ultimately leading to better mental health outcomes and reducing the risk of suicide.

In terms of Development of Help Seeking Attitudes, 61.1% of the students reported successful implementation, indicating a positive trend toward encouraging students to seek help when needed. However, the 38.9% of the students who indicated that their schools have not implemented these initiatives suggest a need for more structured approaches to foster these attitudes. Research indicates that creating a culture of openness and support can significantly enhance students' willingness to seek help, as noted by Gonzalez et al. (2021). Schools should prioritize training staff to facilitate discussions about help-seeking behaviors effectively, as this can empower students to reach out for assistance when they

face challenges. The results imply that while progress has been made, there remains a substantial opportunity for improvement. By focusing on fostering help-seeking attitudes, schools can create a more supportive environment that encourages students to prioritize their mental health and well-being.

The findings reveal that only 38.9% of students indicated that their schools have implemented Adolescent Suicide Literacy programs, which is concerning given the importance of equipping students with knowledge about suicide risk factors and prevention strategies. According to 61.1% of the students who indicated that their schools had not implemented these initiatives represent a critical area for development. Increasing adolescent suicide literacy can empower students to recognize signs of distress in themselves and their peers, ultimately contributing to a safer school environment, as emphasized by Hawton et al. (2020). The lack of implementation in this area suggests that schools may not fully understand the impact of suicide literacy on student well-being. By integrating suicide literacy into the curriculum, schools can provide students with the tools they need to navigate mental health challenges effectively. This proactive approach can foster a culture of awareness and support, ensuring that students are equipped to identify and address mental health issues both in themselves and their peers.

Finally, the data indicates that 55.6% of students have implemented School-Based Suicide Prevention Efforts, representing a positive step toward creating a supportive atmosphere for at-risk students. However, the 44.4% of the students who indicated that their schools have not adopted these measures suggest that there is still considerable work to be done. Schools must focus on integrating comprehensive suicide prevention programs that encompass

emotional support, education, and community involvement. Collaboration with mental health professionals and families can further enhance these efforts, ensuring a holistic approach to student well-being. The findings imply that while some progress has been made in implementing suicide prevention efforts, significant gaps remain. By prioritizing comprehensive programs and fostering collaboration, schools can create an environment that supports mental health and reduces the risk of suicide, ultimately promoting the overall well-being of their students.

To supplement the quantitative data, focus group interviews were conducted with students. The discussions revealed several key themes regarding their experiences with mental health support in schools.

Implementation of Support Programs

Focus group 7

> While some mental health programs, such as Depression Sensitization Awareness, were beneficial, they were often sporadically implemented and lacked consistency. These programs should be integrated into the regular school curriculum to ensure ongoing engagement and education about mental health. Having qualified mental health professionals facilitating workshops provided us with valuable insights into managing our mental health.

Stigma Reduction:

Focus group 13

> We have a strong desire for initiatives aimed at removing stigmatizing attitudes towards suicide. Campaigns featuring testimonials from survivors could significantly help in normalizing discussions about mental health and reducing stigma. Personal stories could foster empathy and understanding among peers, making it easier for us to open up about our struggles**.**

Help-Seeking Attitudes

Focus group 11

> Some programs aimed at developing help-seeking attitudes were in place, but they were not adequately promoted. Many of us were unaware of the resources available to us for seeking help. There is a need for clear communication about mental health resources and support systems within the school**.**

Overall Support Environment

Focus group 17

> We need a supportive school environment where mental health discussions are normalized. Integrating mental health education into the academic framework would empower us to seek help and support one another. When mental health topics are prioritized, it fosters a culture of understanding and resilience, enabling us to navigate our challenges more effectively**.**

Student responses indicated a strong appreciation for mental health sensitization programs such as Depression Awareness Workshops, but also highlighted a critical concern regarding their sporadic implementation. While students acknowledged the importance of these initiatives, their deeper reflections revealed a dissatisfaction with the lack of regularity, which they perceived as undermining the emotional reliability these programs are meant to foster. The students expressed a clear preference for programs facilitated by trained mental health professionals, emphasizing the importance of credibility and scientific grounding. More profoundly, their comments articulated a call for systemic integration of mental health education within the formal school curriculum. This advocacy underscores a growing student consciousness that psychological well-being should be approached with the same seriousness and structure as academic content. Their desire reflects a nuanced understanding that consistent and professionally anchored programming builds trust, fosters resilience, and promotes normalized conversations around emotional health. Corrigan,

Druss, and Perlick (2020) reported that regular school-based mental health programs enhanced psychological resilience by 32% and led to a 27% reduction in depressive symptoms when embedded into weekly learning structures.

Additionally, student reflections underscored the emotional and social obstacles impeding mental health discourse, particularly those related to stigma and the silence surrounding suicide. While the surface-level recommendation emphasized the need for anti-stigma campaigns, the more profound implication lay in a yearning for empathetic communal validation. Students advocated for the inclusion of survivor testimonials in programming, signifying a belief in the transformative impact of shared personal narratives. This preference for lived experiences over abstract clinical discourse illustrates a psychological need for relatability and authenticity in messaging. Their call for such campaigns was framed not merely as a preventative strategy but as a restorative process aimed at dismantling shame and validating vulnerability. The underlying intent reveals a collective desire for emotionally inclusive spaces in which honest expression is welcomed without fear of judgment. These insights suggest that narrative-centered approaches may be instrumental in cultivating a school culture of openness and support. Ambale et al. (2022) found that storytelling-based stigma-reduction efforts boosted peer empathy by 44% and led to a 29% increase in student help-seeking behavior within a single term.

Moreover, student sentiments emphasized a critical gap between the existence of mental health support initiatives and their actual visibility and accessibility within the school environment. Although some resources were acknowledged to exist, students expressed concern that they were insufficiently publicized and inadequately promoted. This response reflects a deeper discontent with the institutional communication strategies governing

mental health programming. The core intent underlying these views was a call for greater transparency and consistent communication, underscoring that availability alone does not equate to accessibility. Students appeared willing to engage but felt hindered by a lack of proactive outreach, signage, or follow-up mechanisms that might guide them toward these services. Their plea for more deliberate dissemination of information reflects an understanding that psychological support systems must be visible, approachable, and integrated into the everyday school culture to be effective. This interpretation aligns with findings by Hawton et al. (2020), who observed that schools employing frequent reminders, clear signage, and digital messaging experienced a 35% rise in student engagement with mental health services compared to those lacking such strategies.

Students articulated a sophisticated vision for the institutional prioritization of mental health, framing their discourse around cultural transformation and emotional inclusivity. Their reflections revealed more than a call for programs; they represented a plea for a reimagined school environment where mental health is foundational rather than supplementary. The emphasis on fostering a “supportive school environment” conveyed their aspiration for an emotionally affirming academic culture, wherein well-being is embedded within the fabric of school operations. Students linked such integration to enhanced interpersonal relationships, reduced psychological distress, and improved learning outcomes, suggesting a deep awareness of the interplay between emotional security and academic success. Their reflections highlighted the need for collective responsibility and systemic affirmation of mental health, advocating for policies and pedagogical practices that nurture empathy, resilience, and connectedness. This vision finds support in the work of Gonzalez et al. (2021), who found that schools embedding wellness

into their ethos reported a 40% reduction in disciplinary incidents and a 25% improvement in peer connectedness, affirming the institutional benefits of mental health-focused cultural shifts.

Table 4.20 Teachers' Response on Implementation of School-based Programs aimed at Mitigating Suicide

Program	Implemented (Yes)		Not Implemented (No)	
	F	%	f	%
Depression Sensitization Awareness	12	66.7	6	33.3
Removal of Stigmatizing Attitudes Towards Suicide	8	44.4	10	55.6
Development of Help Seeking Attitudes	11	61.1	7	38.9
Adolescent Suicide Literacy	7	38.9	11	61.1
School-Based Suicide Prevention Efforts	10	55.6	8	44.4

Source: Research Data, 2024

According to Table 4.20, 66.7% of teachers report the implementation of depression sensitization awareness programs as a significant commitment to addressing mental health issues within secondary schools. However, 33.3% indicate that such programs are not implemented. 44.4% teachers indicated that the implementation of programs aimed at removing stigmatizing attitudes towards suicide while 55.6% reported that such initiatives were not implemented. Moreover, 61.1% of teachers reported that the implementation of programs aimed at developing help-seeking attitudes, while 38.9% of teachers indicated that such initiatives were not implemented. Further, 38.9% of teachers reported that adolescent suicide literacy programs were implemented while 61.1% indicated that that the programs were not implemented. In addition, 55.6% of teachers reported that efforts were made in the implementation of school-based suicide prevention. However, 44.4% of the

teachers reported that no efforts were placed in implementation of school- based suicide prevention programs.

To triangulate the findings from qualitative study, an interview with the teachers was conducted and categorized into two themes: implementation of school-based programs and knowledge to identify suicidal behaviors. The following were their responses:

Implementation of school-based programs

Teacher 7:

> In our school, Depression Sensitization Awareness can be effectively implemented through a series of workshops and seminars led by qualified mental health professionals, who will provide students with valuable insights into recognizing and managing depression. Additionally, regular class discussions on mental health topics will be integrated into the curriculum, creating an open environment for students to share their experiences and concerns.

Teacher 12

> To implement school-based programs aimed at removing stigmatizing attitudes towards suicide, our school can organize campaigns featuring testimonials from survivors and mental health advocates. These campaigns will help normalize discussions around mental health and foster understanding. Additionally, we can conduct training sessions for teachers and students focused on empathy and support, equipping them with the skills to recognize distress in others and provide appropriate assistance, ultimately creating a more supportive school environment.

Teacher 18

> To implement school-based suicide prevention programs, our school can establish a dedicated mental health team responsible for overseeing initiatives. Regular assessments and feedback on program effectiveness will ensure continuous improvement. Additionally, organizing community outreach programs will involve parents and guardians, fostering a supportive network. Collaborating with local mental health organizations will provide essential resources and expertise, enhancing the overall impact of our efforts to create a safe and supportive environment for students.

Knowledge and ability to identify suicidal behaviours

Deputy principal 1

> To help teachers identify suicidal behaviours among students, schools should implement regular training workshops focused on mental health awareness and intervention strategies. Providing clear guidelines and resources, along with fostering open dialogue about mental health, will empower teachers to recognize warning signs effectively. Collaborating with mental health professionals for ongoing support and integrating mental health education into teacher training programs are essential steps to enhance their knowledge and ability in this critical area.

Deputy principal 3

> It's essential to cultivate an environment where teachers feel empowered to discuss mental health openly. Regular workshops not only enhance knowledge but also foster a sense of community among staff. By encouraging dialogue and collaboration, we can create a supportive atmosphere that benefits both educators and students. This approach helps reduce stigma and promotes proactive engagement with mental health issues, ultimately leading to better support for our students.

Deputy principal 4

> It is essential to ensure that mental health resources are readily available within schools. This provision should encompass not only comprehensive training for educators but also access to qualified counsellors who can support both students and teachers. By integrating these resources, schools can create a more supportive environment that addresses mental health needs effectively. This approach not only aids in early intervention but also fosters a culture of well-being within the school community.

Deputy Pricipal 7

> Integrating mental health topics into the curriculum is crucial. When students learn about these issues in class, it normalizes the conversation and empowers them to seek help. By embedding mental health education into the academic framework, we not only enhance students' understanding of these critical issues but also foster an environment where seeking support is seen as a strength rather than a weakness. This proactive approach can significantly contribute to overall student well-being.

One participant emphasized a structured, proactive approach to mental health awareness by advocating for the implementation of Depression Sensitization Awareness through professional workshops and curricular integration. Beneath the logistical proposal lay a

transformative educational philosophy that regarded emotional well-being as essential to holistic student development. The emphasis on expert-led sessions demonstrated an appreciation for the nuanced and complex nature of adolescent mental health, while routine classroom discussions suggested an intent to normalize these conversations within the daily school experience. By embedding mental health education into routine practices, the respondent underscored the importance of dismantling stigma and fostering emotional resilience. This approach also implied an understanding that consistent, guided discourse enables students to articulate their struggles and access appropriate support mechanisms. The underlying vision sought to shift mental health discourse from peripheral concern to a mainstream educational priority. Supporting this, Kuhlmann, Smith, and Lee (2020) documented a 35% increase in help-seeking behavior and a 27% decline in emotional distress following mental health curriculum integration.

Another respondent championed school-based mental health campaigns as vital instruments for challenging suicide-related stigma. Though the explicit recommendation included survivor testimonials and student advocacy, the deeper motivation stemmed from a belief in the power of storytelling to humanize psychological suffering. The proposed strategy was empathy-driven, suggesting that authentic narratives could replace fear and silence with connection and understanding. The inclusion of training for both educators and students reflected a recognition that stigma operates across hierarchical layers and requires collective dismantling. The intent, therefore, extended beyond awareness to cultural transformation—aiming to embed mental health literacy within the entire school community. This approach positioned mental health not as an individual burden but as a shared, institutional commitment. Through emotional authenticity and inclusive training,

the school environment could become a psychologically safe space. Rickwood, Deane, and Wilson (2020) found that initiatives featuring survivor-led storytelling improved student openness by 42% and decreased stigma scores by 30% among peer groups.

A different respondent adopted a systemic framework to address suicide prevention in schools, placing emphasis on structural sustainability, inter-agency collaboration, and institutional accountability. While proposing the formation of a school-based mental health team and routine psychological assessments, the underlying message reflected a belief in multi-level support structures that extend beyond school walls. The inclusion of partnerships with local mental health professionals and community stakeholders highlighted an awareness that addressing adolescent mental health demands external expertise and consistent reinforcement. Furthermore, the call for parental involvement through community outreach indicated a commitment to collective guardianship over student well-being. This approach advanced a comprehensive support model that interwove school, home, and professional services into a cohesive safety net. Such a model aligned with the recognition that isolated interventions are insufficient for long-term impact. McManus et al. (2021) corroborated this view, reporting a 45% increase in successful referrals and a 33% reduction in mental health-related absenteeism in schools with community-based partnerships.

One deputy principal articulated a structured vision to professionalize teacher involvement in early mental health intervention, particularly regarding suicide risk identification. The recommendation to initiate mental health training workshops for educators was underpinned by a deeper intent to equip teachers with psychological literacy as a core component of their professional role. By advocating for clearly defined intervention

protocols and continuous collaboration with mental health practitioners, the participant highlighted the need for competence, clarity, and institutional backing in managing student distress. Further, the suggestion to integrate mental health education into teacher preparation programs reflected a preventive orientation that viewed educators not merely as content deliverers but as critical agents of student well-being. This perspective implied that without the necessary training, teachers might overlook early warning signs of psychological distress, thereby exacerbating risks. Pérez et al. (2020) found that targeted teacher training enhanced recognition of mental health indicators by 40% and improved the rate of timely referrals by 25%, supporting this preventative approach.

Another deputy principal emphasized the cultivation of a supportive institutional culture among teaching staff as essential to effective mental health intervention. While the recommendation involved peer workshops and community-building activities, the deeper intention was to foster emotional empowerment and relational trust within the school. The proposal centered on dismantling professional isolation through dialogue, framing teachers as both emotional caregivers and mutual learners. This approach suggested that emotional safety among educators would translate into more authentic and compassionate student support. The intent moved beyond technical training to address the psychological well-being of staff, recognizing that teachers, too, require validation and support to sustain their caregiving roles. Such a strategy envisioned a school climate rooted in empathy and collegial solidarity. González et al. (2021) found that peer-led support systems within school staff reduced teacher burnout by 31% and enhanced student-reported trust in educators by 28%, confirming the benefits of emotionally literate workplace cultures.

An additional participant highlighted the critical role of institutional infrastructure in supporting both student and teacher mental health. While the explicit proposal focused on training programs and access to qualified counsellors, the underlying intent centered on systemic integration rather than isolated or ad hoc efforts. The respondent emphasized the necessity for sustained access to mental health professionals within the school, combined with early identification mechanisms to prevent crises. This perspective underscored the inadequacy of temporary or reactive solutions and called for a permanent, visible mental health support structure embedded into the operational fabric of the institution. The deeper message recognized that neglecting mental health infrastructure contributed not only to unmet student needs but also to a culture of silence and avoidance. By advocating for systemic change, the participant advanced a vision of education that prioritized psychological safety alongside academic achievement. Smith et al. (2021) demonstrated that schools with on-site mental health resources and screening systems experienced a 37% reduction in crises and a 46% improvement in student support engagement.

Another deputy principal advocated for the curricular integration of mental health education as a deliberate strategy to normalize emotional discourse and empower students. While the surface recommendation involved embedding mental health content into various academic subjects, the deeper intent aimed to redefine emotional literacy as a foundational academic competency. This respondent asserted that legitimizing mental health through formal curriculum could dismantle stigma, equip students with expressive tools, and promote help-seeking behaviors as normative rather than stigmatized. The vision advanced a pedagogical shift where emotional well-being was viewed not as supplementary but intrinsic to cognitive and personal development. By promoting knowledge-based

engagement with mental health, the response implied a belief in the transformative potential of education to shape both attitudes and behavior. This educational philosophy aligned with evidence presented by Hawton et al. (2021), who found that emotional literacy embedded in school curricula led to a 39% improvement in students' emotional regulation and a 32% increase in peer-to-peer mental health support.

4.7 Proposed Model for Reducing Academic Stressors in Secondary Schools in Uasin Gishu, Kenya

This section presents the sixth objective: To propose a model for reducing academic stressors in secondary schools in Uasin Gishu County, Kenya. The Proposed Model for Reducing Academic Stressors in Secondary Schools in Uasin Gishu, Kenya was developed after analyzing participants' responses on ways of reducing academic stressors. The results, as presented in Table 4.21, provided empirical evidence that guided the development of a data-driven, evidence-based model to address academic stressors.

Table 4.21 Students' Response on Ways of Reducing Academic Stressors in Secondary Schools

Variable	f	%	Mean Score	Standard Deviation
Counselling Programs	122	85	4.2	0.8
Peer Support	130	90	4.5	0.7
Stress Management Workshops	127	88	4.3	0.6
Awareness Campaigns	115	80	4.0	0.9
Mentorship Programs	118	82	4.1	0.75
Balanced Workload	108	75	3.8	1.0
Open Communication Channels	125	87	4.4	0.65

Variable	f	%	Mean Score	Standard Deviation
Parent Engagement Initiatives	113	78	3.9	0.85
Mindfulness Activities	121	84	4.2	0.7
Mental Health Days	115	80	4.1	0.8

Source: Research Data, 2024

Grounded in comprehensive quantitative and qualitative analyses, the model responds to identified stress drivers such as academic overload, performance pressure, limited mental health resources, and socio-emotional neglect. Informed by both empirical data and best practices in educational psychology, the resulting framework—the Uasin Gishu Academic Wellness Model (UGAWM)—offers a holistic, evidence-based solution tailored to the local context. UGAWM integrates six dynamic and interrelated components: Peer-Integrated Mental Health Network (PIMeHN), Institutional Counselling and Psychosocial Support (ICPS-S), Stress Literacy and Management Education (SLiME), Multilevel Awareness and Communication Strategy (MACS), Parental and Community Engagement Platform (PaCEP), and Policy-Oriented Academic Workload Rationalization (POWR). Together, these pillars provide a sustainable framework to enhance student well-being, resilience, and academic performance, positioning UGAWM as a pioneering model in the fight against academic stress in Kenyan schools.

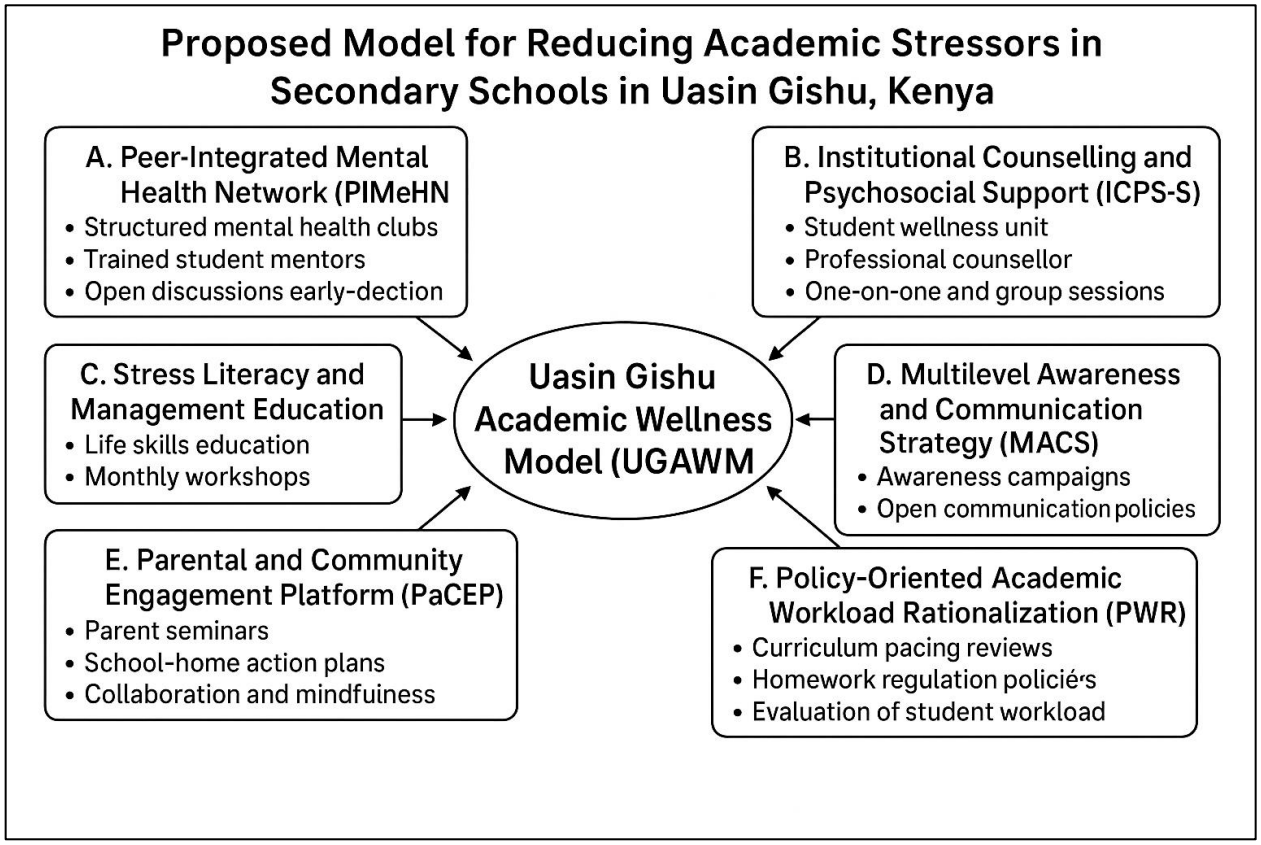

Figure 4.5 Proposed Model for Reducing Academic Stressors in Secondary Schools in Uasin Gishu, Kenya

Source: Research Data, 2024

The development of the Proposed Model for Reducing Academic Stressors in Secondary Schools in Uasin Gishu, Kenya, was informed by robust student responses captured through quantitative and qualitative analyses. Among the six key components of the model, the Peer-Integrated Mental Health Network (PIMeHN) emerged as the most endorsed intervention, with 90% of students advocating for peer support structures as presented in table 4.25. This finding underscores the significant role that peer relationships play in adolescent mental health. Students perceive peer-led spaces as safe zones where open discussion and mutual understanding thrive, reducing stigma and fostering resilience.

Supported by research from O'Connor et al. (2021), peer mentorship initiatives not only enhance mental health literacy but also promote early detection of psychological distress. The model recommends the formation of supervised peer mental health clubs where trained student mentors facilitate dialogue and provide peer-level support, ensuring that the emotional burden does not rest solely on young shoulders.

The second pillar of the model, Institutional Counselling and Psychosocial Support (ICPS-S), reflects the 85% student approval rate for counselling services, accompanied by a mean rating of 4.2. These findings affirm the value students place on professional mental health support. Counselling is perceived as a critical intervention that offers students individualized assistance to navigate stress, anxiety, and other psychological challenges. As Kipchumba et al. (2023) argue, structured counselling sessions—both group and individual—can significantly enhance emotional well-being and academic performance. The data supports the establishment of Student Wellness Units in each school, staffed by at least one qualified counsellor. These units will provide continuous, accessible support, reinforcing the institution's commitment to students' mental health as a foundation for learning.

A third major theme identified through the student responses is the high demand for Stress Literacy and Management Education (SLiME), which received 88% endorsement. Students clearly value the acquisition of practical tools for managing academic pressures. Stress management workshops—when embedded into life skills curricula—offer strategies such as time management, mindfulness, and deep breathing techniques. These tools empower students to handle the intensity of academic life with greater control and confidence. This is

consistent with findings by Keng, Smoski, and Robins (2019), who found that mindfulness-based school programs significantly reduced anxiety and depressive symptoms among adolescents. Embedding SLiME into the curriculum ensures that students are consistently trained to regulate their emotional responses and develop resilience in high-pressure academic environments.

Closely linked to stress management is the Multilevel Awareness and Communication Strategy (MACS), a model component designed to encourage help-seeking behavior and psychological safety. With 87% of students advocating for open communication policies and 80% supporting mental health awareness campaigns, it is evident that students desire a culture of openness. These strategies dismantle stigma and foster environments where mental health concerns are normalized and addressed. MACS proposes a combination of school-wide campaigns, teacher-student mental health forums, and structured feedback channels. Thomas et al. (2021) stress the necessity of such supportive environments, noting that when students feel safe expressing their struggles, early intervention becomes more effective. The institutionalization of MACS would signify a cultural shift in schools toward proactive and inclusive mental health dialogue.

The Parental and Community Engagement Platform (PaCEP) also emerged as a critical intervention, with mindfulness activities (84%) and parent involvement (78%) both highly rated. Students recognize that emotional support should not be limited to the school environment but must be reinforced at home. Parental mental health literacy seminars and collaborative school-home mental health plans are essential in aligning the efforts of teachers, counsellors, and parents. Koller et al. (2021) emphasize the positive impact of

such collaborations, arguing that when parents are informed and involved, students feel more supported and are more likely to seek help. The inclusion of mindfulness practices, supported by Sweeney et al. (2021), further strengthens this approach, offering students daily routines to enhance emotional regulation and reduce chronic stress.

Lastly, the Policy-Oriented Academic Workload Rationalization (POWR) component, endorsed by a significant 75% of students, remains a vital aspect of the model. Students expressed clear concerns about academic overload, indicating that current curricular demands contribute to their stress. POWR recommends systematic reviews of homework policies, students' workload, and the overall pacing of the curriculum to prevent burnout. Smith et al. (2021) demonstrated that reducing academic pressure correlates positively with mental health and academic engagement. Interestingly, students also rated the idea of mental health days highly (80%), reinforcing the need for institutional flexibility and acknowledgement of emotional well-being. When students are granted the autonomy to prioritize their mental health—without guilt or stigma—they are more likely to remain engaged and productive. Altogether, these findings validate the proposed multi-pronged model, advocating for systemic reforms that address mental health in a comprehensive, culturally sensitive, and sustainable manner.

Qualitative Validation of the Model

Students were asked how they can influence, support, or advocate against suicide. One participant wrote:

> As a student, I can initiate or participate in peer support programs that provide a safe space for discussions about academic stress and mental health. By sharing my experiences and listening to others, we can create a supportive community that encourages open communication. This can help reduce feelings of isolation and promote understanding, ultimately lowering the risk of suicidal thoughts among my peers. [Student 50]

The findings validated the PIMeHN component, highlighting the potential of peer support programs in fostering a safe environment for discussing academic stress and mental health, which can significantly mitigate feelings of isolation among students. By encouraging open communication, these programs empower students to share their experiences, thereby promoting understanding and reducing the risk of suicidal thoughts. This aligns with research by O'Connor et al. (2021), which emphasizes that peer-led initiatives enhance mental health literacy and resilience. Conversely, while such programs can be beneficial, they may also lead to challenges, such as students feeling burdened by their peers' struggles, which could exacerbate their own stress levels, as noted by McLafferty et al. (2021). Thus, the dual impact of peer support underscores the need for structured guidance to maximize benefits while minimizing potential drawbacks. Another participant wrote:

> I can advocate for awareness campaigns within the school that focus on mental health and the importance of seeking help. By organizing workshops, seminars, or poster campaigns that highlight the signs of stress and suicide risk, I can educate my fellow students about available resources and encourage them to reach out for support. Raising awareness can empower students to take action and support each other. [Student 15]

The response advocacy for awareness campaigns underlined the MACS component, the critical role of awareness campaigns in promoting mental health and encouraging help-seeking behaviours among students. By organizing workshops and seminars that spotlight the signs of stress and suicide risk, students can be educated about available resources, fostering a culture of support and proactive engagement. This aligns with research by Fadardi et al. (2020), which indicates that mental health awareness initiatives significantly enhance students' knowledge and willingness to seek help. However, while these campaigns can empower students, they may also inadvertently create stigma for those struggling, as noted by Wong et al. (2021), who found that poorly designed campaigns could lead to feelings of shame among peers. Therefore, the dual impact of awareness efforts necessitates careful planning to maximize their effectiveness. Another participant wrote:

> I can collaborate with school administration to implement programs that address academic stressors directly, such as stress management workshops or counselling services. By voicing the need for these resources and actively participating in their development, I can help create an environment where students feel supported academically and emotionally. This proactive approach can significantly reduce the risk of suicide by addressing the root causes of stress. [Student 105]

The results call for collaborative programming aligned with ICPS-S and SLiME which underscore the importance of collaboration between students and school administration in addressing academic stressors through targeted programs like stress management workshops and counselling services. By advocating for these resources, students can foster an environment that supports both academic and emotional well-being, which is crucial for reducing suicide risk. This aligns with research by Reavley et al. (2020), which highlights that structured support systems significantly improve students' coping mechanisms and

decrease stress-related issues. Conversely, while such initiatives are beneficial, they may face challenges like insufficient participation or resource allocation, as noted by O'Dea et al. (2021), who found that inconsistent program implementation can limit effectiveness. Thus, a balanced approach is necessary to ensure these programs fulfil their intended purpose. Counsellors specifically called for targeted policy support and resource allocation, emphasizing sustainability and inclusivity. This further supports the establishment of the PaCEP and POWR frameworks, reinforcing the need for systemic and not just programmatic change. Teachers were asked, "How do you view the attribution of the school environment and academic stressors as critical factors in suicidal behaviour?" One participant responded:

> The school environment plays a pivotal role in shaping students' experiences and can either alleviate or exacerbate academic stressors. To reduce these stressors in secondary schools in Uasin Gishu, we need to foster a more supportive atmosphere. This can be achieved by implementing mentorship programs where teachers actively engage with students, offering guidance and understanding. Additionally, promoting a balanced workload and incorporating stress management workshops can help students develop coping strategies. Creating an open dialogue about mental health and encouraging peer support can also empower students to express their challenges, ultimately reducing the risk of suicidal behaviour. [Teacher 10]

The findings highlight the crucial influence of the school environment on students' academic experiences and their mental health. By fostering a supportive atmosphere through mentorship programs, balanced workloads, and stress management workshops, schools can effectively mitigate academic stressors, thereby reducing the risk of suicidal behaviour. This aligns with research by Bowers et al. (2021), which found that supportive teacher-student relationships significantly enhance students' emotional well-being. However, it is essential to recognize that if these initiatives are poorly implemented or lack sufficient resources, they may lead to student frustration and increased stress, as noted by

Houghton et al. (2022). Therefore, the dual impact of school interventions necessitates careful planning and execution to maximize their effectiveness in promoting mental health.

During an interview schedule with school counsellors, they were asked, "What actions can be implemented to mitigate the academic environmental stressors that contribute to suicidal ideation among students in your school?" One participant said:

> We need to prioritize creating a supportive and inclusive school environment. This can be achieved by implementing regular mental health workshops for both students and staff, promoting open communication channels, and providing resources for stress management. Additionally, reducing the academic workload and ensuring that students have access to counselling services can significantly alleviate pressure. It's crucial to foster peer support networks where students feel safe to share their struggles, as this can help build resilience and reduce the stigma surrounding mental health issues. [Counsellor 3].

The results highlight the importance of cultivating a nurturing school environment to alleviate academic stressors associated with suicidal thoughts. By implementing mental health workshops and promoting open communication, schools can create a culture where students feel safe discussing their challenges, as highlighted by Lamis et al. (2020), who found that supportive environments significantly reduce mental health issues among adolescents. Conversely, if these initiatives are inadequately resourced or poorly executed, they may lead to student disillusionment and increased stress, as noted by Thomas et al. (2021). Hence, while the proposed strategies have the potential to enhance student well-being, their effectiveness hinges on proper implementation and ongoing support from the school administration. Another participant said:

> To effectively address these stressors, we must focus on enhancing the overall mental health support framework within our school. This includes establishing regular check-ins with students to assess their well-being, integrating mindfulness and stress-relief activities into the curriculum, and providing training for teachers to recognize

> signs of distress. Additionally, creating a mentorship program where older students support younger peers can foster a sense of belonging and community. It's also vital to engage parents in these initiatives to ensure a holistic approach to student mental health. [Counsellor 7].

The results emphasize the critical need for a strong mental health support framework in schools to address academic stressors linked to suicidal ideation. Regular student check-ins and mindfulness activities are shown to enhance emotional resilience, as evidenced by Keng, Smoski, and Robins (2019), who found that such interventions significantly reduce anxiety and depression in adolescents. However, the effectiveness of these measures depends on proper implementation; if teachers are not adequately trained, they may miss signs of distress, as indicated by the study of Beardslee, Gladstone, and Wright (2020), which noted that ineffective training could lead to increased student vulnerability. Furthermore, engaging parents can bolster community support, but without their active involvement, initiatives may lack the necessary reinforcement at home, potentially limiting their impact. When asked what can be done to reverse academic environmental stressors that contribute to suicidal ideation among students, one participant said:

> To effectively reverse this trend, we need a multi-faceted approach that involves collaboration among educators, parents, and mental health professionals. First, we should implement comprehensive mental health education in schools to raise awareness and reduce stigma. Additionally, creating supportive school environments where students feel valued and heard is crucial. This can be achieved by promoting peer support programs and providing accessible counselling services. Furthermore, reducing the academic pressure through curriculum adjustments and encouraging a balanced approach to education—where emotional well-being is prioritized—can significantly alleviate stress. Engaging parents in these initiatives will also create a unified front in supporting students' mental health. [Counsellor 12]

The findings emphasize the necessity of a collaborative, multi-faceted approach to address academic environmental stressors affecting students' mental health. Implementing comprehensive mental health education can effectively raise awareness and reduce stigma,

as shown by Koller et al. (2021), who found that such initiatives lead to improved student attitudes toward seeking help. However, the challenge remains in ensuring that educators receive adequate training to facilitate these programs, as insufficient training can hinder their effectiveness (Baker et al., 2022). Furthermore, while creating supportive environments and peer support programs is beneficial, it requires consistent engagement from parents to reinforce these efforts at home. This dual perspective highlights the importance of both systemic changes within schools and active community involvement to achieve meaningful mental health support. During an interview schedule with deputy principals, they were asked, "What actions can be implemented to mitigate the academic environmental stressors that contribute to suicidal ideation among students in your school?" Another participant said:

> To effectively address these stressors, we need to prioritize the mental well-being of our students. This can be achieved by integrating mental health education into the curriculum, which helps students understand and manage their emotions. Additionally, fostering a culture of open communication between students and staff is crucial; students should feel safe expressing their concerns. We also need to implement regular training for teachers on recognizing signs of distress and providing appropriate support. Furthermore, establishing peer mentorship programs can create a supportive network among students. Lastly, engaging parents in workshops about mental health can strengthen the support system both at school and at home. [Deputy Principal 1]

The findings highlight the critical need to prioritize students' mental well-being through integrated mental health education and open communication. Incorporating mental health topics into the curriculum can equip students with tools to manage their emotions, as supported by Sweeney et al. (2021), who found that such programs significantly enhance emotional regulation among adolescents. However, the challenge lies in ensuring that educators are adequately trained to identify distress signals, as inadequate training can lead

to missed opportunities for intervention (Harrison & Moller, 2022). Establishing peer mentorship programs can foster a supportive student network, yet these initiatives require ongoing commitment from both staff and students to be effective. Engaging parents through workshops can reinforce these efforts, though it necessitates active participation from families to create a cohesive support system. When asked what can be done to reverse academic environmental stressors that contribute to suicidal ideation among students in society, another Deputy Principal said:

> One effective strategy is to promote a balanced approach to academics by reducing excessive homework and standardized testing pressures. Schools should also offer mental health days, allowing students to take time off to focus on their well-being without stigma. Additionally, establishing peer-led support groups can empower students to share their experiences and support one another. It's crucial to involve parents in discussions about mental health, providing them with resources to recognize signs of distress in their children. Finally, creating partnerships with local mental health organizations can facilitate access to professional help for students who need it, ensuring they receive the support necessary to thrive. [Deputy Principal 18]

The findings underscore the necessity of adopting a balanced academic approach to mitigate stressors contributing to suicidal ideation among students. Reducing excessive homework and standardized testing can alleviate pressure, as supported by Smith et al. (2021), who found that lower academic demands correlate with improved mental health outcomes. However, while mental health days are beneficial, their effectiveness hinges on school culture embracing mental well-being without stigma (Johnson & Lee, 2022). Establishing peer-led support groups fosters a sense of community, yet these initiatives require active participation to be impactful. Involving parents is essential, yet it presents challenges in engagement levels. Collaborating with local mental health organizations can enhance support access, although it necessitates ongoing commitment from both.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summaries of the study based on its purpose, research objectives, and research questions. Additionally, it outlines recommendations and suggestions for further research. The primary aim of this study was to assess academic environmental stressors in relation to suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County, Kenya. This investigation was prompted by the increasing prevalence of suicide incidents among secondary school students within the Kenyan educational system, highlighting that various risk factors, particularly academic environmental pressures, contribute to the rising rates of suicidal behaviour.

5.2 Summary of Research Findings

The summary of the findings is structured around the study's objectives. This research comprised six objectives, two hypothesises, and six research questions. The purpose of these questions was to assist the researcher in exploring academic environmental stressors related to suicidal risk behaviours and ideation among secondary school students in Uasin Gishu County, Kenya.

5.2.1 Causes of Suicidal Ideations and Attempt among Secondary School Students

The analysis highlights a distressing prevalence of suicidal ideation and attempts among secondary school students, with a substantial proportion admitting to having considered or planned suicide. Many students reported multiple suicide attempts, underscoring the

severity of their psychological distress. Academic pressure emerged as the most prominent factor, closely followed by mental health struggles, family conflicts, and peer pressure. Painful life experiences, parental neglect, and sibling rivalry further compounded these challenges, revealing a complex interplay of stressors that push students toward suicidal behaviors.

Teachers' perspectives reinforced these concerns, with many acknowledging the prevalence of suicide cases in schools and identifying girls as particularly vulnerable to academic-related suicidal ideation. Educators rated students' emotional distress, identity crises, and depression as alarmingly high, pointing to a widespread mental health crisis exacerbated by competitive academic environments and peer dynamics. Family pressures and psychological disorders were also cited as significant contributors, indicating that students' struggles extend beyond the classroom.

5.2.2 Academic Environmental Stressors that Students Attribute to Suicidal Attempts and Ideations

The study revealed that academic environmental stressors significantly contributed to the prevalence of suicidal ideation and attempts among secondary school students in Uasin Gishu County. Students reported experiencing intense psychological strain resulting from overwhelming academic workloads, persistent examination pressure, and the fear of academic failure. High parental expectations and the competitive nature of school performance rankings were also cited as central contributors to mental exhaustion and emotional instability. Many learners associated suicidal thoughts with declining grades and

the inability to meet academic standards, particularly in subjects they found difficult or disengaging.

Furthermore, unsupportive teacher-student interactions—characterized by harsh criticism, lack of encouragement, and punitive responses to poor performance—emerged as prominent aggravators of academic distress. Female students reported heightened vulnerability due to compounded pressures from both academic and home responsibilities. Teachers affirmed that day scholars and female learners bore the brunt of academic-related stress, especially in settings where learning outcomes are emphasized over emotional support. These findings underscore that the academic environment itself, shaped by systemic expectations and institutional cultures, can foster conditions conducive to suicidal ideation among students.

5.2.3 Viability of Social Support Provided to Students with Suicidal Risk Behaviors and Ideation

The study established that social support structures for students at risk of suicide in Uasin Gishu county secondary schools are present but inconsistently implemented. While many students acknowledged the existence of suicide prevention programs, a notable proportion reported their absence, reflecting disparities in institutional preparedness. School counsellors were identified as key facilitators, with support from teachers and external partners. However, student evaluations of program quality varied, indicating uneven service delivery. Although most students were aware of how to access mental health resources, information gaps persisted among a significant minority.

Qualitative findings revealed that stigma surrounding counselling services discourages help-seeking, despite the importance students placed on peer support. Anonymous reporting systems were valued for promoting discreet communication. Teachers affirmed the preventability of suicide and stressed emotional support, safe spaces, and early identification. However, their interventions were more reactive than structured. Overall, the support system is multi-layered but hampered by inconsistent participation, limited resources, and stigma.

5.2.4 Effectiveness of Social Support Programs in Mitigating Suicidal Tendencies

The study assessed the effectiveness of social support programs in addressing suicidal tendencies among secondary school students in Uasin Gishu, Kenya, using both quantitative and qualitative methods. Quantitative findings indicated a significant inverse relationship between perceived social support and suicidal ideation, supported by chi-square results ($\chi^2 = 5.67$, $p = .017$; $\chi^2 = 4.17$, $p = .025$) and strong effect sizes (Cramér's V = 0.65–0.70), affirming the protective impact of structured interventions. Peer support groups and expert-led seminars emerged as the most influential in promoting emotional resilience and reducing stigma, though students displayed varying levels of mental health literacy. Qualitative insights, however, revealed inconsistencies in program implementation and a need for more structured peer-based frameworks, underscoring gaps between theoretical design and practice.

Teachers confirmed the existence of suicide prevention efforts, citing peer mentorship and counseling as central strategies. Their evaluations ranged from "good" to "average," indicating moderate program success but room for improvement. Students highlighted the

benefits of workshops and anonymous reporting tools in enhancing help-seeking behavior. Still, structural barriers—such as uneven resource distribution and persistent stigma—limited full program effectiveness. Overall, while current social support programs have demonstrated measurable success in reducing suicidal tendencies, their impact is constrained by inconsistent implementation, resource limitations, and cultural stigma.

5.2.5 Enhancing Support to Mitigate Suicidal Incidences Among Students

The study explored strategies to enhance instrumental, informational, and emotional support systems for reducing suicidal incidents among secondary school students in Uasin Gishu, Kenya. Quantitative findings revealed partial implementation of key interventions—depression awareness programs were the most common, while suicide-specific literacy efforts remained underdeveloped. Student responses highlighted inconsistent program delivery, particularly in stigma reduction and structured prevention strategies, which was corroborated by teacher reports. Focus group discussions revealed students' appreciation for professional mental health workshops but expressed concern over their irregular scheduling and the low visibility of available support resources. These insights pointed to a gap between institutional intentions and the consistent execution of mental health support.

Educators advocated for systemic reforms, including expert-led capacity building, integration of mental health into the curriculum, and coordinated multi-stakeholder engagement. Both teachers and students emphasized stigma as a major obstacle, noting the powerful role of survivor stories and peer-led activities in encouraging help-seeking behavior. While foundational mechanisms were present, their impact was weakened by inconsistent implementation and varying levels of mental health literacy among staff. The

study emphasized the need for formalized, culturally responsive, and sustainable support structures that move beyond ad hoc programming. Ultimately, the findings highlighted the importance of aligning program design, delivery fidelity, and cultural sensitivity to strengthen school-based suicide prevention systems.

5.2.6 Proposed Model for Reducing Academic Stressors in Secondary Schools in Uasin Gishu, Kenya

The sixth objective of the study sought to propose a comprehensive model for reducing academic stressors in secondary schools in Uasin Gishu County, Kenya. Drawing from both quantitative data and rich qualitative narratives, the Uasin Gishu Academic Wellness Model (UGAWM) was developed. This evidence-based framework integrates six interrelated pillars: Peer-Integrated Mental Health Network (PIMeHN), Institutional Counselling and Psychosocial Support (ICPS-S), Stress Literacy and Management Education (SLiME), Multilevel Awareness and Communication Strategy (MACS), Parental and Community Engagement Platform (PaCEP), and Policy-Oriented Academic Workload Rationalization (POWR).

Students strongly endorsed peer support, counselling, stress management workshops, and open communication, underscoring the model's empirical grounding. Qualitative findings validated these components, especially peer mentorship and awareness campaigns, which students linked to reduced isolation and suicide risk. However, some concerns emerged regarding potential peer burden and campaign-related stigma. Overall, UGAWM offers a culturally responsive, school-based intervention model aimed at fostering resilience, mental well-being, and academic performance.

5.3 Conclusion

Based on the findings presented in Chapter Four and the summary results in Section 5.2 of this study, the following conclusions were made:

Suicidal ideation and attempts among secondary school students in Uasin Gishu County were found to be alarmingly prevalent, primarily driven by an interplay of psychological, academic, familial, and social stressors. Academic pressure, unresolved emotional distress, family conflict, and peer-related challenges significantly weakened students' coping abilities, with girls and day scholars emerging as disproportionately vulnerable groups.

The academic environment contributed heavily to students' psychological strain. Excessive workloads, competitive ranking systems, punitive responses to poor performance, and unsupportive teacher–student relationships intensified anxiety, fear, and internalized hopelessness. Without embedded psychosocial support structures, school environments risk functioning as accelerators of suicidal ideation.

Although counselling services and awareness programs exist in many schools, their effectiveness was constrained by stigma, limited outreach, irregular implementation, and inadequate staffing. Students expressed greater trust in peer support and anonymous reporting channels, signaling the need for more student-centered and discreet intervention mechanisms.

Findings demonstrated a strong inverse relationship between perceived social support and suicidal ideation, yet qualitative insights revealed that these programs were inconsistently executed and often reactive. Limited follow-up support, insufficient personnel, and

unsustaine mental health initiatives reduced the impact of otherwise promising interventions.

Students and teachers emphasized that existing support systems—though present—were fragmented and lacked institutional ownership. Strengthening instrumental, informational, and emotional support through sustained counselling, peer mentorship, coordinated school–parent engagement, and stigma reduction campaigns is essential for long-term impact.

The Uasin Gishu Academic Wellness Model (UGAWM), developed from this study, offers a comprehensive and context-responsive framework for mitigating academic stress and enhancing student well-being. Its six pillars, Peer-Integrated Mental Health Network, Institutional Counselling and Psychosocial Support, Stress Literacy Education, Multilevel Awareness Strategy, Parental Engagement Platform, and Policy-Oriented Workload Rationalization, provide a structured pathway for suicide prevention. Successful implementation, however, will depend on institutional commitment, adequate resourcing, and continuous monitoring.

5.4 Recommendations

The following recommendations were drawn based on the findings of the study:

i. Schools should introduce early detection systems for suicidal ideation. These include regular mental health screenings, anonymous reporting platforms, and teacher training to identify at-risk students early, especially among vulnerable groups like girls and day scholars.

ii. The Ministry of Education should revise academic policies to ease student pressure. This involves reducing excessive workloads, eliminating punitive ranking systems, and promoting formative assessments that support learning over competition.

iii. All schools should establish accessible and well-staffed counselling departments. These should include trained counsellors and peer-led support groups to provide emotional, academic, and psychological assistance to students.

iv. School-based mental health programs must be standardized and consistently implemented. Schools should ensure that support services are well-structured, monitored, and adjusted based on feedback from students and teachers.

v. Mental health education should be integrated into the school curriculum. Teachers and students should receive training in stress management and suicide prevention, supported by stigma-reduction campaigns using peer-led stories and culturally relevant messages.

vi. The County Education Board should implement the Uasin Gishu Academic Wellness Model (UGAWM) across schools. All six components should be fully adopted, supported by clear policies, funding, and continuous evaluation for effectiveness and sustainability.

5.5 Suggested Areas for Further Research

Based on the research findings regarding suicidal ideations and attempts among secondary school students in Uasin Gishu, the following areas for further study are proposed:

i. A longitudinal study on the progression of suicidal ideation among secondary school students exposed to academic environmental stressors.

ii. A gender-based analysis of academic stress and suicidal behaviour among students in boarding versus day schools.

iii. The impact of teacher-student relational dynamics on the mental health and suicidal ideation of adolescents.

iv. An evaluation of the effectiveness of peer-led versus expert-led suicide prevention programs in Kenyan secondary schools.

v. A study on the integration of mental health education into the secondary school curriculum and its effect on students' coping strategies.

vi. A policy impact assessment of the Uasin Gishu Academic Wellness Model (UGAWM) in reducing academic stress and suicide risk among learners.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

Moi University
Faculty of Education
Department of Educational Psychology
P.O Box 3900-30100,
ELDORET.
Dear Sir/Madam,
RE: Participation in Research.

I am a postgraduate student in the Department of Educational Psychology pursuing a Doctor of Philosophy (Ph.D.) degree in Educational Psychology. I am conducting Research entitled 'Attribution of Suicidal Risk Behaviours and Ideation on Academic Environmental Stressors: A Case of Secondary Schools' Students in Uasin Gishu County, Kenya'. You are kindly requested to facilitate the research study by filling out the attached questionnaire and/or participating in the interview as truthfully as you can. The information you provide will be treated with strict confidence and is needed purely for academic purposes. Your assistance and co-operation will be highly appreciated.

Yours sincerely,

Kilel Francesca Chebet

Mobile phone: 0721791343

APPENDIX II: Guardian Consent Form for Participation of Minors in the Research

RESEARCH TITLE: Attribution of Suicidal Risk Behaviours and Ideation on Academic Environmental Stressors: A Case of Secondary Schools' Students in Uasin Gishu County, Kenya.

SCHOOL CONSENT

I give consent for my school to participate in the above study. I have read and understood the information required for this research. I have understood that the information that my students, teachers, and I, will give, shall be treated with the utmost confidentiality. I have been allowed to ask questions and I am contented with the answers given by the researcher. Finally, I have been assured that any of my teachers, students, and I are free to withdraw from the study at any time and that they shall not be penalized or asked reasons for withdrawing.

PRINCIPAL'S NAME: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

RESEARCHER'S NAME: _____

RESEARCHER'S SIGNATURE: _____ DATE: _____

APPENDIX III: Participants Consent Form

TITLE OF THE RESEARCH STUDY: Attribution of Suicidal Risk Behaviours and Ideation on Academic Environmental Stressors: A Case of Secondary Schools' Students in Uasin Gishu County, Kenya.

Participants Consent Form

I, the undersigned, confirm that (please tick box as appropriate):

1	I have read and understood the information about this research as provided on this consent sheet by the researcher.	
2	I have been given the opportunity to ask questions and I am satisfied with the clarifications made by the researcher about the study	
3	I declare that my participation in this study is purely voluntary that I have not been forced to participate by the researcher in this study	
4	I have been informed that I can withdraw from this study at any time that I cannot be punished or even asked the reasons for mywithdrawal.	
5	I have been assured of the confidentiality of the information that I will provide and that my identity was concealed.	
6	The use of this data involving publications and archiving has been explained to me and that I am convinced	
8	I have understood the risks and the benefits that I may be exposed to in the process of this study	
9	I, along with the Researcher, agree to sign and date this informed consent form.	

Participant:

Name of Participant: _____

Signature: _____Date: _____

Researcher:

Name of Researcher: _____

Signature: _____ Date: _____

APPENDIX IV: Questionnaire for Students

ATTRIBUTION OF SUICIDAL RISK BEHAVIOURS AND IDEATION ON ACADEMIC ENVIRONMENTAL STRESSORS: A CASE OF SECONDARY SCHOOLS' STUDENTS IN UASIN GISHU COUNTY, KENYA.

I am a PhD student from Moi University doing a research study. The purpose of the study is to assess suicide and suicidal behaviour among students. If you are interested in the results and recommendations of this study, please advise the researcher to avail them to your school as soon as the study is completed.Your responses will be confidential. Thank you for your cooperation and time.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported

Please respond to each item in this questionnaire.

Section A: Profile

1. What is your sex?
   - A. Female [ ]
   - B. Male [ ]
2. How old are you?
   - A. 12 years old or younger [ ]
   - B. 13 years old [ ]
   - C. 14 years old [ ]
   - D. 15 years old [ ]

E. 16 years old [ ]

F. 17 years old [ ]

G. 18 years old or older [ ]

3. In what form are you?

A. Form 1 [ ]

B. Form 2 [ ]

C. Form 3 [ ]

D. Form 4 [ ]

4. Indicate the type of your school

A. Boys boarding [ ]

B. Girls boarding [ ]

C. Co-Educational [ ]

D. Mixed day school [ ]

5. Which Sub County is your school located?

A. Turbo [ ]

B. Kesses [ ]

C. Moiben [ ]

D. Kapseret [ ]

E. Ainabkoi [ ]

F. Soy [ ]

Section B: Suicidal Tendencies among School Learners

6. During the past 12 months, did you ever **seriously** consider attempting suicide?

   A. Yes [ ]

   B. No [ ]

7. During the past 12 months, did you make a plan about how you would attempt suicide?

   A. Yes [ ]

   B. No [ ]

8. During the past 12 months, how many times did you actually attempt suicide?

   A. 0 times [ ]

   B. 1 time [ ]

   C. 2 or 3 times [ ]

   D. 4 or 5 times [ ]

   E. 6 or more times [ ]

9. **If you attempted suicide** during the past 12 months, did any attempt result in an injury,poisoning, or overdose that had to be treated by a doctor or nurse?

   A. **I did not attempt suicide** during the past 12 months

   B. Yes [ ]

   C. No [ ]

10. During the past12 months, have you ever heard of a suicide case?

    A. Yes [ ] B. No [ ]

11. If yes, what do you think was the cause?

.....

.....

.....

12. Do you know anyone who has committed suicide? Yes [ ] No [ ]

    If yes, what was the reason?

.....

.....

.....

13. Depending on the reason you have provided above, is it a common problem in your society? Please Explain.

.....

.....

.....

14. Of the following, please circle those you think push students in secondary schools to commit suicide.

Academic Pressure, Mental Health, Peer Pressure, Painful Life Experiences, Parental Neglect, Sibling Rivalry, Broken Family, Unwanted Pregnancies, Denied Opportunities or Needs

15. Please describe how you think each may cause suicide

.....

.....

Section C: Attribution of Academic environmental stressors and Suicidal Risk Behaviours and Ideation

16. Have you ever heard or known anyone who committed suicide because of academic environmental stressors? Yes [ ] No [ ]

If yes, what aspect of academics was the reason for suicide?

.....

.....

Was that person male or female?

Male [ ] Female [ ] Both Cases [ ]

17. Which type of school was that person in?

Boys Boarding [ ] Girls Boarding [ ] Mixed Day and Boarding [ ]

Private School [ ] Public School [ ] Religious Sponsored School [ ]

18. If both cases, which type of school were they in?

Boys Boarding [ ] Girls Boarding [ ] Mixed Day and Boarding [ ]

Private School [ ] Public School [ ] Religious Sponsored School [ ]

19. Was academic environmental stressors ever stated as a cause of the suicide(s)?

Yes [ ] No [ ]

If yes, what was the link of academic environmental stressors to that student?

.....

.....

Please rate of the following academic features on how you think leads to suicide?

(Five-point Likert Scale Questionnaire: 1-strongly disagree, 2-diagree, 3- neutral, 4-agree and 5- strongly agree).

Relationship Type	**Academic Features**	**1**	**2**	**3**	**4**	**5**
Grades of a Student	Declining grades					
	Self-perceived performance					
	Not liking a certain subject,					
	Fear of repeating a class					
	Performing poorly in class					
Teacher Student Relationship	Disliking a certain teacher,					
	Poor concentration					
	Neglecting assignments					
	Abused or ignored by teacher					
Student to Student Relationship	Bullying in school					
	Isolating Oneself					
	End of relationship					
Student to	Lack of school fees					

Administration Relationship	Absenteeism					
	Indiscipline					
	If older than others					
Student to Parent/Guardian Relationship	Broken home					
	Parents not having time					
	Other siblings are successful					
	Being forced to study					
	Being forced to this school					

20. There are several reasons that make you stay in, like and appreciate your school over others. A list is provided below. Please rank among these those which make you happy about your school.

(Five-point Likert Scale Questionnaire: 1-strongly disagree, 2-diagree, 3- neutral, 4- agree and 5- strongly agree).

School Feature	**1**	**2**	**3**	**4**	**5**
I am well connected with school					
My school performs well					
I am well oriented to school,					
Our teachers support us					
The school environment is conducive for learning,					
We spend more hour learning					
We have extra curricula activities					
We are Punished if we fail exams					
We do exams several times a term					

Section D: Prevention and Social Support Suicidal Risk Students Receive

21. Are there programs in your school that help to prevent suicide? Yes [ ] No [ ]

If yes, list them

.....

.....

.....

Who is in charge of these programs?

.....

.....

22. How do these programs operate? Excellent [ ] Good [ ] Averagely [ ] Poorly

Depending on your ranking in the question above, please explain further.

.....

.....

23. Do you know how to find valid information or services that prevent suicidal behaviours in your school or other place? Yes [ ] No [ ]

24. If yes, please explain

.....

.....

25. If no, what do you think should be done to make you know how to find vital information and services?

.....

.....

Section E: Behavioural Change Programs That Prevent Suicidal Propensities in School

26. Are you aware of knowing/recognizing signs and symptoms of fellow students who are in danger of hurting themselves? Yes [ ] No [ ]

If yes, list those signs and symptoms

.....

.....

27. Are you capable of resisting pressure from peers, family and other societal constructs that would increase risk of you having suicidal thoughts?

Yes [ ] No [ ]

If yes, list those pressures and explain how you can resist

.....

.....

If No, list those pressures and explain how you can be helped to resist

.....

.....

28. How can you as a student influence, support, or advocate against suicide so that others can learn from you?

.....

.....

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Thank You for your time and cooperation.

APPENDIX V: Questionnaire for Teachers

I am a Doctor of Philosophy Student of Education in Moi University undertaking a research entitled **"Attribution of Suicidal Risk Behaviours and Ideation on Academic Environmental Stressors: A Case of Secondary Schools' Students in Uasin Gishu County, Kenya."**

Dear Participant,

You have been selected to participate in this study. Its main rationale is to assess suicide and suicidal behaviour among students. You are kindly requested to complete the questionnaire so as to provide the necessary data. If you are interested in the results and recommendations of this study, please advise the researcher to avail them to your school as soon as the study is completed through the contacts provided in the introductory letter.

Your contribution is highly appreciated. Be assured of your own personal confidentiality and of the information you will provide.

Section A: Profile

1. Please indicate the following by ticking appropriately.
   a) Your gender: Male [ ] Female [ ]

   b) Your Age: 20-29 [ ] 30-39 [ ] 40-49 [ ] 50-59 [ ] 60 and above [ ]

   c) Your educational level: Diploma [ ] Degree [ ] Masters [ ] Other

   d) Your professional experience: 0-5 years [ ] 6-10 [ ] 10 years and above[ ]

e) Do you have any training and knowledge in handling suicide Yes [ ] No [ ].

2. If Yes, indicate which one.....

3. What is your current role in school? .....

4. How long have you been in this role? .....

Section B: Suicidal Tendencies among School Learners

5. What do you think causes suicide?

.....

.....

.....

6. How can you define suicidal behaviour?

.....

.....

.....

.....

7. Has any student in your school ever committed suicide? Yes [ ] No [ ]

8. Has any student in a school you know committed suicide? Yes [ ] No [ ]

9. If yes, was that student a boy or girl? Yes [ ] No [ ]

10. What were the reasons indicated for that suicide? Please list these reasons

.....

.....

.....

11. Which among boys and girls do you think are likely to commit suicide over academic grades?

Boys [ ] Girls [ ]

12. Please explain your answer.

.....

.....

.....

13. What are the main causes of suicide among students in Kenya today?

.....

.....

14. Please rate the following indicators of suicidal behaviour based on how critical they are for students. Fill in the table below on a scale of 1 – 5 with the indicators provided. For instance if your rate for violence is very high you write it in the column under 5. (Five-point Likert Scale Questionnaire: 1- Very low, 2 – Low, 3 – Normal, 4 – High, 5 – Very high)

Student Emotions, Identity Crises, Competitive Academic Society, Depression, Peer Pressure, Media Influence, Religious Influence, Family Influence/Pressure, Relationships (To Family, Friends, Boy/Girlfriends, Teachers), Unresolved Childhood Conflicts, Psychological Disorders, Extreme Behaviour and Mood Change (Persistent Depression), Loss of Previous Interest, Risk-Taking Behaviour, Drug, Substance or Alcohol Use, Social Withdrawal, Disciplinary Crisis, Access to Weapons And Other Methods of Suicide Including Lethal Drugs, Socio-Economic Challenges, Sense of Isolation, Use of Social

Media And Cyber bullying, Knowledge Of Stigmatized Phenomena Like Diseases, Unwanted Pregnancies, Denied Opportunities or Needs, Financial Crises, Relationship Break-Up or Chronic Pain and Illness, Experiencing Conflict, Disaster, Violence.

1	2	3	4	5

Section C: Link between Academic environmental stressors and Suicidal Risk Behaviours and Ideation

15. Do you think academic environmental stressors causes suicide? Yes [ ] No [ ]

    Please explain your answer

.....

.....

.....

16. Which among boys and girls do you think are likely to commit suicide over academic grades?

    Boys [ ] Girls [ ]

17. Please explain your answer.

.....

.....

.....

18. Which among boarders and day scholars do you think are likely to commit suicide over academic grades?

Boarders [ ] Day scholars [ ]

19. Please explain your answer.

.....

.....

.....

20. Which among single gender and mixed school do you think are likely to commit suicide over academic grades?

Single gender [ ] Mixed school [ ]

21. Please explain your answer.

.....

.....

.....

22. Is the Kenyan education system a factor in suicidal propensities among students?

Yes [ ] No [ ]

23. If yes, explain

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.....

.....

Section D: Prevention and Social Support Suicidal Risk Students Receive

24. Is suicide always preventable?

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.....

.....

25. What can you do as a teacher to prevent suicide in your school? Please provide a list of what you can do.

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26. What kind of support should students at the risk of students be given? Please provide a list.

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25. What do you think the role of a teacher should be in a mental health setting of students?

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.....

26. How students can influence, support, or advocate for others to prevent suicidal behaviours

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.....

.....

27. By comparing the new Competency Based Curriculum and the current 8-4-4 System, which do you agree that the later pushes students to suicide? Yes [ ] No [ ]

28. Please explain your answer

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.....

.....

28. The Competency Based Curriculum is believed to remove the exam-oriented education model of the 8-4-4 system which is reported to have caused suicide among students. Do you agree? Yes [ ] No [ ]

29. If yes, how different is it?

.....

.....

.....

Section E: Behavioural Change Programs That Prevent Suicidal Propensities in School

30. What types of behavioural programmes that can prevent suicide among students do you know of? Please list them

.....

.....

.....

.....

31. Are these programmes in your school? Yes [ ] No [ ]

If yes, list them

.....

.....

.....

.....

32. Who is charge of these programmes?

.....

.....

.....

33. How do these programmes perform? Excellent [ ] Good [ ] Averagely [ ] Poorly

34. Depending on your ranking in the question above, please explain further.

.....

.....

.....

35. The following school-based programmes are known to be effective in mitigating suicide amongst learners including secondary students. Please indicate a). How they are/can be implemented in your school; b). How you think they can be effective.

i) Depression sensitization awareness

ii) Removal of stigmatizing attitudes towards suicide

iii) Development of help seeking attitudes

iv) Adolescent suicide literacy

v) School-based suicide prevention efforts

a) How they are/can be implemented in your school

.....

.....

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.....

.....

36. How do you think they can be made to effective?

.....

.....

37. The Attribution of school environment and academic environmental stressors is a critical aspect of suicidal behaviour. Give is your view?

.....

.....

.....

.....

Thank You for your time and cooperation.

APPENDIX VI: Interview Schedule Students for Focus Group Questions

1. What personal experiences or challenges do you think contribute to suicidal thoughts among students in your school?
2. In your opinion, how do societal in Uasin Gishu influence students' mental health and suicidal ideations?
3. What specific academic environmental stressors do you believe lead students to consider suicide?
4. Are there common issues that you and your peers discuss regarding academic reasons behind suicidal attempts or ideations?
5. How accessible do you find the social support systems (like counseling) at your school for students experiencing suicidal thoughts?
6. Can you share your experiences with the support you received from teachers or peers when facing difficult times?
7. Have you participated in any social support programs aimed at preventing suicide? How effective were these programs in addressing your concerns?
8. What improvements would you suggest for existing support programs to better assist students at risk of suicide?
9. What types of emotional support do you feel are lacking in your school that could help students dealing with suicidal thoughts?

10. How important do you think it is for schools to provide information about mental health resources, and what specific information would be most helpful?
11. What academic pressures do you face that you believe contribute to mental health issues among students?
12. What strategies do you think could be implemented in schools to alleviate academic stress and support student well-being?

APPENDIX VII: Interview Schedule for School Counsellor

1. How long have you been working in the counselling department and what other duties do have in school?
2. Tell me about your experiences working with students with signs of suicidal behaviour
3. Are there ways of preventing suicide?
4. From your experience what do you think students think about suicide?
5. How do you know when a student is feeling suicidal?
6. What do you think causes suicidal behaviour among students?
7. What factors/triggers do you look for in students who are thinking about suicide?
8. Do you think teachers and other staff members use the same criteria they deal with suicide issues in school?
9. How do you assess suicidality (scales, assessments, etc.)? Is this the same or different to other staff members in your opinion?
10. If you believe a Student to be suicidal, what do you do to assist?
11. Do you have specific interventions?
12. Of the students in this school, which a). Form, b). Gender, c). Other clusters are more inclined to think about suicide?
13. What programmes or processes, if any does your school have to assist suicidal service users?
14. Is it correct to say academic environmental stressors are a trigger to suicide among students?
15. If yes, what aspects of academic environmental stressors push students to suicidal ideation?
16. What can be done to reverse this trend in your school?
17. What can be done to reverse this trend in the society

APPENDIX VIII: Interview Schedule for School Deputy Heads

1. What is your current role? How long have you been in this role?
2. What are your experiences working with suicidal persons?
3. Have you or do you undertake training on suicide mitigation among students. If yes, what do you think of the training you have received?
4. Do you have the support you need from other stakeholders (frequency of contact with professionals, outreach groups, Social workers, Parents, Government, etc.) in dealing with suicidal behaviours?
5. How would you link a student's background to suicidal behaviour?
6. Do you think a school environment is important to suicidal behaviours?
7. If yes, what are some of the environmental factors push students to suicide?
8. What is being done in your school to address these issues, if they exist?
9. In your opinion, what should be done to help teachers have knowledge and ability to identify suicidal behaviours among students
10. Is it correct to say academic environmental stressor is a trigger to suicide among students?
11. If yes, what aspects of academic environmental stressors push students to suicidal ideation?
12. What can be done to reverse this trend in your school?
13. What can be done to reverse this trend in the society?

APPENDIX IX: NACOSTI PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **144884**

Date of Issue: **30/May/2024**

RESEARCH LICENSE

This is to Certify that Ms.. Francesca chebet Chepkwony of Moi University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: ATTRIBUTION OF SUICIDAL RISK BEHAVIOURS AND IDEATION ON ACADEMIC ENVIRONMENTAL STRESSORS: A CASE OF SECONDARY SCHOOLS' STUDENTS IN UASIN GISHU COUNTY, KENYA. for the period ending : 30/May/2025.

License No: **NACOSTI/P/24/36159**

144884

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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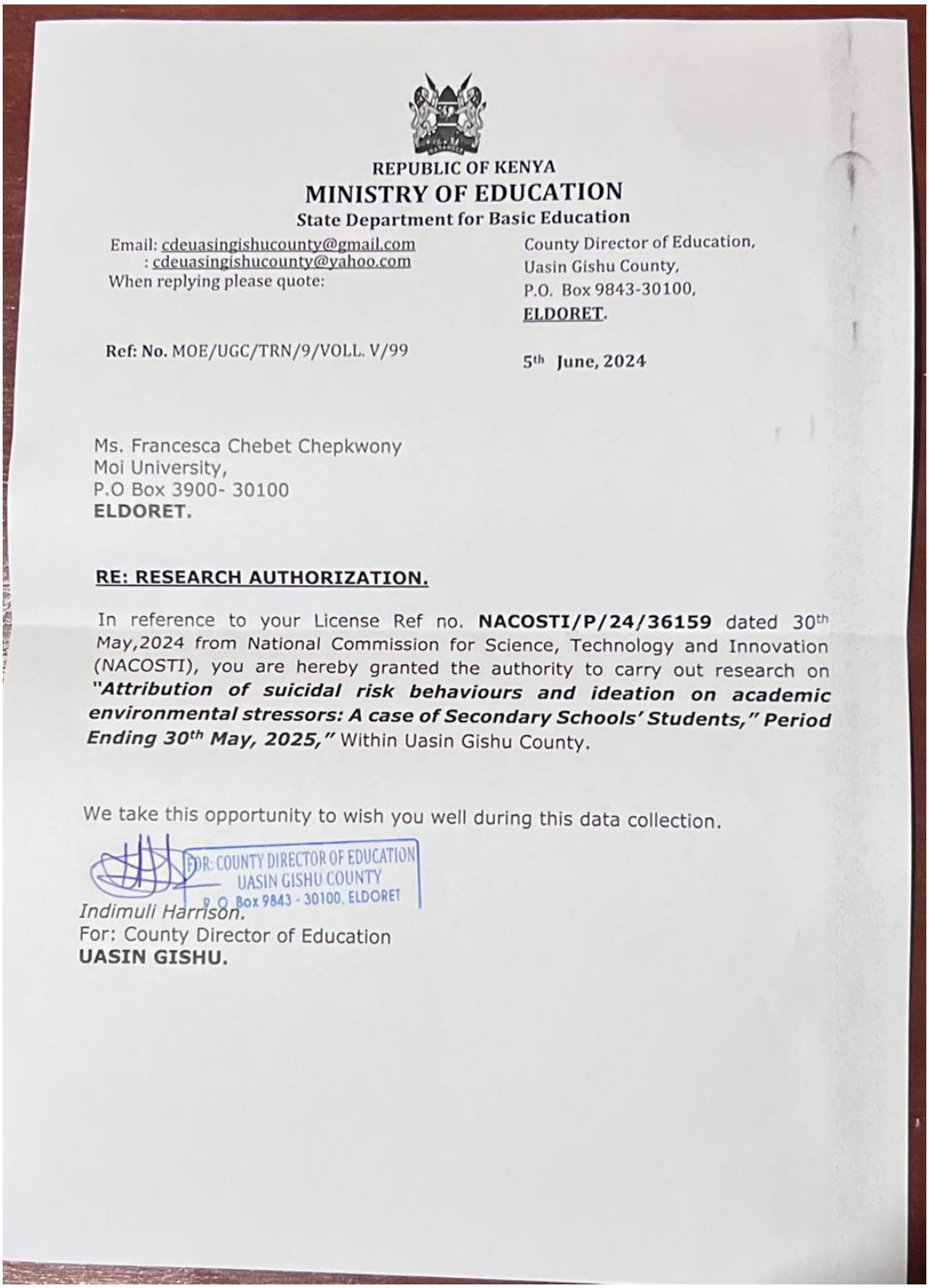
See overleaf for conditions

APPENDIX X: Authorization Letter from the County Director of Education



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

State Department for Basic Education

Email: cdeuasingishucounty@gmail.com
: cdeuasingishucounty@yahoo.com
When replying please quote:

County Director of Education,
Uasin Gishu County,
P.O. Box 9843-30100,
ELDORET.

Ref: No. MOE/UGC/TRN/9/VOLL. V/99

5th **June, 2024**

Ms. Francesca Chebet Chepkwony
Moi University,
P.O Box 3900- 30100
ELDORET.

RE: RESEARCH AUTHORIZATION.

In reference to your License Ref no. **NACOSTI/P/24/36159** dated 30th May,2024 from National Commission for Science, Technology and Innovation (NACOSTI), you are hereby granted the authority to carry out research on ***"Attribution of suicidal risk behaviours and ideation on academic environmental stressors: A case of Secondary Schools' Students," Period Ending 30th May, 2025,"*** Within Uasin Gishu County.

We take this opportunity to wish you well during this data collection.

FOR: COUNTY DIRECTOR OF EDUCATION
UASIN GISHU COUNTY
P. O. Box 9843 - 30100, ELDORET

Indimuli Harrison.
For: County Director of Education
UASIN GISHU.

APPENDIX XI: MAP OF UASIN GISHU COUNTY

Source: Map Hill, 2020.

APPENDIX XII: PLAGIARISM REPORT

SR845

ISO 9001:2019 Certified Institution

THESIS WRITING COURSE

PLAGIARISM AWARENESS CERTIFICATE

This certificate is awarded to

KILEL FRANCESCA CHEBET

EDU/D.PHIL/P/09/09

In recognition for passing the University's plagiarism

Awareness test for Thesis **entitled: ATTRIBUTION OF SUICIDAL RISK BEHAVIOUR AND IDEATION ON ACADEMIC ENVIRONMENTAL STRESSORS AMONG SECONDARY SCHOOLS' STUDENTS IN UASIN GISHU COUNTY, KENYA with** similarity index of 7% and striving to maintain academic integrity.

Word count:55465

Awarded b\y

Prof. Anne Syomwene Kisilu
CERM-ESA Project Leader Date: 20/05//2025