

Depression and Suicidal Ideation Among Students: A Focus on Psychological, Environmental, and Biological Influences

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Abstract:

This research examines the determinants of depression and suicidal thoughts in students, emphasising psychological, environmental, and biological aspects. The study seeks to uncover critical characteristics, including academic pressure, social interactions, family dynamics, and pre-existing mental health illnesses, that intensify mental health difficulties among students worldwide. The project also investigates the influence of socio-cultural factors, such as mental health stigma and the effects of social media, on students' mental health outcomes. This study assesses current preventative methods and support systems in educational institutions aimed at addressing depression and suicidal behaviours. The research aims to evaluate the efficacy of mental health programs, counselling services, and policies designed to foster inclusion, with the objective of identifying best practices and areas needing improvement. This study aims to provide evidence-based suggestions for treatments that improve mental health literacy among teachers and staff, hence promoting resilience in students. The results will enhance comprehension of the mental health difficulties encountered by students and guide the formulation of measures to improve their well-being in academic contexts, addressing the pressing mental health crisis in educational institutions.

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Introduction

Depression and suicide thoughts are increasingly common concerns among students globally, affecting academic performance, interpersonal connections, and general quality of life. In recent years, the increasing prevalence of mental health difficulties among students has raised concerns, with depression being one of the most prevalent disorders encountered in educational environments. The World Health Organisation (WHO) designates depression as a primary cause of disability, notably impacting younger demographics, such as students in educational settings (WHO, 2021). Student depression often remains misdiagnosed, causing persistent anguish and, in extreme instances, culminating in suicide thoughts. The shift to higher education, academic stressors, and evolving social dynamics may serve as triggers for mental health issues, leading many students to experience feelings of isolation and being overwhelmed by the expectations of their educational settings (American College Health Association [ACHA], 2022).

The occurrence of depressive symptoms among students has been extensively recorded. Research indicates that 25% of college students exhibit signs of depression, with a notable fraction experiencing suicide thoughts (Eisenberg et al., 2021). The elevated prevalence is ascribed to several variables, including as academic stress, social difficulties, and financial burdens, all of which impact a student's overall mental health condition. The ACHA's National College Health Assessment (2022) indicated that over 45% of students had significant depression that impaired their functioning, while about 10% had seriously contemplated suicide in the preceding year. The figures underscore the pressing need for mental health treatments in academic institutions, as the effects of depression and suicide thoughts may be significant and extensive, resulting in deteriorations in academic performance, physical health, and social integration.

Depression adversely impacts a student's academic performance by impairing attention, motivation, and time management skills (Ogunjobi et al., 2023). Hunt and Eisenberg (2019) identified depression as a significant contributor in the academic decline of college students, since it diminishes cognitive function and motivation. As a consequence, individuals experiencing depression may have challenges in fulfilling academic obligations, leading to diminished grades and a heightened likelihood of withdrawal from their studies. Depression adversely affects a student's capacity to engage in campus activities and interact with classmates, resulting in feelings of isolation and a reduced sense of belonging within the academic community. Over time, the academic challenges stemming from depression may result in enduring effects on employment prospects and general life satisfaction, necessitating that educational institutions prioritise mental health.

Beyond scholastic difficulties, depression and suicidal thoughts among students are often intensified by social and psychological variables that aggravate mental health problems. The shift to higher education often entails a detachment from familial support networks, increased social pressures, and the need to acclimatise to unfamiliar settings. This change may induce tension and anxiety in many students, particularly when combined with the demands of academic success and the maintenance of social ties. This mental health battle may prompt students to resort to maladaptive coping strategies, such as drug addiction, which may exacerbate their mental condition (Pedrelli et al., 2022). The stigma associated



with mental health disorders often deters students from seeking assistance, thereby increasing their risk of experiencing severe depression symptoms and suicide ideation. The hesitance to use mental health services is typically shaped by cultural and social influences, whereby mental health issues are commonly misinterpreted or stigmatised (Mackenzie et al., 2020). Consequently, the hesitance to request assistance, along with the demands of academic life, highlights the essential need for supportive and stigma-free environments in educational institutions.

Addressing mental health concerns in educational institutions is essential for cultivating an inclusive and supportive learning environment that enhances student well-being. Research emphasises the need of establishing mental health support services at educational institutions to provide students accessible and effective options for managing their mental well-being. Lipson et al. (2019) assert that universities providing comprehensive mental health services, including counselling, peer support, and mental health education, have had beneficial effects on student well-being and academic achievement. Timely intervention is crucial, since unaddressed depression may intensify, leading to more severe symptoms and a heightened risk of suicide. Consequently, implementing preventative strategies and ensuring accessible treatment alternatives is crucial for enhancing mental health and averting future decline in students' quality of life.

Moreover, educational institutions are crucial in mitigating stigma associated with mental health and promoting students to get assistance when necessary (Ogunjobi et al., 2023). Establishing an atmosphere conducive to open discussions about mental health and fostering student support may markedly alleviate the isolation felt by those grappling with depression. Peer-led efforts, mental health awareness campaigns, and open discourse in academic environments might facilitate the normalisation of mental health challenges and motivate students to use accessible services (Oswalt et al., 2021). Faculty and staff are crucial in recognising symptoms of depression and guiding students to suitable support resources. Educating faculty members to identify the signs of depression and suicide thoughts provides them with the competencies required to intervene and direct students to appropriate assistance. By adopting a proactive strategy, educational institutions may alleviate the detrimental impacts of depression on students and cultivate an atmosphere that promotes learning and personal development.

Objectives of the Study

The main aim of this research is to thoroughly investigate the many elements that contribute to depression and suicidal thoughts in students, with a special emphasis on psychological, environmental, and biological aspects. The research seeks to elucidate the interrelations among academic demands, social interactions, family dynamics, and pre-existing mental health issues, therefore enhancing the comprehension of their collective impact on students' overall well-being. This research aims to investigate the effects of socio-cultural factors, including mental health stigma and the influence of social media, on students' mental health outcomes.

This research also aims to assess the current preventative methods and support systems in educational institutions designed to reduce depression and suicidal behaviours among students. This entails evaluating the efficacy of mental health programs, counselling services,



and inclusive policies aimed at mitigating stigma and fostering a friendly atmosphere. The research aims to find best practices and highlight areas for improvement by examining the literature on institutional approaches to mental health. The study also seeks to provide suggestions for future interventions and studies that help improve mental health literacy among professors and staff and promote resilience in students. The research aims to contribute to the formulation of evidence-based policies that educational institutions might use to successfully enhance the mental health and well-being of their students, therefore addressing the escalating mental health crisis in academic environments.

Psychological Factors Contributing to Depression and Suicidal Ideation

Depression and suicide thoughts among students are intricate difficulties sometimes intensified by psychological variables affecting cognitive and emotional health. These variables include scholastic demands, perfectionistic impulses, pre-existing mental health disorders, and certain personality features, all of which significantly influence mental health susceptibility. The interaction of these factors leads to increased stress, emotional distress, and, in some instances, a susceptibility to depression and suicidal ideation, necessitating a comprehension and intervention of these psychological foundations to enhance student mental health outcomes.

Academic difficulties are among the most often reported psychological stresses on pupils. The pursuit of good grades, adherence to rigorous academic standards, and preparation for future employment impose substantial pressure on students, resulting in tremendous cognitive and emotional distress. Research indicates that significant academic pressure might lead students to suffer increased anxiety and depression symptoms, especially when they see these expectations as unachievable or excessive (Bennett et al., 2015). Moreover, the relentless quest for perfectionism, marked by an unattainable aspiration for faultless performance, intensifies the pressure to achieve success. Perfectionism often causes students to be excessively self-critical, increasing their susceptibility to mental health issues. Flett and Hewitt (2014) assert that perfectionistic people exhibit heightened susceptibility to depression due to their self-worth being intricately linked to scholastic accomplishments, leading to a recurrent cycle of stress and disillusionment. The emotional burden of pursuing impossible objectives often results in chronic stress, feelings of inadequacy, and enduring self-doubt, hence increasing their vulnerability to depression and suicidal inclinations. These results underscore the need for educational institutions to cultivate settings that encourage healthy academic aspirations and provide services to assist students in managing stress effectively.

Pre-existing mental health issues, especially anxiety and mood disorders, are key psychological variables that lead to depression and suicide thoughts. Anxiety disorders, such as generalised anxiety disorder, social anxiety, and panic disorder, may exacerbate students' impressions of academic and social obstacles, making them more intense and uncontrollable. Individuals with anxiety disorders often overestimate risks and probable adverse consequences, increasing their vulnerability to depression and suicide ideation (Beck & Bredemeier, 2016). Mood disorders, including bipolar disorder and major depressive disorder, cause significant variations in emotional states, often resulting in feelings of hopelessness and despair that intensify depressive symptoms. Mental health disorders are



associated with an increased risk of suicide thoughts and attempts, since they often hinder an individual's capacity to control emotions and manage stress efficiently. Kessler et al. (2005) indicate that students with mood disorders have an elevated risk of depression stemming from persistent episodes of poor mood, anhedonia, and a decline in interest in activities formerly found pleasurable. The interplay between existing mental health issues and external stressors, including academic and social pressures, can exacerbate the adverse emotional states linked to these conditions, highlighting the necessity for specialised mental health support systems that cater to the distinct experiences of students with pre-existing disorders. Personality qualities, such as resilience and self-esteem, greatly impact students' mental health outcomes and their vulnerability to depression and suicidal thoughts. Resilience, described as an individual's capacity to positively adjust in response to adversity, acts as a protective factor against the emergence of depressive symptoms. Elevated resilience levels empower children to manage stresses more efficiently by sustaining a positive perspective, cultivating effective coping strategies, and using social support when needed (Fergus & Zimmerman, 2005). Conversely, less resilience heightens the probability of enduring extended emotional turmoil, since people may find it challenging to recuperate from failures, resulting in an accumulation of unresolved stress that exacerbates melancholy. Self-esteem, defined as the perception of one's self-worth and competence, is a significant component affecting mental health susceptibility. Low self-esteem is often linked to a negative self-image and a propensity to dwell on perceived failures or deficiencies, which may exacerbate depression and suicidal ideations. Conversely, elevated self-esteem serves as a protective factor, allowing people to maintain a balanced self-perception in the face of obstacles and disappointments (Orth & Robins, 2014). Students with poor self-esteem may find that the academic and social pressures of college life exacerbate feelings of inadequacy and self-doubt, increasing their susceptibility to depression. The results suggest that cultivating personality qualities like resilience and self-esteem in educational settings may effectively reduce mental health risks among students.

The aggregate impact of these psychological elements—cognitive and emotional strain from academic demands, pre-existing mental health disorders, and personality characteristics—demonstrates the intricacy of mental health issues encountered by students. The relentless pressure to achieve academic excellence, along with perfectionistic inclinations, existing mental health disorders, and personality-related vulnerabilities, often engenders a stressful atmosphere that increases the risk of depression and suicide ideation. Comprehending these fundamental aspects is essential for creating holistic mental health support systems that tackle both the symptoms and the psychological roots of depression and suicidal thoughts. Institutions may significantly reduce risks and cultivate a supportive climate that enhances both academic and emotional performance by advancing mental health literacy, implementing resilience-building programs, and prioritising student well-being in academic settings.

Environmental Influences on Student Mental Health

Environmental variables significantly influence student mental health, affecting their psychological resilience, emotional stability, and general well-being. These effects include several domains, including academic expectations, familial dynamics, and social interactions,



each posing unique difficulties and stresses. The academic atmosphere may be especially impactful due to the time and emotional commitment students devote in their studies. Contemporary educational institutions often prioritise performance and competitiveness, compelling students to succeed within a structure that may not adequately consider individual coping strategies or mental health requirements. The elevated expectations, demanding workload, and competitive environment common at several schools substantially increase stress levels among students, therefore impacting their mental health. Studies demonstrate that academic-related stress is a major contributor to anxiety and depression in students, especially at advanced educational tiers (Pascoe et al., 2020). An excessive workload, frequent assessments, and stringent deadlines might induce a persistent state of elevated stress. This atmosphere cultivates persistent pressure, potentially resulting in feelings of inadequacy, diminished self-esteem, and exhaustion, which may predispose students to depressive symptoms and, in extreme instances, suicidal thoughts (Lipson et al., 2019).

Academic stress involves not just the extensive workload but also the worry linked to upholding high academic standards, fulfilling parental expectations, and competing with classmates. Numerous students, especially those in esteemed universities or demanding programs, feel pressured to equal or surpass the accomplishments of their peers. The resulting workplace may become very demanding and alienating, prioritising individual accomplishment above collaborative learning and well-being. Research indicates that competitive environments may induce feelings of isolation and inferiority in students, as they may see themselves as failing to meet the benchmarks established by their classmates or the institution (Hysenbegasi et al., 2005). Thus, this academic isolation exacerbates mental health problems, as students experience pressure to excel while also feeling estranged from helpful networks.

Familial dynamics have a significant environmental influence on student mental health. Families are fundamental in influencing a student's perspective, resilience, and ability to manage stress. A nurturing home environment may operate as a safeguard against academic and social stress, offering emotional support, motivation, and pragmatic advice. Conversely, familial pressures, like financial instability, conflict, elevated expectations, or neglect, might intensify the difficulties adolescents encounter in educational settings. Familial expectations for academic success may be particularly onerous, since students often perceive a need to meet parental ambitions, perhaps to the detriment of their own well-being. A research by Barry et al. (2018) indicates that parental pressure and expectations are substantial predictors of mental health problems in students, with those facing high parental demands often reporting increased anxiety and depression levels. This is especially applicable to pupils from households that see education as a fundamental avenue for attaining social mobility. The need to fulfil family expectations might compel pupils to exceed acceptable boundaries, increasing stress and jeopardising mental health.

Financial strain among families adversely affects student mental health, since economic instability may impede a family's capacity to sufficiently support their child's education and welfare. Financial difficulties may impose extra stress on students, who may feel obligated to engage in part-time employment to finance their school or assist with home expenditures.



This additional duty may hinder their academic performance and general well-being, increasing their susceptibility to mental health problems. Moreover, unstable home circumstances characterised by recurrent disputes, domestic violence, or divorce may adversely affect students' emotional stability, rendering them susceptible to anxiety and depression (Hale et al., 2020). The psychological repercussions of these disputes may impact students' academic performance, social relationships, and mental health, often hindering their ability to handle academic stress successfully.

Social elements, such as peer interactions, bullying, and social isolation, are as important in influencing student mental health. Constructive peer interactions provide kids with emotional support, companionship, and a feeling of belonging, all of which are vital for maintaining a healthy mental state. Nonetheless, adverse social experiences, such as bullying or ostracism, might have catastrophic effects. Bullying is linked to several mental health issues, such as depression, anxiety, and suicide ideation (Bauman et al., 2013). Students subjected to bullying often endure emotions of humiliation, fear, and worthlessness, which may severely diminish their self-esteem and lead to enduring psychological problems. In the digital era, when cyberbullying is more pervasive, children may struggle to evade such adverse experiences, since online abuse may extend beyond the boundaries of the educational setting. This continual exposure to negativity undermines their mental health, cultivating a widespread feeling of isolation and powerlessness.

Social isolation, either from bullying, personal decision, or other factors, significantly affects mental health. When students experience disconnection from their friends, they may have difficulties in obtaining help during stressful periods, intensifying feelings of loneliness and sadness. Isolation may engender a loop of detrimental cognition and self-reproach, as students may interpret their lack of social ties as a personal shortcoming. Moreover, the lack of social support might hinder students' capacity to manage academic and emotional stress, rendering them more vulnerable to mental health issues. Consequently, social integration is crucial in mitigating stress and promoting resilience. Students with robust social networks are more adept at managing stress and are more inclined to seek assistance when confronted with difficulties, hence reducing the likelihood of significant mental health problems.

Environmental variables such as academic stress, family relationships, and social contacts significantly influence student mental health. Resolving these challenges requires a comprehensive strategy, since each component is interconnected and influences the others. Educational institutions, families, and communities must unite to provide supportive settings that foster mental well-being. Initiatives aimed at alleviating academic pressure, offering familial support, and promoting constructive social connections might diminish the adverse impacts of these environmental influences on mental health. Institutions may foster a more conducive environment that allows students to excel intellectually, socially, and emotionally.

Socio-cultural Contributors to Depression and Suicidal Behaviors

Socio-cultural factors significantly affect the incidence of depression and suicidal behaviours among students, with cultural attitudes, social media impacts, and identity-related pressures all contributing to mental health difficulties. Cultural views around mental health and the stigma attached to requesting assistance sometimes deter people from openly confronting mental health challenges, therefore intensifying feelings of isolation, despair, and inadequacy.



Numerous countries continue to see mental health as a taboo topic, interpreting mental diseases as indicators of personal weakness or moral deficiency rather than as valid health concerns (Corrigan & Watson, 2002). This notion establishes considerable obstacles to help-seeking behaviours, especially in collectivist countries where people are anticipated to uphold family honour and cultural norms. Research indicates that in most Asian nations, the stigma associated with mental health prompts people to eschew treatment or mental health therapies due to concerns about public judgement or family disapproval (Yang et al., 2020). This stigmatisation may deter students from seeking essential help, exacerbating their psychological anguish and perhaps increasing the risks of depression and suicidal thoughts. Social media and online settings provide an additional dimension to the socio-cultural factors influencing mental health difficulties by changing adolescents' perspectives and imposing pressures distinctive to the digital age. Although social media may provide support and connection, research indicates that excessive use correlates with heightened feelings of sadness and anxiety (Primack et al., 2017). Social media platforms foster a culture of comparison and approval, whereby individuals often showcase idealised representations of their life. This may cause students to feel inferior or inadequate when comparing themselves to others, often resulting in poor self-esteem, loneliness, and melancholy (Vogel et al., 2014). The selective and frequently unrealistic representations of happiness, success, and physical appearance on platforms such as Instagram and TikTok can generate an illusion of perfection that students may feel compelled to emulate, resulting in feelings of inadequacy and self-criticism when their own lives fall short (Chou & Edge, 2012). Moreover, online bullying and harassment have emerged as widespread problems on these platforms, with research demonstrating that cyberbullying significantly contributes to depression and suicidal tendencies among adolescents (Hamm et al., 2015). The anonymity of the internet facilitates detrimental interactions and harassment that may profoundly affect an individual's self-esteem and mental well-being, exacerbating negative impressions and emotional turmoil in an already susceptible group.

Cultural expectations and identity-related pressures, including gender, race, and socioeconomic position, profoundly impact students' mental health. In several societies, conventional gender norms exert pressures that may lead to depressed symptoms. Men may experience social pressure to demonstrate strength and stoicism, which hinders them from seeking assistance or displaying weakness (Galdas et al., 2005). Gendered expectations may result in repressed feelings, increasing the risk of depression and suicidal thoughts among male students who see themselves as alienated by these standards (Oliffe et al., 2016). Conversely, women often encounter demands related to beauty, conduct, and professional ambitions, which may result in stress, self-reproach, and depression symptoms when they see themselves as failing to fulfil social standards (Nolen-Hoeksema, 2001). Young women who find it challenging to adhere to social beauty standards are at an increased risk of experiencing body dissatisfaction and associated mental health problems, such as despair and suicidal thoughts (Grogan, 2016). Ethnic and ethnic minorities may encounter distinct stresses, such as discrimination, prejudice, and cultural marginalisation, which exacerbate their mental health difficulties. Studies indicate that encounters with racism and microaggressions correlate with increased depressive symptoms among ethnic minority



students, since such interactions foster feelings of isolation and despair (Williams & Mohammed, 2009).

Socioeconomic position is a significant identity-related element influencing mental health, since financial limitations and economic instability foster emotions of insecurity, stress, and diminished self-esteem. Students from economically disadvantaged families often encounter obstacles to academic achievement and social inclusion, leading to feelings of inadequacy and pessimism that intensify depressive symptoms (Reiss, 2013). Moreover, socioeconomic inequalities in access to mental health services exacerbate these difficulties. Individuals in lower-income brackets may lack access to excellent mental health treatment owing to financial limitations or insufficient resources in their regions, leading to untreated mental health issues that may result in severe consequences, including suicidal behaviours (Alegría et al., 2002). The combined impact of financial hardship, restricted prospects, and social isolation may result in a lasting feeling of disenfranchisement and despair, especially in academic settings where these students may feel marginalised because of their socioeconomic situation.

Collectively, these socio-cultural elements highlight the intricate network of forces that lead to depression and suicidal behaviours in adolescents. Cultural stigmas, social media demands, and identity-related stresses converge and exacerbate mental health concerns, necessitating a comprehensive response from educational institutions and politicians. Advancing mental health awareness and education, mitigating stigma, and guaranteeing students access to culturally appropriate and inexpensive mental health care are essential measures for lessening the burden of depression and suicide thoughts. Neglecting these socio-cultural factors may render mental health treatments ineffective, depriving at-risk students of essential help to manage the obstacles encountered in academic and social domains.

Biological and Genetic Predispositions

Biological and genetic predispositions significantly influence the emergence of depression and suicidal behaviours, with an increasing body of research emphasising the intricate interaction among neurochemical, genetic, and environmental components. Depression, sometimes described as a multifactorial condition, arises from a confluence of genetic predisposition and environmental factors that jointly impact an individual's mental health outcomes (Sullivan, Neale, & Kendler, 2000). Neurochemical abnormalities have been consistently associated with the pathophysiology of depression, with studies mostly examining the involvement of neurotransmitters including serotonin, dopamine, and norepinephrine. These neurotransmitters regulate mood, motivation, and stress reactions; imbalances in their levels may result in depressed symptoms. Serotonin, often known as the "feel-good" neurotransmitter, is crucial for mood regulation, and its dysregulation has been linked to mood disorders, such as major depressive disorder (MDD) (Mulinari, 2012). Furthermore, the serotonin transporter gene (SLC6A4) is associated with depression, since changes in this gene affect an individual's vulnerability to mood disorders (Caspi et al., 2003). The dopaminergic system, integral to the regulation of pleasure, reward, and motivation, is also pivotal in the manifestation of depression. Dopamine dysregulation, especially in the prefrontal cortex and striatum, is linked to anhedonia, a primary symptom of depression marked by diminished pleasure perception (Nestler & Carlezon, 2006). This neurotransmitter



imbalance not only influences an individual's general mood but may also hinder cognitive skills, such as decision-making and focus, which are often diminished in individuals with depression. Norepinephrine, a neurotransmitter involved in the body's stress response, has been associated with depressive symptoms, especially in instances of anxiety-related sadness. Elevated norepinephrine levels might result in intensified stress reactions and diminished stress resistance, hence worsening depression symptoms (Moret & Briley, 2011). The relationship between neurochemical imbalances and depression highlights the need of comprehending the molecular foundations of mental health illnesses to formulate tailored treatment strategies.

Genetic susceptibility significantly influences the development of depression and suicidal inclinations. Twin studies indicate a genetic component to depression, estimating that genetics contribute to around 40% of the diversity in depression risk (Kendler et al., 2006). Particular gene-environment interactions, notably those related to the serotonin transporter gene (5-HTTLPR), demonstrate how genetic variables might modulate reactions to stressful life experiences, thereby affecting the probability of developing depression (Caspi et al., 2003). These results indicate that people with certain genetic profiles may exhibit increased susceptibility to environmental stresses, especially during crucial developmental phases. Adolescents and young adults with inherited genetic vulnerabilities may have an increased risk of depression due to adverse environmental influences, including social rejection or scholastic stressors. The investigation of polygenic risk scores has enhanced our comprehension of the genetic underpinnings of depression by enabling the consolidation of several genetic markers linked to the condition, so offering a more thorough genetic risk profile for people (Wray et al., 2018).

Suicidal behaviour has a hereditary component, as shown by family and twin studies demonstrating that the heritability of suicidal thoughts and attempts is moderate to high (McGuffin et al., 2010). The genetic foundation for suicidal inclinations seems to coincide with that of depression, since same genetic variables affect both disorders. Certain genetic indicators may predispose people to suicide behaviours independently of depression. Research has found genetic variations in the brain-derived neurotrophic factor (BDNF) gene, connected with neural plasticity and stress tolerance, that are linked to suicide behaviours (Dwivedi, 2010). Individuals with certain BDNF variations may exhibit less stress resistance, resulting in increased susceptibility to depression and suicidal thoughts. This genetic discovery highlights the need of acknowledging suicidal behaviours as largely shaped by biological variables, in addition to environmental or solely psychological explanations.

The interplay between biological elements and environmental stimuli is essential for comprehending the emergence of depression and suicidal behaviours. Genetic predispositions and neurochemical imbalances provide the foundation for mental health vulnerabilities, while environmental variables often serve as catalysts for the manifestation of these predispositions. The diathesis-stress paradigm asserts that genetic predispositions (diatheses) combine with environmental stresses to provide mental health consequences, serving as a widely recognised framework for comprehending depression and suicidal thoughts (Monroe & Simons, 1991). Individuals with a genetic predisposition to depression may encounter depressive episodes only in response to bad life circumstances, like trauma,



bereavement, or persistent stress. This interplay between hereditary and environmental variables underscores the need of investigating both internal and extrinsic aspects in mental health studies.

Early life events, including childhood trauma and neglect, have shown enduring impacts on the neurochemical and genetic functioning of people, hence confounding the link between biology and environment in depression. Studies indicate that negative childhood experiences might modify the hypothalamic-pituitary-adrenal (HPA) axis, a system integral to the body's stress response, resulting in increased stress reactivity in adulthood (Heim & Binder, 2012). This modified stress response may induce depressive episodes in genetically susceptible people when confronted with stresses in later life. Epigenetics, the examination of modifications in gene expression that do not involve alterations to the DNA sequence, provides more understanding of how environmental variables affect genetic predispositions. Environmental influences, like stress or trauma, may induce epigenetic alterations, such as DNA methylation, which subsequently influence the expression of genes related to mood regulation and stress response (Nestler et al., 2016).

In conclusion, the molecular and genetic factors contributing to depression and suicidal behaviours are intricate and diverse, including neurochemical imbalances, hereditary vulnerability, and gene-environment interactions. Comprehending the scientific foundation of depression necessitates an analysis of intrinsic elements, such as neurotransmitter activity and genetic variations, with extrinsic ones, including environmental stimuli and life events. As research advances in elucidating the interplay between biological and environmental factors in influencing mental health outcomes, the development of more effective, personalised treatment strategies for those at risk of depression and suicidal behaviours becomes more feasible. Understanding the significance of both biological and environmental factors in depression enhances our comprehension of its origins and emphasises the necessity for a holistic approach to mental health care, which considers both biological predispositions and external stressors that aggravate these conditions.

Preventive Strategies and Institutional Support for Mental Health

Preventive measures and institutional assistance are essential in tackling the mental health issues encountered by students in academic environments. In response to the rising incidence of depression, anxiety, and suicide thoughts among students, several institutions have implemented mental health programs focused on prevention and intervention. Counselling services are essential elements of these programs, offering a platform for students to articulate issues and get expert assistance. Hunt and Eisenberg (2010) indicate a significant proliferation of counselling services in colleges and universities, focussing on the incorporation of mental health within the whole wellness framework of educational institutions. This transition has resulted in more proactive strategies in mental health, emphasising not alone individual counselling sessions but also courses, mental health screenings, and peer support groups. These sites aim to enhance accessibility and diminish the stigma sometimes linked to seeking mental health assistance.

Furthermore, schools have acknowledged the significance of professors and staff as first contacts for students displaying indications of mental health concern. Mental health literacy among teachers and staff is crucial for identifying at-risk students, since they often have the



opportunity to see changes in behaviour, academic performance, and social interactions. Kognito (2018) indicates that training programs for professors and staff aimed at enhancing their capacity to identify indicators of distress and direct students to suitable services are becoming more prevalent. These programs provide professors and staff with practical skills for successfully addressing discussions around mental health and stress, therefore boosting their ability to help distressed students. Research by Reavley et al. (2014) indicates that mental health literacy training significantly enhances instructors' understanding and attitudes towards student mental health, therefore fostering a safer and more responsive academic environment. This training prioritises sympathetic listening, discerning the subtleties of mental health symptoms, and comprehending appropriate referral pathways, making it an essential component of the comprehensive institutional support system for mental health.

Fostering an inclusive and friendly campus atmosphere is essential for promoting mental health. Educational institutions have progressively acknowledged the need of formulating strategies to combat mental health stigma, which continues to impede students from seeking assistance (Corrigan et al., 2014). Institutions may cultivate a culture of safety for addressing mental health concerns by enacting rules that encourage inclusion and transparency, so alleviating fears of judgement or prejudice among students. Universities may organise events and campaigns to promote awareness of mental health, emphasising the prevalence of mental health challenges and encouraging students to see seeking assistance as a demonstration of strength rather than a sign of weakness. Institutions may include mental health education into the curriculum, fostering discussions on mental health issues that clarify illnesses such as depression, violence and anxiety (Adekola et al., 2022). This openness normalises mental health difficulties and fosters resilience in students by providing coping skills and resources prior to crises (Rickwood et al., 2017).

Moreover, inclusive mental health policies must to include accommodations and flexibility in academic requirements for individuals with mental health challenges. The implementation of flexible deadlines, the availability of decreased course loads, and access to resources for exam anxiety may enhance a helpful learning environment. Academic accommodations may significantly alleviate stresses that worsen mental health difficulties, especially for students who may feel inundated by academic pressures (Storrie et al., 2010). By customising academic prerequisites to suit individual requirements Educational institutions, when feasible, exhibit a dedication to student well-being, acknowledging that mental health care is integral to academic achievement.

In summary, preventative interventions and institutional support for mental health in educational contexts are complex and need the cooperation of counsellors, professors, and policymakers to provide a genuinely helpful atmosphere. Counselling services, staff mental health literacy, and policies that promote an inclusive and accommodating campus culture together enhance students' mental health outcomes. As academic demands increase, these activities are essential in enabling students to proactively manage their mental health and cultivate resilience that will benefit them during and beyond their academic pursuits.

Implications for Nursing Practice



The ramifications for nursing practice for mental health support are significant, especially as the need for mental health care escalates throughout various patient demographics. A crucial aspect is the need for nurses to embrace a holistic approach that integrates both physical and mental health evaluations. Nurses often serve as the first point of contact in healthcare environments, positioning them advantageously to identify early indicators of mental health disorders. By including mental health screens into standard evaluations, nurses may proactively identify mental health requirements, facilitating prompt treatments that may prevent more serious difficulties in the future.

Moreover, proficient communication skills are vital for nurses to provide a supportive atmosphere in which patients feel at ease addressing mental health issues. Nurses must be educated to interact with patients using empathy, active listening, and a non-judgmental demeanour, therefore cultivating trust and transparency. This supportive connection may facilitate patients in articulating their difficulties more openly, aiding nurses in obtaining essential information that could otherwise remain undisclosed. Nurses may significantly diminish the stigma associated with mental health by delivering compassionate care, hence facilitating patients' willingness to seek assistance.

Moreover, there is an increasing need for continuous mental health education and professional advancement in nursing practice. Nurses must stay abreast of the newest mental health treatments, therapies, and support options to provide comprehensive care. Ongoing education may enhance nurses' confidence in addressing mental health concerns and in discerning the appropriate timing and methods for referring patients to specialised mental health care.

Nurses may ultimately push for institutional reforms that improve mental health assistance. This includes advocating for policies that emphasise mental health services, assistance for healthcare personnel experiencing burnout, and workplace wellness initiatives. Nurses, as advocates, may shape a practice environment that enhances mental health awareness, benefiting both patients and healthcare workers. This proactive approach may enhance the resilience of the healthcare system, enabling it to address the intricate mental health requirements of contemporary patient demographics.

Conclusion and Recommendations

In conclusion, it is essential to treat mental health concerns inside educational institutions to cultivate a healthy and productive learning environment. Given the increasing incidence of mental health issues among students, educational institutions must prioritise comprehensive mental health programs that include preventative measures, institutional assistance, and the enhancement of mental health literacy among faculty and staff. By fostering an atmosphere that encourages open discourse about mental health and addresses it with care, institutions may enable students to pursue assistance, therefore diminishing stigma and enhancing well-being.

To successfully tackle these difficulties, institutions have to adopt a variety of suggestions. Initially, enhancing accessibility to counselling and mental health services is essential. This encompasses not only augmenting the quantity of skilled specialists but also guaranteeing that services are available to all pupils, irrespective of their backgrounds. Institutions might



gain advantages by providing online counselling services, which may be especially attractive to students who experience discomfort in seeking assistance face-to-face.

Moreover, prioritising training programs for academics and staff is essential. By improving their mental health literacy, educators may proactively identify at-risk pupils and provide appropriate assistance. Training should also provide them with the tools to cultivate an inclusive classroom atmosphere that promotes open talks about mental health, therefore normalising these conversations among students.

The formulation of inclusive policies that proactively address stigma is crucial. Institutions must to implement awareness programs that advocate for mental health services and inform the community of the significance of mental well-being. These programs should emphasise that asking assistance is a strength, not a weakness.

It is essential for educational institutions to routinely evaluate their mental health programs and solicit input from students and staff to ensure that the services offered align with the community's needs. By adopting these guidelines, educational institutions may establish a comprehensive support system that meets students' mental health needs while cultivating a culture of understanding and empathy, so improving the overall academic and social experience for all students.

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