Research Article

Social Isolation and Suicidal Ideation Among University Students in Enugu State, Nigeria: A Qualitative Perspective

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Abstract: University students face growing mental health challenges, yet social isolation as a contributor to suicidal ideation remains understudied in Nigeria, particularly from the perspectives of students themselves. Understanding how isolation influences suicidal thinking is essential for designing context-sensitive interventions within Nigerian higher education environments. Despite a global rise in suicide among young adults, existing literature remains largely Western-centric, offering limited insight into the lived experiences of African students dealing with mental distress and social exclusion. This study explores the link between social isolation and suicidal ideation among university students in Enugu State, Nigeria, aiming to fill this gap by foregrounding students' voices through qualitative inquiry. A total of 24 in-depth interviews were conducted with undergraduate students from two public universities, selected using purposive and snowball sampling. Thematic analysis was conducted using Braun and Clarke's six-phase framework. Four major themes emerged: Pathways into isolation, emotional impact of isolation, coping strategies, and perceived institutional support. Participants reported that isolation stemmed from academic stress, stigma, sexual orientation, and financial hardship. Many described depressive symptoms, hopelessness, and thoughts of self-harm linked to their isolation. While some found relief through religious faith or peer support, others highlighted inadequate institutional mental health services. These findings underscore the urgent need for culturally grounded mental health interventions in Nigerian universities. Integrating peer-led support systems, improving counseling services, and leveraging existing community networks could reduce the burden of suicidal ideation and foster a more inclusive academic environment.

Keywords: Mental Health, Peer Support, Social Isolation, Suicide Ideation, University Students

Introduction

Suicide has continued to be a significant global health concern, with increasing rates of both suicide deaths and suicidal ideation across diverse populations worldwide (World Health Organization, 2021). The World Health Organization (2022) identifies suicide as a major public health issue, reporting that more than 700,000 people die by suicide annually, with rates rising significantly in recent years. WHO emphasizes the urgent need for effective intervention strategies to prevent further increases in suicide rates worldwide. Similarly, the Centers for Disease Control and Prevention (CDC, 2021) highlights suicide as a leading cause of death in the United States, with nearly 48,000 lives lost in 2021 alone. The CDC notes that suicide disproportionately affects specific groups, including middle-aged adults and young people, underscoring the importance of early intervention and prevention strategies to combat this growing crisis. Young people and university students are particularly vulnerable, as they face unique social and psychological challenges and pressures that can exacerbate suicidal tendencies (Taliaferro *et al*., 2009). This escalating trend underscores the urgent need for suicide prevention strategies that address the mental health crises within these populations globally. While global trends provide a critical backdrop on suicide, Nigerian university students face a unique convergence of socio-economic, academic, and cultural challenges that merit

localized investigation (Onyemelukwe, 2020; Hausmann-Stabile *et al*., 2022; Menon *et al*., 2024).

In the African context, student mental health is shaped by culturally specific factors, including familial expectations and social stigma (Atilola *et al*. 2017; Matsuoka *et al*., 2020). Despite these regional ins, Nigeria remains relatively understudied. This is particularly striking when examining suicide trends across the continent. South Africa reports one of the highest suicide rates in Africa, at 23.5 per 100,000 individuals (World Health Organization, 2025). Nigeria follows closely with a rate of 17.3 per 100,000, surpassing both the global average of 10.5 and the African average of 11.2 (National Bureau of Statistics Nigeria, 2022). In Nigeria, suicides predominantly affect young adults aged 25–34 and are often linked to financial hardship, family conflict, and untreated mental health issues such as depression (Oyetunji *et al*., 2021). These concerning patterns point to the influence of broader social and economic stressors on mental well-being, highlighting the pressing need for more targeted and culturally responsive mental health interventions in Nigeria. Suicide risk among people with severe mental illness is well documented, with particularly high risk during early disease stages. A systematic review by Cavanagh *et al*. (2007) found that individuals following a first episode of psychosis exhibited elevated rates of suicide, especially in the first months after the initial onset of psychotic symptoms. This evidence underscores the importance of early identification and intervention strategies within this critical period.

In university environments, the transition from adolescence to adulthood presents profound developmental, academic, and social challenges that significantly increase vulnerability to mental health issues, including suicidal ideation (Cantor *et al*., 2023; Geoffroy *et al*., 2025). Recent evidence indicates that academic stress, financial strain, social isolation, and uncertainty about the future are major contributing factors to suicidal thoughts among university students (Beiter *et al*., 2015; Hunt and Eisenberg, 2010). A recent longitudinal study found that procrastination among university students significantly predicted depression and anxiety symptoms through the mediating role of perceived stress, psychological factors closely linked to increased suicide risk (Jochmann *et al*., 2024). Similarly, among Health Sciences students in Portugal, academic procrastination remained a strong predictor of suicidal ideation, even after controlling for depression and anxiety (Oliveira *et al*., 2023). In Nigeria, Okechukwu *et al*. (2022) found that academic stress significantly predicted suicidal ideation among Nigerian university students. Importantly, resilience and adaptive coping styles moderated this relationship, serving as protective factors that buffered the

impact of stress on suicidality. Likewise, research from South Korea revealed that maladaptive perfectionism and chronic life stress were associated with increased suicidal ideation, whereas self-compassion reduced the intensity of this relationship (Lee *et al*., 2022). According to Courtet *et al*. (2020), understanding the complex interplay between social isolation and suicide risk is crucial for developing effective prevention strategies, particularly in vulnerable populations.

A systematic review and meta-analysis further showed that the global prevalence of suicidal ideation among university students during the COVID-19 pandemic was approximately 20.6%, with risk factors including depression, anxiety, poor sleep quality, and financial hardship (Chen *et al*., 2022). Moreover, a recent Kenyan study identified academic pressure as a psychosocial predictor of suicidal thoughts among students in public universities, reinforcing the need for mental health interventions tailored to educational stressors in African settings (Muhammed, 2024).

This study is guided by the interpersonal theory of suicide, originally proposed by Joiner (2005), which provides a valuable framework for understanding the social factors that contribute to suicide risk. According to the theory, suicide risk intensifies when individuals experience "thwarted belongingness", a chronic sense of social disconnection, and "perceived burdensomeness," the belief that one is a burden to others (Van Orden *et al*., 2010). When these feelings co-occur with an acquired capability for self-harm, the likelihood of suicide significantly increases. Empirical research grounded in this theory highlights the protective role of social connectedness, demonstrating that fostering stronger social bonds can reduce feelings of isolation and burdensomeness, thereby lowering suicide risk (Ribeiro and Joiner, 2009). This framework has proven particularly insightful in identifying social isolation as a key risk factor for suicide among college students (Wilcox *et al*., 2010; Chang *et al*., 2018).

Social isolation, a central concept in Joiner *et al*.'s (2005) interpersonal theory of suicide, is a critical predictor of suicide risk, especially among vulnerable groups such as university students. Wilcox *et al*. (2010) demonstrated that students experiencing social isolation have a significantly higher prevalence of suicidal ideation. Similarly, studies by Chang *et al*. (2018); Iarovici (2015) have linked feelings of loneliness with increased suicide risk in college populations. Also, Forkmann *et al*. (2020), in a longitudinal study, found that while perceived burdensomeness was a significant individual predictor of suicidal attempts, the complete interaction of IPTS variables did not reliably forecast future suicidal behavior. Similarly, Espinosa-Salido *et al*. (2021), through a review of 40 empirical studies, concluded that IPTS's components

often function more effectively as independent risk indicators rather than interacting synergistically as the theory suggests. These findings highlight the limitations of applying IPTS uniformly across populations and underscore the need for its integration with broader social and cultural factors, particularly in diverse and under-researched settings such as sub-Saharan Africa. These findings underscore the vital role of social connectedness in mitigating suicidality.

Several studies have demonstrated that suicidal ideation among university students is a growing global concern, influenced by a complex interplay of psychological, social, and environmental factors. A comprehensive scoping review by Cecchin *et al*. (2022), which analyzed three decades of suicide prevention programs in university settings worldwide, identified psychoeducational interventions, gatekeeper training, and peer-led programs as among the most effective strategies for reducing suicidal ideation. Also, Pereira *et al*. (2015) conducted a longitudinal study in Brazil and found that depressive symptoms, hopelessness, low social support, and poor academic adjustment were key predictors of suicidal ideation among university students. The review emphasized that such interventions are particularly successful when they combine information dissemination with behavioral skills training.

In regions such as Latin America, Asia, and Europe, rising levels of academic pressure, social isolation, and mental distress have been strongly associated with increased suicide risk. For example, Lee and Kim (2023) found that loneliness and disrupted peer relationships significantly predicted depressive symptoms and suicidal ideation among South Korean university students. In the United States, Nguyen *et al*. (2021) reported a 28% increase in suicidal thoughts among university students during the COVID-19 pandemic, with marginalized groups disproportionately affected by social isolation and reduced access to support services.

In the African context, similar trends have emerged alongside significant structural limitations in mental health support systems. Julius *et al*. (2024), in a systematic review of mental health research across sub-Saharan African universities, identified critical institutional gaps, particularly in mental health policies, counseling infrastructure, and culturally appropriate interventions. In Ghana, Owusu-Ansah *et al*. (2020) reported that 15.2% of university students had experienced suicidal ideation, with psychological distress identified as a primary risk factor, while self-esteem served as a key protective buffer. Likewise, Seedat *et al*. (2025) found that 21.8% of South African health sciences students reported suicidal ideation during the COVID-19 pandemic, with depression, anxiety, and lack of social support emerging as the strongest predictors. In Nigeria, Nkwuda *et al*. (2020) found that academic stress, particularly related to examinations and study pressure, significantly predicted suicidal ideation

among undergraduate students; notably, self-esteem was not a significant protective factor in this study. Complementing these findings, Kukoyi *et al*. (2023), in a study conducted at a Nigerian private university, observed that self-esteem, social support, and environmental stressors significantly influenced both suicidal ideation and self-harming behaviors, highlighting the need for contextually tailored mental health interventions. More recently, Ezea (2019), using a mixed-methods approach at the University of Nigeria, Nsukka, identified academic pressure, loneliness, and financial stress as central contributors to suicidal thoughts among students. These findings highlight the limitations of applying IPTS uniformly across populations and underscore the need for its integration with broader social and cultural factors, particularly in diverse and under-researched settings such as sub-Saharan Africa.

To address the existing gap in culturally grounded suicidality research, the present study investigates the relationship between social isolation, perceived belongingness, and suicidal ideation among university students in Nigeria. Guided by the Interpersonal Theory of Suicide (IPTS), this research aims to offer a more contextually nuanced understanding of how psychosocial factors shape suicidal thoughts within Nigerian higher education settings. In doing so, it also examines how demographic variables, such as gender, socioeconomic background, and other identity markers, may moderate the relationship between social isolation and suicidal ideation. By centering Nigeria as the study context, this research seeks to expand the applicability of IPTS to African populations, identifying both shared and distinct predictors of suicidality among Nigerian university students. Ultimately, the study aims to inform the development of culturally relevant, evidence-based interventions that better address the mental health needs of youth in sub-Saharan Africa.

Materials and Methods

Study Location

This study was conducted in Enugu State, Nigeria, focusing on two prominent higher education institutions: The University of Nigeria, Nsukka (UNN) and the Enugu State University of Science and Technology (ESUT). The University of Nigeria, Nsukka (UNN), established in 1960, is Nigeria's first indigenous and autonomous university (Onuoha, 2016). As of the 2021/2022 academic session, the university had a student population of 36,657 and comprised 10 faculties and 90 academic departments, offering 211 undergraduate and 82 postgraduate programs (Academic Planning Unit, UNN, 2021/2022). The Enugu State University of Science and Technology (ESUT), originally founded in 1980 as the Anambra State University of Technology (ASUTECH), is a multi-campus, non-residential institution. During the 2021/2022

academic year, it had an estimated student population of 16,092. Both universities were selected for this study due to previously reported cases of suicide among students, making them significant contexts for exploring suicidal ideation and related psychosocial factors. The research employed a descriptive phenomenological qualitative design, which allowed for an in-depth exploration of the lived experiences of university students regarding social isolation, belongingness, and suicidal ideation. This design was well-suited for capturing the meanings students attach to their experiences and the contextual factors influencing their mental health.

Sampling and Participant Recruitment

The study employed a two-stage sampling method that combined purposive and snowball sampling techniques, a strategy frequently used in social science research to ensure both a systematic and comprehensive selection of participants (Biernacki and Waldorf, 1981). This approach was particularly well-suited for the research because it allowed for an in-depth exploration of the complex, personal experiences of university students in Enugu State, Nigeria, and helped identify the role of social isolation as a potential cause of suicidal ideation, which is often difficult to quantify through broader, quantitative methods.

The first stage of the sampling process involved purposive sampling to select two universities: The University of Nigeria, Nsukka (UNN), and Enugu State University of Science and Technology (ESUT). These universities were chosen because they represent distinct academic environments within Enugu State, with varying student experiences, which were crucial for exploring the role of social isolation and suicidal ideation in different institutional contexts. The selection of these institutions was also informed by the need to study environments with varying student experiences and the presence of incidents of suicide, as reported in previous media coverage (ESUT Gist, 2021; Chinenyeh and Aliu, 2019).

In the second stage, participants were chosen from specific departments within the universities. English and Literary Studies and Religion and Cultural Studies were selected from the University of Nigeria (UNN), while Insurance & Risk Management and Mass Communication were chosen from the Enugu State University of Technology (ESUT). The selection process targeted departments that had previously experienced suicide incidents, as well as other departments within the same faculties, such as those in the faculties of Social Sciences and Arts. A total of four departments were included in the study, with an equal number of students selected from each department to ensure balance and facilitate meaningful comparisons across these diverse academic disciplines.

The sample size for the study consisted of 24 students, with 12 participants from each university. Six participants were selected from each department at both universities.

This sample size was considered optimal for a qualitative approach, as it allowed for an in-depth exploration of individual experiences related to social isolation and suicidal ideation while balancing the need for detailed insights with the practical constraints of qualitative research (Creswell and Poth, 2018). Additionally, the sample was balanced for gender to ensure representation of both male and female students, which is important for capturing gender-specific experiences within the study. Purposive sampling was also employed to identify students who were known to have either experienced social isolation or were at risk of such experiences based on their academic and social circumstances. To locate these students, the researcher approached class representatives, who helped identify individuals who indicated interest in participating and who met the study's criteria. Using snowball, the initial participants were asked to refer other students who had similar experiences or were involved in comparable situations related to social isolation or suicidal ideation. The snowball sampling method allowed for a broader range of participants, including those who might not have been identified through purposive sampling alone. By leveraging referrals, the study was able to capture a more diverse set of experiences, enriching the overall data.

To facilitate participant recruitment, Class Representatives (CRs) from the selected departments assisted the researchers by providing contact details of potential participants. The researcher then reached out to these individuals to explain the study's purpose, objectives, and logistics, including the interview date, time, and location. Participants were informed about the study's potential risks and benefits, as well as their rights to confidentiality, anonymity, and the ability to withdraw from the study at any time.

Initially, 32 undergraduates from the University of Nigeria (UNN) and Enugu State University of Technology (ESUT) were approached to achieve the desired sample size; however, 8 declined participation, citing scheduling conflicts or a lack of interest in the study. Recognizing the sensitivity of the topic, the researchers ensured the well-being of participants by providing information about counselling services available at both the University of Nigeria and ESUT's Student Affairs Counseling Units. Participants were also offered the option to pause or discontinue interviews if they felt uncomfortable at any point.

Data Collection

The researcher used In-Depth Interviews (IDIs) as the primary method for data collection, guided by a semi-structured interview protocol designed to elicit detailed, focused, and nuanced information. This approach was chosen over other qualitative methods to capture complex personal experiences, allowing flexibility for probing deeper into participants' responses. Interviews were conducted individually in university classrooms and

libraries to ensure confidentiality and create a comfortable setting. Scheduling was arranged to accommodate participants' availability, with interviews lasting approximately 35 to 40 minutes each. Participants were given the choice of conducting interviews in either English or Igbo, according to their preference. Before each interview, participants were informed of the study's purpose, potential risks, and benefits, assured of confidentiality and anonymity, and informed of their right to withdraw at any time. Oral consent was obtained, including permission to audio-record the sessions. The researcher personally moderated all interviews, took notes, and made observations during the process. Ethical approval for the study was granted by the University of Nigeria's Department of Social Work Ethical Review Board (Ref No: IRB/UNN/162315-17). Participation was entirely voluntary. The flexible, individual interview format was preferred due to logistical and financial constraints that made group discussions impractical, as participants had varied schedules. Interviews were conducted in private, quiet classrooms within each university setting to ensure confidentiality and comfort. To address potential researcher bias, reflexive journaling was maintained throughout data collection and analysis. The researcher's positionality as a Nigerian postgraduate student informed empathetic engagement but was critically examined to avoid overinterpretation.

Data Analysis

The data collected through the In-Depth Interviews (IDIs) were analyzed using an inductive thematic analysis approach, consistent with the method outlined by Braun and Clarke (2006). All audio recordings were transcribed verbatim into English to preserve the accuracy and authenticity of participants' responses. The researcher initially read through the transcript multiple times alongside field notes to become thoroughly familiar with the data and to identify recurrent ideas related to the key areas of the study (Williamson *et al.*, 2018). Manual coding was performed to extract significant points and generate initial codes from the transcripts. These codes were then organized and reviewed to identify potential themes, ensuring that the emerging themes accurately reflected the data and maintained strong connections to the original codes. Throughout this iterative process, the researcher revisited the transcripts to refine, combine, or separate themes as necessary. The final thematic structure was arranged into main themes and subthemes that captured the complexity of participants' experiences. Four primary themes emerged, focusing on experiences of social isolation, its impact on mental health, coping mechanisms employed by students, and suggested interventions to reduce social isolation. These themes were then interpreted in relation to the research questions and existing literature, providing a detailed understanding of the multifaceted relationship between

social isolation and suicidal ideation among university students. Thematic saturation was achieved after 24 interviews, as no new themes emerged beyond the 20th transcript. This confirmed the adequacy of the sample size for qualitative insight. To ensure rigor, triangulation was applied through iterative coding checks, and peer debriefing was conducted with research mentors.

Results

The demographic characteristics of the study participants are summarized in Table 1. The data show an equal number of male and female participants. Ages ranged from 22 to 26 years, representing young adults at different stages of their academic progression. The deliberate inclusion of 300 and 400-level students was aimed at capturing insights from those who are generally more settled in their university experience, providing a richer understanding of their academic and social integration. The table also presents a balance between participants living on-campus and those residing off-campus, reflecting diverse living arrangements that can influence social interactions and feelings of belonging within the university community. To maintain confidentiality, all participants are referred to by pseudonyms throughout the study.

From the inductive thematic analysis of the transcribed interviews**,** three major themes emerged that reflect the lived experiences and perceptions of university students regarding social isolation and suicide:

1) Experiences of Social Isolation
2) Impact of Social Isolation on Mental Health
3) Coping Mechanisms for Social Isolation

Experiences of Social Isolation

A key question arises: Why do these participants feel socially isolated and lonely? The analysis revealed that many experienced profound feelings of detachment, primarily due to exclusion from social activities, lack of meaningful friendships, and emotional unavailability from peers. Some struggled with cultural or social differences that made it difficult to connect with others, while others battled self-doubt and a fear of rejection. The inability to find a supportive social network left them feeling like outsiders, deepening their sense of invisibility and emotional disconnection. Despite being in social settings, they often felt emotionally detached, struggling with a deep sense of not being seen or valued. The psychological burden of this isolation was evident in their responses. A male participant (Victor, 300-level, RCS, UNN) reflected on his experience, saying.

When I started university, even when I was surrounded by people, I felt even more alone, as if the world around

me lacked care and concern. It wasn't about loneliness, but a deep sense of disconnection. I didn't feel understood or valued by those around me, and that made it seem like I was just drifting, like I wasn't truly seen for who I was.

Similarly, a female participant (Joy, 300-level, MassCom, ESUT) described the weight of feeling unnoticed, stating.

The sense of being unnoticed was overwhelming, a weight I couldn't shake off. Every time I joined a group, I felt invisible, just a shadow passing through their conversations and laughter, never truly seen or acknowledged. It was as if I existed on the outskirts, unnoticed and disconnected.

In support of these views, another participant (Jenny, 400-level, ELS, UNN) emphasised how emotional unavailability from friends worsened her feelings of isolation. She shared.

I felt isolated because my friends were emotionally unavailable and lacked empathy, leaving me with no one to turn to during my lowest moments. I longed for someone

to listen and understand, but instead, I was surrounded by people who felt distant.

These accounts underscore a profound sense of social disconnection, revealing how isolation severely impacted participants' mental well-being. The absence of meaningful social bonds, empathy, and inclusion left them feeling unseen and unsupported. For some, this disconnection became unbearable, pushing them to the edge, where thoughts of suicide emerged as they struggled to cope with the overwhelming weight of isolation alone.

Impact of Social Isolation on Mental Health

The analysis of the transcripts revealed that the mental health consequences of social isolation were profound and severe for many participants. Almost all the participants reported heightened levels of panic, persistent low moods, and, in some instances, suicidal thoughts. These responses underscored the distressing effects of prolonged isolation on their emotional well-being. One participant shared.

Table 1: Socio-demographic characteristics of participants

Pseudonyms	Gender	Age	Residence	Department	Level of Study	University
Silas	Male	24	Campus	Religion and Cultural Studies	400	UNN
Eunice	Female	25	Campus	English and Literary Studies	400	UNN
Victor	Male	23	Off Campus	Religion and Cultural Studies	300	UNN
Amaka	Female	23	Campus	English and Literary Studies	300	UNN
David	Male	22	Off Campus	Religion and Cultural Studies	400	UNN
Jenny	Female	24	Campus	English and Literary Studies	400	UNN
Emmanuel	Male	22	Campus	Insurance and Risk Management	300	ESUT
Victoria	Female	22	Off Campus	Insurance and Risk Management	300	ESUT
Gabriel	Male	25	Campus	Insurance and Risk Management	300	ESUT
Jacinta	Female	22	Off Campus	English and Literary Studies	300	UNN
Kingsley	Male	26	Off Campus	Insurance and Risk Management	400	ESUT
Love	Female	23	Campus	Mass Communication	300	ESUT
Peter	Male	25	Off Campus	Mass Communication	400	ESUT
Mercy	Female	24	Off Campus	Insurance and Risk Management	400	ESUT
Saviour	Male	25	Campus	Religion and Cultural Studies	400	UNN
Hope	Female	23	Off Campus	Insurance and Risk Management	300	ESUT
James	Male	23	Off Campus	Mass Communication	300	ESUT
Sarah	Female	24	Campus	English and Literary Studies	300	UNN
Meshach	Male	25	Off Campus	English and Literary Studies	400	UNN
Amara	Female	22	Campus	Religion and Cultural Studies	300	UNN
Richard	Male	23	Campus	Religion and Cultural Studies	300	UNN
Linda	Female	24	Off Campus	Mass Communication	400	ESUT
Stanley	Male	26	Off Campus	Mass Communication	400	ESUT
Joy	Female	23	Campus	Mass Communication	300	ESUT

Source: researchers' fieldwork, 2021

I always felt intense anxiety in social situations, especially when I saw my friends heading to events without even thinking to invite me. Watching them go while knowing I wasn't considered made me feel like an outsider. It deepened my fear of rejection and made it even harder to approach others or put myself out there. Each event I wasn't invited to only reinforced the feeling that I didn't belong, leaving me anxious and uncertain in almost every social setting. (Mercy, 400L, IRM, ESUT).

Also, another participant supported the view above and spoke.

Isolation led to my having severe feelings of depression. I constantly felt hopeless, disheartened, and mentally drained. These overwhelming emotional struggles often built up inside me, sometimes culminating in darker, more disturbing thoughts. Most times, it significantly affected my mental health and left me feeling emotionally unstable and helpless. (James 300L Esut, Student).

Building on these insights, another major factor contributing to students' mental health struggles, as revealed by the transcript analysis, is the fear of judgment and social exclusion. Many participants shared that discrimination based on their identity, socio-economic background, or sexual orientation negatively affected their well-being. A male student (Meshach, a 400-level ELS student at UNN) described how the fear of being judged due to his sexual orientation led to feelings of isolation and anxiety. He said, "I was always afraid of how people would see me. It made me withdraw from conversations and avoid social situations, which only made me feel more alone." Similarly, (David, a 400-level RCS student at UNN), reflected on the impact of socioeconomic discrimination, stating, "When people look down on you because of where you come from, it makes you feel like you don't belong. Sometimes, it's hard to keep going, but my family and religious gatherings help me stay strong." One of the female participants (Hope, a 300-level IRM student at ESUT) emphasized the importance of social connections in overcoming feelings of rejection. She shared, "Being judged made me feel isolated, but spending time with family or joining campus clubs helps me feel accepted again." Also, Peter, a 400-level Mass Communication student at ESUT, echoed this sentiment, saying, "Discrimination makes you feel small and alone, but having my family around and being part of a community at school helps me cope."

These accounts further illustrate how social exclusion and discrimination contribute to students' mental health struggles, leading to isolation, anxiety, and a diminished sense of belonging.

Coping Mechanisms for Social Isolation

From the responses of the majority of the participants, it was deduced that they employed several coping strategies to manage the emotional effects of isolation,

with varying degrees of success. The most effective approaches included seeking family support, participating in religious gatherings, and engaging in social activities. Notably, religious practices stood out as particularly effective, reflecting their cultural significance as a source of comfort and connection. Family support also provided emotional stability, especially for those who maintained regular contact with loved ones. However, some participants noted that limited access to social spaces reduced the effectiveness of peer interaction. One participant shared.

The support from my family was crucial, but it often felt like it wasn't enough to help me cope with the mental health issues caused by the isolation I faced. Most of the time, when I felt overwhelmed by loneliness and despair, my family was the one I turned to for help. Despite their care and understanding, there were moments when I felt like no amount of support could truly ease the emotional pain of being so disconnected (Silas 400L, RCS UNN) Another Participant responded and said.

My family was a crucial support system when it became clear that my roommates didn't have my best interests at heart. Whenever I felt isolated or mistreated, they were there for me, offering emotional support and reassurance. While my roommates made me feel unwanted, my family reminded me that I wasn't alone, giving me the strength to face each day. (Love 300L, MassCom ESUT).

Beyond personal networks, some participants sought solace in campus activities. Participating in clubs and events seemed to offer some relief; one participant stated that:

Joining clubs and participating in school social events gave me a sense of belonging I had been craving. Even though I wasn't close to anyone in the clubs, being part of something I enjoyed brought me comfort and joy. It wasn't about making friends right away, but about contributing to something larger, which eased my loneliness and gave me a sense of purpose (Victoria 300L, IRM ESUT).

While another participant agreed with this view and added that:

Participating in activities like religious gatherings and campus fellowships helped reduce the loneliness I often felt, especially when my roommates excluded me. Watching them go out without inviting me was painful, but these events provided an outlet where I could connect with others, feel included, and find peace in those moments of shared kindness. (Richard 300L, RCS UNN).

In addition to family support and participation in campus activities, some participants emphasized the significance of professional mental health services in coping with isolation. They noted that counselling services provided them with a structured environment to discuss their challenges and develop effective coping strategies. One male participant (Savior, 400-level, RCS, UNN) said, "The counselling services provided me with a structured environment to discuss my challenges and helped me

develop coping strategies that brought relief and stability during emotionally distressing times." Other participants stressed the importance of increasing mental health awareness and forming peer support groups to address mental health issues among students. One participant (Gabriel, 300-level, IRM, ESUT) emphasized that universities should implement mental health advocacy through awareness campaigns, ensuring students are informed about available resources and equipped with the knowledge to recognize and manage mental health struggles. He expressed: "Such initiatives will not only help reduce stigma but also foster a healthier campus environment where students can seek support without fear of judgment." Also, a female participant (Linda, 400-level, MassCom, ESUT) explained that awareness campaigns would help students cultivate an environment that promotes both academic success and personal growth. She said, "Mental health training sessions would show students that struggling with mental health is not something to be ashamed of. It would also provide them with coping strategies and the tools to support others who are facing similar challenges."

Some of the participants pointed to the need for support groups and safe spaces on campus to foster inclusivity and emotional solidarity. One participant (Meshach, 400-level, ESL, UNN) noted the need for peer group activities and designated safe spaces, particularly for LGBTQ+ students. He shared, "I believe these initiatives would be really beneficial for students who are facing mental health challenges or feel socially excluded. Creating a space where they can feel accepted would help them build a sense of belonging and community." These coping strategies reflect culturally embedded responses to mental health distress. Reliance on religious and family networks aligns with collectivist cultural values in Nigeria and suggests areas for institutional intervention.

Discussion

This study investigated the relationship between social isolation, perceived belongingness, and suicidal ideation among university students in Nigeria, using the Interpersonal Theory of Suicide (IPTS) as a guiding framework. The findings illuminate the complex psychosocial experiences of Nigerian university students and underscore key factors influencing their mental health, particularly within the academic environment.

The findings of the study revealed that social isolation remains a significant psychosocial burden among university students, manifesting in emotional withdrawal, feelings of exclusion, and the absence of supportive peer relationships. Participants described the psychological toll of isolation as profound, often leading to hopelessness and, in some cases, suicidal ideation. These findings are consistent with previous studies that have identified social isolation as a predictor of mental health deterioration and suicidality in youth populations (Wilcox *et al.*, 2010; Chang *et al.*, 2018). The experiences of isolation were often compounded by other stressors such as academic pressure, financial hardship, and lack of familial support, all of which further exacerbated psychological vulnerability.

The study equally shows that Participants identified environmental and institutional stressors, such as academic pressure, financial hardship, and unstable living arrangements as exacerbating their sense of isolation. These findings mirror earlier research from Nigeria and across sub-Saharan Africa, where financial insecurity and academic demands were found to significantly predict suicidal ideation (Okechukwu *et al.*, 2022; Nwankwo Nkwuda *et al.*, 2020; Ezea, 2025). Moreover, the results extend the applicability of IPTS by suggesting that thwarted belongingness in the Nigerian context is often intertwined with socio-economic pressures. These culturally and economically rooted stressors amplify the risk of suicidal ideation, indicating a need to contextualize Western-developed theories such as IPTS when applying them to African populations. Also, Participants consistently associated their isolation with symptoms of depression, anxiety, and low self-worth, aligning with existing studies (Beiter *et al.*, 2015; Lee *et al.*, 2022). This reflects the global evidence that social disconnection exacerbates psychological distress, thereby increasing the likelihood of suicidal ideation (Nguyen *et al.*, 2021; Seedat *et al.*, 2025). The issue of isolation was also salient for LGBTQ-identifying students, who expressed heightened vulnerability due to perceived stigma and exclusion within their academic and social environments. This reinforces global findings that LGBTQ youth are at a higher risk of suicidal ideation due to marginalization and social rejection (Cecchin *et al.*, 2022).

Furthermore, the study showed that students in their final academic years (400 levels) reported heightened stress due to academic workload and uncertainty about post-graduation prospects. These students expressed feelings of exhaustion, anxiety, and a diminished sense of control over their future. This observation supports global research indicating that students nearing graduation are more susceptible to mental health challenges due to compounded pressures (Beiter *et al.*, 2015; Nguyen *et al.*, 2021). These insights suggest that universities should provide targeted psychosocial support to senior students to help mitigate future-related anxieties and reduce the risk of suicidal ideation.

Notably, the findings of the study also revealed that students who maintained strong interpersonal ties through campus associations, friendships, or religious communities demonstrated greater resilience and a lower likelihood of suicidal ideation. This emphasizes

the protective function of perceived belongingness. In the Nigerian context, where collectivism and communal bonds are deeply rooted cultural values, strengthening social connectedness within academic institutions may significantly improve students' mental well-being. Ribeiro and Joiner (2009) similarly emphasized the buffering role of social ties in reducing suicide risk.

The application of the Interpersonal Theory of Suicide provided a useful but partial framework for interpreting these findings. The constructs of thwarted belongingness and perceived burdensomeness were strongly evident in participants' accounts. However, the component of acquired capability, which the theory posits must co-occur with the other two for suicidal behavior to manifest, was less consistently supported. This finding aligns with criticisms of IPTS in non-Western contexts, where cultural and structural factors may influence mental health differently (Forkmann *et al.*, 2020; Espinosa-Salido *et al.*, 2021). In this study, socio-economic instability, academic pressure, and cultural perceptions of strength and resilience emerged as significant variables that may not be fully accounted for within the traditional IPTS framework. Thus, while IPTS offers valuable insights, its application in African contexts like Nigeria may require adaptation or integration with broader ecological and socio-cultural theories.

The findings also point to the moderating effects of gender and socioeconomic background on students' experiences of social isolation and perceived belonging. Female participants often referenced safety, trust, and emotional vulnerability as central to their sense of belonging, with some describing reluctance to form social connections due to concerns about physical safety, peer judgment, or past traumas. This indicates that for many women, belonging is not only about inclusion but also about feeling secure within those relationships. In contrast, male participants tended to emphasize independence and internalized cultural expectations around emotional restraint, which sometimes hindered their willingness to seek support. Additionally, students from lower socioeconomic backgrounds reported heightened feelings of isolation, largely tied to financial strain. For these students, limited resources restricted their ability to participate in social or extracurricular activities, reinforcing a sense of exclusion and deepening their mental health burden. The compounding effect of financial hardship, alongside academic stress and social disconnection, positioned these students at greater risk of suicidal ideation. These gendered and economic disparities suggest that interventions must be tailored not only to students' psychological needs but also to their structural realities, acknowledging how identity and context shape vulnerability.

Based on the study's findings, it is recommended that Nigerian universities develop contextually grounded, culturally responsive, and gender-sensitive mental health interventions. University administrators should create inclusive environments and improve access to counseling services while also implementing policies that ease academic and financial pressures. Additionally, peer-support initiatives, facilitated through student unions, mental health clubs, and orientation programs, should be introduced to provide safe spaces for disclosure, emotional support, and early identification of distress. Training university staff and student leaders in mental health awareness is also essential to reduce stigma and foster a compassionate and supportive campus culture.

While the study offers valuable insights into suicidality among Nigerian university students and enhances the application of Joiner's Interpersonal Theory in the Nigerian context, highlighting how cultural expectations, religious identity, and economic pressures influence social isolation, it also underscores the need for policy reforms in universities, particularly the integration of peer-led mental health outreach and culturally sensitive support systems. However, the study is not without its limitations. The research was conducted within two universities in Enugu State, potentially limiting the diversity of experiences represented. In addition, the study focused primarily on social isolation and belongingness, excluding other psychological or clinical variables such as depression, trauma, or substance use, which could further inform the understanding of suicidal ideation. Future research should explore these additional variables and consider mixed-methods designs for broader generalizability.

Conclusion

This study explored how social isolation contributes to suicidal ideation among university students in Enugu State, Nigeria. At its core, the research sought to understand the emotional and psychological impact of isolation on students within a context marked by academic pressure, cultural stigma, and limited institutional mental health support. The analysis revealed three major themes: The pathways into social isolation, the emotional consequences of isolation, students' coping strategies, and perceptions of support systems. Participants consistently described how feelings of loneliness, rejection, and marginalization triggered emotional distress, including depression and hopelessness, sometimes leading to suicidal thoughts. While some found comfort in peer support or religious coping, many viewed university-based mental health resources as inaccessible or ineffective. These findings carry critical implications for both mental health policy and university practice in Nigeria and similar contexts. They demonstrate the need for institutions to integrate culturally relevant mental health interventions, particularly peer-led support structures, proactive counseling outreach, and community-based awareness programs. The

study also offers valuable insights into suicidality among Nigerian university students and enhances the application of Joiner's Interpersonal Theory in the Nigerian context, highlighting how cultural expectations, religious identity, and economic pressures influence social isolation. It also underscores the need for policy reforms in universities, particularly the integration of peer-led mental health outreach and culturally sensitive support systems. Furthermore, the application of Joiner's Interpersonal Theory of Suicide in this study underscores the relevance of belonging and burdensomeness in understanding student distress in African settings. Future research could deepen these insights by examining how social isolation intersects with other structural challenges, such as digital disconnection, housing, or discrimination. Continued attention to students' lived experiences will be essential in shaping responsive support frameworks within African higher education. In sum, this study highlights the silent but deeply damaging effects of social isolation on student mental health. Addressing it is not only a psychological concern but a moral and educational imperative.

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Ethics

Ethical approval was obtained from the Department of Social Work, University of Nigeria (Ref: IRB/UNN/162315-17). Participation was voluntary, with informed consent obtained from all participants. Confidentiality and anonymity were maintained, and participants could withdraw at any time. Due to the sensitive topic, support resources were shared, and participants did not consent to data sharing.

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