

Suicide Counselling and Support Systems: An Examination of Perceptions on Existing Models

Olufowoke Mary Oyeyipo, Ph.D
Department of Guidance and Counselling
University of Calabar, Calabar
Olufowokeoyeyipo@gmail.com

Abstract

This study adopted a descriptive survey research design to investigate suicide counselling and support systems: an examination of perceptions on existing models. The population consisted of mental health professionals, social workers, clinical psychologists, and suicide prevention counsellors in mental health facilities in Cross River State. A purposive sampling technique was used to select a sample of 100 participants. A validated questionnaire was used to collect data on respondents' perceptions of the effectiveness, accessibility, and challenges of existing counselling models. A pilot study was conducted on 10 participants to test clarity, consistency, and reliability. Cronbach's alpha was used to measure the internal consistency; the reliability ranges from 0.71 to 0.73. Data were analyzed using mean and standard deviation. Results of findings show that respondents generally agree that current suicide counselling models are somewhat effective in addressing psychological and social needs; and that respondents recognize the value of existing suicide counselling systems while pointing out their limitations in cultural relevance and accessibility. It was recommended, among others, that mental health professionals should adopt a hybrid model that integrates clinical therapy, lived-experience input, and structured follow-up; as such would improve both psychological and social outcomes.

Keywords: suicide counselling, support systems, counselling models, suicide prevention, suicidal ideation

Introduction

The promotion of mental well-being and the prevention of suicide are urgent global priorities. Suicide counselling and support systems play a crucial role in this effort, offering psychological and emotional care to individuals experiencing suicidal thoughts or behaviours. Such interventions aim to provide crisis intervention, risk assessment, therapeutic support, and continuity of care - ultimately to reduce suicidal ideation, attempts, and deaths. However, many existing suicide counselling models, especially those grounded primarily in the medical or risk-management framework, face significant limitations. Critics argue that they can be "discriminatory, culturally inappropriate, and incongruent with the needs and values of persons who are suicidal". Suicide risk assessments, often used in clinical settings, suffer from limited predictive validity: meta-analyses show sensitivity around 56% and specificity near 79%; meaning many at-risk individuals are missed while many false positives receive unnecessary intervention. Additionally, systemic barriers such as fragmented services, lack of coordination, inadequate training, and resource constraints frequently obstruct effective implementation of prevention interventions globally.

Looking ahead, suicide counselling and support systems are expected to evolve toward more holistic, person-centred, culturally responsive, and technology-integrated models. A growing body of research endorses humanistic and recovery-oriented approaches that emphasize therapeutic alliance, individual narratives, and lived experience, moving beyond strictly clinical frameworks (Fitzpatrick & River, 2018). Integrating systems-level strategies, such as community-based services, continuity in care, and embedding prevention across all levels of health and social care, is critical to ensuring effective support (Pirkis & Niederkrotenthaler, 2024). There is also increasing interest in leveraging digital innovations, from text-based helplines like Crisis Text Line to AI-assisted screening through voice/text analysis while navigating the ethical implications of such technologies (Ambre Marie et al., 2025).

Suicide counselling can be defined as a structured, therapeutic process aimed at assessing suicide risk, exploring underlying emotional and existential issues, developing safety plans, and fostering coping skills and hope (Ambre Marie et al., 2025). Support systems refer to the broader network of interventions, clinical care, community outreach, peer support, crisis hotlines, digital tools, and systemic policies, that operate in coordination to sustain individuals at risk and facilitate recovery (Pirkis & Niederkrotenthaler, 2024; Ryan et al., 2023). These systems' efficacy depends on factors like service integration, cultural relevance, resource availability, and sustainability.

Given the limitations of current models and the promising directions they can take, there is a pressing need for a critical examination of existing models to understand their strengths, weaknesses, and applicability in diverse contexts. Moreover, charting future directions, including person-centred methods, community-based systems, digital innovation, and ethical technology, will help build more resilient, effective, and compassionate suicide prevention and support infrastructures.

Pfeiffer et al. (2019) conducted a study on development and pilot study of a suicide prevention intervention delivered by peer support specialists. The study developed a peer specialist intervention to reduce suicide risk, incorporating components of motivational interviewing and psychotherapies targeting suicide risk into recovery-based peer support. A randomized controlled pilot study was conducted to assess the acceptability, feasibility, and fidelity of the intervention. A total of 70 adult psychiatric inpatients at high risk for suicide were enrolled into the study. Participants were randomized to usual care (n=36) or to the 12-week PREVAIL peer support intervention (n=34). Participants in the PREVAIL group attended an average of six peer-support sessions during the 12-week programme. Fidelity checks on 20 sessions showed that 85% correctly applied the required conversation tools on hope, belonging, or safety, while 72.5% met the expected standards for general support skills (for example, validation) were performed with adequate fidelity. Participants' qualitative responses (n=23) were highly positive regarding peer specialists' ability to relate, listen, and advise, and to provide support specifically during discussions about suicide. Findings demonstrate that a peer support specialist suicide prevention intervention is feasible and acceptable for patients at high risk for suicide.

A quasi-experimental study by Surgenor et al. (2015) evaluated the Pieta House Suicide Intervention Model, using a repeated-measures design to assess changes in clients'

psychological outcomes. The findings indicated significant reductions in depression ($\eta^2 = .20$) and negative suicidal ideation ($\eta^2 = .59$); increased self-esteem and positive outlook after therapy, with substantial effect sizes ($\eta^2 = .47$ and $.49$ respectively). The model enhances both psychological reserves (positive outlook) and diminishes risk factors (negative ideation), emphasizing protective factors. Results are context-specific (Ireland-based programme), limiting generalizability to other cultural settings.

Larsen et al. (2016) conducted a study on the use of smartphone-based self-help apps in suicide prevention across multiple countries. The study utilized a pilot randomized controlled trial involving 157 participants who were identified as being at moderate to high risk of suicide. Participants in the intervention group were given access to the “LifeBuoy” app, a mobile application designed to deliver self-guided cognitive behavioural therapy (CBT) strategies, including mood tracking, emotion regulation, and crisis planning. The control group received treatment as usual (TAU). Suicide ideation and depressive symptoms were assessed using the Suicidal Ideation Attributes Scale (SIDAS) and PHQ-9 respectively. Analysis was done using generalized linear modeling to compare baseline and post-intervention outcomes. Findings showed that participants who used the LifeBuoy app demonstrated significant reductions in suicidal ideation and depressive symptoms compared to the control group. The researchers concluded that mobile app-based interventions may offer scalable and accessible support systems for individuals at risk of suicide, especially when traditional face-to-face therapy is unavailable.

White et al. (2021) conducted a study on the effectiveness of peer-based suicide prevention programmes in high schools across the United States. The study adopted a quasi-experimental design involving 2,078 students from 40 high schools. Schools were randomly assigned to either the Hope Squad programme (a peer-led gatekeeper model) or a waitlist control group. The Hope Squad trained selected students to identify peers at risk of suicide, provide support, and refer them for appropriate help. Suicide risk, help-seeking behaviour, and school climate were assessed using the Suicide Behaviour Questionnaire-Revised (SBQ-R) and a modified Help-Seeking Attitudes Scale. Data analysis employed multivariate regression models to assess the effect of the intervention. Results indicated that schools with the Hope Squad programme reported higher rates of peer referrals, improved help-seeking behaviours, and reduced suicidal ideation among at-risk students. The researchers concluded that peer-led programmes enhance the sustainability and social reach of suicide prevention efforts, particularly in youth populations.

Statement of the problem

Suicide remains one of the leading causes of death globally, with millions of people experiencing suicidal thoughts or behaviours each year. Suicide is a major public health problem worldwide with complex multifactorial origins. More than 800,000 lives worldwide are lost to suicide every year, and Asia accounts for more than 60% of such deaths (World Health Organization, 2014).

In response, various suicide counselling models and support systems have been developed to address the complex emotional, psychological, and social factors underlying suicidal ideation. While these systems have contributed to saving lives, significant concerns remain about their

overall effectiveness, accessibility, cultural appropriateness, and long-term impact. Many existing models rely heavily on clinical and risk-based approaches that often fail to consider the individual's lived experiences, socio-cultural context, or the importance of community-based and person-centred support. In many cases, suicide prevention interventions are fragmented, underfunded, or inaccessible, especially in low-resource or culturally diverse settings.

Furthermore, suicide risk assessments have been criticized for their low predictive validity, often leading to misclassification of individuals and ineffective intervention strategies. Digital interventions, while promising, raise additional concerns about ethical use, data privacy, and human connection. Despite efforts to integrate more holistic and compassionate approaches, such as peer-led support, culturally informed counselling, and faith-based or value-driven therapy, mainstream systems still largely operate within narrow clinical frameworks. As a result, many at-risk individuals continue to fall through the cracks of existing services.

Given these limitations, there is an urgent need to critically examine current suicide counselling models and support systems to determine their relevance, gaps, and real-world applicability. Additionally, there is a growing demand to explore future directions that are more holistic, culturally inclusive, technologically responsible, and person-centred. Without this critical re-evaluation, the global goal of reducing suicide and enhancing mental well-being may remain out of reach, especially for vulnerable and under-served populations. This study, therefore, seeks to examine existing suicide counselling models and support systems, identify their strengths and shortcomings, and propose strategic, context-sensitive directions for future improvement.

Research questions

- i. What are the strengths and limitations of existing suicide counselling models in addressing the psychological and social needs of individuals at risk of suicide?
- ii. What innovative approaches or support systems can be integrated into suicide prevention strategies to enhance effectiveness and sustainability in future practice?

Methodology

This study adopts a descriptive survey research design. The population consisted of mental health professionals, social workers, clinical psychologists, suicide prevention counsellors in mental health facilities in Cross River State. A purposive sampling technique was used to select a sample of 100 participants. Data was collected using structured questionnaire titled Suicide Counselling and Support Systems (SCSS) developed to collect quantitative data on respondents' perceptions on the effectiveness, accessibility, and challenges of existing counselling models. The questionnaire includes Likert-scale items related to the research questions. The questionnaire was segmented into two (2) sections. Section A was designed to elicit the respondents' personal data such as gender and institution. Section B was a four-point Likert-type scale containing six items each totalling 12 items to measure the sub-variables and the dependent variable. These items used the four-point modified Likert-scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly disagree (SD).

The instrument was validated through expert review by one specialist each from mental health, counselling psychology, and suicide prevention. A pilot study was conducted on 10 respondents to test clarity, consistency, and reliability. Cronbach's alpha was used to measure the internal consistency of the questionnaire items; the reliability ranges from 0.71 to 0.73 which is considered high enough.

Data collection was done through administration of questionnaires to professionals. Participation was voluntary, and informed consent was obtained. Ethical approval was secured from an accredited institutional review board. Data were analyzed using descriptive statistics including mean and standard deviation.

Presentation of results

Research questions 1: What are the strengths and limitations of existing suicide counselling models in addressing the psychological and social needs of individuals at risk of suicide?

Table 1: Strengths and limitations of existing suicide counselling models

s/n	Item	Mean	Standard Deviation
1	Existing suicide counselling models adequately address the emotional pain of individuals at risk.	3.97	0.86
2	Suicide counselling services are easily accessible to people in both urban and rural communities.	3.97	0.80
3	Most suicide counselling programmes fail to consider cultural or religious backgrounds of clients.	3.97	0.86
4	Counselling models used today offer long-term support and follow-up for clients after crises.	4.07	0.84
5	Suicide counselling focuses more on clinical symptoms than on the client's social and life challenges.	3.98	0.83
6	Current suicide prevention models are effective in reducing suicidal thoughts and behaviours.	4.03	0.84
	Overall	4.00	

The results in Table 1 show overall mean score of 4.00, indicating that respondents generally agree that current suicide counselling models are somewhat effective in addressing psychological and social needs. Item 4 shows highest-rated mean of 4.07, which suggests that participants feel existing programmes offer follow-up support. The lowest-rated item (= 3.97) still shows agreement but signal areas with marginally lower perceived strength, such as cultural appropriateness and accessibility.

Research questions 2: What innovative approaches or support systems can be integrated into suicide prevention strategies to enhance effectiveness and sustainability in future practice?

Table 2: Innovative approaches and support systems

s/n	Item	Mean	Standard Deviation
1	Digital technologies (like mobile apps or text lines) can improve access to suicide prevention support.	3.88	0.83
2	Peer-support systems can help reduce feelings of isolation among individuals with suicidal thoughts.	3.93	0.82
3	Suicide prevention programmes should integrate both professional and community-based support systems.	4.00	0.82
4	The future of suicide counselling should include more culturally tailored interventions.	4.07	0.76
5	Technology-based tools should be combined with in-person counselling to increase effectiveness.	3.87	0.85
6	Innovative methods such as online therapy and helplines are sustainable alternatives to traditional care.	3.83	0.81
Overall		3.93	

The results in Table 2 indicate overall mean score of 3.93, indicating general agreement that innovative strategies enhance suicide prevention. Item 4 shows highest-rated mean of 4.07, which reflects strong support for culturally tailored interventions. Item 6 show lowest-rated mean of 3.83, which indicates cautious optimism about the sustainability of digital or alternative methods.

Discussion of the findings

Findings from research question one shows that current suicide counselling models are somewhat effective in addressing psychological and social needs. The moderate-to-high ratings are consistent with Kryszynska et al. (2015), who found that structured models like PH-SIM improve depression and suicidal ideation but lack long-term or culturally specific frameworks. The standard deviation scores (~0.80–0.86) reflect moderate variability, indicating differences in user experiences, likely due to context, resource availability, or counsellor skill level.

Also research question two shows general agreement that innovative strategies enhance suicide prevention. Respondents agreed with the potential of innovative systems, echoing Larsen et al. (2016) who highlighted the reach and scalability of suicide prevention apps like LifeBuoy. Peer-led models (White et al., 2021) were also supported, as seen in high ratings for community-based and culturally relevant interventions. Slightly lower mean scores for tech sustainability suggest valid concerns about long-term engagement, ethics, and access, themes often raised in digital health literature.

Conclusion

Respondents recognize the value of existing suicide counselling systems while pointing out their limitations in cultural relevance and accessibility. There is strong support for integrating innovative, community-based, and tech-enabled solutions, although practical implementation challenges remain. These findings underscore the need for a hybrid model, combining clinical structure with innovation and cultural sensitivity, for sustainable suicide prevention.

Recommendations

1. Institutions should combine traditional counselling with peer support systems, family involvement, and community referrals.
2. Mental health professionals should adopt a hybrid model that integrates clinical therapy, lived-experience input, and structured follow-up; as such would improve both psychological and social outcomes.
3. Governments and stakeholders should formulate national suicide prevention strategies that include both existing counselling systems and future innovations.

References

- Ambre, M., Marine, G., Thomas, B., Laura, M., Guillaume, D., Gwenolé, Q. & Sofian, B. (2025) Acoustic and machine learning methods for speech-based suicide risk assessment: A systematic review. *Journal of Affective Disorders*, 394, Part B, [120569](#).
- Fitzpatrick, S. J. & River, J. (2018). Beyond the Medical Model: Future Directions for Suicide Intervention Services. *International Journal of Health Services*, 48(1), 189-203. doi:[10.1177/0020731417716086](#)
- Krysinska, K., Lester, D., Lyke, J., & Corveleyn, J. (2015). Trait gratitude and suicidal ideation and behavior: An exploratory study. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 36(4), 291–296. <https://doi.org/10.1027/0227-5910/a000320>
- Larsen, M. E., Nicholas, J., & Christensen, H. (2016). A systematic assessment of smartphone tools for suicide prevention. *PloS One*, 11(4), e0152285. <https://doi.org/10.1371/journal.pone.0152285>
- Pfeiffer, P. N., King, C., Ilgen, M., Ganoczy, D., Clive, R., Garlick, J., Abraham, K., Kim, H. M., Vega, E., Ahmedani, B., & Valenstein, M. (2019). Development and pilot study of a suicide prevention intervention delivered by peer support specialists. *Psychological Service*, 16(3), 360-371. doi: 10.1037/ser0000257.
- Pirkis, J., & Niederkrotenthaler, T. (2024). Handing over the reins [Editorial]. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 46(2), 69–71. <https://doi.org/10.1027/0227-5910/a000993>
- Ryan, S., Luke, L., Ketra, L. R., & Philippe, J. G. (2023). Simulation Models for Suicide Prevention: A Survey of the State-of-the-Art. *Computers (Basel)*, 12(7), 2-24.
- Surgenor, P. W., Freeman, J. & O'Connor, C. (2015). Developing the Pieta House Suicide Intervention Model: a quasi-experimental, repeated measures design. *BMC Psychology*, 3(14). <https://doi.org/10.1186/s40359-015-0071-6>
- White, J., Morris, J., Hinbest, J., & Meehan, C. (2021). Evaluating peer-led suicide prevention in schools: A multi-school longitudinal study. *School Mental Health*, 13(3), 456–470. <https://doi.org/10.1007/s12310-021-09441-6>
- World Health Organization (2014). *Preventing Suicide: A Global Imperative*. Geneva: World Health Organization.