

# Moderating Role of Social Support in the Relationship Between Psychological Well-Being and Suicide Among Suicide Attempters

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## Abstract

The study examined the moderating role of social support in the relationship between psychological well-being and suicide among suicide attempters. The sample comprised forty-eight (48) participants, including twenty-one (21) males and twenty-seven (27) females, aged 18–48 years ( $M = 20.21$ ,  $SD = 2.21$ ), recruited through purposive sampling from three government rehabilitation centres (Karu General Hospital, NDLEA Rehabilitation Centre, National Hospital Abuja) and three private rehabilitation centres (Olive Prime, The Oleaster, Primly Services) in Abuja. Data were collected using the Psychological Well-Being Scale (Ryff, 1989), the Beck Scale for Suicide Ideation (Beck, Steer, & Ranieri, 1988), and the Social Support Questionnaire (Sarason et al., 1983). A correlational design was employed, and moderated hierarchical multiple regression analyses were conducted using SPSS Version 27. Results indicated that only the personal growth dimension of psychological well-being negatively predicted suicide ( $St\beta = -.360^*$ ,  $t = 1.373^*$ ,  $p < .05$ ). Other dimensions—autonomy ( $St\beta = -.357$ ,  $t = -1.683$ ), environmental mastery ( $St\beta = .460$ ,  $t = 1.684$ ), positive relations ( $St\beta = .265$ ,  $t = 1.054$ ), purpose in life ( $St\beta = -.089$ ,  $t = -.294$ ), and self-acceptance ( $St\beta = .121$ ,  $t = .529$ )—did not significantly predict suicide ( $p > .05$ ). Social support dimensions—friends ( $St\beta = .048$ ,  $t = .317$ ), family ( $St\beta = -.028$ ,  $t = -.188$ ), and others ( $St\beta = .107$ ,  $t = .706$ )—also did not directly predict suicide. However, friends' support significantly moderated the relationship between psychological well-being and suicide ( $St\beta = -2.355^*$ ,  $t = -1.049^*$ ,  $p < .05$ ), whereas family support ( $St\beta = .374$ ,  $t = 1.198$ ) and other support ( $St\beta = .087$ ,  $t = .310$ ) did not. Findings suggest that enhancing personal growth and fostering supportive friendships may strengthen psychological well-being and reduce suicide risk. Therapists and counsellors are encouraged to integrate strategies that promote personal development and social connectedness in interventions for suicide attempters.

**Keywords:** suicide, psychological well-being, social support, personal growth, moderation

## Introduction

Suicide, defined as an attempt to end one's life, is a leading cause of death worldwide, affecting individuals regardless of age, gender, or socioeconomic status (Porrey, 2024). Globally, approximately 800,000 people die by suicide each year, most commonly through firearms, hanging, asphyxiation, or poisoning (Choi et al., 2020; Porrey, 2024). Identifying warning signs such as suicidal ideation, self-harm, and giving away possessions is critical for prevention. In Nigeria, suicide represents a growing public health crisis, with methods including ingestion of toxic substances, hanging, and drowning due to limited firearm access (Abamara & Ozongwu, 2024; Alabi, 2022). While females historically favoured drug overdose, recent trends indicate adoption of more lethal methods, increasing fatality risks. Underreporting is widespread due to social stigma, legal restrictions, and families disguising suicide as accidents

or murders, complicating the collection of reliable data (WHO, 2024). Suicide rates peak among young adults (20–24 years) and rise again in later life (~84 years), with alarming increases among adolescents and first-year college students in Nigeria, often linked to academic pressure, relationship issues, health concerns, and loneliness (Abamara & Ozongwu, 2024; Betterhealth.vic.gov.au, 2023).

Psychological well-being is a multidimensional construct encompassing self-acceptance, purpose in life, autonomy, positive social relationships, environmental mastery, and personal growth (Ryff, 2014; Chinawa et al., 2024; Van Dierendonck & Lam, 2023). It goes beyond happiness to include eudaimonic principles of personal development, meaningful engagement, and self-realization. Low psychological well-being has been strongly associated with increased risk of suicide attempts, as individuals with poor well-being often experience lower judgment, residual trauma, and heightened vulnerability to stress (Betterhealth.vic.gov.au, 2023; Morin, 2024).

Social support plays a crucial role in mitigating suicide risk and enhancing psychological well-being. Defined as the network of resources and relationships that provide emotional, informational, and instrumental assistance, social support operates both structurally (size and connectedness of networks) and functionally (quality and depth of support) (Drageset, 2021; Geweniger et al., 2024). Perceived social support can buffer the negative effects of stress and adversity, promoting a sense of belonging and emotional security that protects against suicidal ideation (Liu et al., 2023; Shin & Park, 2022). Strong social ties through family, friends, and peers foster resilience, improve coping strategies, and contribute to higher overall psychological well-being (Knut et al., 2022). In essence, social support functions as a preventive mechanism, ensuring that individuals facing emotional distress have access to resources, guidance, and compassionate relationships that reduce the likelihood of suicide.

Overall, addressing suicide in Nigeria requires an integrated approach that emphasizes the promotion of psychological well-being and the development of strong social support networks. Effective interventions should combine mental health education, accessible care services, and programs designed to strengthen social connections, particularly among high-risk populations such as adolescents and young adults.

Here's a humanized, two-paragraph summary of the theoretical framework (CBT) highlighting the vital points:

Cognitive Behavioural Theory (CBT), developed by Beck (1976), provides a framework for understanding how thoughts influence emotions and behaviors, including suicidal tendencies. According to CBT, individuals' perceptions and interpretations of events—known as cognitive schemas—can become distorted, leading to negative emotions, poor coping, and maladaptive behaviors. In the context of suicide, maladaptive thoughts such as hopelessness, self-blame, or catastrophic thinking can intensify psychological distress, increasing the risk of suicidal ideation and attempts. CBT emphasizes that by identifying and restructuring these harmful thought patterns, individuals can reduce emotional distress, improve judgment, and adopt healthier coping mechanisms.

Furthermore, CBT aligns closely with interventions aimed at enhancing psychological well-being and leveraging social support. By addressing distorted cognitions, individuals can engage more positively with their social networks, seek help when needed, and develop problem-solving skills that reduce vulnerability to stressors. The framework supports targeted strategies for high-risk populations, such as adolescents and young adults, by fostering resilience, promoting adaptive behaviors, and strengthening mental health outcomes. In essence, CBT offers both a theoretical explanation for suicidal behavior and a practical guide for prevention and psychological intervention (Beck, 1976; Beck & Alford, 2009).

**Thus, these hypotheses were tested;**

- i. Psychological well-being (positive relations with others, autonomy, environmental mastery, self-acceptance, purpose, and growth) independently and jointly will not relate to suicide among suicide attempters
- ii. Social support (family, friends and significant others) will not relate to psychological well-being (positive relations with others, autonomy, environmental mastery, self-acceptance, purpose, and growth) independently and jointly among suicide attempters
- iii. Social support (family, friends and significant others) will not moderate the psychological well-being (positive relations with others, autonomy, environmental mastery, self-acceptance, purpose, and growth) independently and jointly and suicide attempt relationship among suicide attempters

**Method**

**Research Design**

The correlation design was employed as the researcher sought to explore the intricate relationships between various variables, observing how they interact without exerting control or manipulation over either (Bhandari, 2023). This methodological approach allows for the identification of underlying patterns and meaningful associations among the variables in question, ultimately shedding light on complex dynamics at play within the data (Bhandari, 2023).

**Area of the study**

The research was conducted at Abuja because it has many facilities that take care of suicidal cases and institutions that houses significant numbers of persons that have attempted suicide and failed. Abuja, the capital of Nigeria, is a planned city constructed in the 1980s to replace the massive urban sprawl of Lagos. It was originally formed in 1976 as the Federal Capital Territory, which was later officially named as Abuja in December 1991. The capital's name comes from the nickname, Abu Ja, of the region's first king. That's a city in the middle of Nigeria, best known for its modern architecture and green space. It is one of the few purpose-built capital cities in the world. Put the road factor, its beautiful rolling landscape, and modern Nigerian architecture. But the power supply can be unreliable.

It is a Federal Capital Territory Area, one of the six Area Councils in the Federal Capital Territory. It is bordered by other area councils, namely; Kuje, Gwagwalada, Kwali, Bwari and Abaji. Most of the headquarters of the federal ministries are in Abuja, while some of the state ministries also have head offices in Abuja and few others in state capitals. The FCT has six Area Councils, also known as local government areas. They are Abaji, Bwari, Gwagwalada, Kuje, Kwali and Abuja Municipal (AMAC).

Maitama hosts the government's legislative branch, the National Assembly. Abuja is one of the fastest-growing cities in the world. The headcount for the Metropolitan Area is 4,025,000 in the year 2022. Nigeria's Federal Capital Territory, Abuja, is surrounded by four states: Niger to the West and North, Kaduna to the northeast, Nasarawa to the east and South and Kogi to the southwest.

Nigeria's capital, Abuja, is richly endowed with a wide range of natural resources, including clay, tin, tantalite, feldspar, gold, barite, gypsum, of which the tonnes of gypsum deposits are estimated at more than a billion tonnes, and is the largest in West Africa.

**Sources of Data**

The sources of data for this study included primary data, which were gathered through the use of a structured instrument administered to persons who have attempted suicide and failed to kill themselves, and are receiving treatment in any rehab institution at Abuja. These copies of

instruments were designed to capture various aspects of social support, psychological well-being, and suicide attempt.

## **Tools of data collection**

### **Instrument**

These instruments were used for data collection:

A questionnaire comprising demographic information and three scales categorized into three sections (A, B, C) for easy administration and scoring were administered

The following instruments were used:

- i. Psychological Well-Being Scale (Ryff, 1989)
- ii. The Beck, Steer and Ranieri (1988) Beck Scale for Suicide Ideation
- iii. Social Support Questionnaire (Sarason, et al., 1983)

### **Psychological Well Being Scale (Ryff, 1989)**

Psychological well-being scale is an eighteen (18) self-report scale designed to measure psychological well-being by Ryff (1989). The instrument consists of six sub-scales (with three items in each sub-scale): (a) Autonomy, (b) Environmental mastery, (c) Personal growth, (d) Positive relationships with others, (e) Purpose in life, and (f) Self-acceptance. "The autonomy dimension assesses self-determination, independence, and an internal locus of control. The environmental mastery dimension measures one's ability to manipulate and control complex environments. The personal growth dimension measures one's needs to actualize and realize one's potentials. The positive relationships with other's dimension assess the ability to love, trust, and establish deep relationships with others. The purpose in life dimension is to measure one's sense of direction and goals. The self-acceptance dimension assesses positive attitudes held toward the self" (Akin, 2008). Participants were made to respond on a 6-point scale that ranges from "strongly agree" (1) to "strongly disagree" (6). The following items are reverse: 1,5,9,10,12,13,15,18. Higher scores indicate higher psychological well-being within the respective dimension.

### **Suicide Intent Scale (Beck et al., 1974)**

The Suicide Intent Scale (SIS; Beck, Resnick, & Lettieri, 1974) is a 20-item scale designed to record data regarding the intensity of the attempter's wish to die at the time of the attempt. In order to assess this expectancy, the scale is completed on the basis of retrospective data obtained from the patient and relevant observers, such as family and police. The scale is divided into three sections.

### **Social Support Questionnaire**

The Social Support Questionnaire (SSQ) by Sarason, et al. (1983) was developed to assess the extent to which one receives support from others. There are three subscales within the SSQ. They include: Government (8 items), Family (8 items), and Friends (8 items). The instrument is rated in a five-point Likert-type scale of great extent (5) to not at all (1). Examples of items in the scales are: "To what extent do you think your friends will help you in time of crisis; to what extent does the government console you when you have a problem". Respondents are required to rate the extent they agree with each statement as it applies to them on the five-point Likert type scale. Asogwa (2010) reported a Cronbach's Alpha of .89 for the 24 items, while the Cronbach's alpha of the subscales are as follows: Government support .90, Family support .91 and Friends support .90.

### **Methods of Data Collection**

The researcher, along with six other research assistants who were enlightened on the relevance of the study were sought to help administer and retrieve the instruments, sampled participants from six (6) different facilities that admitted persons who have attempted but failed and are being taken care of, were administered with the instruments. The research assistants assisted in distributing and retrieving copies of the instruments to the participants. The researcher provided comprehensive instructions to the research assistants.

### **Population of the Study**

Forty-eight (48) persons, which comprises twenty-one (21) males and twenty-seven (27) females, with an age range of 18-48 years and a mean age of 20.21 and a standard deviation of 2.207 drawn using purposive sampling techniques from: three government rehabilitation centres (Karu General Hospital (3), NDLEA Rehabilitation Centre (13 and National Hospital Abuja (4)) and three private rehabilitation centres (Olive Prime (7), The Oleaster (9) and Primly Services (12)) all in Abuja, with the aid of a purposive sampling technique.

### **Sample and Sampling Technique**

The researcher employed the purposive sampling technique due to the manageable size of the entire population and its availability of the population of participants (suicide attempters) studied. Purposive sampling, also known as judgmental sampling, is a non-probability sampling technique where researchers intentionally select participants based on their unique characteristics or knowledge that is relevant to the research question to select both the places and participants for this study.

### **Reliability of Test Instrument**

The suicidal intent scale coefficient was found to have been  $r = .95$  (inter-rater reliability). After correction for attenuation (Spearman-Brown), the correlation coefficient was .82 (internal consistency). The dependability coefficients for internal consistency, as stated by Ryff (1989) on psychological well-being, range between .86 and .93 for each of the six subscales. Social support, Asogwa (2010) reported a Cronbach's Alpha of .89 for the 24 items, while the Cronbach's alpha of the subscales are as follows: Government support, .90; Family support, .91; and Friends support, .90.

To ensure the instrument's reliability, a pilot test was conducted on 10 participants with suicidal ideation from Enugu correctional centre, drawn with the aid of purposive sampling techniques, and it yielded a Cronbach alpha of 0.93 to 0.991 for psychological well-being; suicide intent has a reliability of .63. while social support yielded a Cronbach's alpha of .997 to .991

### **Validity of Test Instrument**

Validity was for the suicidal intent scale: after correlation for attenuation (Spearman Brown), the correlation coefficient was .82 (internal consistency).

Regarding the discriminant validity of psychological well-being, the six scales exhibit significant and strong correlations with the pre-existing measures of positive and negative functioning assessed. The strongest of these was a correlation of .73 between self-acceptance and the Life Satisfaction Index, which is quite high (Ryff, 1989a).

For social support, Perceived support from Family was significantly inversely related to both depression,  $r = -.24$ ,  $p < .01$ , and anxiety,  $r = -.18$ ,  $p < .01$ . Perceived support from Friends was related to depression symptoms,  $r = -.24$ ,  $p < .01$ , but not to anxiety. The Significant Other subscale was minimally but significantly negatively related to depression,  $r = -.13$ ,  $p < .05$ , as was the scale as a whole,  $r = -.25$ ,  $p < .01$ .

### **Model Specification**

The study explored the moderating role of social support in the relationship between psychological well-being and suicide attempt among suicide attempters. The dependent variable, suicide attempt was measured with psychological well-being as a predictor and social support as a moderator. The moderating variable is social support; the independent variable includes psychological well-being, recognizing its potential prediction on suicide.

### **Data Analysis Technique**

The statistical method employed for data analysis is moderated hierarchical multiple regression, conducted using the Statistical Package for Social Sciences (SPSS) Version 27 software. This regression analysis serves as a statistical approach that enables researchers to investigate interactions between two predictor variables and a criterion variable. For example, in the context of a study on suicide, one predictor variable is psychological well-being, while the moderating variable is social support. This methodology is instrumental in identifying significant factors that may influence the strength or direction of the relationships between these variables (Nie et al., 2010).

### **Limitations of the study**

Several factors posed challenges to this study, one of which is the uniqueness of the population studied. Focusing solely on those who have attempted to take their lives and failed reduces the population of persons who were sampled. More participants would have been drawn assuming the study had included those with ideation.

The time framework for the study was too short to conduct sensitive research like on suicide among suicide attempters. Because the participants are unique and not static, they are very difficult to see in many institutions in a handful, even those on the ground sometimes refused to take part in the study, citing a wrong frame of mind.

### **Procedure for Data Collection**

The researcher drew participants from the sample of those who have attempted suicide before from three government rehabilitation centres (Karu General Hospital, NDLEA Rehabilitation Centre and National Hospital Abuja) and three private rehabilitation centres (Olive Prime, The Oleaster and Primly Services) all in different locations in Abuja, with the aid of a purposive sampling technique. The purposive sampling, which is a selective criteria technique was used to draw the participants, because of the peculiar nature of the participants who are not static and difficult to see in many institutions, and some avoiding to identify due to shame and stereotype, also some participants from some institutions didn't possess the criterion of selection, which is the participant must have a record of attempted suicide. Thus, a purposive sampling technique was deployed to draw the required persons who gave their approval for this study. Research assistants who are clinical psychologists and other therapists of the selected institutions were employed by the researcher to help in distributing and retrieving the instruments from the participants drawn for the study. Having attempted suicide qualifies anybody who gives consent to participate in the study. One hundred and fifteen (115) copies of the instruments were distributed, eighty-three (83) copies were completed, and only forty-eight (48) persons with a record of suicide attempt that qualify to be part of the study, which were used for data analysis

## **Results**

### **Presentation of Data**

This chapter presents data obtained from participants, analysis of data and results interpretations. Descriptive statistics (mean and standard deviation) and correlations among the

study variables are presented in table 1. In Table 2, the results of the hierarchical multiple regression conducted to test the hypotheses are presented. The dependent variable for the analysed result is suicide attempt.

### Analysis of Data

**Table 1: Descriptive and correlation statistics on the moderating role of perceived social support in the relationship between psychological well-being and suicide**

S/N		Mean	S. D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Suicidal	11.06	6.563	1	-.106	.278	.052	.230	.172	.121	.158	.064	.118	-.04	.213	.040	.159	-.095	.176
2	Autonomy	8.968	4.554	1	.330	-.048	.213	.203	.357*	.525**	-.189	-.07	-.12	.424*	.272	.381	.014	-.049	
3	Environmental Mastery	13.00	3.610		1	.535**	.524**	.719**	.433*	.815**	-.056	-.04	.173	.764**	.560**	.659	-.013	.458**	
4	Personal Growth	14.71	3.438			1	.564**	.633**	.453**	.690**	.086	-.16	.339	.693**	.543**	.491	-.015	.152	
5	Positive Relations with Others	12.18	3.237				1	.650**	.501**	.773**	.013	-.00	.244	.763**	.583**	.665	.032	.220	
6	Purpose in Life	13.93	3.564					1	.471**	.833**	.123	-.21	.225	.805**	.696**	.566	-.117	.445*	
7	Self-Acceptance	10.06	3.036						1	.721**	.094	-.06	.046	.664**	.615**	.544	-.037	.085	
8	Psychological well-being	72.87	15.36							1	.000	-.13	.193	.939**	.739**	.756	-.030	.293	
9	Friend support	27.77	6.295								1	.031	-.00	.080	.667**	.161	.050	.045	
10	Others support	25.23	6.138									1	-.08	-.094	.061	.540	.057	.018	
11	Family support	34.55	2.833										1	.512**	.300	.196	.109	.312**	
12	Family*psychological	2549.7	603.1											1	.752**	.741	-.037	.425*	
13	Friends*psychological	2031.4	557.3												1	.683	-.191	.197	
14	Others*psychological	1826.9	493.0													1	-.271	.171	
15	Age	20.21	2.207														1	.033	
16	Gender	1.55	.500															1	

At  $p < .05^*$ ,  $p < .01^{**}$ , at  $p < .001^{***}$

Table 1 above shows that suicide did not relate to psychological well-being  $r = .158$  at  $p > .05$ , social support (friends  $r = .064$ , others  $r = .118$  and family  $r = .213$ ) at  $p > .05$ . This implies that psychological well-being and social support are not factors that can determine the presence of suicide attempt among suicide attempters.

**Test of Research Hypotheses**

**Hypothesis one: Psychological well-being will not relate to suicide among suicide attempters**

**Table 2: Regression statistics of psychological well-being on suicide**

Variables	Dependent variable	R	R <sup>2</sup>	Stβ	t
Autonomy	Suicide	.455	.207	-.357	-1.683
Environmental Mastery				.460	1.684
Personal Growth				-.360*	-
					1.373*
Positive Relations with Others				.265	1.054
Purpose in Life				-.089	-.294
Self-Acceptance				.121	.529

At  $p < .05^*$

Table 2 above shows that only the personal growth dimension of psychological well-being,  $St\beta = -.360^*$   $t = 1.373^*$  at  $p < .05$ , negatively predicted suicide among suicide attempters. This implies that an increase in the personal growth dimension of psychological well-being will cause a decrease in suicide among suicide attempters. psychological well-being (autonomy  $St\beta = -.357$   $t = -1.683$ , environmental self-mastery  $St\beta = .460$   $t = 1.684$ , positive relations with others  $St\beta = .265$   $t = 1.054$ , purpose in life  $St\beta = -.089$   $t = -.294$  and self-acceptance  $St\beta = .121$   $t = .529$ ) at  $p > .05$  did not relate to suicide attempt among suicide attempters. Psychological well-being  $r = .455$  is related to suicide among suicide attempters; it contributed 20.7% variance to suicide at  $r^2 = .207$ .

**Hypothesis 2: Social support will not relate to suicide among suicide attempters**

**Table 3: Regression statistics of social support on suicide among suicide attempters**

Variables	Dependent variable	R	R <sup>2</sup>	Stβ	t
Friends support	suicide	.130	.017	.048	.317
Others support				.107	.706
Family support				-.028	-.188

At  $p < .05^*$

Table 3 above shows that social support (friends  $St\beta = .048$   $t = .317$ , others  $St\beta = .107$   $t = .706$  and family support  $St\beta = -.028$   $t = -.188$ ) at  $> .05$  did not predict suicide among suicide attempters. Social support  $r = .130$  did not relate to suicide attempt, it contributed 1.7% variation to suicide attempt at  $r^2 = .017$ .

**Hypothesis 3: Social support will not moderate the relationship between psychological well-being and suicide among suicide attempters**

**Table 4: moderated regression of the moderating role of social support in the relationship between psychological well-being and suicide among suicide attempters**

Variables	Dependent variable	R	R <sup>2</sup>	Stβ	t
Family support*psychological	Suicide	.285	.081	.374	1.198
Friends support*psychological				-2.355*	-
Others support*psychological				.087	.310

At  $p < .05$

Table 4 above shows that the friends support dimension of social support,  $St\beta = -2.355^*$   $t = -1.049^*$  at  $p < .05$ , negatively moderated the relationship between psychological well-being and suicide attempt and suicide attempters. This implies that an increase in friends' support will cause an increase in psychological well-being that will lead to a decrease in suicide attempt

among suicide attempters. While family support  $St\beta=.374$   $t=1.198$  and other support  $St\beta=.087$   $t=.310$  did not moderate the relationship between psychological well-being and suicide attempt among suicide attempters.

### **Discussion of the findings**

Since the first hypothesis, which claimed that psychological health had no bearing on suicide among those who attempted suicide, was validated, it was approved. One important conclusion from the research is that psychological well-being's personal growth component is particularly effective at preventing suicide among people who have tried it in the past. This dimension is closely related to the continuous process of self-improvement and the desire to become the best version of oneself.

Individuals who experience high personal growth in such a context often experience a strong sense of accomplishment and meaning, which has the downstream effect of increasing their psychological well-being. These individuals are often less likely to express suicidal thoughts and attempts, highlighting the importance of personal growth about mental health.

On the other hand, those who find it difficult to develop as a person could get stuck where they are and end up going around in circles, with how tense and anxious they feel. The issues surrounding stagnant personal growth can compound already present mental health problems, which in turn further accentuate their risk for suicide attempt. This highlights the need to enhance psychological resilience and prevent suicide by developing a platform to support individuals in building a promising future.

The results of this study were inconsistent with Chan et al. (2022), who demonstrated an association between psychological well-being and suicide. Different instruments may account for the divergent findings and cultural diversity.

The second alternative hypothesis that social support will not correlate with suicide attempt in suicide attempters was upheld therefore it was accepted. The results also indicate that social support was not related to suicide attempts, possibly due to differences in the nature of social support and life experience of each individual. The only thing that's reprehensible or incredible about such support is it is up to each individual as to whether they choose to take it up or not, shaped by the particular trigger and affective environment of the current situation. It's a wonderfully nuanced portrait of human interaction and the tangled web of accepting and refusing help in times of trouble.

This is contrary to the finding of Hussein and Yousef (2024) in their study where social support was identified as a significant predictor of suicide attempt. The more support, the less likely they may willingly take their lives. The findings here are conflicting with the available data which may be due to the variety of instruments or cultural difference.

The third hypothesis tested that social support (family, friends, and significant others) would not moderate the association between psychological well-being and suicide attempt among suicide attempters, was supported, so the hypothesis was accepted. Evidence shows that support received from friends has a significant interaction on the relationship between SWB and the risk of suicide. In particular, the present study demonstrates that support from friends is key to buffering the negative consequences of suicide attempt, but that these benefits are only evident among those low in mental health symptoms. Although the presence of familial and friend support is typically associated with the decrease of psychological distress, this study highlights the distinct protective role played by friend support for those with symptoms of suicide attempt.

Low and behold it seems its the presence of strong friendships which make the biggest difference in terms of psychological distress and suicidal behaviour. When people are surrounded by a caring group of friends, the negative impacts of their mental health struggles can be lessened, which in turn lowers the chances of them considering suicide. This highlights

that building and nurturing close friendships isn't just good for our emotional health; it can also act as a crucial buffer against the serious risks tied to mental health crises.

## **Summary of Findings, Conclusion, And Recommendations**

### **Summary of findings**

- i. The personal growth dimension of psychological well-being negatively relates to suicide among suicide attempters. Psychological well-being (autonomy, environmental self-mastery, positive relations with others, purpose in life, and self-acceptance) did not relate to suicide attempt among suicide attempters. Psychological well-being did not relate to suicide
- ii. Social support (friends, others, and family support) did not relate to suicide among suicide attempters. Social support did not predict suicide among suicide attempters.
- iii. Friends support dimension of social support negatively moderated the relationship between psychological well-being and suicide and suicide attempters. Family support and others support did not moderate the relationship between psychological well-being and suicide among suicide attempters.

### **Implications of the findings**

This study has three implications: theoretical, empirical, and practical.

The findings are in line with the Cognitive behavioural theory (CBT) which serves as a robust theoretical framework, grounded in the understanding that our thoughts (cognition), feelings (emotion), and actions (behaviour) are intricately interconnected. This approach suggests that our thoughts have a direct impact on how we feel and behave. As a result, negative and unrealistic thinking can lead to significant emotional pain and various psychological issues. Cognitive Behavioural Therapy (CBT) is built on the idea that flawed thinking can stem from cognitive weaknesses, like poor planning skills, or cognitive distortions, which are about misinterpreting information. How a person perceives situations is key to shaping their emotional reactions, which in turn affects their actions. Additionally, a person's mental well-being plays a vital role in guiding these thought patterns, and having a solid support system can help improve overall mental health. Therefore, nurturing positive thinking and building strong social connections are crucial for enhancing psychological resilience and alleviating distress. The empirical review indicates that there was a lack of agreement among the studies regarding the findings obtained. This divergence could be attributed to cultural variation. These results have been incorporated into the existing body of literature, which can be referenced by future researchers.

Practically, it shows that the personal growth dimension of psychological well-being, which encompasses feelings of continuous development and expanding one's potential, is negatively correlated with suicide ideation. This implies, higher levels of psychological well-being, including personal growth, were associated with lower levels of suicidal thoughts. This highlights the idea that encouraging personal growth and development can serve as a protective measure against thoughts of suicide. Therefore, therapists and counsellors should actively promote personal growth, as it can enhance psychological well-being and help reduce the risk of suicide among those who have attempted it. Additionally, support from friends plays a crucial role in the connection between psychological well-being and suicide. It seems that the positive impact of having friends is especially significant for individuals dealing with lower levels of mental health issues, as they might be more open to the advantages of social support and interaction, which can ultimately help decrease the likelihood of suicide among those at risk. Thus, therapists and counsellors should work out a modality to assist the suicide attempters to make good friends who can influence them to be stable emotionally, to reduce suicidal thoughts and behaviour.

### **Conclusion**

The findings from the study reveal that the personal growth dimension of psychological well-being, which encompasses feelings of continuous development and expanding one's potential, is negatively correlated with suicide ideation. Friend support can moderate the relationship between psychological well-being and suicide

### **Recommendations**

The researcher recommends that individuals, especially those who are considering suicide, should be encouraged and guided on how to possess that personal growth mentality and to make friends who can contribute positively to their lives; this will help to boost psychological well-being to reduce suicide.

Safety planning must include mapping a support network and specifying *who* to contact and *how* (phone, text, in-person). Train families/close others in supportive responses (non-judgemental listening, removing means, encouraging care linkage).

Use follow-up and care transitions protocols (Zero Suicide, standard recommended care): ensure continuity (post-ER or post-discharge calls/contacts) because timely social contact is protective in the days/weeks after an attempt.

### **Contribution to Knowledge**

This study indicated that fostering personal growth can act as a protective factor against suicide by promoting positive mental health and well-being, potentially reducing the risk of suicidal ideation and behaviours

While having friends around is definitely important, the quality of those friendships really counts too. Strong, supportive bonds can give us a sense of belonging, understanding, and encouragement, which can be a huge help during tough times and may even lower the risk of suicidal thoughts and behaviours.

### **Areas for further studies**

Future researchers should consider carrying out this study among those who have not attempted suicide, but have the ideation, to increase the number of participants.

Future researchers should carry out this study in other regions apart from Abuja to validate the findings from this study.

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