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Selected salient interventions to address suicide from the lenses of students in a selected university, South Africa

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ABSTRACT

Unequivocally, South African higher education institutions (HEIs) are profoundly challenged to clinically address and innovate suicide interventions for their suicidal students. A qualitative research approach and a case study design were adopted, supported by the Cognitive Behavioural Therapy, Person-in-Environment perspective, cum the Ecological perspective lenses. Research findings revealed that cultural dispositions confuse clients from trusting and respecting clinical processes; pecuniary positions of clients hinder them from accessing specialised clinical treatment; lack of adequate resources stifles clinical responses towards suicide interventions, and dwindling community support network weakens suicide-leaning interventions. This study recommends the following- Integrating Clinical and Orthodox Approaches for Sustainable Suicide Prevention; Higher Education Institutions as Catalysts for Health Collaboration and Policy Reform; Leveraging Affordable and Scalable Digital Interventions; and Strengthening the Human Resource Capacity of Campus Health Services.

KEY TERMS: clinical interventions, community support, HEIs; suicide, pecuniary positions

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HOW TO REFERENCE USING ASWDNET STYLE

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INTRODUCTION

Incontrovertibly, South African higher education institutions (HEIs) appear to be under siege as they struggle to address suicide as a pervasive social deficit that ruthlessly impacts their students. This crisis may, in part, be attributed to the broader African continent's limited attention to suicide and self-harm education compared to its European counterparts. Rather than leading society in developing innovative clinical interventions to curb antisocial behavioural manifestations, many African HEIs continue to stigmatise, punish, and conceal suicidal behaviours. The authors contend that social work and public health entities must actively challenge and deconstruct inhumane attitudes towards individuals experiencing suicidal ideation. This research wishes not to disclose the name of the institution from which it was carried out in compliance with the South African POPI Act 4 of 2013.

BACKGROUND

Before deliberating on the deficits encountered by clients who eventually decide to seek clinical services for their psychological and mental health challenges, it is important for this study to acknowledge that, within the African context, many clients increasingly rely on cultural coping mechanisms rather than medical, clinical, or pharmaceutical interventions (Masola & Maotoana, 2025). Such belief systems significantly undermine the effectiveness of clinical approaches in managing suicidal behavioural tendencies. According to Berhe, Gesesew, and Ward, (2024), this represents a critical dilemma faced by many institutions when assisting students with their psychological and mental health difficulties. Several scholars concur that students in higher education institutions often disregard their mental health challenges, attributing their distress to demonic or satanic forces allegedly sent by envious adversaries (Mwaka, Achan & Orach, 2023). These cultural belief systems predispose individuals to favour indigenous remedies while rejecting Western therapeutic interventions.

From a mental health perspective, Hunt, Jivan, Naslund, Breet, and Bantjes, (2023) argue that a substantial treatment gap for mental disorders and suicide persists within South African higher education institutions, largely due to the absence of digital-based interventions in some universities. These authors further contend that the scarcity of African-tailored digital frameworks exacerbates this challenge and warrants serious attention. The continued adoption of Western-centric models often compromises the crucial need for cultural sensitivity among mental health practitioners. Moreover, South African higher education institutions face an additional barrier in the form of limited technologically skilled support staff and clinical personnel capable of addressing students' psychosocial and mental health needs.

Early detection of suicidal ideation is critical to the success of any intervention. Among university students, it is particularly important that they have close family members or kin available to support them during the most challenging periods of their academic journey (Matenda, Naidoo & Rugbeer, 2020). Unfortunately, contemporary societies are witnessing a decline in the value placed on collectivist or community-based approaches to problem-solving (Matheson, 2021). As a result, students in higher education institutions are becoming increasingly isolated, often concealing their distress behind superficial smiles while investing much of their emotional energy in social media interactions (Lukose, Mwansa, Ngandu & Oki, 2023). Against this backdrop, the present study seeks to examine the current state of suicide intervention measures from the perspectives of students at a selected South African university.

PROBLEM STATEMENT

Despite substantial global investments in the development of effective suicide interventions, the incidence of suicide in South Africa continues to rise at an alarming rate (Emmett, 2019). Within institutions of higher learning, the persistence of this phenomenon may be attributed to the limited success of existing intervention strategies, particularly within developing economic contexts such as South Africa (Ludaka & Kang'ethe, 2025). The researchers posit that the challenges undermining suicide intervention in the study context include, among others, deficits in digitised infrastructure; limited human resource capacity, with a reliance on lay counsellors rather than qualified psychologists and clinical social workers; inadequate social support systems; students' preference for culturally grounded interventions over evidence-based clinical approaches; and financial constraints that hinder access to specialised mental health care. The researchers further contend that a clinical discourse of this nature is crucial for informing strategic future directions within South Africa's higher health sector in its response to suicide.

STUDY AIMS AND OBJECTIVES

This study seeks to examine suicide intervention strategies through the perspectives of students at a selected South African university. The core objective of this study is to advise the higher education sector with evidence-based

interventions that can sustainably be implemented to address suicide among students in higher education institutions.

THEORETICAL FRAMEWORK

The inclusion of a theoretical framework is of utmost significance in any scientific study, as it ensures that the findings are situated within a well-grounded conceptual foundation (van der Walddt, 2024). In some cases, the convergence of multiple theories becomes indispensable to enrich analytical depth and interpretive scope. This study is primarily grounded in the principles of Cognitive Behavioural Therapy (CBT), complemented by the convergence of the Person-in-Environment (PIE) and Ecological Theory (ET) frameworks. The combined strengths of these theoretical underpinnings provide a robust and comprehensive understanding of the complex dynamics surrounding suicide, particularly how these factors interact to influence the overall well-being of university students when neglected or overlooked by institutions and the higher education sector at large.

According to Burke, Connolly, Hamilton, Stange, Abramson, and Alloy, (2016), Cognitive Behavioural Therapy (CBT) is particularly effective in addressing and modifying maladaptive thought and behavioural patterns among university students, which may otherwise lead to self-harm or suicidal actions. A specific three-class model—addressing the critical and holistic interplay of distal factors, maladaptive cognitive processes associated with psychopathology, and cognitive mechanisms underlying suicidal thoughts and behaviours—is highly relevant to this study. The adoption of CBT is premised on its capacity to enable social work clinicians to assist suicidal clients in reconstructing distorted thought patterns and impulsive tendencies, systematically transforming them into positive and realistic cognitions.

Once cognitive concerns have been identified and addressed through CBT, the Person-in-Environment (PIE) framework, in direct convergence with Ecological Theory (ET), is applied to contextualise the individual within their broader environmental and systemic settings. This integration ensures that mental health responses and clinical interventions are tailored to the specific environmental circumstances and sociocultural nuances influencing suicidal behaviour. The theoretical amalgamation of CBT, PIE, and ET converges around the principles of cultural competence and focused intervention planning. This convergence provides a dual lens through which setting-based suicidal behavioural dynamics can be understood, thereby enabling clinical practitioners to design culturally responsive and data-informed suicide and mental health interventions (Heckert, 2025).

METHODS

Research approach and design

The research adopted a qualitative approach to gain an in-depth understanding of students' perspectives on the availability, effectiveness, and contemporaneity of existing mental health interventions aimed at assisting suicidal students within the selected institution of higher learning. The students' insights into these aspects are crucial for identifying areas where rural universities must enhance their responsiveness to student health challenges—particularly within the context of the EdTech era, which underscores the importance of Technology-Enhanced and Health Professions Education (Chipamaunga, Prozesky, Kafumukache, Katowa-Mukwato, Dithole, van der Merwe, Owusu-Sekyere, Molwantwa, and Gwini, 2025), as well as alignment with the South African Higher Health Standards and the Quality Standards for Health Care Establishments in South Africa (Matahela, Adekola, and Mavhandu-Mudzusi, 2023).

Employing an exploratory and descriptive design, the study utilised a case study approach to comprehensively capture students lived experiences with suicide within their natural learning environment. This design enabled an in-depth exploration of how students perceive the institution's capacity to provide adequate mental health interventions and whether such interventions sufficiently alleviate the psychological burdens they carry.

Research domain and justification of choice

This study was conducted at one of the rural universities located approximately 3 km from the town of Mthatha, formerly known as the Transkei. The research site lies at an approximate geographic position of Latitude – 31.60273° (31° 36' 10" S) and Longitude 28.75196° (28° 45' 7" E). Rural universities in South Africa often face challenges in maintaining their infrastructure, with the health sector being particularly affected. Consequently, these institutions experience difficulties in delivering essential services to students, including those related to suicide prevention and mental health support (Winter & Olivia, 2024).

A study by Alabi (2022) in one of the higher education institutions in the Nelson Mandela Bay Municipality of the Eastern Cape found a 16% life-time prevalence of suicide attempts among the respondents. Disturbingly, little progress appears to have been made, as ongoing reports continue to highlight persistent deficits in health

infrastructure (Willie & Maqbool, 2023). These contextual gaps in mental health and suicide intervention services at the study site, therefore, substantiate the rationale for this research, which seeks to examine suicidal students' experiences with the support services currently available to them.

Study population

A total of 10 students enrolled at the selected university were interviewed to provide insights into the current state of interventions aimed at addressing the mental health needs of suicidal students. The participants included students from various course streams, ranging from first- to fourth-year levels, as well as a randomly selected sixth-year MBChB student who had been a long-term user of the university's mental health services. Including this participant allowed the researchers to assess whether the existing interventions had evolved over time or had the potential for enhancement. Informed by Kang'ethe (2018), this sample was considered adequate, as qualitative research prioritises the richness and depth of participants' perspectives over the sheer number of respondents.

Sampling procedure and technique

This study employed a non-probability sampling method, specifically purposive sampling, where participants are selected on the basis of their characteristics or experiences being convenient to inform a particular research subject (Obilor, 2023). Therefore, this informed our research to select participants who possessed relevant characteristics or had direct experience with the phenomenon under investigation. The participants were individuals with whom the principal researcher had established a rapport through the institution's Student Counselling Unit, where he served as the peer programmes facilitator at the time of data collection.

Data collection process and tools

Data were collected qualitatively using an interview guide as the primary measurement instrument. In-depth interviews with students were conducted to gain a comprehensive understanding of their perspectives on the effectiveness of interventions provided to suicidal students. Following the guidance of Mseba and Keet (2025), this research adopted a qualitative approach to capture context-specific insights that could inform positive, site-based interventions. This method prioritises locally relevant solutions rather than importing external interventions, which may be unsuitable or unsustainable for addressing the unique challenges of the specific setting.

Data analysis

The raw data collected from the field were analysed using thematic analysis. Thematic analysis is defined as a research technique that scrutinises and interprets crude data from the field by finding common patterns and themes to answer research questions (Sandhiya & Bhuvaneshwari, 2025). This analysis relied on descriptive verbatim excerpts drawn from participants' statements, which were further contextualised to reflect accompanying non-verbal cues, such as body language and emotional expressions, observed during the interviews.

MEASURES OF TRUSTWORTHINESS

It is critical for researchers to ensure that their findings are accurate, reliable, and trustworthy, transparently reflecting the real-life experiences of the studied population. To achieve this, the researchers procedurally implemented measures recommended by Mseba and Keet (2025), who advocated for the adoption of established measures to enhance the credibility, dependability, and confirmability of research outcomes. Credibility was practically accomplished by having prolonged field observations and engagements with the participants with the intention to create a rapport that enabled participants to share true experiences comfortably because they have built trust with the researchers during regular interactions. Rigorous reviews in-between the research stages among ourselves and our departmental research colleagues make these findings dependable. Confirmability was ensured by dissemination of rigorously peer-reviewed findings and a commitment by these researchers to report accurate findings from the field.

ETHICAL CONSIDERATIONS AND LEGAL REQUIREMENTS

Ethical considerations to protect participants, comply with legal requirements, and adhere to academic research protocols were strictly observed and prioritised throughout this study. Ethical clearance to collect data from students was obtained from the selected university, along with a gatekeeper's permission letter from the selected university's Directorate of Research & Innovation, granting the principal researcher access to interview and engage with enrolled students. The ethical clearance number for this study was Reference Number: 16/10/23.

Student data were handled with the utmost care and confidentiality to ensure participants' safety, trust, and

dignity, in accordance with the consent they provided to participate in the research. Anonymity was maintained using pseudonyms. Pseudonyms are code names that researchers normally use to conceal participants' real identities (Itzik & Walsh, 2023). Given the sensitive nature of the phenomenon under study, participants were informed of their right to withdraw from the research at any point if they experienced distress or discomfort. Those who exhibited signs of emotional distress or were triggered during the process were referred for psychological and clinical support, facilitated by the campus clinical psychologist and coordinated through the principal researcher's office in their role as campus peer programme facilitator.

THE KEY FINDINGS

This section of the study presents the key findings derived from the perspectives of the ten students interviewed regarding the status of interventions addressing suicide at the selected South African university. Table 1 provides the demographic details of the participants, while Table 2 summarises the emergent themes identified from the qualitative data, highlighting categories and patterns that were consistent across participants.

Table 1: The demographic details of participants

Participant No.	Age	Gender	Level of study at the university
1.	19	Male	1
2.	21	Male	3
3.	20	Female	2
4.	23	Male	4
5.	25	Female	6
6.	19	Female	1
7.	22	Female	3
8.	24	Male	2
9.	23	Male	4
10.	20	Male	2

Age

The ages of the student participants ranged from 19 to 25, reflecting the typical age cohort of students enrolled in South African higher education institutions.

Gender

Both male and female students were interviewed to capture diverse perspectives on the phenomenon under study. While gender balance can sometimes enhance the validity of research, in this study, the slight imbalance was not considered significant, as the primary focus was on securing enough participants capable of providing rich and meaningful insights, irrespective of gender representation.

Level of study in the university

Regarding academic level, the students were enrolled between Levels 1 and 6 across various streams and courses. Notably, the Level 6 student was from the Health Sciences stream, pursuing a Bachelor of Medicine and Bachelor of Surgery (MBChB). Including this participant, who was a long-term user of the student health centre, provided valuable insights into the effectiveness of interventions over an extended period, in contrast to other participants who had spent fewer years at the university and could not fully assess whether the institution had made substantial

progress in supporting suicidal students.

Table 2: Findings

No.	Emergent themes
1.	Cultural dispositions confuse clients from respecting and trusting clinical processes
2.	Pecuniary positions of clients hinder them from accessing specialised clinical treatment
3.	Lack of adequate resources stifles clinical responses towards suicide interventions
4.	Dwindling Community Support Networks Weaken Suicide-Prevention Interventions

Cultural dispositions confuse clients from respecting and trusting clinical processes

This study identified a link between cultural beliefs and clients' confusion, which can undermine their trust and confidence in clinical interventions when faced with mental health challenges. Participants demonstrated a notable reliance on herbal medicines provided by traditional African healers, which, in some cases, appeared to conflict with or hinder adherence to conventional clinical treatments. Similarly, religious or divine beliefs sometimes diverted clients, leading them to perceive interventions offered by clinical practitioners as less appealing than those provided by faith-based institutions. This finding is illustrated by the following verbatim statements from participants:

The minute I feel like the mental episodes are coming, I quickly run for my muthi (herbal medicine).

My gobela (traditional healer) told me that the elderly women in the village are bewitching my progress... it has nothing to do with school pressure like the clinical lay counselor said! I'll throw away all the medical tranquilisers she gave me... I think it's better when I stick to my herbal secrets and concoctions, at least they will make me pass exams.

Ever since I came from the church revival, the demonic spirits that kept telling me to kill myself have gone off. It seems better that I attend more church services for deliverance. Anyway, the support group programmes hosted by the social worker at the clinic are boring and have no vibe!

The verbatim statements above clearly demonstrate that cultural beliefs and an overreliance on traditional or religious systems can discourage and confuse clients, undermining their trust in and engagement with clinical interventions for managing suicidal tendencies.

Pecuniary positions of clients hinder them from accessing specialised clinical treatment.

This study revealed that students' financial constraints significantly hinder their access to specialised clinical treatment. This challenge is evident when students must use limited funds from NSFAS to pay for mental health services outside the campus. Some students, lacking any financial support, may even perceive their situation as hopeless, potentially contributing to self-harming thoughts or behaviours. The following verbatim statements illustrate this finding:

Our student health centre has no specialised clinical programmes for us, and now we have to source them at a fee outside the campus. How can I afford these clinical services considering the fact that I even send the little from NSFAS back home?

It is always painful to be a poverty-stricken student among others, because there is nowhere for us to access optimised mental health care... even the external public health facilities are not fit to help us!

Since I was never born with a silver spoon in my mouth, and I am unfunded, I'll eventually lose myself to cutting my body parts because it is the only way that soothes the pain I feel inside.

Indeed, students' financial constraints limit their access to specialised private clinical care, often leading them to resort to suicidal or self-harming behaviours.

Lack of adequate resources stifles clinical responses towards effective suicide interventions

This exploration highlights that inadequate resources substantially impede the delivery of effective suicide interventions. The clinic faced multiple challenges, including a dilapidated facility, insufficient space for confidential consultations, and a lack of technological support. Moreover, there were no qualified psychologists or social workers available to provide counselling, with services being limited to lay counsellors. The following participant statements further illustrate these challenges:

Everything about this institution is just so old and behind, we are not like others that are digitally developing... I hear that some urban institutions in the country have digital materials for mental health patients, but I really don't have hope that we'll have such anytime soon here!

I think the student health centre is not spacious and staffed enough to cater for both general health users and mental health users simultaneously, because it is these singular staff members who attend to all of us. Perhaps if they could open a specialised unit for mental health users, we would see the difference.

We understand that rural universities are always lagging when it comes to technological resources, but I feel that if the institution invested in 24-hour online and student hotline care services, that would be great for a beginning.

I've been a user of the campus clinic ever since my first year; this is my sixth year now, but there are no promising improvements, whether in human resource capacity or the digitisation of mental healthcare, like other institutions are doing.

Indeed, the statements above confirm that the university's insufficient resources hinder the effectiveness of its suicide intervention efforts.

Dwindling community support networks weaken suicide-prevention interventions

This research found that weakening community support networks undermines efforts to prevent suicide, leaving students to cope with emotional distress in isolation. There appears to be a significant lack of integration and collaboration among mental health professionals, a gap that extends to the broader community as well. The following are some of the participants' replies:

The capitalistic nature of the environment diminished socialist values... It's now every man for himself. The same goes for institutions... we watch the advanced one's progress without lending support to us while we suffer...

Yes, we have hope in the integration of mental health interventions, but none of the faith-based/traditional or conventional experts seem interested in initiating collaborations among each other!

The participants' views truly indicate that the dwindling community support networks, even among experts, weaken suicide-leaning interventions.

DISCUSSION

The ages of the participants in this study ranged from 19 to 25. According to Swart and Mafunda (2020), this age group is an acceptable and expected age cohort for students enrolled in South African higher education institutions. Both male and female students contributed to this study, and the slight imbalance in gender representation was not considered to significantly affect the findings, as participants were purposively selected based on their relevant characteristics. The participants were enrolled in various levels and streams within the university, with particular significance given to the inclusion of a medical student who was a long-term user of the institutional mental health facility. This inclusion provided valuable insights, complementing the perspectives of first-year and sophomore students, who had less experience or knowledge of how mental health interventions have evolved over time.

The research findings revealed a link between cultural dispositions and client confusion, which can erode trust and confidence in clinical interventions when faced with mental health challenges. Predominantly, patients' preference for cultural healing methods is rooted in long-standing home and community teachings that traditional medicine is more supernaturally effective than biomedical approaches (Berhe et al., 2024). While some scholars attribute this cultural leaning to an overreliance on traditional practices at the expense of medical interventions, it is important to note that such behaviour is often perpetuated by limited access to formal healthcare and scarce resources. However, this does not justify exclusive reliance on cultural mechanisms, as these approaches carry

significant health risks, including the inability to verify the healer's competence in assisting suicidal individuals through traditional or supernatural means. Kang'ethe (2012) and Ndou-Mammbona (2022) highlight that this misplaced trust in traditional healing over clinical methods has historically posed serious health risks, not only in the context of suicide and mental health but also during the HIV/AIDS epidemic.

Although integrating traditional and clinical approaches has been associated with perceived efficacy among patients, it has also been linked to relapses in conventional treatment, as some patients overvalue the Afrocentric component of therapy. The authors advocate for a dedicated mental health research symposium aimed at building consensus on whether traditional medicine, or its integration with allopathic approaches, provides a more effective framework for addressing the complex dynamics of suicide than conventional medicine alone. Such a symposium would also offer a critical platform to delineate the boundaries between approaches while identifying points of intersection where each method's strengths can be optimally leveraged.

It was found that students' financial constraints hinder their access to specialised clinical treatment for suicidal health-related issues encountered during their time at the university. Similarly, Gordon, Booyesen, and Mbonigaba (2020) argue that patients' socioeconomic status is a key determinant of the type and quality of healthcare available to them. This finding aligns with the observation that students often resort to traditional healing methods due to limited access to adequate clinical resources. Alarming, restricted access to specialized mental health care not only perpetuates exclusion but also increases risk, as suicidal behaviours may go undetected until advanced stages, where intervention becomes exceedingly difficult (Ludaka & Kang'ethe, 2025). Goss, Stallones, and DiGuiseppi (2014) and Chuene and Kgarose (2024) contend that universities should prioritise investment in primary prevention strategies to mitigate the impact of students' socioeconomic limitations on their psychosocial well-being. This perspective reinforces the notion that suicide prevention should begin proactively, before crises arise.

This research also revealed that inadequate institutional resources impede effective clinical responses to suicidal behaviours. These findings are consistent with the contention by Chuene and Kgarose (2024), who note the scarcity of research examining the current state of practical suicide prevention and intervention strategies. However, before discussing interventions, Dueñas, Morales-Vives, and de Oliveira (2025) emphasise that educational institutions must prioritise initial, universal prevention strategies for suicide and broader mental health concerns, ensuring that all students have equitable access to preventative support.

Instead of predominantly focusing on risk factors and drivers of suicidal behaviours—where scholars largely examine socioeconomic issues without offering sustainable strategies—current research should prioritise clinical resource advocacy. This necessity is underscored by Fox, Byrne, and Surdey (2020), who argue that the absence of national-level policies on mental health and suicide prevention in higher education institutions contributes significantly to resource deficits. Consequently, disparities persist across institutions within the same country, perpetuating inequality in service provision. In contrast to participants' sentiments expressing hopelessness about their university's capacity to adopt digital suicide interventions, Mudau, Jithoo, and Dietrich (2024) maintain confidence in South Africa's potential to enhance service resources and implement technologically informed interventions.

The research found a direct correlation between the strength of community support networks and the effectiveness of suicide prevention interventions. Consequently, a decline in these support networks undermines the success of such interventions. Existing literature predominantly frames this finding in terms of the support networks between suicidal individuals and their families or broader communities (Martinez-Rives, Chaparro, Kotera, Dhungel, & Gilmour 2025). However, this study uniquely examines it through the lens of expert community support, which participants highlighted as lacking, thereby weakening engagement with suicide interventions. Supporting one of the participants' views, Mutiso, Gatonga, Ndeti, Gafna, Mbwayo, and Khasakhala (2014) argue that incongruence between traditional healers and conventional health practitioners impedes suicide-prevention efforts, even though some patients maintain faith in this approach. Conversely, other studies suggest that strong alignment between traditional healing practices and Western methods is possible, particularly when contemporary practitioners are willing to find a consensus across their respective disciplines (Bantjes, Swartz, & Cembali, 2018). Importantly, this perspective does not diminish the critical role of community support networks in suicide prevention; rather, it underscores that mental health users themselves can advocate for the integration of methods that best serve their needs.

CONCLUSION

Critical treatment and intervention gaps persist among South African Higher Education Institutions (HEIs), highlighting the urgent need for context-specific strategies, particularly in rural settings such as the one explored in this study. In a democratic society, it is equally important that suicide interventions consider faith-based and cultural frameworks, as these remain influential in students' lives. At the same time, interventions must align with contemporary technological advancements, reflecting global trends in digital health. Future research should therefore prioritise the development of sustainably affordable digital interventions, shifting the focus away from

comparisons of institutional progress toward actionable solutions that address the unique needs and resource constraints of rural universities.

SOCIAL WORK IMPLICATIONS

This study is significant as it highlights the clinical deficits affecting students in South African Higher Education Institutions (HEIs). Many students fall victim to suicide, which disrupts their academic progress and undermines their personal development. This situation indirectly challenges the aspirations of the National Development Plan (NDP) 2030, as well as several United Nations Sustainable Development Goals, including good health and well-being, quality education, industry, innovation and infrastructure, reduced inequalities, partnerships for the goals, and peace, justice, and strong institutions (Fourie, 2018; Hendrickse, 2023). Given that most interventions are costly, this study underscores the critical role of social work in advocating for person-centred, culturally responsive, and African-curated mental health and psychosocial interventions within higher education settings.

RECOMMENDATIONS

This section outlines strategies for implementing effective suicide-related interventions in South African higher education institutions (HEIs).

1. Integrating clinical and traditional approaches for sustainable suicide prevention
Higher education institutions should foster a platform where conventional clinical practitioners and traditional healers can coexist without invalidating each other's approaches. By combining the strengths of both systems, clients gain increased choice and access to effective, outcomes-driven interventions, reinforcing trust and adherence to treatment.
2. Higher education institutions as catalysts for health collaborations and policy reform
HEIs should take a leading role in creating campaigns and hosting academic and community symposiums that facilitate dialogue with conventional practitioners on preventing, managing, and mitigating suicidal behaviour. Knowledge exchange in these forums ensures that mental health users remain central to all initiatives, while promoting the development of policies that strengthen suicide prevention frameworks within institutions and communities.
3. Leveraging affordable and scalable digital interventions
Recognising the resource constraints of many universities, it is recommended that HEIs implement cost-effective digital mental health interventions. These may include continuous 24-hour online support platforms, student hotlines, tele-mental health services, and other scalable technologies tailored to the student population's needs, ensuring accessibility and continuity of care.
4. Strengthening human resource capacity of campus health services
Given students' concerns regarding inadequate staffing and support, HEIs must prioritise the development of campus health services by providing adequate clinical infrastructure and deploying trained and competent mental health professionals. This includes hiring qualified psychologists and social workers to complement existing lay counsellors, thereby ensuring comprehensive, professional, and responsive mental health care.

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