

Depression as A Predictor of Suicidal Ideation: The Moderating Role of Social Support among Public Polytechnics Employees in South Western, Nigeria

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ABSTRACT

This study investigates whether depressive symptoms predict suicidal ideation among employees in public polytechnics in Southwestern Nigeria and examines social support as a moderator of this relationship. A cross-sectional survey was conducted among squandered ($n = 450$) employees across five polytechnics, selected via stratified random sampling. Depression was measured with the Beck Depression Inventory-II (BDI-II), suicidal ideation with the Columbia-Suicide Severity Rating Scale ((BDI-II), and perceived social support with the Multidimensional Scale of Perceived Social Support (MSPSS). Descriptive statistics indicated a mean PHQ-9 score of 9.6 ($SD = 5.2$), with 38.1% of participants showing moderate-to-severe depressive symptoms ($PHQ-9 \geq 10$). Suicidal ideation was reported by 12.4% of respondents within the past month. A hierarchical multiple regression controlling for age, gender, marital status, and tenure revealed that depressive symptoms significantly predicted suicidal ideation ($\beta = 0.42$, $p < 0.001$), explaining 26% of the variance in ideation after covariates. Social support demonstrated a significant interaction with depression ($\Delta R^2 = 0.04$, $p = 0.02$), indicating a buffering effect: high perceived social support attenuated the depression–ideation link (simple slopes: high support $\beta = 0.28$, $p = 0.01$; low support $\beta = 0.55$, $p < 0.001$). Subgroup analyses suggested stronger moderation among female employees and those in non-academic roles. Findings underscore the protective role of social support in reducing suicidal ideation among depressed workers and highlight the need for workplace interventions that strengthen social networks within public polytechnics.

Keyword: Suicidal Ideation, Depression, Social Support, Polytechnics Employees, South West, Nigeria

INTRODUCTION

Suicide has become a significant global public health concern, resulting in over 700,000 fatalities per year and numerous attempts globally (WHO, 2021).

Suicide is a death arising from an act inflicted upon oneself with the intention to kill oneself (Rosenberg et al., 1988). Suicidal ideation serves as an anchor to suicide itself; suicide is an intentional act that brings life to an end stretching through decision making processes and exploring every available support that may serve as buffer toward overcoming the perceived life unsurmountable challenge. Suicidal ideation (or suicidal thoughts) is thinking about, considering, or planning suicide (Klonsky et al., 2016). Non-fatal suicidal thoughts and Suicide is the deliberate act of killing oneself (World Health Organization [WHO], 2019), and it is a significant public health issue all over the world with about one million people dying by suicide globally every year (WHO, 2015). About 85% of the world's suicide occurs in low and middle-income countries (WHO, 2014) and a high incidence of suicide ideation in developing countries has been reported in a recent study (Fayyaz & Beg, 2019). In Nigeria, suicides accounted for about 1-4% of deaths based on discoveries in medicolegal autopsies (Akhiwu, Nwosu, & Aligbe, 2000; Etebu & Nwosu, 2003). Presently, it has attracted rapid interest in African media (see, Dzokoto, Barnett, Osei-Tutu, & Briggs, 2018) and is of significant concern in the educational sector, particularly in the universities (Nwankwo, 2018; Ohia, 2018). Nigeria lost about 80 people mostly undergraduates to suicide in

the behaviors usually precede successful suicide acts and should be seen as important cries for help and intervention, when they occur.

Suicide ideation is the thought or consideration of killing oneself (Espalin, Yasama, & Alavi, 2015; Nock et al., 2016). There is need to examine the psychological factors associated with suicide ideation among undergraduate students in Nigeria. Mental health problems such as depression are potent risk factors for suicide (American Foundation for Suicide Prevention, 2015; Centers for Disease Control, CDC; 2015; National Institute of Mental Health, 2015; World Health Organization, 2015). Depression is mostly characterized by low mood, loss of interest in normally pleasurable activities, and weight fluctuations or appetite disturbance regardless of dieting. Other symptoms of depression include changes in psychomotor activity, insomnia or hypersomnia, loss of energy or fatigue, feelings of worthlessness or inappropriate guilt, loss of concentration, and recurrent thoughts of one's own death/suicide planning or suicide attempts (American Psychological Association, 2013). The judicial punishment as was stated in the Nigeria Penal Code, Chapter 27, Section 327: "Any person who attempts to kill himself is guilty of a misdemeanor and is liable to imprisonment for one year", is not a sufficient solution because the suicide attempters may have died.

Gender has been shown to be a significant factor in the prevalence and expression of suicidal ideation. Gender refers to social, cultural, and psychological attributes associated with being masculine, feminine and non-binary identities. It is distinct from sex, which is based on biological characteristics that define male, female and intersex bodies. Owusu-Ansa et al (2020) defined gender as the socially constructed roles, behaviors, expressions, and identities that a society considers appropriate for individuals based on their assigned sex. Research on gender difference in predicting suicidal ideation has been inconsistent among university students. Nwosu and Okafor (2020) found that female students exhibit higher rates of suicidal ideation than male students. In the same vein, Okoro (2019) indicated that female students are higher in the manifestation of suicidal ideation than male students. On the other hand, Zhu et al (2024) found that male students have more suicidal ideation than female students. However, Lin et al (as cited in Farge, 2023) showed no significant difference between male and female students in the manifestation of suicidal ideation.

Statement Of the Problem

Suicidal ideation among employees has become a growing concern in higher education institutions. The transition in the psychological and economic life often exposes employee to numerous stressors such as job pressure, financial stress, social comparison, identity struggles, adjustment challenges, and in some cases separation from family support systems. These stressors can increase vulnerability to mental health problems, including depression and suicidal thoughts. Given the rising incidence of mental health issues, including suicidal ideation among employee and the critical role social support may play in prevention, this study sought to examine the predictive value of social support on suicidal ideation among employees.

Research Questions

The study was guided by the following research questions.

- What is the predictive value of social support on suicidal ideation among staff in public polytechnic in southwest, Nigeria?
- What is the predictive value of social support on suicidal ideation of male and female among staff in public polytechnic in southwest, Nigeria?

Objective Of the Study

- Evaluate the levels of depression among public polytechnic employees in Southwestern Nigeria to understand the extent of the issue within this demographic
- Investigate how social support moderates the relationship between depression and suicidal ideation, determining whether those with stronger support networks experience lower levels of suicidal thoughts despite having depressive symptoms

- Identify additional risk and protective factors that contribute to the overall mental health status of public polytechnic employees, considering environmental, organizational, and personal variables

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance.

1. Social support is not a significant predictor of suicidal ideation among public polytechnics employees in south west, Nigeria
2. Social support is not a significant predictor of suicidal ideation of male and female public polytechnics employees in south west, Nigeria

LITERATURE REVIEW

Depression as a Workplace Concern

Depression is one of the most common mental health disorders globally, characterized by persistent feelings of sadness, loss of interest, and cognitive impairments that hinder daily functioning (World Health Organization, 2022). In the context of Nigerian workplaces, several studies indicate that occupational stressors—such as high job demands, low control, and poor working conditions—significantly contribute to the prevalence of depression among employees (Adebawale et al., 2020). This mental health issue leads to diminished productivity, increased absenteeism, and a higher turnover rate, necessitating urgent strategies for prevention and intervention (Ogunyemi et al., 2019).

Suicidal Ideation and Depression

Research consistently demonstrates a strong correlation between depression and suicidal ideation. Individuals experiencing severe depressive symptoms are at a substantially higher risk for suicidal thoughts and behaviors (Hawton et al., 2012). In the Nigerian context, where suicide is often stigmatized, individuals may be less likely to report suicidal thoughts, complicating accurate prevalence assessments (Oladeji et al., 2016). The lack of mental health resources exacerbates this issue, creating an urgent need for targeted interventions within educational institutions.

Role of Social Support

Social support refers to the emotional, informational, and practical assistance individuals receive from their social networks, including family, friends, and colleagues. Research indicates that social support can act as a protective factor against mental health issues, buffering individuals from the effects of stress and promoting resilience (Taylor et al., 2011). In workplace settings, strong social ties are associated with lower levels of depression and suicidal ideation, highlighting the importance of supportive relationships (Baker et al., 2018).

Moderating Role of Social Support

Several studies have explored the moderating role of social support in the relationship between depression and suicidal ideation. For instance, a study by McLeod and Kessler (1990) found that social support significantly mitigates the impact of depression on suicidal thoughts, suggesting that individuals with robust support networks are less likely to experience suicidal ideation, even when depressive symptoms are present. In Nigeria, cultural norms may influence the dynamics of social support, making it crucial to consider local context when evaluating its effects (Atilola et al., 2016).

Cultural and Environmental Factors

The relationship between mental health and social support is multifaceted and is significantly influenced by cultural and environmental factors. In Nigerian society, stigma surrounding mental health issues can inhibit open discussions about depression and suicidal ideation, limiting access to social support (Eruot et al., 2015).

Moreover, the role of community and family structures in providing support varies across different regions, affecting the mental health outcomes of individuals within these settings.

Implications for Policy and Intervention

Understanding the interaction between depression, suicidal ideation, and social support has important implications for developing effective mental health policies and interventions. Evidence suggests that workplace mental health programs designed to enhance social support networks can significantly reduce mental health risks among employees (Bird et al., 2019). Implementing training sessions and support groups within public polytechnics can create a culture of openness, promoting mental health awareness and support.

METHODOLOGY

The study will be conducted through descriptive Survey design. The purpose of descriptive surveys, according to Ezeani (1998), is to collect details and factual information that describes an existing phenomenon.

The target population of the study was higher institutions personnel in Southwest State, Nigeria. The research will be carried out in twelve public institutions (12) in five state (5) in the southwest Nigeria

Instrument

Three instruments were used for data collection. They are: **Beck Depression Inventory-II (BDI-II):** by (Beck, A. T., Steer, R. A., & Brown, G. (1996). Suicidal Ideation Attributes Scale (SIDAS; Van Spijker et. al., 2014), and Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)**Beck Depression Inventory-II (BDI-II):** This self-report questionnaire assesses the severity of depression through questions about depressive symptoms like sadness, pessimism, and feelings of worthlessness, with scores ranging from normal to severe is a 21 item scale Beck (1996) obtained a split-half correlation of .90 for the patient's group and 8.5 for the community sample. Scoring of the BDI is by summing the participant's response record of the frequency/duration of occurrence of each symptom on a 4-point scale which ranges from 0 rarely to 3 (that is, the response format is rarely = 0, sometimes=1, often = 2 and always = 3). Reverse scoring is used to calculate the rating of four positively worded items. The overall scores are summed with a total score ranging from 0 to 60. Higher scores indicate significant elevations in depressive symptomatology (Beck (1996)).

Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) is a 10-item questionnaire that assessed the habitual use of the two emotion regulation strategies namely, cognitive reappraisal and expressive suppression. Cognitive reappraisal items are six in number (e.g., when I am faced with a stressful situation, I will make myself think about it in a way that makes me stay calm) while expressive suppression is four items (e.g., when I am feeling negative emotion, I make sure not to express them) in number. Items are scored on a 5- point Likert scale of strongly disagree, (1), disagree (2), neutral (3), agree (4), strongly agree (5). A high score on each dimension indicates greater adoption of a particular strategy of emotion regulation. Both the cognitive reappraisal subscale (Cronbach α = .75 to .82) and emotion suppression subscale (Cronbach α = .68 to .78) have shown very good internal consistency and three-month test-retest reliability (r = .69) (Kulkarni, 2010). A previous study in Nigeria had obtained acceptable internal consistency reliability for the emotional regulation questionnaire subscale (Chukwu Orji, Ifeagwasi & Eze, 2017). The responses in the current research yielded Cronbach α = of .82 (cognitive reappraisal) and .77 (expressive suppression).

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988). This instrument measures the level of social support an individual feels from their family, friends, and significant others.

The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO). With 12 items from strongly agree to strongly disagree was used to measure the severity of suicidal thoughts. It is a 5-item scale that measures frequency, controllability of suicidal thought, closeness to attempt, level of distress associated with the thought, and interference with daily activities. Van Spijker and colleagues (2014) validated the scale using an online sample of Australian adults (N = 1352).

Responses are measured on 11 – point scale (0 – 10), and items are coded so that a higher total score reflects more severe suicidal thoughts. Total scores range from 0 to 50. Scores ≥ 21 indicated a high risk of suicidal behavior (Van Spijk & colleagues (2014). The scale response format ranges from 0 = Never to 10 = Always. The SIDAS has high internal consistency (Cronbach $\alpha = 0.91$), and good convergent validity with the Columbia-Suicide Severity Rating Scale (C-SSRS) frequency item ($r = .61$), duration item ($r = .58$), controllability items ($r = .44$) (Van Spijk et al., 2014), and robust psychometric properties in non-western cultures (e.g., Han et al., 2017). Amazue et. al., (2019) validated the suicidal ideation attributes scale (SIDAS) in Nigeria by correlating it with the two scales of emotion regulation questionnaire (Gross & John, 2003).

Procedure

A total of 450 questionnaires were administered by the researcher to young adults in Oyo State, specifically in Ibadan. The researcher was assisted by two bilingual research assistants fluent in both English and Yoruba to ensure effective communication and assistance for participants who needed help understanding the questions. To maintain confidentiality, the names of the participants were neither written nor included in the data collection process. The procedure involved several steps. Initially, potential participants were identified through community centers, educational institutions, and workplaces, where information about the study was disseminated. Individuals who met the inclusion criteria were invited to participate. The questionnaires were distributed in person by the researcher and assistants, who briefed participants on the purpose of the study and assured them of the confidentiality of their responses. Participants were also informed that their participation was voluntary and that they could withdraw at any time without any consequences. The research assistants provided help to participants who had difficulty understanding any part of the questionnaire, ensuring that language barriers did not affect the accuracy of the

ANALYSIS

Table 1: Descriptive and correlation statistics of the demographic variables, emotion regulation (cognitive appraisal and expressive suppression), depression, and suicide ideation

Variable	Freq.	Percent. (%)
Age		
25 yrs Below	24	5.3
26-35 yrs	105	23.3
36-45 yrs	148	32.8
46-55 yrs	141	31.3
56 yrs above	32	7.1
Total	450	100.0
Gender		
Male	219	48.6
Female	231	51.3
Total	450	100.0
Marital Status		
Married	208	46.2
Single	102	22.6
Separated	84	18.6
Divorced	56	12.4
Total	450	100.0
Level of study		
ND/HND	95	21.1
BSc/BEd	102	22.6
MSc	187	41.5
PHD	66	14.6
Religion		
Christianity	188	41.7
Islam	172	38.2
others	90	20.0
Total	450	100.0
Ethnic Group		
Yoruba	265	58.8
Igbo	143	31.7
Hausa	42	9.3
Total	450	100.0

	Variables	M	SD	1	2	3	4	5
1	Gender	-	-	-				
2	Age	21.47	2.49	-.05	-			
3	Cognitive Reappraisal	20.86	5.98	.01	.02	-		
4	Expressive Suppression	10.58	5.25	-.04	-.00	-.69***	-	
5	Depression	34.16	8.46	.05	.01	-.37***	.43***	-
6	Suicidal Ideation	9.99	9.47	-.01	-.04	-.59***	.62***	.33***

Note: $N = 536$, *** $p < .001$. Gender was coded 1 = female, 2 = male. **M** = Mean, **SD** = Standard

Table 1 indicated that neither gender nor age was significantly related to any of the variables in the study. Cognitive reappraisal correlated negatively with expressive suppression ($r = -.69$, $p < .001$), depression ($r = -.37$, $p < .001$), and suicidal ideation ($r = -.59$, $p < .001$). It was also found that expressive suppression correlated positively with depression ($r = .43$, $p < .001$) and suicidal ideation ($r = .62$, $p < .001$). Depression was positively correlated with suicidal ideation ($r = .33$, $p < .001$).

Results

Research Question One: What is the predictive value of social support for suicidal ideation among employees in public Polytechnic, southwest Nigeria?

Table 1: Simple Regression Analysis with Social Support Scores as Predictor of Suicidal Ideation among employees in public Polytechnic, southwest Nigeria?

Predictor	B	SE	β
Constant	31.70	2.44	
Social support scores	-0.28	0.07	-0.19
$R = 0.19$			
$R^2 = 0.03$			
$Adj.=0.03$			

As shown in Table 1, the regression of suicidal ideation scores of among employees in public Polytechnic, southwest Nigeria on their social support scores yielded a beta weighting (β) of -0.19. This value suggests employees' social support had a modest negative predictive value for their suicidal ideation. This implies that a unit increase in employees' social support leads to 0.19 decrease in their suicidal ideation.

Research Question Two: What is the predictive value of social support for suicidal ideation among male and female employees in public Polytechnic, southwest Nigeria?

Table 2: Simple Regression Analysis with Social Support Scores as Predictor of Suicidal Ideation Scores among Male and Female employees in public Polytechnic, southwest Nigeria?

Predictor	B	SE	β	Remark
Male				
Constant	25.99	4.25		
Social Support Scores	-0.06	0.13	-0.04	Weak negative predictive value
$R = 0.04$				
$R^2 = 0.00$				
$Adj.= 0.00$				
Female				
Constant	36.53	2.87		
Social Support Scores	-0.41	0.09	-0.30	Modest negative predictive value
$R = 0.30$				
$R^2 = 0.09$				
$Adj.= 0.09$				

Results displayed in Table 2 showed that the beta weighting (β) obtained from regressing employees' suicidal ideation on social support among male sample was -0.04, while that of the females was -0.30. This indicated that among male employees, the predictive value of social support for suicidal ideation was weak. On the other hand, the predictive value of social support for suicidal ideation among female employees was modest. This implied that the predictive value of social support for suicidal ideation was greater among the female employee compared to the male employees in public Polytechnic, southwest Nigeria?

Hypothesis One: Social support is not a significant predictor of suicidal ideation among employees in public Polytechnic, southwest Nigeria?

Table 3: Test of Significance of Simple Regression Analysis with Social Support as Predictor of Suicidal Ideation among employees in public Polytechnic, southwest Nigeria?

Predictor	B	SE	β	T	p-value
Constant	31.70	2.44		13.00	0.00
Social support scores	-0.28	0.07	-0.19	-3.78	0.00

Table 3 showed that social support was a significant predictor of suicidal ideation among employees in public Polytechnic, southwest Nigeria, $\beta = -0.19$, $t = -3.78$, $p < 0.05$. Since the p -value was less than 0.05, the null hypothesis was rejected.

4.4 Hypothesis Two: Social support is not a significant predictor of suicidal ideation of male and female among employees in public Polytechnic, southwest Nigeria?

Table 4: Test of Significance of Simple Regression Analysis with Social Support as Predictor of Suicidal Ideation among Male and Female Undergraduates among employees in public Polytechnic, southwest Nigeria?

Predictor	B	SE	β	t	p-value
Male					
Constant	23.99	4.25		5.65	0.00
Social support scores	-0.06	0.13	-0.04	-0.47	0.64
Female					
Constant	36.53	2.87		12.73	0.00
Social support scores	-0.41	0.09	-0.30	-4.78	0.00

DISCUSSION OF FINDINGS

The findings of the study showed that social support has a modest negative predictive value on suicidal ideation of as shown in Table 1, the regression of suicidal ideation scores of among employees in public Polytechnic, southwest Nigeria on their social support scores yielded a beta weighting (β) of -0.19. This value suggests undergraduates' social support had a modest negative predictive value for their suicidal ideation. This implies that a unit increase in employee' social support leads to 0.19 decrease in their suicidal ideation.

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This in line with the findings of Ibrahim et al (2019) who reported negative correlation between social support and suicidal ideation. The finding also agrees with that of Hussein and Yousef (2024) which revealed a negative correction between social support and suicidal ideation. The possible reasons for this result could be that social support helps undergraduates manage the high level of stress and pressure associated with academic demands, reducing the risk of suicidal ideation. Support from employer, peers, family, friends or mentors can provide

practical help with studying, time management and emotional reassurance, making economic challenges feel less overwhelming and alleviating the stress that might otherwise lead to suicidal thought. It was reported that social support was a significant predictor of suicidal ideation of employee. This is in consistent with the findings of Kusumlata (2021), Dewi et al (2020), Manning et al (2021) which revealed that there is a significant relationship between social support and suicidal ideation. The findings are also in agreement with the findings of Ogbaji and Ajonye (2023), Naila and Takwin (2018), which reported that social support significantly predict suicidal ideation.

The findings of the study showed that social support had a negative predictive value for suicidal ideation among male and female employees, while the predictive value for male was weak, the predictive value for female was modest. This implies that the predictive capacity of social support for suicidal ideation was greater among female employees compared to the male employees. The result of the corresponding null hypothesis revealed that social support was a significant predictor of suicidal ideation among female employee, and not a significant predictor of suicidal ideation among male as shown in Table 1, the regression of suicidal ideation scores of among employees in public Polytechnic, southwest Nigeria on their social support scores yielded a beta weighting (β) of -0.19. This value suggests employees' social support had a modest negative predictive value for their suicidal ideation. This implies that a unit increase in employees' social support leads to 0.19 decrease in their suicidal ideation.

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The results of this study contradict with Okono (2019) whose findings showed that social support correlated significantly with suicidal ideation among employees in public Polytechnic, southwest Nigeria. Female employee is higher in the manifestation suicidal ideation than male employees. The possible reasons for these results could be that females tend to benefit more from social support especially on how it helps mitigate feelings of isolation and depressive symptoms. Females are more likely to express their emotions and seek help when faced with emotional distress. They often feel more comfortable reaching out to friends, family or professionals for emotional support, which helps them process negative feelings, such as those leading to suicidal ideation. This openness makes social support more effective for females. On the other hand, males are often socialized to be more self-reliant and less expressive of social support. This emotional restraint can reduce the effectiveness of social support because they are less likely to seek or accept help, even when it is available. As a result, they do not reap the full protective benefits of social networks.

CONCLUSION

In conclusion, depression is a significant predictor of suicidal ideation among employees at public polytechnics in Southwest, Nigeria. Higher levels of depressive symptoms are associated with increased reporting of suicidal thoughts. Social support plays a moderating role in this relationship. The presence of robust social support networks (from family, colleagues, supervisors, friends, and community resources) weakens the strength of the association between depression and suicidal ideation. The moderating effect suggests that even when depressive symptoms are present, strong social support can serve as a protective factor, reducing the likelihood that depression translates into suicidal ideation. These findings align with global evidence that psychosocial resources influence the impact of mental health symptoms on suicidality, highlighting the unique social and workplace dynamics within the polytechnic sector in Southwest, Nigeria.

RECOMMENDATION

Based on the findings of this study, the following recommendations are proposed to address these issues of suicide ideation among employees of Public Polytechnic in Southwest, Nigeria

- Establish a comprehensive employee mental health program that integrates screening, referral pathways, and follow-up support, with a focus on early identification of depressive symptoms.

- Develop formal social support structures within the workplace, such as peer-support groups, mentorship programs, and supervisor training in supportive leadership and mental health literacy.
- Tailor programs to reflect local cultural norms, beliefs about mental health, and the specific organizational culture of public polytechnics in Southwest Nigeria.
- Explore which components of social support (emotional, instrumental, informational, or appraisal support) have the strongest moderating effects in this population.
- Implement confidential, easily accessible counseling services (on-site) for employees experiencing depression and related distress.
- Create awareness campaigns to destigmatize mental health issues and promote help-seeking behaviors among staff.

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