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PSYCHOLOGY

EFFECTIVENESS OF COUNSELLING PROGRAMS IN ADDRESSING SUICIDE AMONG YOUNG PEOPLE: A CASE OF BUTERE COUNTY HOSPITAL, KAKAMEGA COUNTY, KENYA

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ABSTRACT

Statement of the Problem: Suicide among young people remains a pressing public health challenge in rural Kenya, with limited evidence on the effectiveness of existing counseling programs in mitigating the crisis.
Purpose of the Study: The study sought to assess the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital in Kakamega County, Kenya.
Methodology: A mixed-method approach was used, involving both quantitative and qualitative techniques. Data were collected from 60 participants aged 13–45 years through structured questionnaires containing closed- and open-ended questions. Quantitative data were analyzed using descriptive statistics, while thematic analysis was employed for qualitative responses.
Findings: Results showed that 71.7% of respondents had either received counseling or knew someone who had. Counseling was beneficial, with 60% reporting reduced suicidal thoughts, 55% experiencing improved mental health, and 50% adopting coping strategies such as journaling and peer sharing. Only 23.3% indicated strengthened support systems, pointing to gaps in family and community involvement. The main causes of suicide identified were depression, substance abuse, family conflicts, and economic stress.
Conclusion: Counseling programs at Butere County Hospital were effective in reducing suicidal ideation and enhancing coping skills among young people, but their impact was limited by weak community and family support structures.
Recommendation: The study recommends expanding program outreach, allocating more resources, integrating digital and anonymous support platforms, and strengthening family and community involvement to enhance the long-term impact of counseling programs.
Keywords: *Counseling, Suicide Prevention, Young People, Butere County Hospital, Mental Health*

INTRODUCTION

According to the World Health Organization (WHO, 2019), suicide is a multifaceted phenomenon arising from the interaction of psychological, social, cultural, and economic risk factors. It is defined as death caused by self-inflicted injury with the intention to die, while attempted suicide refers to self-harm with intent to die but without a fatal outcome. Globally, suicide is among the top causes of mortality, cutting across all age groups and social backgrounds. However, young people aged 13–45 years are particularly vulnerable, representing the demographic most affected by suicidal ideation and behavior. Suicide ranks as the second leading cause of death among young people worldwide, with 77% of cases occurring in low- and middle-income countries (WHO, 2019). From a public health perspective, suicide represents not only an individual tragedy but also a societal and economic burden, necessitating targeted prevention and intervention strategies (Bilsen, 2017).

International studies reveal diverse risk factors behind suicidal behavior. For instance, in India, John (2010) examined 75 patients admitted for self-destructive behavior and found that most were unmarried young men from nuclear families. Financial hardship, relationship rejection, and familial conflicts were the most common triggers. These findings illustrate how socio-economic stressors, coupled with weak support systems, escalate suicide risk. Globally, suicide results in both the direct loss of young lives and long-term disruptions in families and communities, with negative socio-economic consequences such as reduced productivity and increased healthcare costs (WHO, 2023). The burden is especially heavy in Africa, where limited investment in mental health infrastructure undermines prevention efforts (Mwangi, 2023). High suicide rates are attributed to inadequate service provision, scarcity of trained mental health professionals, and persistent stigma surrounding mental illness. In Kenya, suicide has become a pressing public health concern, with an estimated six deaths per thousand persons annually (WHO, 2023). Common methods include hanging, poisoning, sharp objects, and firearms. Rural regions face additional challenges such as poor access to healthcare, cultural taboos, and lack of awareness about mental health conditions.

Counseling has emerged as one of the most effective strategies for suicide prevention. Defined by the American Counseling Association (2020) as a collaborative and therapeutic process, counseling provides individuals with safe spaces to explore their emotions, gain coping skills, and

make positive changes. The process emphasizes confidentiality, empathy, and skillful intervention, enabling clients to work through distress, trauma, or self-destructive tendencies (Gladding, 2016; Corey, 2016). Counseling effectiveness is measured through indicators such as symptom reduction, behavioral change, improved resilience, and long-term mental health stability (Stiles, 2006; Whiston, 2017). Moreover, counseling programs are particularly vital for young people, who often face barriers such as stigma, peer pressure, and lack of family support when dealing with suicidal thoughts.

In Kakamega County, several initiatives have sought to address mental health, including school-based programs, community outreach, and poverty alleviation interventions (Ndetei et al., 2018; Mwangi et al., 2019). However, hospital-based counseling remains underexplored despite its potential to provide structured, professional, and sustainable support. Research has shown that community-level interventions play a critical role in suicide prevention (Johnson et al., 2018), but few studies have evaluated counseling program effectiveness in rural hospital contexts. Similarly, Smith and Brown (2020) found that while global suicide prevention strategies are diverse, they often fail to address cultural dynamics that shape help-seeking behavior in specific local contexts. Globally, counseling programs have demonstrated strong potential in reducing suicidal tendencies. Weare and Nind (2011) highlighted the success of school-based mental health programs in reducing suicidal ideation among adolescents through early intervention. WHO (2014) emphasized counseling as a cornerstone of suicide prevention, particularly in low-resource contexts? In sub-Saharan Africa, Patel and Kleinman (2003) noted that counseling services can significantly reduce suicide risk, though resource constraints often limit their reach. Similarly, the WHO Regional Office for Africa (2017) reported that integrating counseling into primary healthcare systems substantially reduced suicide rates in West African countries.

In Kenya, counseling programs have shown encouraging results. Ndetei et al. (2008) found that university-based counseling services reduced depression and suicidal thoughts among students, while Jenkins et al. (2015) demonstrated that integrating mental health into rural health facilities decreased stigma and improved access. Urban studies further reveal that targeted interventions for at-risk groups, such as unemployed youth, significantly lower suicidal ideation (Musyimi et al., 2017). Despite these positive findings, significant research gaps persist. Very little has been done to examine the role of structured counseling programs in hospital settings within rural Kenya,

particularly in Kakamega County. Most existing studies focus on universities, urban settings, or community programs, leaving a gap in understanding how hospital-based counseling services impact suicide prevention among youth. This study therefore seeks to fill this gap by assessing the effectiveness of counseling programs in addressing suicide among young people aged 13–45 years at Butere County Hospital.

LITERATURE REVIEW

This chapter evaluated existing literature on the effectiveness of counseling programs in addressing suicidal cases among young people. It examined diverse counseling approaches, considering their adaptability and relevance within the socio-economic and cultural contexts of Kakamega County (Atwoli et al., 2022; Otinga, 2023). The review synthesized empirical evidence, theoretical frameworks, and practical insights into the design and implementation of counseling programs targeted at mitigating suicide among young people. It further identified the causes of suicide, the nature and effectiveness of counseling programs, and areas for improvement, while highlighting gaps and inconsistencies to guide further investigation. This discussion provided a theoretical and empirical foundation upon which the research methodology, data collection, and analysis in this study were built.

Counseling programs, which in this study are considered the independent variables, refer to structured interventions designed to address the psychological, emotional, and social needs of individuals at risk of suicide. Their nature varies depending on individual needs, cultural backgrounds, and available institutional resources. Key components include assessment and evaluation, individual therapy, family therapy, group therapy, psychoeducation, safety planning, collaboration with service providers, and follow-up (American Counseling Association, 2020). According to Corsini and Wedding (2011), counseling is client-centered and aims to foster psychological well-being through empathy, collaboration, and evidence-based interventions. Programs at health facilities like Butere County Hospital focus particularly on individual therapy, family therapy, and psychoeducation, which have demonstrated effectiveness in improving mental health and reducing suicide risk among young people.

Individual therapy provides a personalized environment where clients address their unique concerns in a confidential space. Approaches such as cognitive-behavioral therapy (CBT),

dialectical behavior therapy (DBT), and person-centered therapy (PCT) enable clients to challenge maladaptive thought patterns and develop coping strategies, thus reducing suicidal ideation and depressive symptoms (Corey, 2016; American Counseling Association, 2020). Family therapy, on the other hand, recognizes the influence of family dynamics on individual well-being. By involving family members in the counseling process, relational patterns are addressed, communication is improved, and support systems are strengthened, which significantly reduces suicidal tendencies (Diamond et al., 2010; Brent et al., 2009). Psychoeducation is equally vital, as it equips individuals and families with knowledge about mental health conditions, available therapies, and coping strategies. Studies show that psychoeducation reduces stigma, improves help-seeking behaviors, and encourages lifestyle changes such as self-care, problem-solving, and healthy communication (Tarrier et al., 2008; Lamis et al., 2017).

Literature reveals that awareness of mental health services significantly influences help-seeking behavior. In Kenya, limited awareness and stigma reduce service uptake, especially in rural areas (Ndetei et al., 2010; Mutiso et al., 2017). Comprehensive programs incorporating individual, family, and group therapy alongside crisis intervention have been recognized globally as effective suicide prevention measures (WHO, 2014). However, barriers such as accessibility, affordability, and cultural acceptability remain challenges in many Kenyan contexts (Musyimi et al., 2017). Satisfaction with counseling services is also an essential determinant of sustained engagement and effectiveness, with Mutiso et al. (2020) noting that respectful, confidential, and client-centered services enhance trust and positive outcomes among youth.

Untreated mental health conditions such as depression and substance abuse, stigma surrounding mental illness, family dysfunction, poverty, and educational pressures are among the most significant contributors (Mutiso et al., 2018; Gatuguta et al., 2016). These factors increase vulnerability and limit access to timely and effective support services. Poverty and unemployment, for instance, are widespread in rural Kenya and lead to feelings of hopelessness and despair, especially among the youth. Studies confirm that financial struggles are a major predictor of suicidal behavior, highlighting the need for socio-economic empowerment and targeted interventions (Mbwayo et al., 2019).

Dysfunctional family dynamics, including domestic violence, neglect, or parental substance abuse, generate instability and emotional distress among young people. In traditional family settings,

conflict or lack of parental support can be particularly devastating, leading to feelings of isolation and worthlessness. Research consistently demonstrates that adverse childhood experiences shape suicide risk later in life and must therefore be addressed through family-centered interventions and counseling support (Munene et al., 2017; Gatuguta et al., 2016). Similarly, academic pressures are a growing concern. Young people often face unrealistic expectations from families and communities, leading to chronic stress, anxiety, and a sense of failure when they cannot meet such demands. Ndetei and Khasakhala (2018) observed that academic stress, bullying, and peer pressure are significant risk factors for suicidal ideation among students, suggesting a need for school-based interventions to support mental health and resilience.

Individual therapy, particularly CBT and DBT, has been shown to reduce suicidal ideation and depressive symptoms in adolescents (Tarrier et al., 2008; McCauley et al., 2018). Psychoeducational programs equip youth with knowledge and skills to cope with stress, while also reducing stigma and improving help-seeking behaviors (Lamis et al., 2017; Rudd et al., 2014). Family therapy enhances communication and parental involvement, reducing both conflict and suicidal ideation (Diamond et al., 2010; Brent et al., 2009). Group counseling creates a sense of belonging and peer support, buffering against isolation and suicidal tendencies (King et al., 2018). Crisis interventions, which provide immediate support during acute suicidal episodes, are critical in stabilizing individuals and linking them to longer-term care (Gould et al., 2012). Together, these approaches form a comprehensive model of suicide prevention, though barriers such as stigma, limited resources, and inaccessibility of services remain significant challenges (Klineberg et al., 2013).

Training and supervision for counselors are essential to enhance professional competence and ensure adherence to evidence-based practices (Linehan, 1993). Tailored interventions that consider cultural, social, and economic contexts are necessary to meet the diverse needs of young people (Breland et al., 2013; Miller & Rollnick, 2012). Collaborative care models that integrate counselors, medical professionals, social workers, educators, and community organizations improve service coordination and provide holistic support (Archer et al., 2012; Kwan & Nease, 2013). Community outreach and education further play a critical role in reducing stigma, raising awareness, and promoting help-seeking behaviors, particularly in rural and underserved areas (Jorm et al., 1997; Corrigan et al., 2014).

Research in Ghana and India revealed that culturally sensitive counseling interventions significantly reduced suicidal behaviors among youth (Osafo et al., 2015; Patel et al., 2018). A longitudinal study in the West similarly found that consistent participation in counseling sessions correlated with significant reductions in suicide attempts (Wang et al., 2019). In Kenya, a study in Kisumu County demonstrated the importance of research-informed prevention strategies, which combined education, early intervention, and access to effective programs to reduce youth suicide (Omondi, 2023). These findings reinforce the need for multi-faceted and context-specific interventions in addressing suicide among young people in Kakamega County.

THEORETICAL FRAMEWORK

To understand the effectiveness of counseling programs in reducing suicide among young people, this study applies Person-Centered Therapy (PCT) and Cognitive-Behavioral Therapy (CBT) as guiding frameworks.

Person-Centered Therapy (PCT)

Developed by Carl Rogers (1959, 1961), PCT emphasizes the therapeutic relationship through unconditional positive regard, empathy, and congruence. Techniques such as active listening and reflection allow clients to lead therapy, fostering self-awareness and acceptance.

Application to Suicide Prevention: PCT provides a non-judgmental, empathetic environment where individuals feel understood, countering isolation and worthlessness. By enhancing self-esteem and self-worth, it reduces suicidal tendencies.

Strengths: Builds strong therapeutic alliances and promotes self-acceptance, crucial in preventing suicide. Weaknesses: May lack structure for clients needing more guidance or those with severe mental health conditions.

Cognitive-Behavioral Therapy (CBT)

Developed by Aaron Beck (1976), CBT links thoughts, feelings, and behaviors. It addresses cognitive distortions, automatic thoughts, and core beliefs through techniques like cognitive restructuring, behavioral activation, and exposure therapy. Application to Suicide Prevention: CBT identifies and challenges hopeless thought patterns, reduces suicidal ideation, and teaches problem-solving skills. Safety planning and behavior activation further promote resilience.

Strengths: Highly structured, evidence-based, and effective in reducing suicidal thoughts and behaviors (Brown et al., 2005; David-Ferdon & Kaslow, 2008).

Weaknesses: Can feel rigid or overly directive; may not address deeper unconscious issues.

Effectiveness of Counseling Programs: Evidence shows individual therapy is effective in suicide prevention. CBT significantly reduces suicidal ideation (Tarrier et al., 2008; Stanley et al., 2009). Dialectical Behavior Therapy (DBT) also decreases self-harm and suicidal behaviors among adolescents with borderline traits (Miller et al., 2007; McCauley et al., 2018).

CONCEPTUAL FRAMEWORK

The conceptual framework illustrates the link between counseling programs (independent variable), suicidal tendencies (dependent variable), and moderating factors. Counseling Programs and Suicidal Tendencies: Interventions such as individual therapy, psychoeducation, and family therapy address cognitive, emotional, and social needs, thereby reducing suicidal ideation. Moderating Factors: The impact of counseling is shaped by social support, access to services, and stigma. Supportive networks strengthen program outcomes, while barriers and stigma limit effectiveness. Study Objectives: Guided by the study's aims, the framework evaluates how targeted counseling can reduce suicidal thoughts, raise awareness, and enhance family support for sustainable results. According to Kothari (2019), a conceptual framework maps the interaction of dependent and independent variables. In this study, suicide reduction is the dependent variable, counseling programs are the independent variable, while contextual challenges serve as moderating influences.

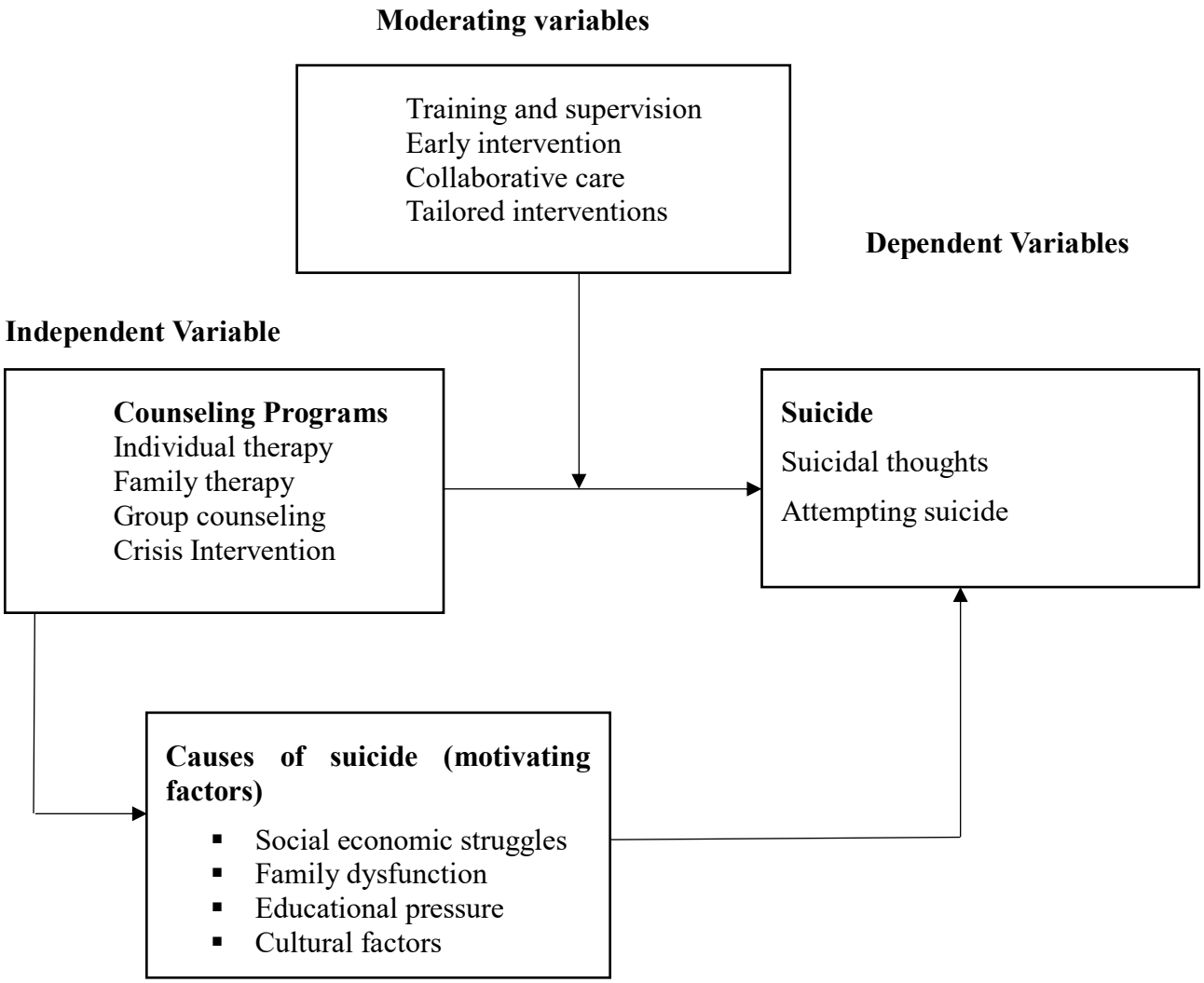

Figure 1: Conceptual Framework

THEOLOGICAL REFLECTION

Theological reflection provides a profound lens for understanding the effectiveness of counseling programs in addressing youth suicide at Butere County Hospital. Christian teaching views life as sacred, rooted in the belief that every person is created in the image of God (Genesis 1:27; Psalm 139:13–16). Suicide is therefore seen as a violation of this sacred gift, arising from despair and hopelessness. Counseling informed by theology affirms the sanctity of life, restores hope, and aligns with Christ's ministry of healing (Isaiah 61:1–3; Matthew 11:28; John 10:10). Counseling, when theologically grounded, is not only psychological support but also a means of spiritual

renewal. Scripture emphasizes hope as central to healing, with Jeremiah 29:11 affirming God's plans for a future and Romans 15:13 offering assurance of joy and peace through the Holy Spirit. Such promises guide counseling programs in affirming worth, purpose, and resilience, especially for those burdened by family, economic, or educational pressures.

The communal dimension of Christian faith also strengthens counseling. Believers are called to "bear one another's burdens" (Galatians 6:2), underscoring the role of families, churches, and communities in supporting vulnerable individuals. Incorporating pastoral care, prayer, and faith-based networks complements psychological interventions, ensuring holistic healing (Koenig, 2007). Practical theology bridges doctrine with lived experience, offering culturally relevant counseling. In African contexts, communal orientation is vital (Mbiti, 1969). Thus, effective programs at Butere should integrate both professional care and community participation, ensuring that interventions resonate with local realities. Theological principles such as *imago Dei* affirm dignity, while the Christian message of redemption and resurrection inspires hope (VandeCreek, 2001).

Studies highlight that combining spirituality with psychology enhances coping and reduces suicidal ideation (Koenig, 2007). By involving church leaders and faith communities, counseling programs extend reach and create supportive environments. This integrated model addresses psychological needs while nurturing spiritual resilience. Therefore, the effectiveness of counseling programs is strengthened when clinical methods are combined with theological insights. By affirming life's sacredness, promoting hope, and mobilizing community care, these programs can mitigate suicide risks among young people in Kakamega County. This synthesis—drawing from theology, psychology, and African communal values—offers a holistic framework for building resilient and hopeful communities

METHODOLOGY

The study adopted a mixed-methods design to assess the effectiveness of counseling programs in reducing suicide among young people at Butere County Hospital, integrating both quantitative and qualitative approaches to capture statistical patterns alongside contextual experiences (Johnson & Onwuegbuzie, 2004; Creswell & Plano Clark, 2018). A convergent parallel design was applied, allowing simultaneous collection of both datasets, which were analyzed separately and later

compared to strengthen credibility through triangulation and enhance reliability (Creswell & Poth, 2016; Morse, 1991; Denzin, 2012). This design not only provided breadth and generalizability through quantitative findings but also offered depth and meaning from qualitative perspectives, thereby ensuring a robust and holistic understanding of suicide risks among youth (Bryman, 2006; Teddlie & Tashakkori, 2009). The target population comprised young people aged 13–45 years in Kakamega County, a broader age bracket than the WHO definition of youth to account for different life stages associated with suicidal vulnerability (KNBS, 2019; Ambale et al., 2022). Adolescents between 13–18 years were included due to identity formation challenges and heightened risk of suicidal ideation (Arnett, 2020; Sawyer et al., 2022), while young adults aged 19–24 represented a transitional stage often marked by academic, career, and social pressures (Arnett, 2000). Adults between 25–45 years were also considered, as career, family, and health demands can significantly strain mental wellbeing (Helson, 1992; Kessler et al., 2003). This inclusive approach enhanced representativeness and ensured that findings would inform more comprehensive and applicable mental health strategies across diverse age groups (Wallerstein & Duran, 2010).

FINDINGS AND DISCUSSION

The study established that most respondents were aware of counseling services offered at Butere County Hospital, which included individual therapy, family counseling, group sessions, and crisis intervention. These services were mainly anchored in Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) and were found to be effective in reducing suicidal ideation, improving emotional well-being, and strengthening coping mechanisms. Despite this effectiveness, barriers were highlighted, such as limited counselor availability (36.7%), poor follow-up and aftercare (43.3%), confidentiality concerns (21.7%), lack of youth-friendly spaces, and accessibility challenges like long waiting times, stigma, and transport costs. The main causes of suicide among young people were identified as family and relationship conflicts (75%), mental health disorders and substance abuse (50%), economic hardship (42%), and academic pressure. Stigma and cultural misconceptions further discouraged help-seeking behaviors.

The findings indicate that counseling programs at Butere County Hospital play a vital role in mitigating suicide risks among young people. Their grounding in CBT and DBT makes them effective in promoting mental health recovery and coping strategies. Nonetheless, the challenges of limited resources, poor continuity of care, and socio-cultural barriers reduce their overall

impact. The high prevalence of family conflicts, substance abuse, and economic hardships as triggers of suicide highlights the need to situate counseling within a broader framework of social and community support. Further, the role of stigma and cultural beliefs demonstrates that suicide prevention cannot be fully addressed through clinical interventions alone but requires integrated community engagement and culturally sensitive approaches.

CONCLUSION

The study concludes that counseling programs at Butere County Hospital are effective in reducing suicidal ideation and improving the coping capacity of young people. Nevertheless, their sustainability and broader impact are constrained by structural limitations, inadequate follow-up, stigma, and accessibility issues. To achieve long-term success, suicide prevention must combine clinical, community, and policy-level interventions while fostering collaboration among healthcare providers, government, schools, faith-based organizations, and local communities.

RECOMMENDATIONS

The study recommends scaling up mental health education in schools, workplaces, and community settings to reduce stigma and promote awareness. Counseling services should be expanded and decentralized through mobile clinics, flexible service hours, and task-shifting to trained lay counselors. Follow-up and aftercare systems must be strengthened to ensure continuity of support for at-risk individuals. Community structures should be reinforced by integrating peer mentors, clergy, and youth leaders into counseling networks. In addition, suicide prevention strategies should be linked to economic empowerment initiatives to address financial stressors that exacerbate suicidal ideation. Future research should focus on evaluating the long-term impact of these interventions, the influence of cultural beliefs on help-seeking behavior, the potential of digital counseling innovations, and comparative models of suicide prevention in similar rural contexts.

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