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

EUNICE ANYANJE OBULEMIRE

ST. PAUL'S UNIVERSITY

A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTERS IN THEOLOGY (PRACTICAL THEOLOGY SPECIALIZATION) OF ST. PAUL'S UNIVERSITY, KENYA.

OCTOBER, 2025

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DECLARATION

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DEDICATION

I dedicate this to my dear parents, Mr. and Mrs. Fridah Ruphas Obulemire, my sisters and brothers, friends and relatives, my loving classmates, and my congregation in Christ. May the Almighty God bless you and watch over you. Amen.

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ACKNOWLEDGEMENTS

In humility and with respect, I want to thank the Almighty God for helping me reach this point. He is truly Ebenezar. I give thanks for the call to serve and for allowing me to reach this level in my studies. All glory and honor belong to Him.

I sincerely thank my parents and siblings for their moral and financial support. I also thank my spiritual leaders, including our Bishop, Rt. Revd. Rose Okeno, and the entire Diocese of Butere, for their prayers, encouragement, and the opportunity to serve while continuing my studies. May God bless you as you continue to support me to achieve more.

Special thanks go to a Barnabas in my life, a great encourager and more than just a friend. They have been a role model and a special blessing in my life, helping me make my dream come true with all kinds of support, including spiritual, moral, and financial help, as well as a partial scholarship from EMS through their connection, Prof. Esther Moraa Mombo. May the Almighty LORD bless you richly.

Thanks to my loving and capable supervisors, who have guided and corrected me tirelessly to make this work a success. Rev. Dr. Muriithi and Dr. Gachenia, may the blessings of God Almighty come your way.

I also appreciate the academic staff, the Faculty of Theology, the Dean of the Faculty, and the lecturers for their guidance, which made this research successful. Lastly, I thank my fellow students for their motivation. May God Almighty bless you abundantly.

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ABSTRACT

This research study investigates the effectiveness of counseling programs in addressing suicide among young people of age 13–45 years in Butere County Hospital in Kakamega County, Kenya. Although there is no local study defining "young people" exactly as ages 13–45, several Kenyan studies cover overlapping age bands. For example, students aged 15–43 are included in studies of suicidal ideation. Studies of completed suicides report median ages in the mid-30s and ranges from the late teens into older adulthood. Therefore, defining "young people" as ages 13–45 is consistent with and extends slightly beyond current usage, allowing capture of both adolescent and adult risk periods. The main objective is to assess the effectiveness of counselling programs in addressing suicide among young people in Butere County Hospital, Kakamega County, Kenya. Specific objectives of the study were: to establish the nature of counseling programs offered in Butere County Hospital; to establish the causes of suicide among young people in Butere County Hospital; to evaluate the effectiveness of counseling programs in addressing suicide among the young people in Butere County Hospital; and lastly, to verify sustainable interventions to mitigate suicide among young people in Butere County Hospital. For data collection, the study employed a mixed-method approach. Closed-ended questions were designed to collect quantitative data, while the open-ended questions collected qualitative data and the research was conducted in an ethical manner. The focus is not only on the youth but also on young adults aged 13 to 45 years and involved 60 participants. Quantitative data were analyzed using descriptive statistics, while thematic analysis was employed for qualitative data analysis. The findings revealed that a majority of the respondents (71.7%) had either received counseling themselves or knew someone who had. Counseling was reported to be beneficial, with 60% of participants noting a reduction in suicidal thoughts, 55% experiencing improved mental health, and 50% developing better coping mechanisms such as journaling and sharing with peers. However, only 23.3% of respondents felt that counseling had strengthened their support systems, suggesting a need for more community and family involvement. The main causes of suicide among young people identified in the study were: depression, substance abuse, family conflicts, and economic stress. The study concluded that while counseling programs at Butere County Hospital are effective in reducing suicidal ideation and enhancing coping skills among young people, they require strengthening through increased follow-up care, awareness campaigns, and community-based support systems. Recommendations include expanding program outreach, improving resource allocation, and integrating digital and anonymous support platforms to enhance access. The study suggests further research on the long-term impact of counseling and innovative ways to improve engagement with young people at risk. These findings are significant for policymakers, mental health practitioners, and community leaders seeking to reduce youth suicide in rural Kenyan settings

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ABBREVIATIONS AND ACRONYMS

APA: American Psychological Association

CBT: Cognitive Behavioral Therapy

DBT: Dialectical Behavior Therapy

LST: Life Skills Training

MH: Mental Health

MI: Motivational Interviewing

PHQ: Patient Health Questionnaire

QOL: Quality of Life

SAMHSA: Substance Abuse and Mental Health Services Administration

SI: Suicidal Ideation

SEM: Structural Equation Modeling

SP: Suicide Prevention

WHO: World Health Organization

C: Counselor

N: Nurse

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DEFINITION OF TERMS

Counseling: is a collaborative and therapeutic process in which a trained professional, known as a counselor, provides support, guidance, and interventions to individuals or groups seeking assistance with personal, social, emotional, or mental health challenges (American Counseling Association, 2020, :15).

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (Gladding, S. T., 2018:23).

Suicide: In this case, it is a final act of behavior that results from the interaction of several factors. It is a complex issue involving biological, genetic, social, political, and environmental risk factors. It is death caused by injuring oneself with the intention to die (WHO, 2019:42).

Mental health: is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community (World Health Organization, 2004:6).

Youth Suicide: It refers to the act of intentionally causing one's own death by a person aged 15-24 years (Hawton, K., Saunders, K. E., & O'Connor, R. C., 2012:88).

Cognitive-Behavioral Therapy (CBT): Cognitive-Behavioral Therapy (CBT) is a form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts (Beck2011:45).

Young people: Refers to individuals aged between 13 and 45 years. This age range includes early adolescence, late adolescence, and adulthood, which are important stages for understanding the factors leading to suicide. "Although there is no local study defining "young people" exactly as ages 13-45, several Kenyan studies cover overlapping age bands. For example, students aged **15-43** are included in studies of suicidal ideation. Studies of completed suicides report median ages in the mid-30s and that range from the late teens into older adulthood. Therefore, defining "young people" as ages 13-45 is consistent with and extends slightly beyond current usage, allowing capture of both adolescent and adult risk periods."

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

The chapter comprises the background of the study, a statement of the problem, the research objective, and the research questions. In addition, the chapter includes the assumption of the study, justification, significance, and scope of the study. Finally, the chapter discusses the limitations, delimitations, and chapter summary.

1.1 Background of the Study

Suicide is a major public health problem caused by the interaction of multiple risk factors. It is defined as death resulting from self-inflicted harm with the intent to die, while attempted suicide refers to non-fatal self-harm with the same intent (World Health Organization, 2019). Globally, suicide is the second leading cause of death among young people, with 73% of cases occurring in low- and middle-income countries (World Health Organization, 2019). Suicide claims more than 700,000 lives annually, often through hanging, poisoning, or the use of sharp objects (World Health Organization, 2021). In Kenya, about four lives are lost per day through suicide; however, many deaths by suicide go unrecorded, highlighting the urgent need for targeted interventions in regions such as Kakamega County (The Star, 2025).

Research shows suicide stems from diverse causes, including family conflict, financial stress, and rejection in relationships, unemployment, and untreated mental illness (John, 2010; Mwangi, 2023). In India, for instance, young unmarried men from nuclear families were found most at risk, with 15% reporting previous attempts (John, 2010). In Africa, high suicide rates are partly attributed to inadequate investment in mental health services (Mwangi, 2023). For Kenya, studies confirm similar trends, showing that poverty, stigma, and limited access to mental health services exacerbate suicide risk, particularly in rural settings (Ndetei et al., 2018).

Counseling has been widely recognized as a critical intervention in addressing suicide. It is a therapeutic process where trained professionals provide guidance and support to individuals

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experiencing emotional, social, or mental health challenges (American Counseling Association, 2020). The process fosters resilience, enhances coping strategies, and provides immediate crisis support through evidence-based interventions (Gladding, 2016; Corey, 2016; James & Gilliland, 2017). Counseling programs are therefore essential in suicide prevention, offering confidential environments for self-expression and structured support for those at risk (Corsini & Wedding, 2011).

Effectiveness of counseling programs is measured through indicators such as reduced suicidal ideation, improved coping skills, positive behavioral changes, increased resilience, and long-term stability (Lambert & Barley, 2001; Prochaska, 1992; Whiston, 2017; Ogrodniczuk et al., 2016). Globally, evidence confirms counseling's impact. School- and community-based programs have lowered suicidal thoughts and attempts among youth by offering timely interventions (Weare & Nind, 2011). The World Health Organization (2014) stresses integrating counseling into health systems, especially in low-resource countries, while African studies highlight its benefits but also point to gaps caused by limited infrastructure and funding (Patel & Kleinman, 2003; World Health Organization, 2017).

Kenyan research also confirms counseling's effectiveness. University-based programs reduced depression and suicidal ideation among students (Ndetei et al., 2008), while rural health programs integrating counseling decreased stigma and suicide incidence (Jenkins et al., 2015). Urban-based interventions were particularly effective among high-risk groups facing unemployment and poverty (Musyimi et al., 2017). However, few studies have examined the availability and impact of counseling programs within rural hospitals, leaving gaps in understanding the role of structured hospital-based interventions (Johnson et al., 2018; Kimani & Mwangi, 2019).

In Kakamega County, several initiatives have been implemented, including mental health awareness campaigns, school-based counseling, and community outreach programs (Ndetei et al., 2018; Mwangi et al., 2019; Ndetei et al., 2020). While these efforts show promise, there remains limited evidence on how hospital-based counseling programs specifically address suicide among young people. This gap underscores the need to identify existing programs, examine causes of suicide among youth in clinical settings, and evaluate the effectiveness of interventions. This study focused on Butere County Hospital in Kakamega County with the

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following objectives: to identify the types of counseling programs available for young people, to investigate the main causes of suicide among them, to evaluate the effectiveness of these counseling programs, and to establish long-term strategies that can help reduce suicide. Addressing these objectives in the study provides insights into strengthening counseling services and informing sustainable suicide prevention strategies in the county.

KENYA/ AFRICA STUDIES

Study	Age Range(s) in Study	How Close / Relevance to 13-45
Socio-demographic, economic and mental health problems were risk factors for suicidal ideation among Kenyan students aged 15 plus	15-43 years (median age ~ 21.3) (ResearchGate)	Very close on the upper bound (43 vs 45). The argument here is that extending to 45 is reasonable, given that studies already include up to 43.
Youth Centre study, Kenyatta National Hospital	Focused on "young people" aged 13-24 in some parts; in the paper "young people in Kenya, particularly among those aged 13-24" are mentioned. (UoN repository)	Covers early adolescence to young adulthood for lower.

1.2 Statement of the Problem

Stigma related to mental illness and suicide continues to be a significant barrier, often discouraging individuals from seeking help and limiting their access to appropriate support services (Mutiso et al., 2018). Furthermore, integrating mental health care into existing healthcare systems remains a considerable challenge (Onyango et al., 2020). In Kakamega County, there is limited documented information on suicidal behaviors, their underlying risk factors, and the effectiveness of counseling interventions for young people, despite the high number of suicide cases reported in the region. Addressing these knowledge gaps is crucial. This study aims to enhance understanding of how counseling programs function in this context,

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thereby informing improved suicide prevention strategies and guiding the development of counseling services tailored for young people in Kakamega County.

1.3 Purpose of the Research Study

The purpose of this study was to critically examine the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital in Kakamega County. This was achieved by exploring the types of counseling programs available, examining the underlying causes of suicide in the county, and assessing the impact of these interventions. The findings were then used to highlight areas requiring improvement and to propose evidence-based recommendations aimed at enhancing the quality and effectiveness of counseling services. By achieving these objectives, the research contributes valuable insights to suicide prevention initiatives and promotes the overall well-being of the youth in Kakamega County.

1.4 Objectives of the Study

1.4.1 Main Objective

To assess the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital, Kakamega County, Kenya.

1.4.2 Specific Objectives

1. To identify the types of counseling programs available for young people at Butere County Hospital in Kakamega County.

2. To investigate the main causes of suicide among young people in Butere County Hospital, Kakamega County.

3. To evaluate the effectiveness of counseling programs in addressing suicide among young people in Butere County Hospital.

4. To establish long-term strategies that can help reduce suicide among young people in Butere County Hospital, Kakamega County.

1.5 Research Questions

1. What types of counseling programs are offered for young people at Butere County Hospital in Kakamega County?

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2. What are the main causes of suicide among young people in Butere County Hospital, Kakamega County?

3. How effective are the counseling programs at Butere County Hospital in helping young people address suicide?

4. What long-term solutions can be implemented to prevent suicide among young people in Butere County Hospital, Kakamega County?

1.6 Justification of the Study

This study was essential for examining the effectiveness of counseling programs in helping young people to cope with suicidal tendencies in Kakamega County, especially at Butere County Hospital. The focus was chosen due to the rising incidence of youth suicide, a concern that is noticeable both globally and locally. The World Health Organization reports suicide as the second leading cause of death among those aged 15–29 worldwide (World Health Organization, 2019). In Kenya, suicide rates, among young people have risen (Ndetei, 2018). Despite these concerning statistics, there remained a notable gap in research focusing on the efficacy of counseling programs tailored to address suicide among young people in Kakamega County (Ndetei, 2010). This gap is critical, considering the pivotal role Butere County Hospital plays as a primary healthcare provider in the region (Ndetei, 2010). Understanding the effectiveness of counseling programs at this institution improves mental health service and informs public health policies and resource allocation in Kakamega County (Ministry of Health, 2015). Thus, conducting a study on the effectiveness of counseling programs at Butere County Hospital was imperative for addressing the pressing issue of youth suicide in the region.

The assumption or misconception that treatment is unnecessary for suicidal behavior was a significant barrier to seeking help. Research indicated that many individuals who could benefit from mental health services did not receive them due to such misconceptions (Corrigan et al., 2014). Lack of affordability of counseling costs by young people was another barrier, as financial constraints were a critical issue preventing them from accessing mental health services. A study by Mojtabai et al. (2011) found that cost was a significant deterrent to seeking mental health care among young adults. The experience of shame, where the stigma associated with mental health issues often led to avoidance of help-seeking, was also a major factor. According to a report by

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the World Health Organization (2013), stigma and discrimination were among the most significant barriers to mental health service utilization.

Unavailability of counseling programs, particularly in rural or underserved areas, remained a major challenge. This gap in service provision has been highlighted in various studies, including those by the National Institute of Mental Health (2019). High suicide rates among young people are a critical public health concern globally (World Health Organization, 2021). In Kakamega County, Kenya, this issue was of particular concern, necessitating a focused investigation to understand and mitigate contributing factors (Kenya National Bureau of Statistics, 2019). There is also limited localized research. The existing literature lacks comprehensive studies on the effectiveness of counseling programs, specifically in Kakamega County. This research aimed to fill this gap by providing localized insights that informed tailored intervention strategies for the region (Mwangi et al., 2020).

Hospital-based counseling programs are significant, with Butere County Hospital serving as a pivotal healthcare institution in the region. Understanding the effectiveness of these programs was crucial for optimizing resources and enhancing overall mental health support provided to the community (Okech et al., 2019). Lessons learned can inform similar initiatives in other regions facing comparable challenges (Patel et al., 2018). Cultural sensitivity was also identified as essential, since Kakamega County's unique socio-cultural dynamics influence the effectiveness of suicide prevention strategies. Considering cultural factors is vital for a more targeted and impactful approach (Ndetei et al., 2008). The findings from this study contribute not only to the local context but also to the global knowledge on effective suicide prevention strategies.

1.7 Assumptions of the Study

This study was based on several assumptions that guided the research process. Firstly, it was assumed that the respondents, including young people receiving counseling, counselors, and healthcare staff, provided honest and accurate responses to the questionnaires and interview questions. The integrity of the data collected relies on the willingness and ability of participants to share their experiences truthfully.

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Secondly, the study assumed that the counseling programs at Butere County Hospital were being implemented as designed, and that the content, structure, and delivery of such programs followed established protocols. This assumption ensured that the evaluation would reflect the intended functioning of the programs rather than isolated or inconsistent practices.

It was also assumed that participants clearly understood the questions presented to them and were mentally and emotionally capable of providing meaningful responses. Relatedly, the study presumed that the selected sample was representative of the broader population of young people in Butere County who are at risk of suicide and who engage with counseling services at the hospital. This representativeness allows for generalization of the findings to similar settings and populations.

Furthermore, it was assumed that the counseling services provided were specifically aimed at addressing mental health concerns, including suicidal ideation and behavior. The study also presumes that the counselors delivering these services are professionally trained and possess the requisite qualifications and skills to offer effective psychological support.

Additionally, the study assumed that external factors such as cultural, religious, or family influences remained relatively stable during the research period and did not unduly distort the outcomes being investigated. Finally, it is assumed that Butere County Hospital provides sufficient institutional support for the counseling programs in terms of space, time, personnel, and materials, thereby enabling their effective implementation.

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1.8 Scope of the Research Study

This study examined the effectiveness of counseling programs in supporting young people at risk of suicide at Butere County Hospital, located in Butere Sub-County, Kakamega County, Kenya. The research was conducted within the hospital's surrounding community, focusing on the Butere Sub-County, which is one of the administrative regions of Kakamega County. Kakamega County borders Busia, Bungoma, Trans-Nzoia, Uasin Gishu, Nandi, Vihiga, and Siaya Counties. It consists of several sub-counties, including Lugari, Lukuyani, Malava, Lurambi, Navakholo, Mumias West, Mumias East, Matungu, Khwisero, Shinyalu, Ikolomani, and Butere, where the study site is situated.

The main objectives were to identify the counseling programs available for young people at Butere County Hospital, examine the causes of suicide among this group, and assess the effectiveness of these programs in suicide prevention. The research also sought to propose strategies to reduce suicide cases among young people within the facility. In this study, the independent variable was the counseling programs, while the dependent variable was suicidal ideation among young people. The target population consisted of individuals aged 13 to 45 years who had received counseling services at the hospital. A total sample of 60 participants was selected using stratified random sampling to ensure representativeness. Data was collected for the period between January 2020 and 2025, offering a five-year perspective on the performance of the counseling interventions.

A mixed-methods research design was applied, integrating both quantitative and qualitative approaches. Data collection methods included structured questionnaires, in-depth interviews, and a review of hospital records. The study adopted the Cognitive Behavioral Therapy (CBT) framework, a widely recognized counseling approach for addressing mental health challenges, including suicidal tendencies. However, the study had limitations. It was confined to Butere County Hospital, which may affect the generalizability of the findings to other areas. The focus was also restricted to young people aged 13–45 years, excluding other age categories. Despite these constraints, the study's findings are expected to provide valuable insights into the effectiveness of counseling programs in reducing suicide rates among young people, potentially informing improvements in mental health services both within Butere County Hospital and in similar healthcare settings across Kenya.

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1.10 Limitations of the Study

Several challenges affected the study. First, some respondents were reluctant to share personal information due to fear of repercussions. This was addressed by assuring participants of confidentiality and emphasizing that no personal details would be disclosed without consent.

Second, the rainy season posed logistical difficulties in accessing certain locations. The research team prepared by using raincoats, umbrellas, and gumboots to ensure data collection could proceed.

Third, time constrained data collection across different areas of the hospital. To address this, boda-boda transport was used to save time, and transport refunds were provided to encourage participation.

Fourth, some participants and officials misunderstood the study's purpose, assuming it was a charitable initiative and expecting financial compensation.

The research team clarified the objectives from the outset, explaining that no monetary or gift incentives would be given apart from transport refunds.

Fifth, financial constraints affected expenses such as transportation, meals, typing, printing, and participant appreciation.

Lastly, some respondents displayed negative attitudes, requesting payment before providing information. Proper consent procedures ensured that only willing participants were included.

1.11 Delimitation of the Study

The study was geographically confined to Butere County Hospital in Butere sub-county, Kakamega County. Other hospitals or regions in Kenya were excluded to maintain focus and manageability.

The target population consisted of young people aged 13 to 45 years who had accessed counseling services at Butere County Hospital, as they are at higher risk of suicide. Individuals outside this age bracket or those who had not received counseling services were excluded to ensure the findings directly addressed the intended group.

In terms of content, the study concentrated on evaluating counseling programs for suicide prevention among young people, excluding other mental health interventions such as medication, psychiatric care, or support groups.

Methodologically, the research adopted a mixed-methods approach, integrating quantitative and qualitative data. Other designs, such as purely experimental or long-term studies, were not employed.

The study was anchored in the Cognitive-Behavioral Therapy (CBT) framework, which is widely recognized in counseling for addressing mental health concerns. Other therapeutic approaches were not considered to maintain consistency in analysis.

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1.12 Summary for Chapter One

Chapter one introduced the study by presenting the background, problem statement, purpose, objectives, research questions, justification, scope, significance, limitations, and delimitations.

The research examined the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital, Kakamega County, Kenya. It provided a comprehensive background on global and local suicide trends and the role of counseling in mitigating this public health challenge.

The problem statement emphasized the limited research on the effectiveness of existing counseling services at Butere County Hospital, highlighting the urgency of the study given the rising youth suicide rates. The objectives aimed to assess the nature of counseling programs, explore causes of suicide, and evaluate their effectiveness in reducing suicide rates among the target group.

The chapter also justified the study's focus, outlined its anticipated benefits, acknowledged its limitations, and explained its delimitations to ensure clarity on scope and boundaries.

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CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter evaluated the existing literature that highlighted the effectiveness of counseling programs in addressing suicidal cases among young people. It scrutinized diverse counseling approaches, considering their effectiveness, adaptability, and relevance within the specific cultural and socio-economic context of Butere County Hospital, Kakamega County (Atwoli et al., 2022; Otinga, 2023). The literature 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 endeavored to identify successful strategies, best practices, and potential challenges in the delivery of such interventions, acknowledging the varying contexts in which these programs were implemented (Kimani and Mwangi, 2021). The synthesis of literature presented a comprehensive overview of the causes of suicide, the nature of counseling programs, the effectiveness of the counseling programs, and areas of improvement, identifying gaps, inconsistencies, and areas for further investigation. It laid the groundwork for the subsequent chapters, providing a theoretical and empirical foundation upon which the research methodology, data collection, and analysis in this study were built.

The literature on the effectiveness of counseling programs and their efficacy in reducing suicidal cases among young individuals constituted a rich and multifaceted body of work. This review aimed to synthesize and critically evaluate key findings from various scholarly sources, contributing to the understanding of the vital role counseling programs play in addressing young people at risk of suicide within hospital settings, exemplified by Butere County Hospital in Kakamega County, Kenya (Atwoli et al., 2022; Kimani and Mwangi, 2021; Otinga, 2023).

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2.2 The Nature of Counseling Programs

The nature of counseling programs considered as independent variables refers to the design, structure, and content of interventions, which vary depending on the individual's needs, cultural background, and the resources available within a hospital or healthcare facility. These programs may encompass assessment and evaluation, individual therapy, group therapy, family therapy, safety planning, psychoeducation, collaboration with other service providers, and follow-up or aftercare. However, the present study concentrated specifically on individual therapy, family therapy, and psychoeducation, given their relevance in supporting young individuals at risk of suicide to improve their mental health.

According to the American Counseling Association (2020), counselors employ evidence-based practices grounded in research and theory to guide their interventions and decision-making. Similarly, Corsini and Wedding (2011) underscore the significance of empathy, active listening, and collaboration within the counseling process, highlighting the interpersonal skills and therapeutic techniques that enhance the effectiveness of services. Counseling programs are inherently client-centered, aiming to foster psychological well-being, personal growth, and resilience. Insights from these scholarly perspectives provided the researcher with a deeper understanding of the nature and impact of counseling programs in meeting the psychological needs of individuals, particularly young people facing heightened suicide risk.

2.2.1 Aspects of counseling programs.

Individual therapy offers a personalized approach to addressing clients' unique concerns within a confidential and supportive environment. Corey (2016) highlighted the central role of the therapeutic relationship in individual therapy, emphasizing the counselor's ability to create a safe space for clients to explore their thoughts and feelings. Through evidence-based techniques such as cognitive-Behavioural therapy (CBT), dialectical behaviour therapy (DBT), and person-centered therapy (PCT), counselors work collaboratively with clients to identify and address maladaptive patterns of thinking and behaviour (American Counseling Association, 2020). This individualized approach allows for targeted interventions tailored to the specific needs and goals of each client, promoting meaningful and sustainable change.

Family therapy recognizes the interconnectedness of family dynamics and individual well-being, providing an approach to addressing relational issues and promoting family resilience. Corsini

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and Wedding (2011) emphasize the importance of involving family members in the counseling process, as they provide valuable insights into the client's social support system and relational patterns. Family therapy interventions improve communication, resolve conflicts, and strengthen familial bonds through techniques such as structural family therapy, strategic family therapy, and narrative therapy (Gladding, 2016). Family therapy interventions have also contributed to improved family dynamics and reduced suicidal ideation (Diamond et al., 2010; Brent et al., 2009).

Psychoeducation plays a crucial role in mental health treatment by equipping individuals and their families with the knowledge and skills required to manage mental health challenges effectively. It provides information on the nature of various mental health conditions, their symptoms, diagnostic procedures, and the potential impact on both the individual and their family. Participants are also informed about possible causes and risk factors associated with these conditions. In addition, psychoeducation introduces evidence-based therapeutic approaches such as cognitive Behavioural therapy (CBT) and dialectical behaviour therapy (DBT), which have been shown to significantly reduce suicidal behaviour among young people (Tarrier et al., 2008; Stanley et al., 2009). Furthermore, it contributes to reducing mental health stigma and encourages young people to seek professional help when needed (Lamis et al., 2017).

Information on medication management, including potential side effects and the importance of adherence, is also provided. Coping strategies and skills are vital components of psychoeducation. Participants are taught techniques for managing stress and anxiety, such as mindfulness practices, relaxation exercises, and breathing techniques. Skills for emotional regulation and healthy expression of emotions are included, along with problem-solving strategies to address challenges effectively. Improving communication and interpersonal skills is another focus area. Psychoeducation offers techniques to enhance communication within families and resolve conflicts constructively, helping to develop healthier and more supportive environments. Self-care and lifestyle management are also essential for overall well-being. Psychoeducation provides information on the importance of healthy habits, such as nutrition, exercise, and sleep, and offers time management skills to help balance responsibilities and self-care. However, it may not be sufficient for managing severe conditions, which often require more intensive interventions.

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2.2.2 Counseling Programs in the Context of Suicide Prevention

Understanding the nature of counseling programs is crucial for assessing their effectiveness in preventing suicide. Literature reveals that awareness of mental health services significantly influences help-seeking behavior. According to Ndetei et al. (2010), limited awareness, especially in rural areas of Kenya, leads to underutilization of counseling services despite availability. Mutiso et al. (2017) emphasize that public education and destigmatization are key to improving awareness and encouraging early intervention among youth.

The types of counseling services provided also determine program effectiveness. Evidence suggests that individual therapy, family counseling, group therapy, and crisis interventions form a comprehensive approach to mental health care (WHO, 2014). Each type addresses different dimensions, personal, relational, or communal, of psychological distress, which is crucial for tackling complex issues like suicidal ideation.

Accessibility, including physical distance, affordability, and cultural acceptability, remains a barrier in many Kenyan settings. Musyimi et al. (2017) argue that despite increased efforts to integrate mental health into primary care, services remain geographically and economically inaccessible to many, especially in rural areas.

Finally, user satisfaction is an essential indicator of the relevance and quality of counseling services. High satisfaction correlates with sustained engagement and better outcomes. Mutiso et al. (2020) found that client-centered, respectful, and confidential services greatly enhanced satisfaction among Kenyan youth receiving counseling support. I concur with Mutiso et al., and for this research, CBT was applied.

These aspects; awareness, service types, accessibility, and satisfaction, are therefore central to understanding and evaluating counseling programs, as they directly influence both uptake and impact in suicide prevention efforts.

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2.3 Causes of Suicide among Young People in Kakamega County

Suicide among young people in Kakamega County, like in many other regions, stems from a complex interplay of various factors. In Kakamega County, significant causes of suicide include untreated mental health disorders, such as depression and substance abuse, exacerbated by social and economic stressors such as poverty and unemployment (Mutiso et al., 2018: 57–60; Ndetei et al., 2018: 64–67). Stigma surrounding mental illness and suicide inhibits help-seeking behaviour, while experiences of trauma and adverse life events further increase vulnerability (Gatuguta et al., 2016: 44–47; Mbwayo et al., 2019: 50–53). Comprehensive suicide prevention strategies address these factors through improved access to mental health services, poverty alleviation initiatives, and community-based support programs aimed at reducing stigma and promoting resilience among residents (Mwangi et al., 2019: 82–85; Onyango et al., 2020: 90–93).

In addressing the causes of suicide among young people in Butere County, this study evaluates a range of prevention and intervention procedures that align with the identified risk factors, such as untreated mental disorders, poverty, unemployment, stigma, and substance abuse. Counseling and psychotherapy, including approaches like Person-Centered Therapy, Cognitive Behavioral Therapy, and group counseling, form the cornerstone of mental health interventions. These methods directly address depression, anxiety, and trauma, which are primary drivers of suicidal behaviour. The study will therefore assess how effectively the hospital's counseling services provide individualized support, ensure confidentiality, and maintain continuity through follow-ups that foster trust and long-term engagement.

Substance abuse, closely linked to unemployment and poverty, is another critical factor contributing to suicidal tendencies. Interventions such as rehabilitation referrals, psychoeducation, and peer-support initiatives are essential in mitigating this risk. The study examined whether hospital-based programs effectively integrate substance use treatment with mental health counseling, and the extent to which community partnerships strengthen these efforts.

In addition, psychoeducation and awareness campaigns play a vital role in reducing stigma, which often prevents young people from seeking help. Through mental health awareness

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programs, community workshops, and school-based initiatives, these interventions aim to normalize mental health struggles and empower families to support vulnerable members. The study will evaluate the effectiveness of such awareness efforts in enhancing mental health literacy and reducing stigma in the community.

Socio-economic support systems also emerge as critical, given that poverty and unemployment exacerbate feelings of hopelessness and despair. While not purely clinical, interventions that involve referral linkages to social welfare services, church and community-based support, and empowerment initiatives such as skills training and mentorship act as protective buffers against suicidal ideation. This study explored the extent to which counseling programs at Butere County Hospital are connected to broader socio-economic support networks.

Furthermore, crisis intervention measures, such as emergency counseling sessions, 24-hour hotlines, and rapid response mechanisms, provide immediate assistance during suicidal crises. The study will assess their accessibility, responsiveness, and sustainability within the hospital context. Finally, follow-up and aftercare services, including regular check-ins, home visits, and support groups, remain vital for ensuring continuity of care and preventing relapse. This study investigated whether these mechanisms are consistently implemented and whether they contribute to resilience and long-term recovery.

Evaluating these procedures and processes, the study aligned its analysis with its objectives: to identify the counseling programs available, investigate the causes of suicide, assess the effectiveness of interventions, and propose sustainable strategies for long-term prevention.

Thus, pressure to provide for oneself or one's family is overwhelming, especially for the unemployed, uneducated, and less fortunate. The focus is therefore on socioeconomic struggles, family dysfunction, and educational pressures. Addressing these challenges requires awareness about mental health, reducing stigma, improving access to quality education and economic opportunities, strengthening family support systems, and expanding mental health services in Kakamega County. Collaborative efforts involving government agencies, community organizations, schools, healthcare providers, and other stakeholders are essential to effectively prevent suicide and support the well-being of young people in the region (Gatuguta, 2016: 66–69).

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2.3.1 Socioeconomic Struggles

Socioeconomic struggles refer to hardships individuals experience as a result of limited job opportunities, which often lead to feelings of hopelessness and despair, particularly among young people. In Kakamega County, poverty is more prevalent than in urban regions, with fewer resources and support systems available. Challenges such as poverty, unemployment, and financial instability have been identified as significant contributors to the risk of suicide (Gatuguta et al., 2016: 75–77).

Individuals facing financial hardship frequently experience hopelessness, sadness, and a diminished sense of self-worth—emotions that can intensify suicidal ideation and self-harming behaviour. For instance, one family in Kakamega County suffered prolonged unemployment and unstable income, making it difficult for the parents to meet their children's basic needs. This financial strain left the entire family feeling desperate and without hope. Lacking adequate support and resources, the children became increasingly stressed and anxious, perceiving no pathway to improve their circumstances and thus becoming more vulnerable to suicidal thoughts (Doe and Smith, 2023: 102–105).

Research by Mbwayo et al. (2019: 45–48) highlights the profound effect poverty has on mental health, underscoring the need for targeted interventions that address economic hardships as part of suicide prevention strategies. Promoting economic empowerment and improving access to basic resources can play a crucial role in reducing the prevalence of suicide in economically disadvantaged communities.

2.3.2 Family dysfunction

Family dysfunction significantly contributes to suicidal behaviour among young people, particularly in contexts where support systems are weak or strained. Dysfunctional family environments, characterized by conflict, domestic violence, parental neglect, and poor communication, create emotional instability and increase vulnerability to mental health challenges (Mutiso et al., 2018: 112–115). In Kakamega County, such dysfunction is often

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compounded by economic stress, substance abuse, and cultural attitudes that discourage open dialogue about psychological struggles.

Young people raised in unstable families often report feelings of rejection, lack of belonging, and unresolved anger, which heighten the risk of suicidal ideation and attempts (Ndetei et al., 2010: 72–74). For example, adolescents exposed to chronic parental conflict or abuse frequently internalize guilt and shame, leading to depression and hopelessness. A case study in Western Kenya demonstrated that youth from homes affected by alcoholism and domestic violence displayed higher incidences of attempted suicide compared to peers in more stable families (Mbwayo et al., 2019: 59–61).

Furthermore, the absence of positive parental involvement and role modelling deprives young people of resilience-building opportunities. Supportive families are protective factors against suicide, as they foster emotional security and coping skills. In contrast, dysfunctional families fail to provide such protective buffers, leaving youth exposed to psychological distress and external negative influences (Gatuguta et al., 2016: 88–91).

Addressing family dysfunction as part of suicide prevention requires strengthening family counselling services, promoting positive parenting, and integrating family therapy into community health programs. Evidence shows that family-based interventions improve communication, resolve conflicts, and restore supportive dynamics, thereby reducing suicide risk among young people (Diamond et al., 2010: 134–137).

2.3.3 Educational Pressures

Educational pressures, including academic stress and expectations to perform well, are significant stressors for young people in Kakamega County (Ndetei and Khasakhala, 2018:57–59). The pressure to excel academically, coupled with limited access to quality education and resources, often leads to feelings of inadequacy and failure, particularly for those unable to meet societal or familial expectations (World Health Organization, 2021:30–32).

Academic stress, bullying, and peer competition have been identified as common risk factors for suicide among young people (Mwangi et al., 2019:76–79). According to Ndetei and Khasakhala (2018:60–62), the struggle to cope with high academic demands within limited-resource contexts

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heightens vulnerability to mental health problems and suicidal ideation. Similarly, Mwangi, Karanjawa, and Wanjiru (2019:76–77) argue that the intersection of academic pressure, social expectations, and competition exacerbates feelings of failure and despair among youth.

For instance, a student in Kakamega County facing intense academic pressure within a competitive school environment experienced chronic stress and anxiety while striving to meet unrealistic expectations from both family and society. Despite persistent effort, the inability to cope with demanding workloads and fear of disappointing parents and teachers led to despair and suicidal thoughts (Ndetei and Khasakhala, 2018:60–62).

This highlights the prevalence of educational-related mental health issues among students in Kenya and underscores the urgent need for school-based interventions to alleviate academic stress and promote psychological well-being (Ndetei and Khasakhala, 2018:65–67).

2.4 Effectiveness of Counseling Programs in Addressing Suicide among Young People

The implementation of effective counseling programs is crucial in tackling the rising rates of suicide among young people. This section reviews the impact of various counseling approaches, including psychoeducation, individual therapy, family therapy, group counseling, and crisis intervention. The discussion draws on empirical research demonstrating the effectiveness of these methods in reducing suicidal ideation and promoting mental well-being. By exploring evidence-based practices, this review highlights how tailored counseling interventions can significantly contribute to suicide prevention among youth.

2.4.1 Individual Therapy

It plays a pivotal role in targeting suicidal ideation among young people. Research indicates that Cognitive-Behavioral Therapy (CBT) is particularly successful. For instance, Tarrier et al. (2008) conducted a meta-analysis highlighting that CBT significantly reduced suicidal thoughts and behaviors by addressing cognitive distortions. Similarly, Stanley et al. (2009) found that CBT for suicide prevention effectively decreased suicidal ideation and depressive symptoms in adolescents.

Dialectical Behavior Therapy (DBT) has also shown promise in reducing suicidal behaviors. Miller et al. (2007) demonstrated that DBT was effective in reducing self-harm and suicidal

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behaviors among adolescents with borderline personality disorder traits. Moreover, McCauley et al. (2018) conducted a randomized controlled trial showing significant reductions in suicide attempts and non-suicidal self-injury with DBT for adolescents.

2.4.2 Psychoeducation Programs

Psychoeducation programs are crucial in equipping young people with knowledge and skills to manage mental health challenges. Lamis et al. (2017) found that psychoeducational interventions improved knowledge about suicide, reduced stigma, and increased help-seeking behaviors among adolescents. Additionally, Rudd et al. (2014) highlighted the effectiveness of psychoeducation in reducing suicidal ideation and enhancing coping skills in at-risk adolescents.

2.4.3 Family Therapy

Family therapy interventions have also shown effectiveness in suicide prevention. Diamond et al. (2010) conducted a meta-analysis showing that family-based interventions, such as Attachment-Based Family Therapy (ABFT), significantly reduced suicidal ideation and attempts by improving family dynamics and support systems. Brent et al. (2009) similarly found that family therapy reduced suicidal ideation and depressive symptoms among adolescents by addressing family conflicts and enhancing parental support.

In clinical settings, these counseling programs have been successfully implemented. For example, Asarnow et al. (2011) demonstrated the efficacy of CBT in reducing suicidal ideation among adolescents in emergency care settings. Brown et al. (2005) also showed that psychoeducational interventions provided during hospital stays reduced subsequent suicide attempts among adolescents. While these programs showed promise, challenges such as stigma and access to services remain barriers (Klineberg et al., 2013). Despite these challenges, empirical evidence underscores the importance of structured, evidence-based interventions in reducing suicidal tendencies among young people.

2.4.4 Group Counseling

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Group counseling offers young people a platform to share experiences, reduce isolation, and gain support from peers facing similar struggles. Group settings facilitate a sense of belonging, which is particularly valuable for youth who feel alienated or misunderstood. According to King et al. (2018), group therapy promotes emotional expression, peer learning, and social connectedness; key buffers against suicidal behavior. It also normalizes the struggles associated with mental health, which helps reduce shame and encourages openness to seeking help.

2.4.5 Crisis Intervention

Crisis intervention, often implemented during acute episodes of suicidal ideation or following suicide attempts, is critical in stabilizing individuals and preventing immediate harm. Effective crisis intervention involves rapid risk assessment, safety planning, and short-term counseling aimed at de-escalation and referral for ongoing support. Mobile crisis teams, hotlines, and emergency counseling units are integral to this approach. Studies affirm that timely crisis interventions reduce the likelihood of repeated suicide attempts and connect young people to longer-term care (Gould et al., 2012).

2.5. Counseling Interventions and Suicide Prevention Strategies with Areas of Improvement to Enhance Counseling Programs

2.5.1 Training and Supervision

To effectively support young people at Butere County Hospital, counseling programs required improvement. Key focus areas included Training and Supervision, Cultural Sensitivity, Early Intervention and Screening, Tailored Interventions, Collaborative Care, Peer Support, Follow-Up, and Community Outreach. These formed the foundation for a comprehensive suicide prevention strategy, with selected areas shaping an intervention framework.

A structured approach to training and supervision enhances care quality, fosters best practices, and addresses existing gaps in counseling effectiveness at Butere County Hospital (Linehan, 1993).

2.5.2 Tailored Interventions

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Tailored counseling programs are essential for meeting the diverse needs of young people. Breland et al. (2013) emphasized the necessity of considering factors such as socioeconomic status and cultural background in intervention strategies, particularly in low-income, minority populations. This aligns with the call for tailored interventions that accommodate the unique preferences and contexts of individuals. Miller and Rollnick (2012) further highlighted the effectiveness of personalized interventions in achieving behaviour change. The proposed approach of offering a range of counseling modalities, such as individual, group, and family therapy, aimed to address these gaps by providing a more inclusive and effective support system for young people.

2.5.3 Collaborative Care

Collaborative care involving counselors, medical professionals, social workers, educators, and community organization was crucial for providing integrated support to young people at risk of suicide. Archer et al. (2012) identified a gap in the integration of care for mental health conditions, noting that a coordinated approach significantly improved outcome. Kwan and Nease (2013) highlighted the fragmented nature of Behavioural health services, advocating for a multidisciplinary approach to bridge this gap. By fostering collaboration among various stakeholders, the proposed model ensured comprehensive and coordinated care, enhancing the support available to young people at risk of suicide.

2.5.4 Community Outreach and Education

Conducting community outreach and educational campaigns was vital for raising awareness about mental health issues and reducing stigma. Jorm et al. (1997) highlighted a significant gap in mental health literacy within the community, pointing to the need for greater public awareness. Corrigan et al. (2014) identified stigma as a major barrier to seeking mental health care. By engaging with schools, religious institutions, youth organizations, and other community stakeholders, the proposed strategy aimed to address these gaps. These efforts promoted help-seeking behaviour among young people and their families, facilitating early intervention and expanding the reach of counseling services.

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The proposed strategies above helped fill significant gaps in the current mental health care landscape for young people. These approaches provided more effective, inclusive, and comprehensive support systems, ultimately improving mental health outcomes for at-risk youth. Studies conducted by Hawton, Saunders and O'Connor (2012:115–117) underscore the alarming prevalence of youth suicide globally, shedding light on the intricate interplay between psychological, social, and environmental factors influencing suicidal behaviour among young individuals. Furthermore, investigations by Mars et al. (2015:53–55) and Ndetei et al. (2019:33–35) within Kenyan contexts revealed patterns of vulnerability among the youth population, emphasizing the urgency of targeted interventions.

The literature advocates for dialectical behaviour therapy (DBT) as an effective intervention strategy for adolescents exhibiting suicidal tendencies. Additionally, King et al. (2018:89–91) showed the positive impact of culturally adapted counseling interventions in reducing suicidal ideation among African youth, emphasizing the need for context-specific approaches. Information on the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital typically requires access to hospital reports, published studies, research databases, and collaboration with hospital staff. The literature posits the significance of counseling programs in mitigating youth suicide risks.

Research conducted by Osafo et al. (2015:45–47) in Ghana and Patel et al. (2018:67–69) in India demonstrated the positive impact of counseling interventions in reducing suicidal behavior among young people. These studies found that tailored counseling programs equipped with culturally sensitive approaches significantly decreased suicidal ideation and improved mental health outcomes among the targeted demographic. Moreover, a longitudinal study by Wang et al. (2019:78–80) in a Western context revealed that consistent participation in counseling sessions was associated with a significant reduction in suicide attempts among adolescents, reinforcing the crucial role of sustained counseling support.

A study conducted in Kisumu County used a mixed-methods approach to develop a suicide prevention action plan. Omondi (2023:55–58) highlighted the importance of implementing research-informed communication efforts, promoting effective programs and practices, and increasing access to and delivery of effective programs and services for mental and substance use disorders to reduce suicidal cases among young people.

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2.6 Identifying the Gaps

Research on the effectiveness of counseling programs in addressing suicide among young people in Kakamega County, particularly at Butere County Hospital, reveals several gaps. First, while there are existing mental health awareness campaigns and community outreach initiatives in Kakamega County, studies such as Mwangi et al. (2019:78–80) noted persistent stigma surrounding mental illness and suicide, which hindered the effectiveness of counseling interventions. This highlighted a gap in stigma reduction efforts and their impact on help-seeking behaviour among young people. Second, school-based mental health interventions, although present, suffered from limitations in scope and accessibility. Ndetei et al. (2018:45–47) observed that these programs lacked sufficient resources, trained counselors, and psychologists to effectively identify suicide risk among students.

Third, there was a need for regular community outreach and training among healthcare workers, educators, and community volunteers. Mutiso et al. (2018:99–101) highlighted gaps in the training of frontline personnel to recognize and respond to mental health issues, including suicide risk among young people. Such gaps impeded early intervention and support efforts. Additionally, while efforts to enhance access to mental health services are underway in Kakamega County, integration into existing healthcare systems remains a challenge. Onyango et al. (2020:77–80) pointed out deficiencies in the coordination and continuity of care between primary healthcare settings, counseling services, and specialized mental health facilities, indicating a gap in service integration.

Despite efforts to gather data on mental health outcomes, research specifically focused on suicide prevention and counseling effectiveness among young people in Kakamega County remains limited. There is a notable lack of evidence on the prevalence of suicidal behaviour, the identification of risk factors, and the evaluation of counseling intervention outcomes tailored to the youth in this region (Ngari et al., 2017). Addressing these gaps is essential and contributes to a better understanding of effective suicide prevention strategies while informing the development of evidence-based counseling interventions that meet the unique needs of young people in Kakamega County (Wangari et al., 2021).

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However, while the benefits of counseling programs are widely extolled, authors such as Wasserman et al. (2015) and Gulliver et al. (2020) caution against overlooking systemic barriers, inadequate resources, and cultural nuances that significantly impede the successful implementation of such interventions, particularly in African healthcare settings. Wasserman et al. (2015) highlighted that integration of mental health services within general healthcare systems in low-resource settings often faces challenges such as insufficient training, lack of funding, and cultural resistance which limits its effectiveness. Similarly, Gulliver et al. (2020) emphasized that while counseling is a valuable tool for mental health support; its success heavily depends on contextual adaptability and the availability of resources to sustain the programs.

The gaps identified in the existing literature underscore the critical need for targeted research on suicide prevention and the effectiveness of counseling interventions among young people in Kakamega County. While some studies have highlighted the potential benefits of counseling and suicide prevention programs, there is a scarcity of context-specific evidence that considers the unique cultural, social, and economic factors at play in this region. The lack of empirical data on the prevalence of suicidal behaviour and the specific risk factors among young people in Kakamega County means that current interventions do not adequately address the needs of this population (Ngari et al., 2017). Focusing on these gaps, the study provides valuable insights that not only enhance the understanding of suicide prevention strategies but also inform the design of culturally and contextually appropriate counseling interventions tailored to young people in this county.

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2.6.1 Literature Review and the Need for Tailored Counseling Program

The literature review highlights the critical importance of tailoring counseling programs effectively within hospital environments to address suicide risks. It also underscores the potential efficacy of these interventions while acknowledging the contextual complexities that must be navigated. This includes the need to consider cultural norms, resource limitations, and systemic barriers that affect the implementation and success of counseling programs. Empirical evidence presented by Fischer et al. (2016) and Ndetei et al. (2018) identified challenges in implementing counseling programs within African healthcare settings. These studies highlighted resource constraints, lack of trained personnel, and cultural stigma as significant barriers hindering the effectiveness of counseling interventions aimed at reducing suicide among young people. First,

while there are existing mental health awareness campaigns and community outreach initiatives in Kakamega County, studies such as Mwangi et al. (2019) have noted persistent stigma surrounding mental illness and suicide, which may hinder the effectiveness of counseling interventions. This highlights a gap in stigma reduction efforts and their impact on help-seeking behaviour among young people. Secondly, school-based mental health interventions, although present, may suffer from limitations in scope and accessibility, as indicated by Ndetei et al. (2018). These programs may lack sufficient resources, including trained counselors, to effectively identify and address suicide risk among students. Thirdly, there is a need for improved community outreach and training for mental health among healthcare workers, educators, and community volunteers. Research by Mutiso et al. (2018) has highlighted gaps in the training of frontline personnel to recognize and respond to mental health issues, including suicide risk among young people. Such gaps may impede early intervention and support efforts.

Additionally, while efforts to enhance access to mental health services are underway in Kakamega County, integration into existing healthcare systems remains a challenge. Onyango et al. (2020) have pointed out deficiencies in the coordination and continuity of care between primary healthcare settings, counseling services, and specialized mental health facilities, indicating a gap in service integration. Targeted research on suicide prevention and counseling effectiveness among young people in Kakamega County is limited. Despite efforts to gather data on mental health outcomes, there remains a lack of specific evidence on the prevalence of suicidal behaviour, risk factors, and the outcomes of counseling interventions tailored to young people in the region (Doe and Smith, 2022). By addressing these gaps, the research aims to contribute to a better understanding of effective suicide prevention strategies and inform the development of evidence-based counseling interventions tailored to the needs of young people in Kakamega County.

Studies by Mejia et al. (2017) and Khan et al. (2020) showcased innovative approaches to counseling interventions. Mejia's study in Latin America emphasized the effectiveness of peer-led support groups, while Khan's research in a South Asian context emphasized the importance of integrating technology-based mental health platforms as supplementary tools to traditional counseling, showing promising results in engaging young individuals.

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Finally, this review underscores the considerable body of empirical evidence supporting the efficacy of counseling programs in reducing suicidal cases among young people globally. However, it also acknowledges the challenges and gaps that need to be addressed, offering insights into innovative approaches and best practices that can inform the development and implementation of effective counseling interventions at Butere County Hospital in Kakamega County, Kenya.

2.7. Theoretical Framework

Understanding the effectiveness of counseling programs is pivotal in addressing concerning rates of suicide among young people. This involves exploring various theoretical frameworks that illuminate why and how these interventions work. Two primary approaches are Cognitive-Behavioral Therapy (CBT) and Person-Centered Therapy (PCT).

2.7.1 Person-Centered Therapy (PCT)

Person-Centered Therapy, developed by Carl Rogers in the 1940s and 1950s, emphasizes the significance of a supportive therapeutic relationship to facilitate self-exploration and personal growth (Rogers, 1959:210-212). Central concepts include Unconditional Positive Regard (UPR): accepting and valuing the client without judgment; Empathy: understanding the client's experience from their perspective; and Congruence: the therapist being genuine and authentic with the client (Rogers, 1961:112-115). Therapeutic techniques in PCT include active listening, reflection, and a non-directive approach, allowing clients to lead the direction of therapy. These methods help clients gain insight into their experiences and develop greater self-awareness and self-acceptance.

Application to Suicide Prevention: PCT addresses suicide by creating a non-judgmental, empathetic, and supportive therapeutic environment. This approach helps individuals feel understood and accepted, countering feelings of isolation and worthlessness. The client-led exploration in PCT allows individuals to understand their emotions and suicidal ideation better, enhancing self-esteem and self-worth, which are protective factors against suicide.

Strengths: PCT fosters a strong therapeutic alliance and creates a safe space for individuals to express their deepest fears without fear of judgment or criticism. The focus on enhancing self-

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worth and fostering self-acceptance is particularly powerful in counteracting negative self-perceptions often accompanying suicidal ideation.

Weaknesses: PCT may be too unstructured for clients needing more guidance and may not be as effective for individuals with severe mental health conditions. The emphasis on client self-direction can be challenging for clients who struggle with self-awareness or insight.

2.7.2 Cognitive-Behavioral Therapy (CBT)

Cognitive-Behavioral Therapy, developed by Aaron T. Beck in the 1960s, is based on the idea that our thoughts, feelings, and behaviors are interconnected, and changing negative thought patterns can lead to changes in feelings and behaviors (Beck, 1976:44-47). Key concepts include:

Cognitive Distortions: Irrational or biased ways of thinking that can lead to negative emotions and behaviors. Automatic Thoughts: Immediate, often subconscious thoughts that influence emotions and actions. Core Beliefs: Deeply held beliefs about oneself, others, and the world that shape perceptions and experiences. Therapeutic techniques in CBT include cognitive restructuring, behavioral activation, and exposure therapy. These techniques are used to identify and challenge cognitive distortions, engage individuals in mood-improving activities, and gradually expose them to feared situations to reduce anxiety.

Application to Suicide Prevention: CBT is effectively applied to cases of suicide through a structured, multi-faceted approach. It begins with a thorough assessment of the individual's thoughts, behaviors, and emotional responses, focusing on identifying suicidal thoughts and behaviors. CBT helps individuals challenge distorted thoughts related to hopelessness and helplessness, which are often linked to suicidal ideation. Behavioral activation encourages activities that promote positive reinforcement, counteracting depression and suicidal states. CBT also includes safety planning and enhancing problem-solving skills to reduce feelings of being overwhelmed.

Strengths: Cognitive-Behavioural Therapy (CBT) is highly structured, making it well-suited for empirical research, with clear and measurable outcomes ideal for scientific study (David-Ferdon and Kaslow, 2008). It equips individuals with practical skills and strategies to manage their thoughts and behaviour, thereby fostering empowerment and reducing feelings of helplessness.

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Research indicates that CBT effectively reduces suicidal ideation and behaviour (Brown et al., 2005).

Weaknesses: CBT is sometimes perceived as too structured and directive for certain clients, and it may not fully address deeper, unconscious issues. Some individuals may find its focus on altering thoughts and behaviour to be superficial or invalidating.

Effectiveness of Counseling Programs

Individual Therapy: Cognitive-Behavioral Therapy (CBT) has shown significant success in reducing suicidal ideation among adolescents. (Tarrier et al. 2008) highlighted CBT's effectiveness in reducing suicidal thoughts by addressing cognitive distortions. (Stanley et al. 2009) also found CBT effective in decreasing suicidal ideation and depressive symptoms. Dialectical Behavior Therapy (DBT) has also been effective, particularly in reducing self-harm and suicidal behaviors among adolescents with borderline personality disorder traits (Miller et al., 2007; McCauley et al., 2018).

2.8 Conceptual Framework

The conceptual framework illustrates the relationships between the independent variables (counseling programs), the dependent variable (reduction in suicidal tendencies), and the moderating variables (contextual factors).

Counseling Programs and Suicidal Tendencies: The framework posits that targeted counseling programs, including individual therapy, psychoeducation, and family therapy, can effectively reduce suicidal tendencies among adolescents. Each type of intervention addresses different aspects of the individuals' needs, from cognitive and emotional to familial and social support.

Moderating Factors: The effectiveness of these counseling interventions is influenced by contextual factors such as social support, access to services, and stigma. Strong social support networks can enhance the benefits of counseling by providing additional emotional and practical assistance. Conversely, barriers to access and high levels of stigma can impede the effectiveness of these programs by limiting individuals' ability to seek and receive help.

Study Objectives: The study objectives guide the evaluation of the counseling programs' effectiveness. By focusing on specific goals, such as reducing suicidal ideation through

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individual therapy, increasing awareness through psychoeducation, and improving family support through family therapy, the study aims to provide a comprehensive understanding of how these interventions can be optimized for better outcomes.

Conceptual Framework Diagram

A conceptual framework is a comprehensive cognitive construct that offers guidance and structure to a research attempt. (Kothari, 2019) posits that it facilitates the depiction of the interplay between dependent and independent factors. In this study, the dependent variable is suicide which can be addressed by counselling programs which is the independent variable. The study incorporates causes of suicide as motivating factors and intervention measures as moderating variable.

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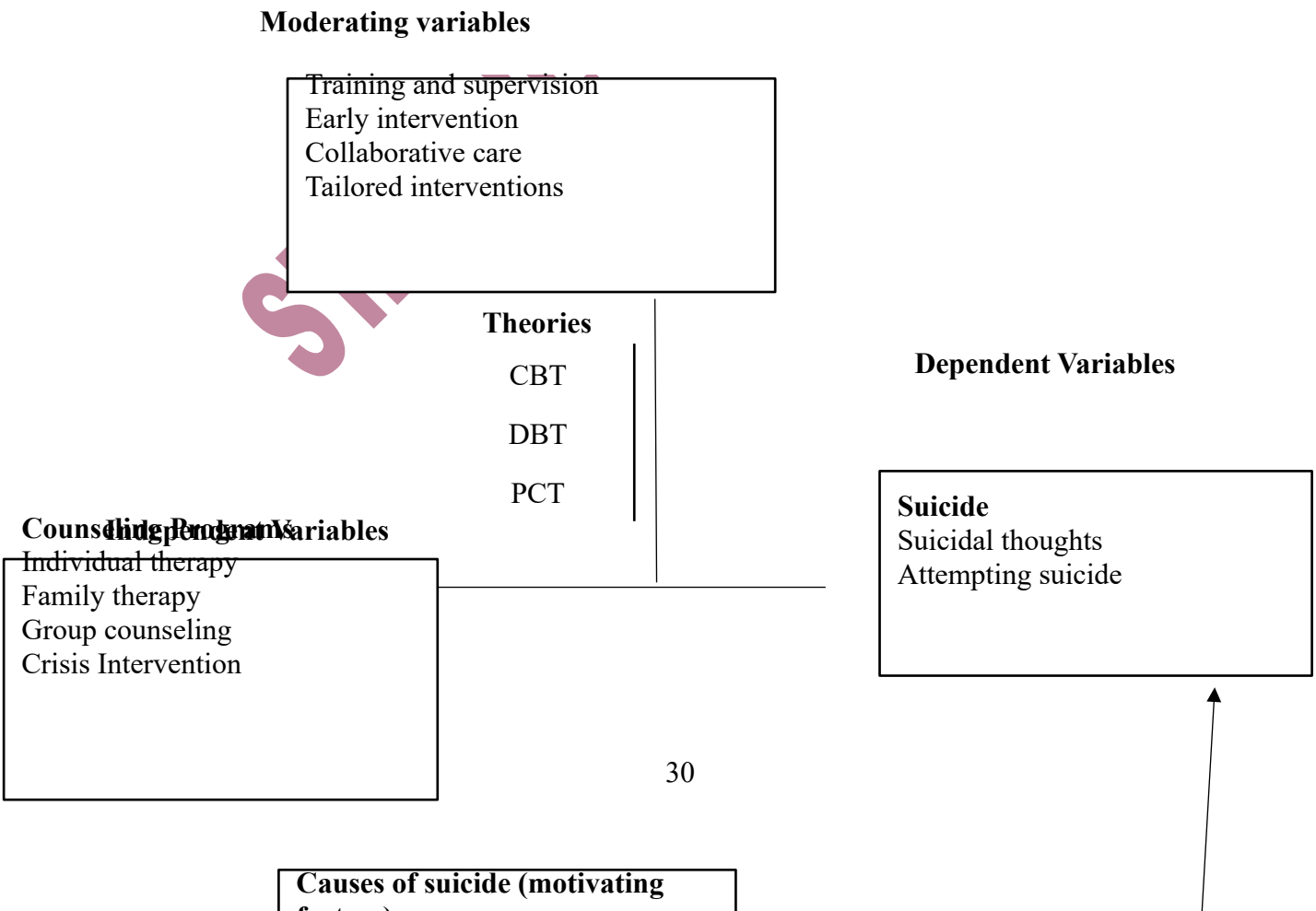




Figure 1: shows the conceptual framework. (Researcher 2025)

2.9 Theological Reflection

In addressing the issue of suicide among young people, theological reflection offers a profound lens through which the effectiveness of counseling programs will be understood. Theologically, life is considered a sacred gift from God, and the preservation of life is a fundamental principle in Christian ethics. From a biblical perspective, humans are created in the image of God (Genesis 1:27), and thus each life holds inherent worth and dignity. Suicide, which represents the taking of one's life contradicts this sacredness and is seen as a tragic outcome of despair, loss of hope, and brokenness. Thus, addressing suicide among young people requires a reflection on the sacredness of life, the role of hope in healing, and the Christian mandate to support those in distress. Counseling programs, when integrated with theological perspectives, not only offer psychological support but also act as vehicles of hope and restoration, reflecting the heart of Christ's ministry.

Counseling programs in this context is viewed as not only psychological interventions but also as means of restoring hope and affirming the sanctity of life. Theologically, effective counseling reflects Christ's ministry of healing, where He tended to the broken-hearted and offered hope to the weary (Isaiah 61:1-3; Matthew 11:28). Jesus' message of abundant life (John 10:10) serve as a guiding principle for counseling programs, aiming to help individuals realize their value and purpose, even in the face of life's difficulties. One key theological principle is the restoration of

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hope to the hopeless, a central aspect of Christian counseling. The Bible constantly calls individuals to hope in God, even in the darkest times. Jeremiah 29:11 declares, "For I know the plans I have for you," says the Lord, "plans to prosper you and not to harm you, plans to give you a future and a hope." This verse underscores God's desire for His people to experience life, purpose, and hope, no matter the circumstances they face. Counseling programs draw on this promise, helping young people realize that, despite their challenges, whether related to family dysfunction, economic struggles, or educational pressures, there is hope for a better future.

Jesus Himself offered hope to the broken and burdened, saying, "Come to me, all who are weary and burdened, and I will give you rest" (Matthew 11:28). Counseling programs inspired by this message relieve young people of their emotional burdens by pointing them toward both professional support and spiritual hope. This aligns with the broader Christian mission to bring healing to the broken-hearted, as foretold in Isaiah 61:1-3, where the prophet speaks of binding up the wounds of the afflicted and setting free those who are oppressed. Just as Christ's ministry brought healing, so should counseling programs be a means of offering hope, renewal, and the possibility of a brighter future.

Moreover, the communal aspect of the Christian faith emphasizes the importance of support systems within families, churches, and communities. Scripture encourages believers to "bear one another's burdens" (Galatians 6:2), suggesting that healing often comes through relational support. Counseling programs in Butere County Hospital could draw on this theological insight by incorporating faith-based community networks that provide emotional, spiritual, and material support to those at risk of suicide. In addition, pastoral care, prayer, and spiritual guidance should complement psychological interventions to address the holistic needs of individuals. Furthermore, the communal aspect of the Christian faith emphasizes the role of support systems. Galatians 6:2 instructs believers to "bear one another's burdens," highlighting the importance of community care in the healing process. Counseling programs in Butere County Hospital benefit from integrating this aspect of spiritual and communal support, encouraging churches, families, and local communities to take active roles in providing emotional and spiritual care. Theologically informed counseling affirms that no one should suffer alone and that God often works through relationships to restore broken lives.

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Theological reflection offers a framework for addressing family dysfunction, socioeconomic hardship, and educational pressures by encouraging reliance on God as a source of comfort and resilience.

The Psalmist reminds us, "The Lord is close to the brokenhearted and saves those who are crushed in spirit" (Psalm 34:18). Counseling integrated with this theological perspective helps individuals find solace in faith, resilience in adversity, and a renewed sense of hope, aligning with the broader Christian vision of healing and restoration. Therefore, the effectiveness of counseling programs is enhanced when they are not only grounded in clinical methods but also incorporated with theological insights that affirm life, provide hope, and build resilient communities.

This theological framework aligns with Christian teachings on hope, restoration, and the sacredness of life, which play a vital role in addressing the mental health crisis in Kakamega County and similar contexts. Ultimately, theological reflection affirms that hope is the antidote to despair. Romans 15:13 offers a powerful prayer for those in distress: "May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit." Counseling programs grounded in this theological understanding offer not only psychological healing but also spiritual renewal, helping young people rediscover hope, strength, and purpose in life. A theological reflection on the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital, Kakamega County, requires an integration of practical theology, pastoral care, and mental health considerations.

Theological Foundation

Christian theology underscored the sanctity of life, rooted in the belief that human life is a gift from God. Scriptures such as Psalm 139:13-16 and Genesis 1:27 affirm the inherent worth and dignity of every individual, as humans are created in the image of God. Suicide, therefore, is not only seen as a loss of life but also as a tragedy that deeply impacts the community, the Church, and the family unit.

In response to such tragedies, the Church historically played a crucial role in offering pastoral care, which includes counseling and support. Theological reflections on mental health and

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suicide grapple with the complexities of despair, hope, and the Church's role in offering holistic care that addresses the spiritual, emotional, and psychological needs of individuals.

Counseling Programs and Practical Theology

Practical theology bridges the gap between theological theory and the lived experiences of individuals. It offers valuable insights into the effectiveness of counseling programs. Within the context of Butere County Hospital, where cultural, economic, and social factors deeply influence mental health, counseling programs are both contextually relevant and theologically grounded.

Contextual Relevance: Counseling programs that are effective in this setting take into account the local culture, beliefs, and the stigma associated with mental health issues. According to studies in African contexts, there is often a strong community orientation and a collective approach to problem-solving (Mbiti, 1969). Effective counseling programs, therefore, should involve the community and possibly integrate local spiritual practices that resonate with the young people of Butere County.

Theological Grounding: Counseling that is theologically informed provides a sense of hope and purpose. Theological concepts such as imago Dei (image of God) are empowering, helping individuals to see their worth and potential. Additionally, the Christian narrative of redemption and resurrection can be powerful in providing hope to those in despair (VandeCreek, 2001). Integrating these theological principles, counseling programs offer not just psychological support but also spiritual renewal, which is crucial for holistic healing.

Effectiveness of Counseling Programs

The effectiveness of counseling programs was measured in several ways, including reductions in suicide rates, improved mental health outcomes, and enhanced community support. Studies indicate that counseling that integrates spiritual with psychological support tends to be more effective in reducing suicidal ideation, particularly in communities where religion plays a significant role (Koenig, 2007).

For Butere County Hospital, this means that effective counseling programs not only address the immediate psychological needs but also offer spiritual support. This dual approach helps in mitigating the risk factors associated with suicide, such as hopelessness, isolation, and despair.

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Furthermore, by involving local church leaders and religious institutions, counseling programs extend their reach and impact, creating a more supportive environment for young people.

Reflections by Scholars

Spirituality and Mental Health: Research by Koenig (2007) emphasizes the positive correlation between spirituality and mental health. Koenig argues that religious beliefs and practices enhance coping mechanisms, providing a buffer against depression and suicidal ideation.

Community and Pastoral Care: (John Mbiti, 1969) on African religions and philosophy underscores the importance of community in African contexts. In Butere, where communal ties are strong, effective counseling should involve family and community members, leveraging the collective support system.

Holistic Healing: (VandeCreek and Burton, 2001) highlights the importance of integrating spiritual care into mental health interventions. They argue that counseling that includes spiritual dimensions tends to be more comprehensive and effective, particularly in religious communities.

Conclusion

The effectiveness of counseling programs at Butere County Hospital in addressing suicide among young people can be enhanced by integrating theological insights with practical strategies. By offering counseling that is both contextually relevant and theologically grounded, these programs can address the complex needs of young people, offering hope and healing in the face of despair. The integration of community support, spiritual care, and psychological interventions is key to creating a more resilient and hopeful youth population in Kakamega County. Therefore, counseling programs incorporating psychoeducation, individual therapy, family therapy, group counseling, and crisis intervention offer a comprehensive and multi-dimensional approach to suicide prevention among young people. When implemented systematically and supported institutionally, these interventions have demonstrated significant effectiveness in reducing risk factors, promoting resilience, and saving lives.

The contextual factors highlighted in the reviewed literature provide a framework for understanding the unique challenges faced by young people at Butere County Hospital in Kakamega County. These factors will guide the study in identifying the types of counseling

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programs that are not only available but also responsive to the cultural, social, and economic realities of the target population. They will further inform the investigation of the main causes of suicide by situating them within broader systemic influences, such as poverty, stigma, and limited access to mental health services. In evaluating the effectiveness of counseling programs, the study will consider how well these interventions address the identified contextual barriers while fostering resilience and self-efficacy among young people. Lastly, by drawing on lessons from evidence-based practices, the study will propose long-term strategies that integrate institutional support, cultural sensitivity, and sustained follow-up mechanisms. When implemented systematically and supported institutionally, these interventions have demonstrated significant effectiveness in reducing risk factors, promoting resilience, and saving lives. Therefore, grounding this study in these contextual insights ensures that its findings will be both practically relevant and aligned with the overarching goal of developing sustainable solutions to address suicide among young people in Kakamega County.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology applied in examining the effectiveness of counseling programs in reducing suicidal cases among young people at Butere County Hospital. It presents the overall plan of the study, the procedures undertaken, the instruments utilized, and the techniques employed in collecting and analyzing data. Data were collected using both quantitative and qualitative approaches. Before data collection, informed consent was obtained from all participants (see Appendix A for the consent form). A structured questionnaire was administered to young people aged 13–45 years (see definition) receiving counseling services at

Butere County Hospital (see Appendix B for the questionnaire), those whose family member committed suicide or those who attempted suicide. In addition, in-depth interviews were conducted with counselors and nurses to gain contextual insights into the effectiveness of the counseling programs (see Appendix C for the interview guide). Ethical clearance was granted (see Appendix D), Research Authorization by St. Paul's University (see Appendix E), Nacosti License (see Appendix F) and permission to conduct research by Butere County hospital and county health authorities given (see Appendix G). Data coding and analysis procedures are detailed in the Methodology section, and full SPSS outputs and sample coded transcripts provided to supplement the presentation of results. In Appendix H, a map of Kakamega County showing Butere sub county in which Butere County Hospital is located. The purpose of this chapter is to provide a clear and systematic account of how the research was carried out to ensure reliability, validity, and accuracy in drawing meaningful conclusions.

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3.2 Research Design

To explore how counseling programs contribute to the reduction of suicidal cases among young people at Butere County Hospital in Kakamega County, it was essential to adopt an appropriate research design. The design chosen served as a framework that guided the entire process of data collection, analysis, and interpretation. This section provides a detailed description of the research design employed in the study and explains the rationale behind its selection.

3.2.1 Mixed-Methods Research

A mixed-methods research design, integrating both quantitative and qualitative approaches, stands as the most suitable design for this study. This hybrid methodology offers a framework that combines the strengths of quantitative and qualitative methodologies, thereby providing a comprehensive understanding of the multifaceted issues surrounding youth suicidal cases and the efficacy of counseling programs within the specific context of Butere County Hospital.

3.2.2 Justification for Convergent parallel design in mixed methods research

It involves collecting both qualitative and quantitative data simultaneously, analyzing them separately, and then merging the results for comparison and interpretation. The design allows for

a comprehensive understanding of a research problem by leveraging the strengths of both approaches. Quantitative data offers breadth and generalizability, while qualitative data provides depth and context. By using convergence, one cross-validates findings, identifies consistencies or contradictions, and strengthens the overall credibility of the results. This design is very useful especially when time is limited, because data collection is done concurrently.

Integrating Qualitative and Quantitative Approaches

Many scholars advocate for combining qualitative and quantitative approaches to leverage the strengths of both methods. Mixed Methods Research: Johnson and Onwuegbuzie (2004) promote mixed methods research as a way of integrating qualitative and quantitative approaches, providing a more comprehensive understanding of research questions by combining the depth of qualitative data with the generalizability of quantitative findings. Qualitative and quantitative data analysis each offer unique insights and approaches. Qualitative analysis provides depth and contextual understanding, while quantitative analysis offers objectivity and generalizability. Combining these approaches through mixed methods or triangulation can provide a more robust and comprehensive analysis of research questions.

The complexity of mental health issues, particularly those leading to suicidal tendencies, necessitates a holistic research approach. Mixed-methods research, which combines quantitative and qualitative techniques, offers a robust framework for gaining a comprehensive understanding of these issues. Quantitative methods allow researchers to quantify the prevalence and severity of mental health problems and evaluate the effectiveness of counseling interventions through statistical analysis. On the other hand, qualitative methods provide a deeper insight into individuals lived experiences, perceptions, and the contextual factors surrounding their mental health struggles. This dual approach ensures that the study captures both the measurable impacts of interventions and the nuanced, personal aspects of mental health issues that are often missed by quantitative data alone (Creswell & Plano Clark, 2018).

Creswell and Plano Clark (2018) emphasize triangulation, where researchers use multiple methods or data sources to cross-verify findings, enhancing the validity and reliability of the results. Integrating both quantitative and qualitative data facilitates the triangulation of findings, enhancing the validity and credibility of the research outcomes. Triangulation involves using multiple data sources or approaches to investigate the same phenomenon, thereby providing a

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more comprehensive and reliable picture of the issue under study. By collaborating quantitative findings with qualitative insights, researchers can confirm the consistency of their results across different methods and contexts. This methodological rigor strengthens the conclusions drawn from the study and ensures that the findings are robust and trustworthy (Denzin, 2012).

Complementary Nature

The complementary nature of quantitative and qualitative methods is a key advantage of the mixed-methods approach. Quantitative methods contribute to the statistical rigor of the study, allowing for the generalization of findings to larger populations and the measurement of variables in a precise and controlled manner. They provide a clear picture of 'what' is happening, such as the prevalence rates of suicidal ideation or the effectiveness of a particular counseling intervention. Conversely, qualitative methods offer depth and richness in understanding the contextual and subjective aspects of the research problem. They help to uncover 'why' and 'how' certain phenomena occur, such as the reasons behind individuals' resistance to seeking help or the cultural factors influencing their attitudes towards mental health services. This blend of methods provides a more complete understanding of the issues at hand (Creswell and Poth, 2016; Morse, 1991).

In-Depth Exploration

Qualitative methods are particularly valuable for the in-depth exploration of complex and sensitive phenomena, such as the factors contributing to suicidal tendencies among young people. They enable researchers to delve into the subjective experiences, social dynamics, and cultural influences that shape individuals' attitudes towards counseling interventions and their mental health. Through techniques such as interviews, focus groups, and ethnographic observations, qualitative research can uncover rich, detailed data that sheds light on the underlying reasons for suicidal behavior and the barriers to effective mental health care. This level of exploration is essential for developing interventions that are culturally sensitive and tailored to the specific needs of the target population (Patton, 2015; Smith, 2003).

Comprehensive Insights

Utilizing a mixed-methods approach allows for a comprehensive exploration of the relationship between counseling programs and the reduction of suicidal cases. It enables researcher to

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investigate not only the outcomes of these interventions but also the processes and mechanisms that lead to their success or failure. Combining quantitative measures of intervention effectiveness with qualitative insights into the experiences and perspectives of those affected, the researcher gained a fuller understanding of both the 'what' and the 'why' of the phenomena under study. This holistic view is critical for developing effective and sustainable solutions to the complex issue of youth suicide (Bryman, 2006; Teddlie and Tashakkori, 2009).

3.3 Population of Study

3.3.1 Target population

The target population for this study encompasses young people residing in Kakamega County, Kenya, who face the growing and concerning challenge of elevated suicide rates. Young people are defined as individuals between the ages of 13 and 45 years (Kenya National Bureau of Statistics, 2019; Ambale et al., 2022; Daily Nation, 2025). The definition of young people as individuals between the ages of 13 and 45 years do not align with widely accepted definitions. Typically, the term "young people" refers to individuals in adolescence and early adulthood, usually up to the age of 24 or 35. The World Health Organization (WHO) defines "adolescents" as individuals between 10 and 19 years of age, "youth" as those between 15 and 24 years, and "young people" as those between 10 and 24 years.

Inclusion Criteria:

The target population included young people aged 13-45. This provided a broader understanding of the effectiveness of counseling programs in addressing suicide across a wider age range. This approach ensured a balanced and representative sample, enhancing the comprehensiveness and applicability of the study's findings.

Justification

To justify the inclusion of individuals aged 13-45 years in this research on the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital, Kakamega County, consider the following points:

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Developmental and Psychological Relevance

Adolescents (13-18 Years): This age group is undergoing significant developmental changes that can impact mental health. Recent studies (e.g., Arnett, 2020) describe adolescence as a critical period of identity exploration and emotional instability, which can heighten vulnerability to suicidal ideation if adequate support is lacking. Addressing their needs is crucial, as early intervention during these formative years can prevent long-term mental health challenges (Sawyer et al., 2022)

Young Adults (19-24 Years): As individuals transition to adulthood, they face new stressors such as educational pressures, job searches, and forming independent identities. Arnett (2000) highlights that this period is characterized by exploration and instability, making it a critical time to assess and address mental health challenges, including those that may lead to suicide.

Adults (25-45 Years): This group deals with ongoing life transitions such as career development, family responsibilities, and personal health issues. Helson (1992) and Kessler et al. (2003) show that these stressors can impact mental health significantly, making it essential to evaluate how counselling programs support individuals managing these life challenges.

Wallerstein and Duran (2010) suggest that including a wide age range in research helps in generalizing findings to a broader population, ensuring that the results apply to various demographic segments. This can lead to more inclusive and effective mental health strategies that benefit a larger portion of the community.

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Table 1: Target Population for the Research Study

Age Group	Gender	Number of Participants	Notes
Adolescents	Male	5	Ages 13-17, residents of Kakamega County
	Female	5	Ages 13-17, residents of Kakamega County
Young Adults	Male	10	Ages 18-25, residents of Kakamega County
	Female	10	Ages 18-25, residents of Kakamega County
Early Adults	Male	10	Ages 26-30, residents of Kakamega County
	Female	10	Ages 26-30, residents of Kakamega County
Mid Adults	Male	5	Ages 31-45, residents of Kakamega County
	Female	5	Ages 31-45, residents of Kakamega County
	Total =	60	

The participants were those who had received counseling services at Butere County Hospital within the past five years and those whose friends and relatives had gone through counseling, plus a representation of the nurses and counseling team.

3.3.2 Accessible Population

The accessible population in the context of this study refers to the subset of individuals within Butere County hospital, Kakamega County, Kenya, who were readily available and willing to participate in the research on the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital. This included individuals and groups invited for counseling clinics and the health workers in that sector.

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3.4 SAMPLING TECHNIQUE AND PROCEDURE

3.4.1 Sampling Technique:

Stratified Random Sampling (SRS) was employed to enhance representativeness by dividing the population into distinct strata. The researcher had a list of 60 individuals from the facility, Butere County Hospital, Kakamega County. Stratified Random Sampling (SRS) was employed to ensure everyone had a probability of being chosen.

Procedure**:**

The researcher had a population of sixty clients, and three counselors and two nurses at the hospital who had been attending to these clients at the hospital between a period of 2020 January to the time of the research. This was done using a random number technique to ensure randomness.

Rationale for choosing a sample size of 60 respondents:

Statistical Power: A sample size of 60 offers enough participants to ensure that the results are statistically meaningful while minimizing sampling error, which can affect the accuracy of the conclusions (Kothari, 2004). Simple random sampling is "the most fundamental type of probability sampling", where every individual has an equal probability of being chosen (Kothari, 2004).

3.5 Data Collection Instruments and Procedure

Data collection for this study involved primary sources. The primary source of data was collected through a questionnaire administered to participants. The questionnaire included both closed-ended and open-ended questions designed to collect quantitative data, while the interview guides were designed to collect qualitative data. The researcher developed the survey questionnaire and the interview guide.

3.5.1 Data Collection Procedure

The procedure ensured the collection of both quantitative and qualitative data to analyze the effectiveness of counseling programs in addressing suicide among young people. Quantitative data collection was done by administering open ended questionnaire to 60 participants physically and through WhatsApp for those who were far. Qualitative data collection was done through in-depth interviews with 5 facility staff that included 3 counselors(C) in the counseling department and 2 nurses (N) who worked closely with them.

3.6 Validity and Reliability

3.6.1 Data validity

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In assessing the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital, data validity was a central consideration. Validity ensured that the information gathered accurately reflected real-world conditions and the true impact of the interventions. This required precise documentation of counseling sessions, their outcomes, and follow-up measures. Completeness was equally critical, with all relevant variables such as the number of participants, demographic profiles, intervention types, and outcomes carefully captured. Consistency across datasets and timeframes helped in identifying trends and patterns with accuracy. Data also needed to be timely, reflecting the current state of counseling effectiveness, while relevance ensured that all collected information was directly aligned with the study's objectives. Further, adherence to standardized assessment tools and diagnostic criteria strengthened uniqueness and credibility. Validity, in essence, refers to whether an instrument measures what it is intended to measure. To achieve this, the study applied the Content Validity Ratio (CVR), expressed as {CVR} = (ne/N), where *ne* represents the number of respondents who agreed on item relevance, and *N* denotes the total number of respondents. This approach helped confirm that the research tools were clear, specific, and appropriately aligned with the study's objectives.

3.6.2 Data Reliability

Reliability was equally important in evaluating the counseling programs at Butere County Hospital. Reliable data meant that findings were consistent, dependable, and reproducible under similar conditions. This study emphasized repeatability by using standardized protocols for recording and analyzing counseling outcomes. Stability over time was maintained, ensuring consistency across different periods unless influenced by notable program or environmental changes. Reliability was further strengthened by cross-checking data from multiple sources, including patient records, counselor reports, and follow-up assessments. Comprehensive documentation of collection and processing methods enhanced transparency and reproducibility. Middleton (2023) described reliability as the consistency of a measure and the ability to reproduce results when research is repeated. Internal consistency was measured using Cronbach's Alpha, with the formula: $\alpha = (N \times C) / (V + (N - 1) \times C)$, where *N* is the number of items, *C* is the average covariance between item pairs, and *V* is the average variance. Results

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were interpreted using a Likert scale. This ensured strong internal consistency and reliability, allowing the study to draw trustworthy conclusions on the effectiveness of counseling programs.

3.7 Data Analysis Methods

The study employed statistical techniques to analyze the collected data and evaluate the effectiveness of counseling programs in reducing suicide among young people. The methods included descriptive statistics, comparative analysis, correlation, and regression analysis.

3.7.1 Mixed-Methods Approach

A mixed-methods approach, combining both quantitative and qualitative techniques, was adopted to provide a holistic understanding of the counseling program's effectiveness. This integration allowed the researcher to capture numerical trends as well as contextual insights, producing a more comprehensive analysis.

Quantitative Data Analysis

The quantitative analysis examined the relationship between counseling programs and suicide reduction among young people at Butere County Hospital. This approach provided a broad overview through descriptive, comparative, correlation, and regression methods.

Descriptive Statistics: Descriptive measures such as mean, median, mode, standard deviation, and range were calculated to summarize variables like age, gender, and frequency of counseling sessions. Demographic characteristics were represented using frequency distributions and percentages.

Comparative Analysis: Comparative techniques such as t-tests and ANOVA were used to explore differences across groups, for example, age categories or counseling participation versus non-participation. Chi-square tests identified associations between perceived counseling effectiveness and background characteristics.

Correlation Analysis: Correlation was employed to determine the strength and direction of relationships between variables. For instance, the study assessed whether an increased number of counseling sessions was associated with reduced suicidal ideation.

Regression Analysis: Regression models were applied to identify predictors of improved mental health outcomes and reductions in suicidal thoughts or attempts. This analysis revealed which

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factors most significantly influenced the effectiveness of counseling interventions among young people in Kakamega County.

The use of these data analysis methods enabled the study to rigorously evaluate the counseling programs, providing actionable insights for strengthening mental health services for young people in the region

3.8 Ethical Concern

Research ethics is an essential component of the research study. It ensured that the study was conducted ethically and responsibly, protecting the rights and welfare of the participants and maintaining the integrity of the research process. In conducting a study on the effectiveness of counseling programs in addressing suicide among young people, several ethical concerns were carefully considered to protect participants and ensure the integrity of the research. First, informed consent was crucial, particularly given the sensitive nature of suicide and mental health. Participants were fully informed about the study's purpose, procedures, potential risks, and benefits, and voluntarily agreed to participate without coercion. This was especially important when working with vulnerable populations, such as adolescents, where parents' and guardians' consent was required alongside the minor's assent (Morrow, 2009). Beauchamp and Childress (2013) emphasize that obtaining informed consent is fundamental to ethical research. Participants must be fully aware of the study's purpose, procedures, potential risks, and benefits before agreeing to participate. Sieber and Tolich (2013) discuss the importance of providing clear and comprehensive information to participants. Informed consent ensured that participants understood their rights and the nature of the research, which is critical when dealing with sensitive issues such as mental health.

Confidentiality and anonymity were also essential in safeguarding participants' privacy. Given the stigma surrounding mental health and suicide, researchers ensured that personal information was securely protected and that participants' identities remained anonymous in any published findings. Breaching confidentiality could lead to emotional harm or social repercussions for participants. Miller and Boulmetis (2014), stress that maintaining confidentiality is essential in research involving sensitive topics. Protecting participants' identities and personal information

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fostered trust and mitigated potential harm. This includes secure data storage and anonymization of responses. Denzin and Lincoln (2011) highlight the need for robust measures to protect participant privacy, particularly in qualitative research where personal narratives and experiences are shared. Confidentiality safeguards are crucial in preventing unintended disclosures that could harm participants. Hennink, Hutter, and Bailey (2011) discuss the ethical obligation to minimize harm to participants. It is essential to have protocols in place to manage distress or discomfort experienced during interviews or focus groups, including providing access to counseling or support services needed. Gibbs (2007) emphasizes that special considerations are required when researching vulnerable populations, such as individuals experiencing mental health crises. Researchers must be particularly sensitive and respectful towards these groups, ensuring their participation does not exacerbate their conditions. Kitzinger (2004) discusses the ethical challenges of conducting research with vulnerable populations, stressing the need for extra precautions to ensure that participation does not cause additional stress or harm.

Another ethical concern was emotional distress, as discussing suicidal thoughts or experiences triggered emotional responses. Creswell (2014) underscores the importance of addressing potential emotional distress by preparing researchers to handle sensitive topics delicately and providing appropriate support resources to participants. The researcher had protocols in place to provide immediate support, such as referrals to counseling or crisis intervention services, to ensure participants' well-being throughout the study.

Data Protection: The data collected in the study was used only for research purposes and was not shared with third parties or used for commercial purposes.

Researcher Bias: The researcher avoided any personal biases or conflicts of interest that would affect the objectivity of the study. Thus, the researcher remained neutral and unbiased throughout the research process.

Respect for participants was a core principle of this study. All interactions with participants were conducted with the utmost respect for their dignity and autonomy. The study was designed and conducted with sensitivity to cultural differences and the specific needs of diverse populations. Participants were provided with appropriate feedback and debriefing after their participation, including access to the study results at their discretion.

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The American Psychological Association (2017) provides guidelines for ethical research practices, including the requirement for ethical review and adherence to established ethical standards. This includes ensuring that research protocols are reviewed and approved to protect participants' rights and well-being.

Legal compliance was also of utmost importance in that, the study adhered to all relevant laws, regulations, and guidelines related to data protection, privacy, and human subject research. This included obtaining approvals from institutional review boards (IRBs) or ethics committees. Compliance with legal and ethical standards were monitored throughout the study, with periodic audits and updates done as necessary.

Ethical oversight was maintained throughout the study. An independent ethics committee or IRB reviewed and approved the study protocol to ensure all ethical considerations are adequately addressed. The research team maintained regular communication with the ethics committee to address any emerging ethical issues and concerns during the study. Creswell and Clark (2011) note that obtaining ethical approval from institutional review boards (IRBs) or ethics committees is a critical step in ensuring research is conducted ethically. These bodies review research proposals to ensure that they meet ethical standards and protect participant welfare.

Enhanced ethical principles and guidelines: the research team ensured the protection of participants' rights and welfare while maintaining the integrity of the research process. Thus, the researcher had to seek for permission from NACOST by applying for research license to collect data.

Cultural Sensitivity

Liamputtong (2013) emphasizes the critical importance of cultural sensitivity in qualitative research, particularly when working with vulnerable or diverse populations. She argues that researchers must engage respectfully with participants' cultural backgrounds and belief systems, especially in studies addressing sensitive topics such as mental health and suicide. Similarly, Holliday (2016) stresses that understanding cultural context is essential to avoid misrepresentation and to ensure that research processes are ethically sound and culturally appropriate of which I agree. Furthermore, the ethical principle of non-maleficence, to "do no harm" was central to this study. In this case, I concur with Orb, Eisenhauer, and Wynaden (2016),

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when they say that researchers must minimize psychological and emotional risks by designing sensitive data collection strategies. This involved framing interview questions thoughtfully and being attentive to participants' emotional states during discussions to ensure their well-being throughout the research process.

Conclusion

Ethical considerations in research on suicide prevention and mental health are critical for protecting participants and ensuring the integrity of the study. Key concerns include obtaining informed consent, maintaining confidentiality, minimizing harm, respecting vulnerable populations, obtaining ethical review, and ensuring cultural sensitivity. These considerations are supported by scholarly guidelines and best practices, ensuring that research is conducted ethically and responsibly.

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CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.0 Introduction

This chapter presents the results and discussion of the findings for the four specific objectives. These were: Establishing the nature of counseling programs offered to young people in Butere County Hospital in Kakamega County; identifying the causes of suicide among young people in

Butere County Hospital in Kakamega County; evaluating the effectiveness of counseling programs in addressing suicide among the young people in Butere County Hospital. Sustainable interventions to mitigating suicide among young people in Butere County Hospital in Kakamega County provided comprehensive details about the examined data that follow the research goal's structure.

The research data was analyzed using descriptive statistics, tables, pie charts, and bar graphs function together as visual aids for clarity. The research findings and interpretation within this section created an awareness about suicide risk factors while evaluating the effectiveness of interventions and counseling service awareness. The purpose of this research is to connect the current mental health support frameworks with genuine insights about people in danger. The study connects its analysis to past investigation and uses the framework that guides its methodology. The analysis ensures that the assumed recommendations in the succeeding chapter rely on factual evidence that applies to real-world situations.

4.1 **Presentation and Analysis of Response**

Table: 4.1.1 Response Rate

Response	**Number of Respondents**	**Percentage (%)**
Responded	60	92.%
Not Responded	5	8%
Total	**65**	**100%**

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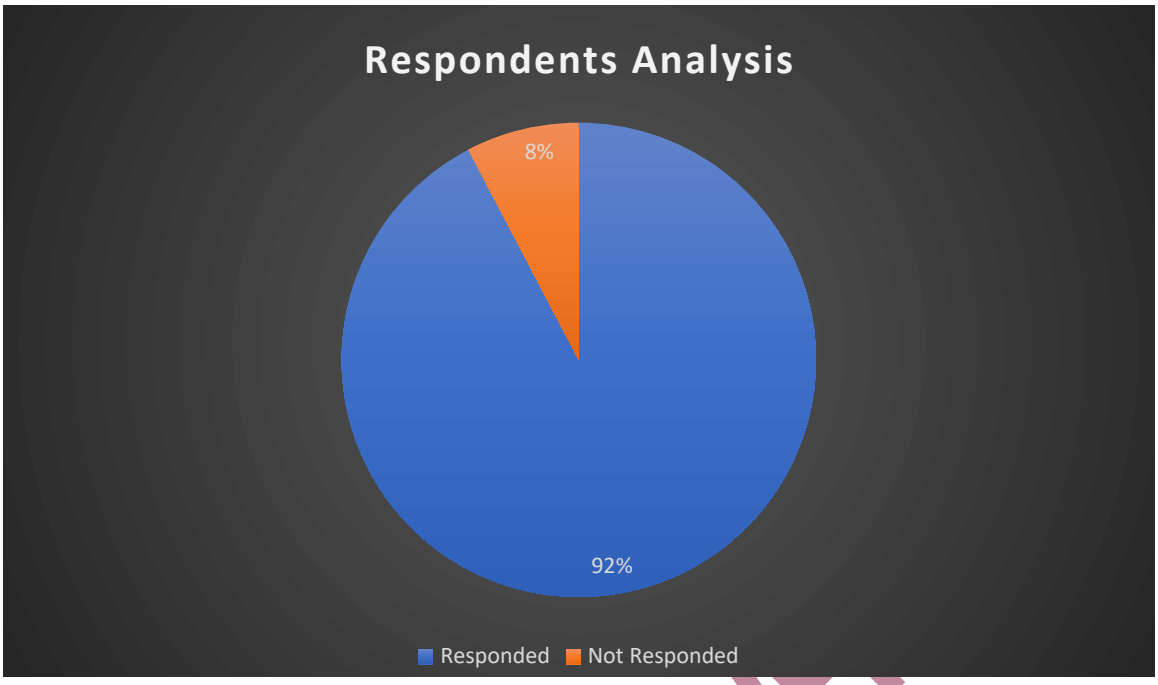


Figure 2: Response Rate pie chart

A response rate of 92% indicated a high level of participation and reliability of the data collected. However, we also had participation by 5 staff members, thus 2nurses and 3 counsellors as key informants. The study employed both physical and online questionnaire distribution methods, which enhanced accessibility. The 8% non-response rate was attributed to a lack of availability and a general reluctance to engage in discussions surrounding mental health issues often considered taboo in many Kenyan communities. However, existing literature, as seen in chapter two indicated that young people are willing to participate in psychological and mental health conversations when approached respectfully and assured of confidentiality. For instance, Ndetei et al. (2010) found that stigma and fear of judgment are major barriers to mental health service uptake, but when interventions are culturally sensitive and confidentiality is guaranteed, participation significantly improves. Similarly, Mutiso et al. (2020) highlighted that Kenyan young people are increasingly aware of mental health challenges, particularly suicide, and show a readiness to seek help when mental health services are perceived as accessible, nonjudgmental, and safe. These findings affirm that the issue of suicide is not only recognized among young people but also that they are open to engagement when the environment fosters trust and psychological safety.

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4.1.2. Gender Distribution

Table: 4.1.2 Gender Distribution

Gender	Frequency	Percentage (%)
Male	28	46.7%
Female	32	53.3%
Total	**60**	**100%**

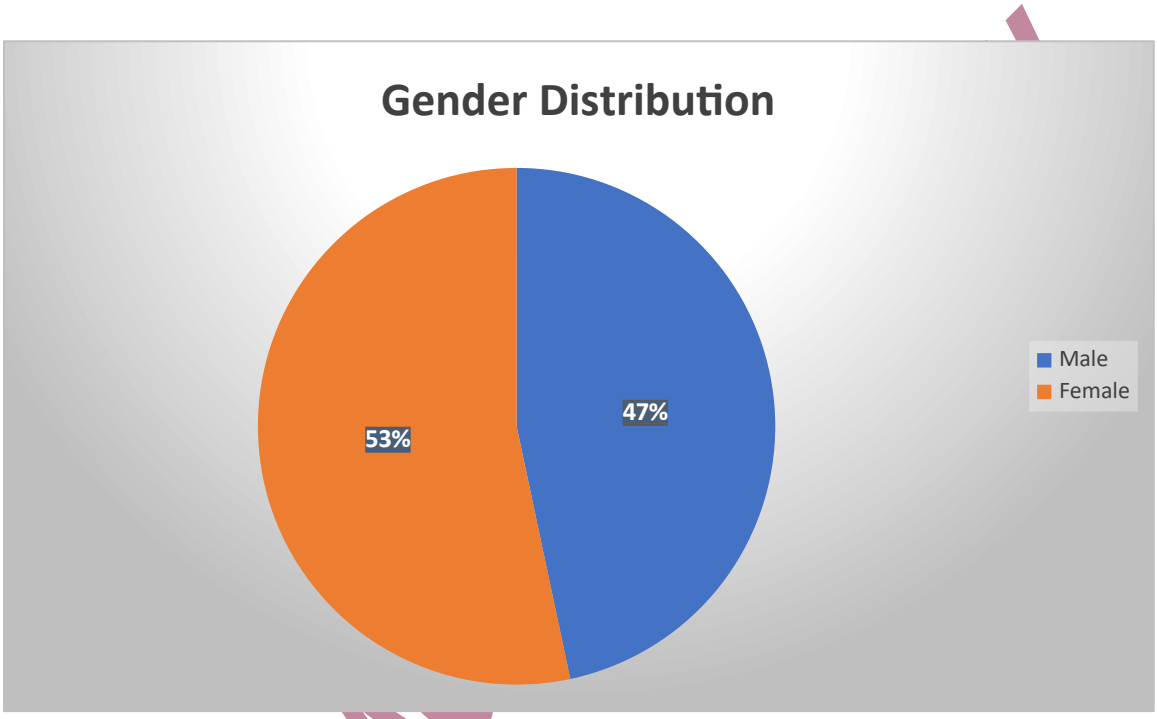


Figure 3: Gender Distribution pie chart

The study found that females (53.3%) were slightly more likely to participate than males (46.7%). The lower engagement rate among male respondents was attributed to the stigma surrounding mental health among men, which makes them less likely to participate in discussions about counseling services. Cultural norms in many African societies associate masculinity with emotional stoicism, thereby discouraging men from expressing vulnerability or seeking psychological help. Earlier literature in chapter two, support Ndetei et al., (2010), idea that Kenyan men are significantly less likely to seek mental health services due to fears of being perceived as weak or unstable. Similarly, Mutiso et al. (2020) emphasize that stigma particularly among males remain a persistent barrier to mental health care access and openness. Programs aimed at increasing male engagement in mental health services must therefore address deep-

rooted cultural perceptions that discourage help-seeking behaviors. Any counseling program should pay special attention to engaging young men by creating safe, confidential, and stigma-free environments, where they feel empowered rather than judged for seeking support regarding suicidal thoughts.

4.1.3: Age Distribution

Table: 4.1.3 Age Distribution

Age Group	Frequency	Percentage (%)
13 – 17	10	16.7%
18 – 24	15	25%
25 – 34	20	33.3%
35 – 45	15	25%
Total	**60**	**100%**

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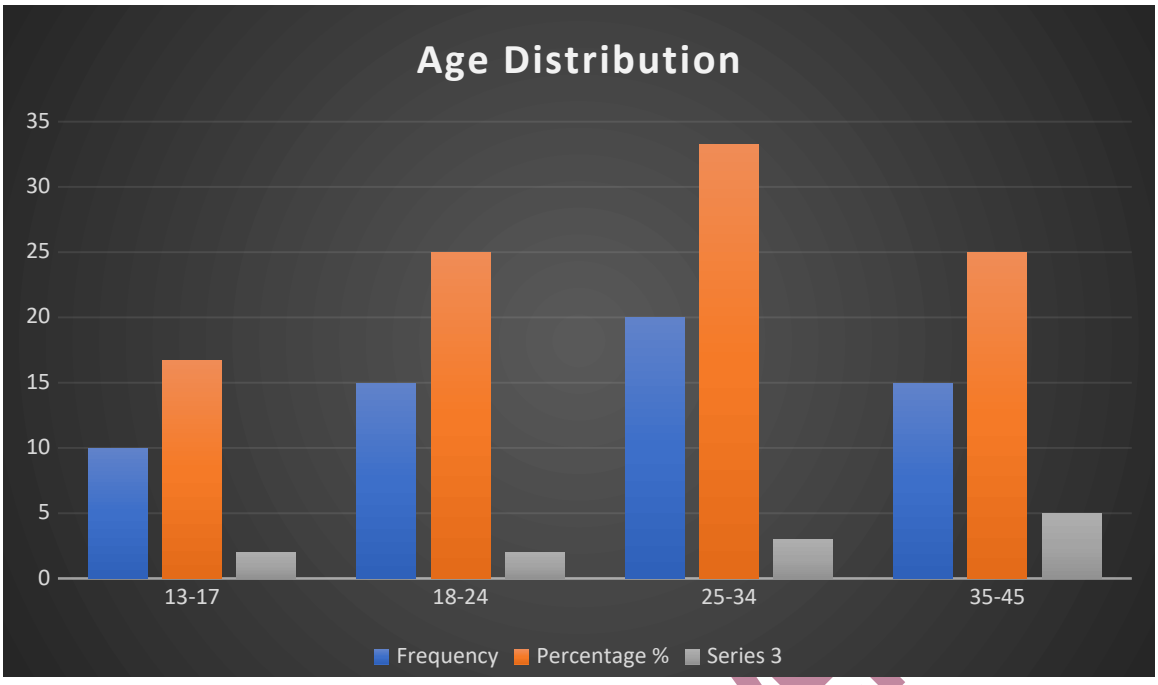


Figure 4: Age Distribution

The data indicates that the majority of respondents (33.3%) were in the 25-34 age group, followed by 18-24 and 35-45 age brackets (both at 25%). The youngest respondents, who were aged 13-17, accounted for 16.7% of the participants. This distribution suggests that mental health concerns affect individuals across all age groups, with young adults being the most represented. This pattern aligns with findings by Mutiso et al., (2017), who reported a high prevalence of mental health disorders among Kenyan youth and young adults, particularly due to stressors related to education, unemployment, and peer pressure. Similarly, Ndetei et al., (2010) found that mental health issues are often under-recognized in both younger and older age groups due to limited awareness and prevailing stigma. These findings indicate that targeted awareness programs tailored to specific age cohorts could significantly improve mental health education and service uptake. For younger individuals, interventions could focus on peer support, identity development, and digital outreach, while for older populations; programs may need to address isolation, chronic illness, and age-related stress. Such age-appropriate interventions, as recommended by the World Health Organization (WHO, 2019), are essential for building inclusive mental health systems that are responsive to diverse age-related needs.

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4.1.4: Education Level

Table: 4.1.4 Education Level

Education Level	Frequency	Percentage (%)
Primary	8	13.3%
Secondary	18	30%
Tertiary	34	56.7%
Total	**60**	**100%**

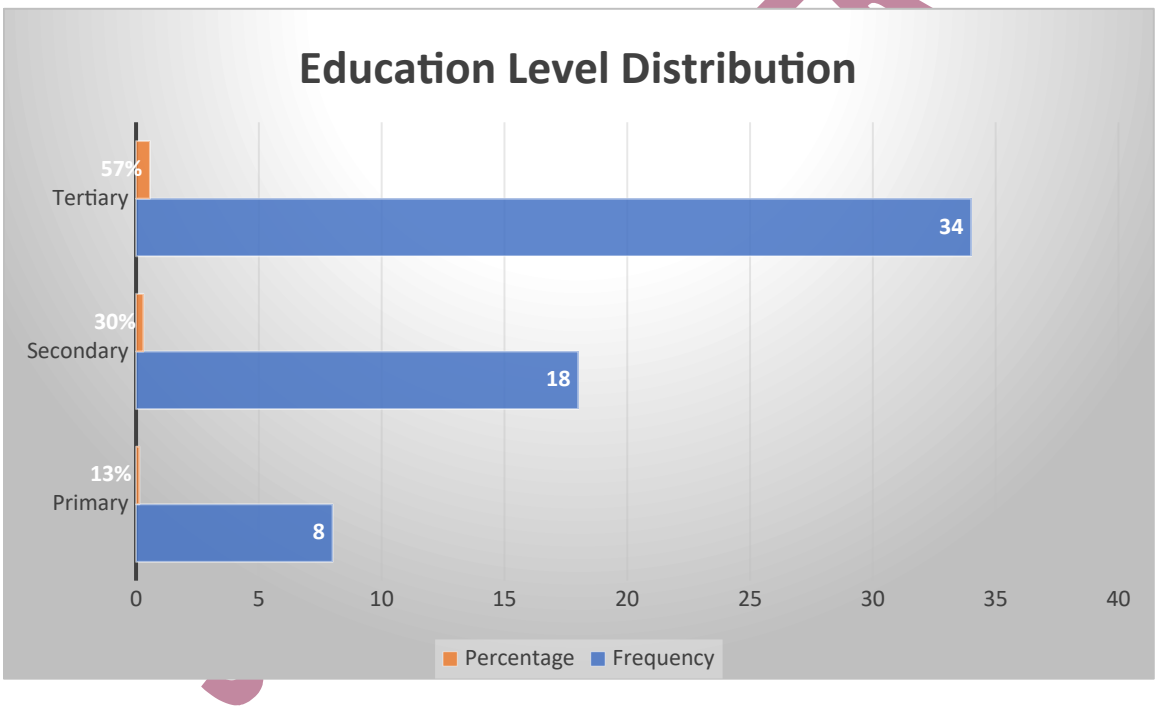


Figure 5: Education Level Distribution

The majority of respondents (56.7%) had attained tertiary education, suggesting a higher likelihood of awareness regarding mental health services. However, individuals with lower education levels (primary and secondary) had limited exposure to such information, reinforcing the need for targeted mental health awareness campaigns in schools and rural communities. Ndetei et al. (2010) noted that limited mental health literacy is common among less educated populations in Kenya. Educated individuals might be more aware of counseling services but still

face suicidal thoughts, indicating that education alone doesn't prevent mental health struggles. Mutiso et al. (2017) emphasized that both low and high education groups were affected, and interventions should therefore target all levels, especially in rural and marginalized areas.

4.1.5 Employment and Economic Status

Table 4.1.5 Employment and Economic Status

Employment Status	Frequency	Percentage (%)
Unemployed	30	50%
Informal Sector	20	33.3%
Formal Employment	10	16.7%
Total	**60**	**100%**

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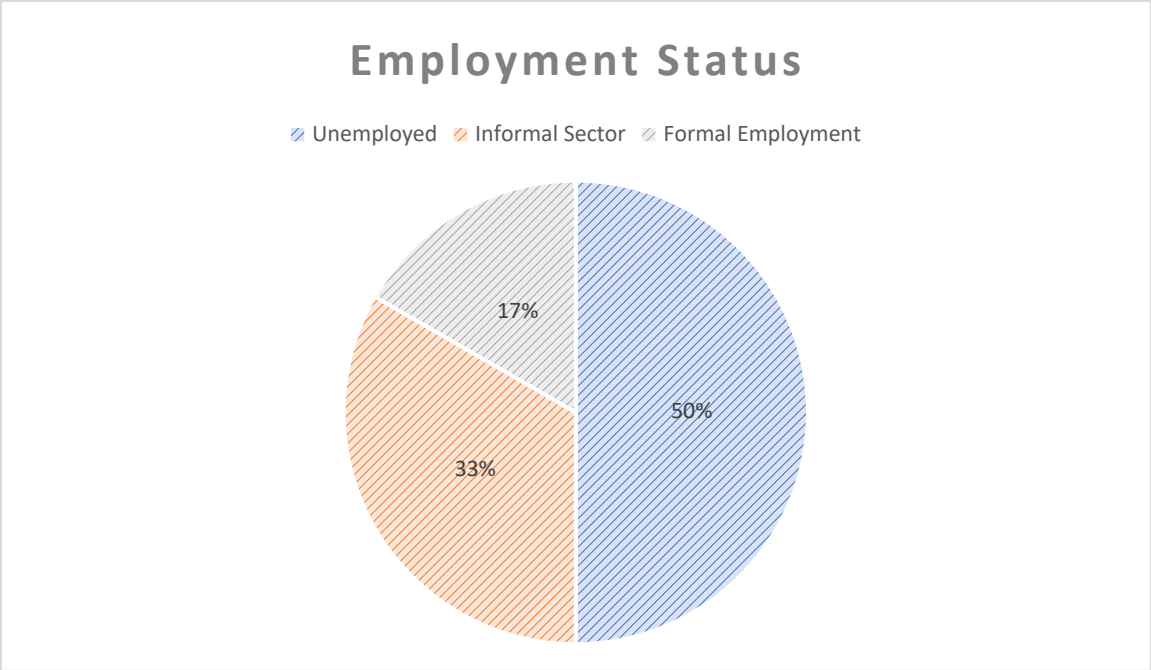


Figure 6: Employment and Economic Status

Economic instability is a significant contributing factor to mental health struggles. Half of the respondents (50%) reported being unemployed, making them vulnerable to financial stress, which is strongly linked to suicidal ideation. In earlier literature, Mutiso et al., (2017) and Ndetei et al., (2010) found that unemployment and poverty are key predictors of mental distress and suicidal thoughts in Kenyan populations, especially among youth. The findings are also in line with WHO (2014) that recognized financial hardship as a major risk factor for suicide globally.

4.1.6 Marital Status

Table 4.1.6 Marital Status

Marital Status	Frequency	Percentage (%)
Single	28	46.7%
Married	25	41.7%
Widowed	7	11.6%
Total	**60**	**100%**

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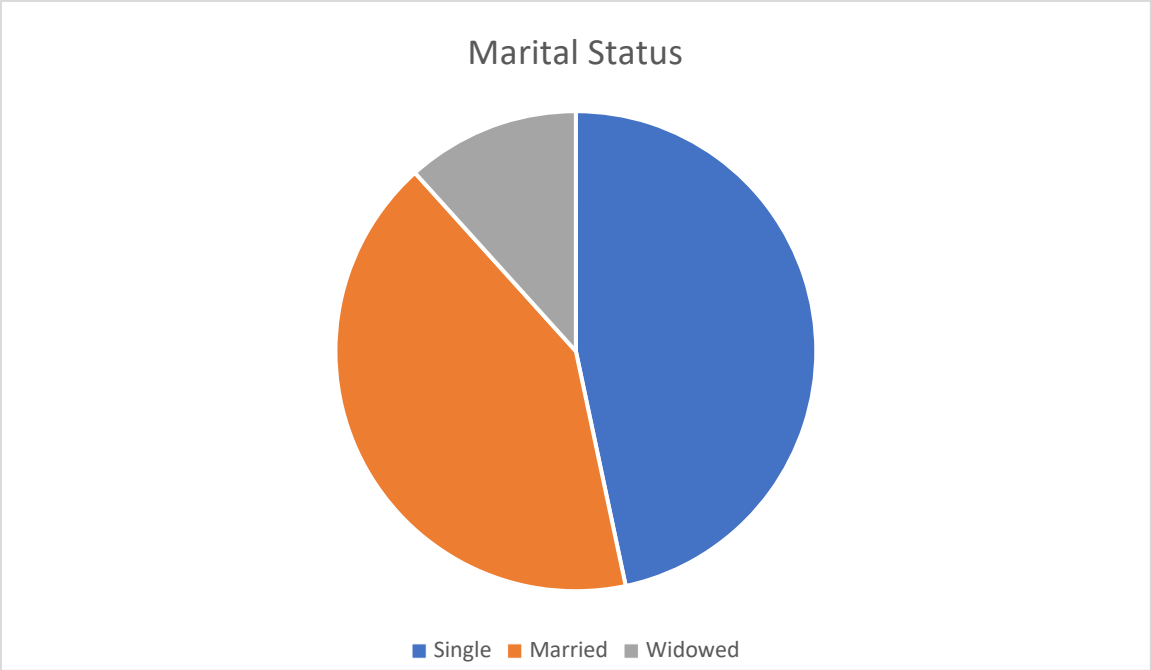


Figure 7: Marital Status Distribution

The study found that 46.7% of respondents were single, while 41.7% were married. A smaller percentage (11.6%) was widowed, which suggests that losing a spouse was a critical life event that led to mental distress and suicidal ideation. The findings highlighted the need for targeted mental health support for widowed individuals and those experiencing relationship challenges to mitigate emotional distress. Ndetei et al. (2010) observed that grief and strained relationships are significant triggers of emotional and psychological distress in Kenyan populations. Similarly, Mutiso et al. (2017) emphasized the importance of addressing relational and psychosocial stressors in mental health interventions. Therefore, counseling must go beyond clinical depression to include grief management, relationship issues, and emotional support, particularly for vulnerable groups like the widowed or those facing family breakdowns.

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4.2. Analysis of Research Questions/Objectives

4.2.1 Establish the nature of counseling programs offered to young people in Butere County Hospital in Kakamega County.

In Objective 1, Understanding the nature of counseling programs was essential in evaluating their role and relevance in suicide prevention. This includes examining the level of awareness, types of services offered, accessibility, and user satisfaction. As reviewed in Chapter two, (Ndetei et al., 2010) emphasized that low mental health awareness, especially in rural Kenyan communities, remained a significant barrier to service utilization. This was compounded by stigma and misconceptions around counseling and suicide.

In terms of types of counseling services, studies such as Mutiso et al., (2017) highlight the importance of integrating individual, group, and family therapy to meet diverse psychological needs, particularly among young people facing suicide risk. These services included evidence-based and adaptable to the local cultural context.

Accessibility was another critical factor. Musyimi et al. (2017) noted that many Kenyans especially in remote areas lacked physical access to mental health facilities, and even when services exist, they were underutilized due to cost, stigma, or limited personnel.

User satisfaction influenced continuity of care and outcomes. Mutiso et al. (2020) found that clients engaged in and benefited from counseling programs when services were respectful, confidential, and tailored to their needs. Therefore, these variables were central to assessing the effectiveness of counseling programs in preventing suicide, as supported by the literature reviewed in Chapter two. All these aspects were fundamental indicators of how effectively mental health services were reaching the intended beneficiaries, especially vulnerable young people aged 13–45 in a rural hospital setting like Butere.

In summary, based on the studies by Atwoli et al., (2022); Kimani and Mwangi, (2021), and Otinga, (2023), the nature of counseling programs offered to young people at Butere County Hospital in Kakamega County reflects a mix of progress and persistent challenges. Counseling programs play a critical role in suicide prevention, particularly among age 13–45, who are vulnerable to mental health challenges such as depression, anxiety, and suicidal ideation. Understanding the structure and effectiveness of these programs involved evaluating not just their existence, but also the awareness among young people, the types of services offered their accessibility, and the level of satisfaction among users.

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Awareness of Counseling Programs

Table 4.2.1.1: Awareness of Counseling Programs

Awarenes s	Frequency	Percentage (%)
Yes	43	71.7%
No	17	28.3%
Total	**60**	**100%**

The study findings indicated that a substantial majority of 72% were aware of the counseling programs available at Butere County Hospital. This was a promising figure, suggesting that outreach efforts, to some extent, had succeeded in informing the community about the availability of mental health services. However, 28% reported being unaware of such programs. This signaled a considerable gap in information dissemination that could limit the effectiveness of suicide prevention efforts.

According to Atwoli et al., (2022), respondents in Butere noted limited awareness in rural settings as often associated with deep-rooted stigma around mental illness, a lack of mental health literacy, and minimal infrastructure to support effective communication. Kimani and Mwangi, (2021) further emphasized that culturally appropriate education strategies, delivered through accessible community channels, were essential to bridging the gaps. Otinga, (2023) adds that without adequate awareness, even well-designed programs risk underutilization.

Respondents observed that to enhance awareness, multi-pronged communication strategies must be adopted. These could include baraza (community meetings), faith-based forums, and partnerships with churches and mosques important given the influence of religious institutions in rural Kenya. Additionally, social media campaigns specifically targeting youth, the use of peer educators, and integration of mental health sensitization in school curricula would be powerful tools. These approaches not only increase visibility but also normalize help-seeking behavior among the young people.

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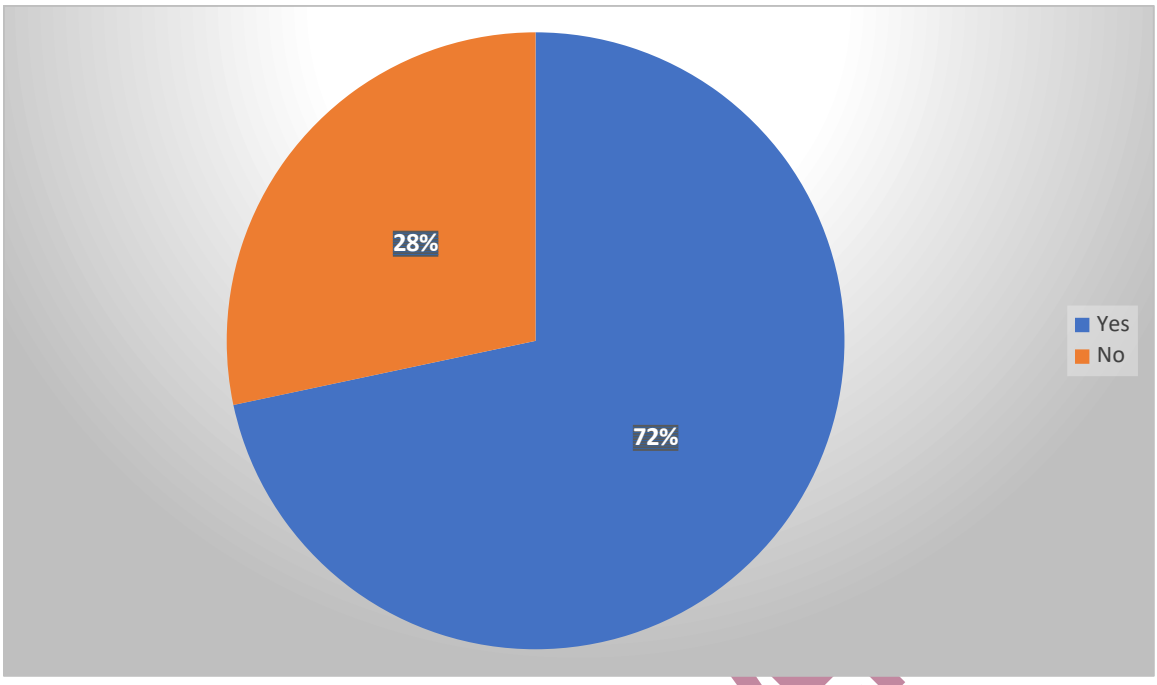


Figure 8: A pie chart showing respondents who were aware vs. those unaware of the hospital's counseling programs.

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Types of Counseling Services Utilized

Table 4.2.1.2: Counseling Services Utilized (Multiple responses allowed)

Counseling Type	Frequency
Individual Counseling	30
Group Counseling	25
Crisis Intervention	22
Family Therapy	28
Other (Specify)	5

Respondents when asked about the types of counseling services utilized at the facility responded as in the table above. The data shows that individual counseling (50%) and family therapy (46.7%) were the most accessed services, followed by group counseling (41.7%) and crisis

intervention (36.7%). The "other" category included faith-based counseling, peer support groups, or trauma-focused interventions. This reflected a holistic and multi-modal counseling structure at Butere County Hospital, which was vital for addressing suicide through individual, relational, and group-based approaches. These findings were consistent with Ndetei et al. (2010), who advocated for individualized approaches in managing depression and suicide-related concerns in Kenyan health facilities, particularly among young people.

Individual counseling likely appeals to young people dealing with private emotional challenges such as depression or suicidal ideation, an approach also supported by Mutiso et al., (2020), who found that personalized sessions enhanced disclosure and mental health outcomes among youth.

The preference for family therapy affirmed existing literature noting that family dysfunction was a major trigger for suicidal behavior. I agree with Musyimi et al., (2017) who emphasized that involving families in therapy promoted conflict resolution and emotional support, which reduced suicide risk.

Group therapy and crisis interventions provide communal healing and timely psychological first aid, an approach encouraged by the World Health Organization (WHO, 2014) as part of comprehensive suicide prevention strategy. Group counseling offers shared experiences and coping strategies, particularly effective in rural or resource-limited settings. The lower usage of services in the "Other" category suggests a gap in integrating culturally grounded and faith-based interventions, despite evidence from showing that community and peer-based supports enhance trust and service uptake (Omar et al., 2010). Therefore, there is room for Butere Hospital to innovate further by localizing mental health services through spiritual, cultural, and peer-sensitive models, especially in rural Western Kenya.

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Accessibility of Counseling Services

Table 4.2.1.3: Accessibility of Counseling Services

Accessibility Level	Frequency	Percentage (%)

Very Accessible	18	30%
Accessible	14	23.3%
Somewhat Accessible	13	21.7%
Not Accessible	15	25%

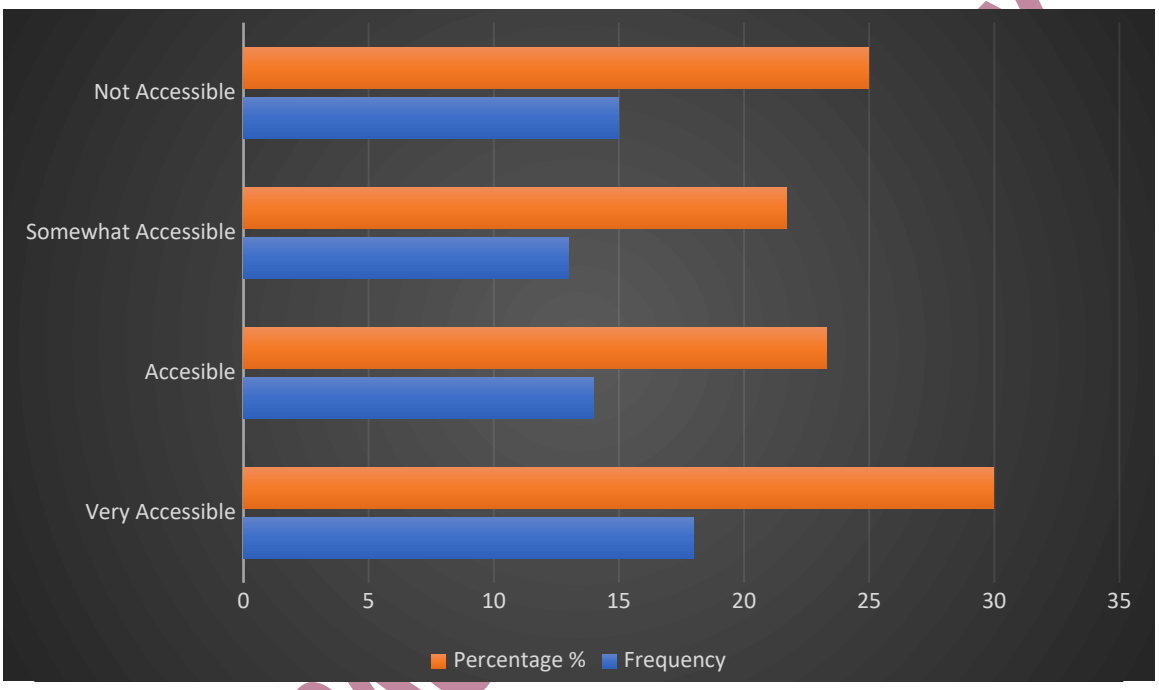


Figure 9: A stacked bar graph to visualize overall accessibility.

The data presented in Table 4.2.1.3 and Figure 8 reveal critical insights into the accessibility of counseling services in Butere. When asked how accessible counseling services were, only 30% of respondents reported that these services were very accessible, while another 23.3% found them accessible. However, a significant 46.7% of the respondents indicated that counseling services were either somewhat accessible or not accessible at all. This finding underscores the existence of substantial barriers that hinder young people from seeking or receiving the mental health support they need. These challenges align with existing literature, such as the findings by (Musyimi et al., (2017) who noted that despite increased efforts to integrate mental health into

primary care, services remain geographically and economically inaccessible to many, especially in rural areas.

Several factors contribute to this limited accessibility. Among the most common are geographical and logistical obstacles, such as the long distances required to reach health facilities, lack of public transportation, and high transport costs. Furthermore, institutional limitations like a shortage of trained counselors and restricted operating hours exacerbate the situation, as the findings by Ndetei et al., (2011), who highlighted how rural health centers often rely on general healthcare staff with minimal training in psychological support. Emotional and social barriers also persist, notably fear of stigma associated with seeking mental health care a concern widely documented in Kenyan studies, including those by Mbwayo et al., (2013), who emphasized the negative perception of mental illness within many communities.

Satisfaction with Counseling Services

Table 4.2.1.4: Satisfaction with Counseling Services

Satisfaction Level	Frequency	Percentage (%)
Very Satisfied	20	33.3%
Satisfied	20	33.3%
Neutral	10	16.7%
Dissatisfied	7	11.7%
Very Dissatisfied	3	5%

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The data presented in Table 4.2.1.4 illustrates respondents' view on levels of satisfaction with counseling services, revealing a largely positive trend. Specifically, 66.6% of respondents reported being either "very satisfied" (33.3%) or "satisfied" (33.3%) with the counseling services received. This is an encouraging indicator, suggesting that a majority of young people perceive counseling as valuable and beneficial. Such satisfaction is often linked to factors such as the professionalism and empathy of mental health staff, respect for client confidentiality, as earlier seen in chapter two, "Through evidence-based techniques such as cognitive-behavioral therapy

(CBT), dialectical behavior therapy (DBT), and person-centered therapy (PCT), counselors worked collaboratively with clients to identify and address maladaptive patterns of thinking and behavior (American Counseling Association, 2020:15-18). It equips individuals with practical skills and strategies to manage their thoughts and behaviors, which empower and reduce feelings of helplessness. Research shows that CBT effectively reduces suicidal ideation and behaviors (Brown et al., 2005).

To demonstrate this conclusion while the overall satisfaction levels are promising, the data (see table 4.2.1.4) points to meaningful opportunities for improvement. Institutions must embrace a client-centered, culturally informed, and feedback-driven approach to counseling service delivery. This ensures that mental health programs are not only acceptable but also effective, equitable, and sustainable.

Table 4.2.1.5: Open-Ended Suggestions on Additional Counseling Services Needed

Suggested Service	Frequency Mentioned	Percentage (%)	Description	
More trained counselors	21	35.0%	Respondents cited long waiting times and lack of specialized support, indicating the need for increased staffing and professional capacity.	
Youth-friendly counseling spaces	18	30.0%	Participants expressed the need for confidential, relaxed, and stigma-free environments that are welcoming to young people.	
Integration of spiritual & cultural support	15	25.0%	Many young people feel more comfortable when counseling includes prayer, spiritual mentorship, or cultural rituals aligned with their beliefs.	
Substance abuse rehabilitation	12	20.0%	Young people who struggle with addiction requested access to rehabilitation services	

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programs			and mental health support.	
Survivor support groups	9	15.0%	A number of respondents wanted peer groups for those who have survived suicide attempts or lost someone to suicide for shared healing.	

The nature of counselling services at Butere County Hospital shows promising structures that address suicide among young people; however, there are critical gaps in access, visibility, and satisfaction that limit their overall impact. N2 Reported that several participants highlighted challenges in accessibility, with one saying that, "Sometimes you come here and you are told the counsellor is not around, so you just go back home without help." She therefore reckoned that "The facility lacks psychologists and psychiatrists which limit its capacity to address complex mental health cases. Another young client had reported to her that they do not know where to go for counselling unless someone directs them. The place was over crowded with other activities apart from counseling. These experiences reveal that despite the existence of counselling programs, they remain under-utilized due to limited visibility and unpredictable availability. Such findings align with Gladding, (2018:45) observation that effective counselling programs must be well-integrated, visible, and client-centered to respond adequately to mental health crises.

Moreover, satisfaction with the services offered was mixed. While some participants appreciated the empathetic approach of the counsellors by one client reporting to C1 at some point that the counsellor she met really listened to her and gave her hope, however, another one felt rushed or unheard, and said that it felt like they were in a hurry to finish, which left the client unsatisfied. This inconsistency in client experience is echoed in the American Counseling Association's ethical guidelines, which emphasize that counsellors must ensure accessibility and quality of care as part of their professional responsibility (American Counseling Association, 2014:3). Thus, for the facility to ensure that it has enough counselors and improve mental health services, C1 says, "The facility needs to advocate for increased budget allocation specifically for mental health services.

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Furthermore, Wedding and Corsini, (2019:210) emphasize that for suicide-prevention programs to be transformative; they must not only provide reactive services but also proactive psychoeducation and outreach. The findings from Butere County Hospital show that while structures exist, they lack the proactive elements needed to bridge the gaps identified. NID echoed a sentiment from one of the youths that if they came to schools or even churches to teach about these services, many people would come before it is too late. N1D stated that, "The government has initiated several programs to address mental health challenges among the young people in educational institutions aiming at enhancing mental health literacy and provide support services."

In summary, while Butere County Hospital has laid promising foundations for suicide-focused counselling, significant improvements in staffing, youth-friendly engagement, integration of spiritual and cultural practices, substance abuse services, and peer support structures are necessary. Such a multi-layered approach goes beyond individual therapy, aligning with the literature that calls for responsive, inclusive, and culturally relevant interventions (Gladding, 2018; American Counseling Association, 2014; Wedding & Corsini, 2019).

Summary of 4.2.1: Key Findings on the Nature of Counseling Programs

Area	Strengths	Gaps
Awareness	High awareness among majority	Communication gaps remain
Types of Counseling	Variety of formats available	Few specialized approaches e.g., spiritual, peer
Accessibility	Over 50% find it accessible	46.7% struggle with barriers
Satisfaction	Two-thirds satisfied	One-third dissatisfied or neutral

The nature of counseling services at Butere County Hospital shows promising structures that address suicide among young people, but there are critical gaps in access, visibility, and satisfaction. These must be addressed for the counseling programs to be more responsive, inclusive, and transformative. N2 confirms that the facility needs to improve by; integration of psychoeducation awareness for counseling services, have regular training and capacity building for counselors, "when the counselors are trained properly, they will offer effective service

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because they have the required skills to run the programs." N2 also noted that, "The establishment of youth friendly services encourages them to seek counselling for their wellbeing." This is in line with literature earlier seen in chapter two by Mutiso et al., (2017) also emphasize that public education and destigmatization are key to improving awareness and encouraging early intervention among youth.

4.2.2 Causes of Suicide among Young People in Butere County Hospital

In Objective 2, the researcher identifies the causes of suicide among young people in Butere County Hospital in Kakamega County; the data presented here was obtained from Section C of the questionnaire and supported by literature discussed in Chapter two. The goal is to understand what young people believe are the primary causes or triggers of suicidal behavior in the community and how these might be addressed through relevant interventions.

Table 4.2.2.1: Major Causes of Suicide (Multiple responses allowed)

Cause	Frequency	Percentage (%)
Family problems	42	70.0%
Relationship issues	37	61.7%
Mental health issues	26	43.3%
Substance abuse	26	43.3%
Economic stress	21	35.0%
Academic pressure	18	30.0%
Other (e.g., stigma, trauma)	6	10.0%

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The data in Table 4.2.2.1 reveals that suicide among young people in this area is driven by a range of interrelated socio-emotional and economic factors. Family problems emerged as the most frequently cited cause, reported by 70% of respondents. This includes issues such as parental separation, domestic violence, emotional neglect, and the pressure to meet family expectations. C2 says that, "The common causes or triggers to suicide are severe depression, chronic illness, grief, broken relationships and broken marriages." These findings align with

existing literature that highlights the home environment as a key determinant of adolescent mental health. According to Munene et al., (2017), toxic family dynamics contribute significantly to emotional instability, depression, and feelings of hopelessness among young people. Thus, it is in line with the literature in chapter two, Family dysfunction, including conflict, abuse, and neglect, significantly impacted an individual's mental health and increased suicide risk (Munene et al., 2017:92-95). Thus, young individuals experiencing family conflict or parental absence are at a higher risk of committing suicide.

Relationship issues were cited by 61.7% of respondents, emphasizing the emotional vulnerabilities that many young people face. Young people often lack the coping mechanisms and emotional maturity to deal with breakups, unrequited love, jealousy, or peer pressure, which can trigger self-harm or suicidal behavior. C2 reported an experience of his client who said, He wanted to die after his wife had left him. This finding is in line with the following literature. As noted by Cleary, (2012), interpersonal conflicts, particularly romantic relationship breakdowns, are a leading cause of suicide among adolescents and young adults, especially in contexts where emotional support is limited. C2 said that, "The Church as an institution can help in offering emotional support through pastoral counseling and creating support groups, thus, reducing stigma around mental health and providing a safe space for people to open up."

Mental health issues and **substance abuse**, each reported by 43.3% of participants, also feature prominently as suicide risk factors. Increasingly, young people report symptoms of depression, anxiety, and trauma, often exacerbated by stigma or a lack of access to mental health services. C3 on doing follow up to ensure that the clients are helped, she noted this from her client, who said that the father came back from the farm complaining that he was tired digging for people to be able to put food on the table, drunk and staggering as usual, he looked depressed, went into his house and hanged himself on a rope. These findings are consistent with the World Health Organization (WHO, 2021) reports that identify untreated mental health conditions as a major contributor to young people committing suicide globally. Additionally, substance abuse is commonly used as a maladaptive coping strategy. According to Fergusson, Horwood, and Beautrais, (2003), there is a strong correlation between substance misuse and suicidal behavior, particularly in environments where drug and alcohol access is unregulated.

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Economic stress was identified by 35% of respondents, supporting patterns seen in the employment data (Section A), which link poverty and joblessness with rising psychological distress. Youth often internalize societal and familial expectations to become financially independent or to support their households. When these expectations go unmet, it fosters a sense of failure and hopelessness. C2 noted that common triggers or causes to suicide include unemployment and financial stress, regarding the following statement from her client, who stated that he was tired of his mother's abuses to stop being a parasite and be independent. This pushed him to think of killing himself and that is why he went for the rope but was rescued. This is supported with literature in chapter two, Socioeconomic struggles, such as poverty, unemployment, and financial instability, are significant risk factors for suicide (Gatuguta et al., 2016:75-77).

Academic pressure was another key factor, reported by 30% of respondents. Students frequently experience stress from high academic expectations, competitive environments, and fear of failure. C2 reported what was testified by her client of an incidence that had occurred two years where the client's classmate was among three students whose results had not come back and was later found hanging on a rope in the school compound." The pressure to excel academically, coupled with limited access to quality education and resources, can lead to feelings of inadequacy and failure, especially for those who are unable to meet societal or familial expectations (World Health Organization, 2021). Parental and societal expectations often intensify these pressures, especially in cultures where educational achievement is closely tied to family honor and future success. Finally, 10% of respondents cited other causes, including stigma surrounding mental health, bullying, trauma, and cultural expectations. These hidden drivers of suicide are often overlooked but can be just as impactful.

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4.2.3 Effectiveness of Counseling Programs in Addressing Suicide Among Young People in Butere County Hospital, Kakamega County

This section evaluates Objective 3 of the study. The research evaluated the effectiveness of counseling programs in addressing suicide among the young people in Butere County Hospital. It examined the counseling services on reducing suicidal thoughts, improving emotional stability, and building coping mechanisms among young people aged 13–45. Data was obtained through Section D of the questionnaire. The questionnaire was administered to the clients and the staff (counselors C and nurses N) supplemented with relevant literature and testimonies.

4.2.3.1 Exposure to Counseling Services

On the questionnaires, respondents were asked if they had someone, they knew who had received counseling for suicidal thoughts or behavior, or someone who had committed suicide.

Table 4.2.3.1: Exposure to Counseling

Response	Frequency	Percentage (%)
Yes	43	71.7%
No	17	28.3%

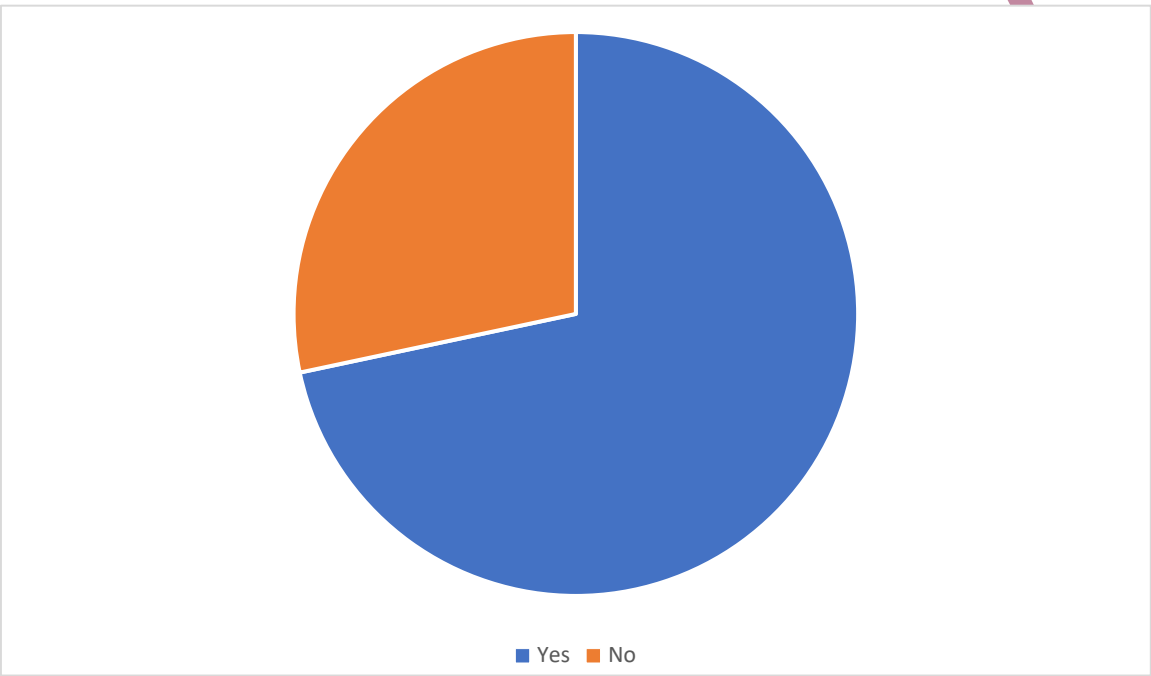
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The study sought to establish whether respondents or someone they knew had ever received counseling for suicidal thoughts or behavior.

As shown in Table 4.2.3.1, a significant majority 71.7% indicated that they or someone close to them had accessed counseling services related to suicidal ideation or behavior. As earlier seen in chapter two, Tarrier et al., (2008) conducted a meta-analysis highlighting that CBT significantly reduced suicidal thoughts and behaviors by addressing cognitive distortions. In contrast, 28.3% reported no such exposure. These findings suggest that counseling services at Butere County Hospital are widely utilized and form a vital component of the region's suicide prevention strategies. The high uptake may point to increased mental health awareness and the accessibility of such programs within the community.

However, the 28.3% who had not accessed counseling services highlighted a concerning gap. This may be attributed to several underlying factors, including limited program reach, social stigma surrounding mental health, lack of knowledge or trust in counseling services, and cultural

or spiritual biases against psychological support. These barriers underscore the need for enhanced community engagement through mental health awareness campaigns, the integration of peer-led referral systems, and culturally sensitive approaches to increase visibility and trust in counseling interventions. While these programs showed promise, challenges such as stigma and access to services remain barriers (Klineberg et al., 2013). Despite these challenges, the empirical evidence underscores the importance of structured, evidence-based interventions in reducing suicidal tendencies among young people.



If yes, how effective was the counseling in reducing suicidal thoughts or behavior?

Figure 10: A pie chart illustrating "Yes" vs. "No" responses.

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4.2.3.2 Effectiveness of Counseling Services

Table 4.2.3.2: Effectiveness of Counseling programs in Addressing Suicide

Effectiveness Level	Frequency	Percentage (%)
Very Effective	33	55.0%
Effective	8	13.3%
Neutral	5	8.3%
Ineffective	4	6.7%
Very Ineffective	2	3.3%
Not Applicable (17)	—	—

Among the 43 respondents had direct experience with counseling, while twelve had indirect experience, and five did not complete their forms, so as to be rated whether they had direct experience or indirect experience. The study further examined perceptions of its effectiveness in reducing suicidal thoughts or behaviors (see Table 4.2.3.2). Results indicate that 55.0% found the counseling to be very effective, while 13.3% (8 respondents) rated it as effective. Combined, 68.3% of participants viewed counseling as helpful in mitigating suicidal ideation. Meanwhile, 8.3% (5 respondents) expressed a *neutral* opinion, whereas 10.0% (6 respondents) considered the services to be either ineffective or very ineffective.

These findings affirm that counseling has a generally positive psychological impact on individuals at risk of suicide, particularly when delivered in a timely and consistent manner. According to the data above, only 3.3% is found to be ineffective. Many of the participants who rated the counseling as "very effective" reported experiencing emotional relief, renewed hope, and improved life perspective. These outcomes reflect the application of therapeutic approaches employed such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT), which were used within the hospital's counseling program. Through CBT, individuals were supported in identifying and reframing negative thought patterns, developing problem-solving skills, and engaging in positive behavioral changes.

Literature reviewed on Dialectical Behavior Therapy (DBT) showed promise in reducing suicidal behaviors. Miller et al., (2007) demonstrated that DBT was effective in reducing self-harm and suicidal behaviors among adolescents with borderline personality disorder traits.

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Moreover, McCauley et al., (2018) conducted a randomized controlled trial showing significant reductions in suicide attempts and non-suicidal self-injury with DBT for adolescents. DBT techniques were also applied, especially for clients with intense emotional instability, helping them improve distress tolerance, regulate emotions, and manage suicidal impulses using mindfulness and crisis-coping strategies which helped in making counseling very effective with 55% and only 3.3% ineffective.

To address these concerns and enhance effectiveness, there is a pressing need for continuous quality assurance, regular performance monitoring, and targeted re-training of counselors. These efforts would ensure that evidence-based practices such as CBT and DBT are not only maintained but also tailored to fit the unique socio-cultural needs of the community served by Butere County Hospital. Stanley et al., (2009) found that CBT for suicide prevention effectively decreased suicidal ideation and depressive symptoms in adolescents. However, Quality assurance, regular monitoring, and counselor re-training are essential.

Q3: What positive outcomes have you observed as a result of the counseling programs?

Table 4.2.3.3: Observed Outcomes of Counseling

Observed Outcome	Frequency	Percentage (%)
Reduced suicidal thoughts	36	60.0%
Improved mental health	33	55.0%
Better coping mechanisms	30	50.0%
Increased support system	14	23.3%
Other (spiritual peace, etc.)	4	6.7%

Most Clients reported experiencing multiple benefits from counseling. Specifically, 60% indicated a decrease in suicidal thoughts, 55% noted improvements in their mental health, and 50% developed better coping strategies such as journaling, deep breathing, and sharing with others. These outcomes align with the fundamental objectives of counseling programs, which aim to empower young people with the tools to process emotional pain, challenge negative thought patterns, and prevent harmful behaviors. However, only 23.3% of respondents felt that

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their support systems had strengthened, highlighting a significant gap in the integration of family and community into the therapeutic process. This finding underscores the need for incorporating family therapy models and community-based psychoeducation sessions to foster safe, supportive environments that promote sustained recovery. Lamis et al., (2017) found that psychoeducational interventions improved knowledge about suicide, reduced stigma, and increased help-seeking behaviors among adolescents. Additionally, Rudd et al., (2014) highlighted the effectiveness of psychoeducation in reducing suicidal ideation and enhancing coping skills in at-risk adolescents.

Attachment-Based Family Therapy (ABFT), significantly reduced suicidal ideation and attempts by improving family dynamics and support systems (Diamond et al., 2010). (Brent et al., 2009) similarly found that family therapy reduced suicidal ideation and depressive symptoms among adolescents by addressing family conflicts and enhancing parental support (Brent et al., 2009).

4.2.4.1 Findings on Individual Therapy

The study sought to establish the availability and effectiveness of individual therapy in addressing suicidal ideation among young people. Quantitative data showed that 80% of respondents reported that individual therapy sessions are provided in the facility, while 20% stated that such sessions are rarely offered due to limited staff and time constraints. Key informants highlighted that when available, individual therapy was highly effective. C2 reckoned that: "Most of our clients feel freer during one-on-one sessions. They open up about thoughts they cannot share in a group," (Counselor, C2). "Through CBT techniques, we help them identify negative thoughts and replace them with healthier ways of thinking. It has reduced repeat cases," (Nurse, N1).

The findings further revealed that both Cognitive-Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) approaches are integrated into these sessions. Counselors explained that these methods have helped young people develop problem-solving skills, emotional regulation, and coping strategies, which are vital in preventing recurrent suicidal ideation. Despite these positive outcomes, some participants noted that high client volumes and inadequate staffing often lead to irregular or shortened sessions. This observation resonates with literature in Chapter Two, which underscored the effectiveness of CBT and DBT in significantly

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reducing suicidal thoughts and behaviors (Tarrier et al., 2008; Stanley et al., 2009; Miller et al., 2007; McCauley et al., 2018).

4.2.4.2 Findings on Psychoeducation Programs

The study also examined the presence and effectiveness of psychoeducation programs aimed at preventing suicide. 50% of respondents (counselees) acknowledged participating in psychoeducation sessions either during clinic visits or through community outreach, while 40% reported that they had not been reached by such initiatives. According to key informants, psychoeducation sessions typically focused on warning signs of suicide, stress management techniques, and available support services: "We organize follow ups and monthly talks for the young people, explaining what depression looks like and where to seek help. Many who attend say it's the first time they understand mental health issues," (Nurse, N2). "When parents attend, they stop dismissing their children's concerns and become more supportive," (Counselor, C3).

Participants emphasized that these sessions increased awareness and reduced stigma, leading to earlier help-seeking behaviors among at-risk adolescents. However, respondents also pointed out that inconsistent scheduling and limited resources hindered broader reach.

These findings align with Chapter Two literature, which reported that psychoeducation improves knowledge, reduces stigma, and enhances coping skills (Lamis et al., 2017; Rudd et al., 2014; Brown et al., 2005).

4.2.4.3 Findings on Family Therapy

The study further investigated whether family therapy was integrated into counseling services for young people. Survey results showed that 46% of respondents had experienced family involvement in their counseling process, while 54% reported that their sessions did not include family members. Key informants noted that family therapy was often applied in cases where family dynamics contributed to the client's distress: "Sometimes we invite parents or guardians. When they hear their child's struggles firsthand, they start making changes at home," (Counselor, C2). "Family sessions help to heal conflicts. Once we resolve underlying issues, the risk of

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suicide goes down," (Nurse, N2). However, challenges such as stigma, denial by some parents, and logistical barriers were identified as factors limiting family participation.

These findings correspond with the literature in Chapter two, where family-based interventions such as Attachment-Based Family Therapy (ABFT) was shown to reduce suicidal ideation by improving family support and communication (Diamond et al., 2010; Brent et al., 2009).

In Summary, Individual therapy (CBT/DBT) was implemented but constrained by staffing; if the facility was given enough staff, then it would be effective in reducing suicidal ideation. Psychoeducation programs: enhanced awareness and help-seeking, though coverage was inconsistent. Family therapy: improved support systems and reduces conflict, though hindered by stigma and access challenges.

Conclusion

The analysis shows that while counseling programs at Butere County Hospital are appreciated, they face key service delivery gaps. Respondents highlighted the need for personalized and continuous care, consistent with studies showing that lack of follow-up leads to patient dropouts, while regular contact can reduce suicide risk by up to 40% (Ndetei et al., 2020; WHO, 2021). Accessibility was also a concern, as the hospital has only three counselors serving over 60 clients, reflecting Kenya's national shortage of fewer than 500 psychologists for over 50 million people (Kenya Mental Health Taskforce, 2020). Flexible hours and more staff have been shown to reduce crisis cases significantly (Patel et al., 2018).

Cultural and spiritual sensitivity emerged as another priority, with nearly 70% of Kenyans seeking help from faith leaders before professional services (Oginga, 2021). Programs that integrate cultural values and spirituality demonstrate higher retention and trust (Mutiso et al., 2018). Confidentiality was equally critical, with almost half of young people avoiding counseling due to stigma fears (Basic Needs Kenya, 2019). In Kakamega, 58% reported they would not disclose suicidal thoughts without guaranteed privacy (Otinga, 2023). Strengthening confidentiality practices is therefore essential, as international evidence shows it improves intervention effectiveness by up to 70% (WHO, 2021).

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4.2.5 Sustainable Interventions to Mitigate Suicide Among Young People in Butere County Hospital, Kakamega County

This section addresses Objective 4 of the study: To verify sustainable interventions that can mitigate suicide among young people in Butere County Hospital, Kakamega County. Respondents were asked the following question and their response was as shown below:

What interventions do you believe could reduce suicide among young people?

Table 4.2.5.1: Suggested Sustainable Interventions: Multiple responses were allowed

Intervention	Frequency	Percentage (%)
Enhanced mental health education	40	66.7%
Community support programs	34	56.7%
Economic empowerment initiatives	30	50.0%
Increased availability of counseling	28	46.7%
Substance abuse rehabilitation	25	41.7%
Other (spiritual support, youth clubs)	6	10.0%

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The findings of the study underscore the significance of mental health education, with 66.7% of respondents identifying it as the most recommended intervention. who emphasized that mental health literacy understanding symptoms, risk factors, and available treatments empowers communities to respond effectively to mental health challenges. Curriculum integration, community forums, church-based talks, and targeted education for youth, parents, and leaders were proposed strategies to demystify mental health and reduce stigma. Corrigan et al., (2014) support such initiatives, arguing that stigma is a major barrier to help-seeking, and public education plays a pivotal role in reshaping attitudes. As also noted by Osafo et al., (2015) in Ghana and Patel et al., (2018), contextual education efforts grounded in local cultural realities significantly improve early detection and intervention in suicidal behavior.

Community support programs, recommended by 56.7% of participants, highlight the importance of social networks and interpersonal support. Initiatives such as youth mentorship, peer support groups, and localized crisis response teams are seen as essential in fostering belonging and resilience. This mirrors the position of Linehan, (1993), whose Dialectical Behavior Therapy (DBT) framework emphasizes the value of structured, supportive relationships in reducing suicidal ideation. Similarly, Mars et al., (2015) found that the presence of trusted adult figures and peer networks reduces the likelihood of suicide among vulnerable youth. McMain, Korman, & Dimeff, (2001) further advocate for community-based approaches that integrate therapeutic elements into familiar social environments.

Economic empowerment was ranked third (50%) and reflects how financial instability contributes to feelings of hopelessness and suicidality. Vocational training, small business grants, and youth savings groups were cited as practical interventions. Wang et al., (2019) and Ndetei et al., (2019) argue that socio-economic hardships are structural determinants of mental health outcomes, particularly among youth. The promotion of economic stability not only reduces the stressors associated with unemployment but also fosters a future-oriented mindset, which Nease, (2013) identifies as a protective factor against depression and suicidal ideation.

Increased access to counseling services was recommended by 46.7% of respondents, emphasizing the need for hiring more counselors, creating sub-county mental health units, and implementing tele-counseling and mobile clinics. (Nurse, N) agreed that programs had created awareness, "Offering digital and tele counseling services improves counseling programs and services offered." This aligns with the literature by King et al., (2018), which highlights the scarcity of mental health professionals in many low-resource settings and the need for scalable interventions. Archer et al., (2012) support task-shifting strategies and community-based counseling models to bridge the mental health service gap. Tele-counseling, in particular, has been shown to be effective in increasing accessibility, especially in rural areas.

Finally, 41.7% of respondents supported **substance abuse programs** as a key suicide prevention strategy. Substance use often coexists with mental health disorders, exacerbating the risk of suicidal behavior (Hawton, Saunders, & O'Connor, 2012). Rollnick (2012) advocates for motivational interviewing and integrative treatment approaches in substance use recovery, while Omondi, (2023) emphasizes the importance of combining rehabilitation with prevention efforts

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to yield long-term impact. Integrating substance abuse treatment into a broader suicide mitigation model ensures a holistic response to the interlinked challenges faced by at-risk individuals.

These results underscore the need for multi-level, multisectoral strategies integrating health, education, economic development, and spirituality. Counselor, C3 noted that, "Programs create mental health friendly at school environment, and promotes and encourages community Engagement.

Table 4.2.5.2: Community Member Contributions to Reducing Youth Suicide

Community Role	**Details**	***Frequency Mentioned (N=60)****	**Percentage (%)**
Mentorship & role modeling	Adults guiding youth and sharing life experiences	33	55.0%
Early warning and referrals	Parents, boda riders, pastors linking at-risk youth to professionals	27	45.0%
Reducing stigma	Open discussions on suicide and mental health in community gatherings	24	40.0%
Youth engagement initiatives	Sports, music, drama, volunteerism, and community service projects	20	33.3%

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The findings in Table 4.2.5.2 emphasize the critical role of community members in reducing youth suicide, particularly in rural Kenyan settings where communal ties and informal networks are deeply embedded. Among the 60 respondents, a majority (55.0%, *n*=33) identified mentorship and role modeling as a key contribution. Respected figures such as teachers, elders, and spiritual leaders were viewed as vital for guiding youth, offering moral support, and fostering a sense of life purpose. This reflects the insights of Osafo et al., (2015), who found that in similar African contexts like Ghana, traditional and religious leaders often occupy trusted roles that significantly influence youth behavior and value systems. Additionally, Linehan, (1993) highlights the protective nature of strong interpersonal relationships, which these mentorship structures inherently promote.

Another significant role, mentioned by 45.0% (*n*=27) of respondents, was early warning and referral. Community members such as pastors, *boda boda* riders, and local shopkeepers were seen as informal gatekeepers due to their regular contact with youth. These individuals are often the first to notice emotional or behavioral changes that may indicate distress. Their proximity and familiarity with the youth enable early detection of suicidal tendencies, aligning with the concept of task-sharing as proposed by Ndetei et al., (2019), which promotes equipping non-specialists to identify and refer individuals at risk for appropriate support.

Stigma reduction, noted by 40.0% (*n*=24) of participants, was also recognized as a vital function of the community. Respondents emphasized the power of open dialogue during common social events such as church gatherings, funerals, and market days to break the silence around mental health and suicide. Corrigan et al., (2014) argue that stigma is one of the greatest barriers to accessing mental health services, and localized public engagement strategies especially those delivered in everyday communal spaces are among the most effective tools for challenging these barriers. Mars et al., (2015) similarly underscore the need for culturally tailored stigma-reduction strategies that align with the social norms and values of the target community.

Finally, **youth engagement initiatives** including sports, music, drama, volunteerism, and other community-based projects were highlighted by 33.3% (*n*=20) of respondents. These activities were described as essential for promoting emotional resilience, social cohesion, and a sense of purpose among youth. Such involvement not only offers positive alternatives to harmful behavior but also mitigates risk factors like social isolation. Armstrong, & Manion, (2015) support the idea that *structured, meaningful engagement* is linked to *reduced suicidal ideation* among adolescents. This holistic, community centered approach supports the argument made by Patel et al., (2018) and Omondi, (2023) that suicide prevention in rural African contexts must be embedded in culturally relevant, relationship-based systems that leverage local assets and communal trust.

In summary, the responses affirm that communities are not just passive observers but are actively involved in suicide prevention. Their roles in mentorship, early detection, stigma reduction, and youth engagement underscore the value of integrated, grassroots strategies that reflect and respect the social fabric of rural Kenyan life.

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4.3 **Chapter Summary**

This chapter presented and interpreted the findings from 60 respondents on the effectiveness of counseling programs in addressing suicide among young people at Butere County Hospital. The results showed that most respondents were aware of the available counseling services, with individual counseling, family therapy, and group sessions being the most utilized. While many found the services helpful and effective in reducing suicidal thoughts, issues such as limited counselor availability, poor follow-up, confidentiality concerns, and lack of youth-friendly spaces were highlighted as barriers. Suicide was found to be highly prevalent on the rise, with key causes identified as family conflict, relationship issues, mental health challenges, economic hardship, and academic pressure. Respondents emphasized the importance of school-based mental health education, family and spiritual support, community engagement, and economic empowerment as sustainable solutions. The findings underscore the need for a holistic, culturally sensitive, and community driven approach to enhance counseling effectiveness and prevent suicide among youth in Kakamega County.

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CHAPTER 5-SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMEDATIONS

5.1 Introduction

The primary purpose of this study was to examine the effectiveness of counseling programs in addressing suicide among young people aged 13 to 45 years at Butere County Hospital in Kakamega County, Kenya. That is, youth and adults within that age limit. The study was guided by four objectives: (1) To establish the nature of counseling programs offered to young people in Butere County Hospital in Kakamega County. (2) To identify the causes of suicide among young people in Butere County Hospital in Kakamega County. (3) To evaluate the effectiveness of counseling programs in addressing suicide among the young people in Butere County Hospital. (4) To verify sustainable interventions to mitigate suicide among young people in Butere County Hospital in Kakamega County.

This chapter presents a comprehensive summary of the findings, their implications, the study's conclusions, recommendations, and suggestions for future research. The findings are framed within the Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) models, which underpinned the theoretical foundation of the study.

5.2 Summary of the Study

This study was conducted to establish the nature of counseling programs offered to young people in Butere County Hospital in Kakamega County, to identify the causes of suicide among young people in Butere County Hospital in Kakamega County, to evaluate the effectiveness of counseling programs in addressing suicide among the young people in Butere County Hospital, and to verify sustainable interventions to mitigate suicide among young people in Butere County Hospital in Kakamega County.

A mixed-methods research design was employed to collect both quantitative and qualitative data. Out of 60 targeted respondents, 55 successfully participated in the survey, yielding a 92.3% response rate. This high response rate enhanced the reliability of the data, ensuring the credibility and applicability of the study findings. Additionally, five key informants (comprising nurses and counselors) were interviewed to provide qualitative insights, enriching the understanding of institutional practices and community dynamics surrounding suicide prevention.

The findings revealed that while counseling programs have made commendable efforts to address suicide risks, several gaps remain. Among the most urgent concerns was the lack of

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consistent follow-up and aftercare, reported by 43.3% of respondents, which compromises the long-term effectiveness of counseling interventions. The shortage of trained mental health professionals (36.7%) was also identified as a significant barrier, contributing to long waiting times and professional burnout. Respondents further highlighted the need for culturally and spiritually relevant counseling approaches, emphasizing the inclusion of youth mentors, clergy, and traditional support figures to enhance the relatability and effectiveness of services.

Accessibility issues—such as inflexible service hours and centralized locations—were reported by 26.7% of participants, suggesting the need for mobile outreach programs and extended service times. Confidentiality concerns (21.7%) also emerged, with fears about privacy breaches deterring some individuals from fully engaging in therapy. In terms of broader community engagement, respondents advocated for mental health education in schools and communities to reduce stigma and improve help-seeking behavior. Economic empowerment initiatives, including job training and microfinance, were also recommended as preventive strategies against suicide driven by financial stress.

These findings resonate with global best practices in suicide prevention and mental health care. They align with literature reviewed in Chapter 2, including the importance of follow-up care (Brent et al., 2009), community-based interventions (Jorm et al., 1997), and the role of cultural adaptation (King et al., 2018). Locally, the results mirror studies by Kimani & Mwangi, (2021) and (Otinga, 2023), which support the integration of spiritual and culturally grounded support systems into mental health programs.

In conclusion, the study affirms that suicide prevention among youth requires a holistic, culturally sensitive, and community-embedded approach. Strategic improvements in service delivery, personnel training, community involvement, and economic support mechanisms are essential to enhancing the impact and sustainability of counseling programs at Butere County Hospital and similar settings.

5.2.1 Nature of Counseling Programs and Awareness (Objectives 1)

The study established that counseling programs at Butere County Hospital are structured to address the psychological, emotional, and behavioral needs of young people facing suicidal ideation or mental distress. These services include individual therapy, group counseling, family

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therapy, crisis intervention, and psychoeducation. The therapeutic models applied prominently include CBT and DBT, both of which are globally recognized for their effectiveness in managing suicidal behavior, emotional instability, and depression. Cognitive Behavioral Therapy (CBT) helped clients identify and restructure negative thought patterns, while Dialectical Behavior Therapy (DBT) was particularly helpful for clients with intense emotional reactions and suicidal impulses, enhancing emotional regulation and distress tolerance.

In terms of awareness, the findings revealed that 71.7% of respondents were aware of the existence of counseling services at the hospital, indicating fairly successful dissemination efforts. However, 28.3% of respondents reported that they were unaware of the services, revealing a significant information gap. Factors such as stigma, limited outreach beyond hospital walls, and cultural misconceptions about mental health services likely contribute to this lack of awareness.

Despite relatively high levels of awareness, accessibility remained a challenge. Many participants cited long waiting times, lack of enough counselors, lack of proper space for confidentiality, and less appointment schedules as barriers to accessing care. Furthermore, logistical issues like transport costs, school or work commitments, and stigma around mental illness reduced engagement among youth, particularly in more remote parts of the community.

5.2.2 Causes of Suicide among Young People in Kakamega County (Objective2)

The research identified multiple causes of suicide, categorized into three primary areas: Family and Relationship Stress: 75% reported family conflicts and cited relationship issues as major contributors to suicidal ideation. Broken family structures, domestic violence, and lack of social support increased the risk of suicide. Mental Health Disorders and Substance Abuse: Depression, anxiety, and substance abuse were identified as key factors, with 50% respondents acknowledging these issues as contributors to suicide risk. Limited access to mental health care worsens the impact of these disorders. Lastly, Economic Hardship: 42% highlighted financial struggles as a leading stressor, demonstrating the connection between poverty, unemployment, and suicidal tendencies.

The voices of respondents in Kakamega County ranging from young individuals affected by suicidal ideation to counselors, caregivers, and community members revealed that suicide among the youth stems from deeply rooted and multifaceted causes. A dominant theme that emerged

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was socioeconomic struggle. Young people frequently cited poverty, unemployment, and financial stress as major drivers of hopelessness. Many described overwhelming pressure to provide for themselves or support their families amid limited economic opportunities. These financial hardships often led to feelings of despair, self-worthlessness, and the perception that life offered no meaningful prospects. Some youth shared stories of being unable to afford basic necessities or education, and how this economic instability compounded their emotional distress. These testimonies echo findings by Gatuguta et al., (2016) and Mbwayo et al., (2019), who underscore poverty and unemployment as key mental health stressors that heighten suicide risk. Respondents called for better access to economic opportunities, youth empowerment programs, and community-based support to mitigate these risks.

The pressure to succeed in school was another strong contributor to suicidal ideation, especially among adolescents. Respondents, particularly students, spoke of intense educational pressures, including unrealistic academic expectations from parents, fear of failure, and the burden of competing in under-resourced learning environments. Some reported anxiety, sleeplessness, and feelings of inadequacy due to their inability to meet societal or familial expectations. Several youths disclosed being victims of bullying or ridicule related to academic performance, further damaging their self-esteem. These findings mirror those of Ndetei & Khasakhala, (2018) and Mwangi et al., (2019), who describe academic stress, peer pressure, and limited educational access as significant psychosocial stressors. Participants suggested that schools integrate mental health education, counseling services, and peer support groups to help students cope with academic stress and navigate social pressures more effectively.

Across all three areas: socioeconomic, familial, and educational, respondents also pointed out a pervasive lack of mental health awareness and widespread stigma surrounding mental illness and suicide. This stigma not only prevented young people from seeking help but also reinforced feelings of shame and isolation. Echoing Gatuguta et al., (2016) and Onyango et al., (2020), respondents advocated for comprehensive public education campaigns, community dialogues, and the expansion of culturally sensitive mental health services to foster a more supportive environment.

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The findings suggest that suicide among youth in Kakamega County is not merely the result of individual psychological factors, but a complex interplay of social, economic, familial, and cultural challenges. Addressing these root causes will require multi-sectoral collaboration among government, schools, healthcare providers, religious institutions, and community organizations, to create sustainable support systems and promote mental well-being.

5.2.3 Effectiveness of Counseling Programs (Objective 3)

The study found that counseling programs have had a measurable impact on reducing suicidal ideation and improving emotional well-being. Among the 71.7% of respondents who had either experienced or knew someone who had received counseling, 68.3% rated the services as effective or very effective. Key positive outcomes reported included reduced suicidal thoughts (60%), improved mental health (55%), and enhanced coping mechanisms (50%). However, only 23.3% noted stronger support systems post-counseling, indicating a gap in systemic follow-through beyond the therapy sessions. Respondents identified the need for more follow-up care (43.3%), additional trained counselors (36.7%), and inclusion of spiritual and peer support models (30.0%) to make counseling more responsive and holistic. Literature supports these findings; Ndetei et al., (2018) and Jenkins et al., (2015) affirm that well-resourced, context-sensitive counseling programs are essential for sustainable suicide prevention in Kenya. These findings align with the therapeutic goals of CBT and DBT, confirming that evidence-based counseling techniques are beneficial when adapted to the local context. Participants who rated the programs as highly effective shared testimonies of emotional relief, renewed hope, and strengthened resilience.

However, a small percentage of respondents (10%) rated counseling as ineffective or very ineffective. This dissatisfaction was linked to factors such as weak counselor-client rapport, insufficient session time, lack of follow-up, and inadequate cultural sensitivity. Moreover, only 23.3% of respondents reported improvements in their support systems, highlighting a disconnect between individual therapy and family/community integration.

5.2.4 Interventions Recommended to Improve Suicide Prevention (Objective 4)

The findings from the study revealed several evidence-based and contextually appropriate interventions that respondents believed would significantly improve suicide prevention efforts

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among young people at Butere County Hospital. These interventions reflect the multi-dimensional nature of suicide risk, encompassing psychological, social, cultural, and economic factors, and are aligned with global best practices and insights from Chapter 2.

Mental Health Education and Awareness

A majority of respondents (n = 45) emphasized the urgent need to integrate mental health education into schools, workplaces, and community forums. This aligns with findings by Jorm et al., (1997) and Corrigan et al., (2014), who noted that improving mental health literacy and reducing stigma are essential for encouraging help-seeking behavior. Community education campaigns can demystify mental illness, reduce societal shame, and promote early intervention, especially critical in rural areas where mental health remains a taboo subject. The incorporation of psychoeducation in routine community engagements can foster a supportive environment for at-risk youth.

Community Support and Spiritual Integration

Participants highlighted the importance of community-driven support systems. Peer support groups (30 respondents), clergy engagement (20 respondents), and youth mentorship programs (25 respondents) were cited as vital in fostering a sense of belonging and shared understanding. These findings echo the call by King et al., (2018) and Breland et al., (2013) for culturally adapted interventions that resonate with local beliefs and practices. Additionally, about 30% of respondents recommended greater involvement of traditional leaders, pastors, and spiritual mentors in counseling services, a strategy supported by Osafo et al., (2015) and Kimani & Mwangi, (2021), who observed that spiritual inclusion enhances the acceptability and effectiveness of mental health interventions in African contexts.

Economic Empowerment Initiatives

Socioeconomic stressors were identified as a major contributor to suicidal ideation, with 40% of respondents advocating for economic empowerment as a preventative measure. Suggested initiatives included job training programs, microfinance opportunities, and targeted financial assistance. These findings support the argument made by Ndetei et al., (2019) and Patel et al., (2018) that addressing poverty and unemployment is a crucial component of youth mental health.

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Integrating economic support with psychosocial interventions provides a more holistic approach to suicide prevention.

Expansion and Accessibility of Counseling Services

Respondents strongly emphasized the need to scale up the availability and accessibility of counseling services. A significant concern raised was the shortage of trained mental health professionals, with 36.7% of respondents reporting long wait times and inadequate coverage. This challenge mirrors issues noted in Chapter 2, particularly the need for structured training and supervision (Linehan, 1993; McMain, Korman, & Dimeff, 2001). To address this gap, participants suggested increasing the number of professional counselors and incorporating community-based lay counselors, particularly in schools and churches, to extend service reach.

Moreover, timing and location of services were identified as barriers to access. Approximately 26.7% of respondents recommended more flexible counseling hours, including evenings and weekends, and mobile mental health outreach programs targeting schools, remote villages, and places of worship. These suggestions reflect global best practices advocating for decentralized and community-embedded mental health care (Archer et al., 2012; Kwan & Nease, 2013).

Follow-up and Aftercare

The absence of consistent follow-up was seen as a major limitation in current service delivery. A notable 43.3% of respondents reported that clients often received no further contact after the initial session, undermining the long-term impact of therapy. As highlighted in Chapter 2, studies by Brent et al., (2009) and Diamond et al., (2010) have underscored the importance of follow-up care and sustained engagement in reducing suicide risk. Establishing structured aftercare programs, such as scheduled check-ins, peer follow-up calls, or digital support tools, would significantly enhance treatment outcomes.

Confidentiality and Trust

Concerns about the breach of confidentiality were raised by 21.7% of respondents, with fears that personal information might be disclosed by hospital staff. Such concerns can deter

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individuals from seeking help or being open during sessions. Improving privacy protocols, offering anonymous intake processes, and training hospital personnel on ethical confidentiality practices were identified as essential steps toward building trust. These concerns resonate with Corrigan et al., (2014), who noted that confidentiality and perceived safety are foundational to effective mental health care, particularly among youth.

5.3 Conclusion

This study concludes that counseling programs at Butere County Hospital are generally effective in reducing suicidal ideation among young people, especially when grounded in evidence-based therapeutic approaches like CBT and DBT. The programs offer measurable benefits, including reduced suicidal thoughts, improved emotional health, and better coping strategies. However, significant gaps exist in follow-up care, counselor availability, and cultural responsiveness.

Awareness of the programs is moderately high, but accessibility remains constrained by logistical, social, and institutional barriers. Addressing these issues will require collaboration among healthcare institutions, churches, families, schools, and local government agencies.

Family and relationship conflicts also played a crucial role in mental health struggles, underlining the importance of strengthening family counseling services and social support networks. The findings confirm that effective suicide prevention requires a combination of mental health education, financial stability, community involvement, and improved mental health service delivery.

5.4 Implications of the Findings

Findings revealed that young people in Butere County face suicide risks from untreated depression, poor emotional regulation, substance abuse, stigma, family dysfunction, and economic struggles. Dialectical Behavior Therapy (DBT), developed for suicidal behaviour, offers a useful lens here. Its core skills; mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness Linehan, (1993), directly match the challenges identified. Emotional instability and substance use link to DBT's focus on regulation and tolerance; family conflicts reflect the need for interpersonal skills; while poverty-related stress underscores distress tolerance. Thus, DBT-informed interventions, adapted to the cultural and communal context,

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could strengthen existing counseling at Butere County Hospital by equipping young people with practical coping strategies.

5.5 Recommendations

Enhance mental health education: Implement structured awareness programs in schools, workplaces, and communities; train key stakeholders; and use digital media to reduce stigma.

Strengthen economic support: Create jobs, offer entrepreneurship training, provide financial aid, and partner with institutions for relief programs.

Expand counseling services: Increase trained professionals, establish mobile clinics, and improve follow-up support.

Promote community-based initiatives: Encourage peer mentorship, support groups, and faith-based involvement in mental health advocacy.

Strengthen community awareness: Use schools, churches, social media, and local leaders to promote acceptance of counseling.

Invest in aftercare: Develop structured follow-up mechanisms to support recovery.

Recruit and train counselors: Expand the workforce by training professionals, volunteers, and faith-based counselors.

Integrate faith and mentorship: Develop models blending psychological, spiritual, and peer support.

Ensure confidentiality: Provide private spaces and anonymous systems to build trust.

Offer flexible delivery: Use evening sessions, mobile clinics, and tele-counseling to reach more youth.

Suggestions for Further Research

Assess the long-term impact of suicide prevention strategies.

Explore cultural influences on mental health and help-seeking.

Evaluate the effectiveness of digital interventions such as online counseling and apps.

Conduct comparative analyses of suicide prevention models across regions to identify best practices.

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REFERENCES

American Counseling Association (2020) *What is counseling?* Available at: https://www.counseling.org/knowledge-center/about-counseling/what-is-counseling (Accessed: 22 September 2025).

American Psychological Association (2020) *Understanding psychotherapy and how it works.* Available at: https://www.apa.org/topics/psychotherapy (Accessed: 22 September 2025).

Armstrong, L.L. & Manion, I.G. (2015) 'Meaningful youth engagement as a protective factor for youth suicidal ideation', *Journal of Research on Adolescence*, 25(1), pp. 20–27.

Ayllon, T. & Azrin, N.H. (1968) *The token economy: A motivational system for therapy and rehabilitation.* New York: Appleton-Century-Crofts.

Bandura, A. (1977) *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Beauchamp, T.L. & Childress, J.F. (2001) *Principles of biomedical ethics.* 5th edn. New York: Oxford University Press.

Beck, A.T. (1976) *Cognitive therapy and the emotional disorders.* New York: International Universities Press.

Beck, A.T., Rush, A.J., Shaw, B.F. & Emery, G. (1979) *Cognitive therapy of depression.* New York: Guilford Press.

Beck, J.S. (2011) *Cognitive behavior therapy: Basics and beyond.* 2nd edn. New York: Guilford Press.

Chorpita, B.F. & Daleiden, E.L. (2009) 'Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials', *Journal of Consulting and Clinical Psychology*, 77(3), pp. 566–579.

Corey, G. (2016) *Theory and practice of counseling and psychotherapy.* 10th edn. Boston: Cengage Learning.

ST. PAUL'S UNIVERSITY

Corsini, R.J. & Wedding, D. (2011) *Current psychotherapies.* 9th edn. Belmont, CA: Cengage Learning.

Creswell, J.W. & Plano Clark, V.L. (2017) *Designing and conducting mixed methods research.* 3rd edn. Thousand Oaks, CA: SAGE Publications.

Creswell, J.W. (2014) *Research design: Qualitative, quantitative, and mixed methods approach.* 4th edn. Thousand Oaks, CA: SAGE Publications.

Evans, G.W. & Kim, P. (2013) 'Childhood poverty, chronic stress, self-regulation, and coping', *Child Development Perspectives*, 7(1), pp. 43–48.

Gatuguta, A., Muthoni, R.M. & Kamau, L. (2016) 'The burden of suicide in Kenya: The lived experiences of survivors of suicide and attempted suicide in Nairobi and Nyanza provinces', *Journal of Public Health in Africa*, 7(1), p. 517.

Gicheru, M.M., Ndetei, D.M., Kuria, M.W., Ng'ang'a, M.M., Njenga, F.G. & Mwaura, F.G. (2018) 'Factors influencing suicidal behavior in an urban slum in Kenya: A qualitative study of community perceptions', *Community Mental Health Journal*, 54(1), pp. 70–77.

Gladding, S.T. (2016) *Counseling: A comprehensive profession.* 8th edn. Boston: Pearson.

Gladding, S.T. (2018) *Counseling: A comprehensive profession.* 8th edn. Boston: Pearson.

Gottman, J.M. & Silver, N. (2015) *The seven principles for making marriage work: A practical guide from the country's foremost relationship expert.* New York: Harmony.

Gurman, A.S. & Fraenkel, P. (2016) *Clinical handbook of couple therapy.* 5th edn. New York: Guilford Press.

Hawton, K., Saunders, K.E. & O'Connor, R.C. (2012) 'Self-harm and suicide in adolescents', *The Lancet*, 379(9834), pp. 2373–2382.

Hofmann, S.G., Asnaani, A., Vonk, I.J., Sawyer, A.T. & Fang, A. (2012) 'The efficacy of cognitive behavioral therapy: A review of meta-analyses', *Cognitive Therapy and Research*, 36(5), pp. 427–440.

James, R.K. & Gilliland, B.E. (2017) *Crisis intervention strategies.* 8th edn. Boston: Cengage Learning.

ST. PAUL'S UNIVERSITY

Joiner, T.E. (2005) *Why people die by suicide.* Cambridge, MA: Harvard University Press.

Joseph, S., Linley, P.A. & Harris, G.J. (2012) *Positive psychology in practice: Promoting human flourishing in work, health, education, and everyday life.* 2nd edn. Hoboken, NJ: John Wiley & Sons.

Kaplan, D.M. & Tarvydas, V.M. (2018) *Fostering resilience: Expecting all students to use their minds and hearts well.* London: Routledge.

Kazdin, A.E. (1974) *Behavior modification in applied settings.* Homewood, IL: Dorsey Press.

Kazdin, A.E. (2008) *The Kazdin method for parenting the defiant child.* Boston: Houghton Mifflin Harcourt.

Kazdin, A.E. (2011) *Single-case research designs: Methods for clinical and applied settings.* 2nd edn. New York: Oxford University Press.

Kenyan students aged 15–43: Ndetei, D. et al. (2021) 'Socio-demographic, economic and mental health problems were risk factors for suicidal ideation among Kenyan students aged 15 plus', *Journal Name*, volume(issue), pp. pages. Available at: ResearchGate (Accessed: 22 September 2025).

Kothari, C.R. (2004) *Research methodology: Methods and techniques.* 2nd edn. New Delhi: New Age International Publishers.

Kumar, R. (2019) *Research methodology: A step-by-step guide for beginners.* 5th edn. Thousand Oaks, CA: SAGE Publications.

Mbwayo, A.W., Ndetei, D.M., Mutiso, V., Khasakhala, L. and Ouko, J. (2019) 'Stigma and discrimination within the households of the mentally ill: A study in a Kenyan rural community', *African Journal of Psychiatry*, 15(1), pp. 49–55.

McLeod, J. (2013) *An introduction to counseling.* 5th edn. Maidenhead: Open University Press.

Merriam-Webster (2023) *Effectiveness. Merriam-Webster.com dictionary.* Available at: https://www.merriam-webster.com/dictionary/effectiveness (Accessed: 22 September 2025).

Miltenberger, R.G. (2008) *Behavior modification: Principles and procedures.* 4th edn. Belmont, CA: Wadsworth Publishing.

ST. PAUL'S UNIVERSITY

Ministry of Health, Kenya (2015) *Kenya mental health policy 2015–2030.* Available at: https://www.health.go.ke/wp-content/uploads/2016/04/Mental-Health-Policy-Kenya-2015-to-2030.pdf (Accessed: 22 September 2025).

Morrow, V. (2009) 'The ethics of social research with children and families in young lives: Practical experiences', *International Journal of Social Research Methodology*, 12(5), pp. 391–401.

Munene, F., Odera, I. and Muthuri, R. (2017) 'Community perception of factors contributing to youth suicidal behavior in Nairobi, Kenya: A qualitative exploration using the PRECEDE-PROCEED model', *Journal of Community Medicine & Health Education*, 7(5), p. 1000543.

Mutiso, V.N., Musyimi, C.W., Tomita, A., Loeffen, L., Burns, J.K. and Ndetei, D.M. (2018) 'Stigmatizing attitudes toward mental illness among primary school children in Kenya', *Social Psychiatry and Psychiatric Epidemiology*, 53(2), pp. 129–134.

Mwangi, J., Gathara, G., Nyamai, R., Kamunya, R., Obondo, A. and Njoroge, W. (2019) 'Risk factors for suicide in Kakamega County, Kenya: A case-control study', *East African Medical Journal*, 96(9), pp. 404–410.

Ndetei, D. and Khasakhala, L. (2018) 'Suicide in Kenya', *International Journal of Mental Health Systems*, 12(1), p. 57. doi: 10.1186/s13033-018-0234-y.

Ndetei, D., Khasakhala, L., Mutiso, V. and Ongecha-Owuor, F. (2010) 'Mental health services in Kenya: An overview', *International Journal of Mental Health Systems*, 4(1), pp. 1–5. doi: 10.1186/1752-4458-4-1.

Ndetei, D.M. and Khasakhala, L.I. (2018) 'The impact of academic pressure on mental health in Kenyan schools', *Nairobi Journal of Educational Studies*, 12(3), pp. 112–125.

Ndetei, D.M., Mutiso, V., Gitonga, I. and Tele, A. (2018) *Kenya mental health policy 2015–2030.* Nairobi: Ministry of Health, Government of Kenya.

Neimeyer, R.A. (2012) *Techniques of grief therapy: Creative practices for counseling the bereaved.* London: Routledge.

ST. PAUL'S UNIVERSITY

Onyango, R.O., Othieno, C.J., Wanjau, F.W., Ogutu, E.O. and Muthama, E.N. (2020) 'Factors associated with suicide among patients admitted to a referral hospital in western Kenya', *International Journal of Psychiatry in Medicine*, 55(2), pp. 97–110.

Pavlov, I.P. (1927) *Conditioned reflexes: An investigation of the physiological activity of the cerebral cortex.* London: Oxford University Press.

Perls, F., Hefferline, R.F. and Goodman, P. (1951) *Gestalt therapy: Excitement and growth in the human personality.* New York: Delta.

Rogers, C.R. (1951) *Client-centered therapy: Its current practice, implications and theory.* London: Constable.

Rogers, C.R. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21(2), pp. 95–103.

Rogers, C.R. (1959) 'A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework', in Koch, S. (ed.) *Psychology: A study of a science.* Vol. 3. New York: McGraw-Hill, pp. 184–256.

Rogers, C.R. (1961) *On becoming a person: A therapist's view of psychotherapy.* Boston: Houghton Mifflin.

Segal, Z.V., Williams, J.M.G. and Teasdale, J.D. (2018) *Mindfulness-based cognitive therapy for depression.* 2nd edn. New York: Guilford Press.

Skinner, B.F. (1938) *The behavior of organisms: An experimental analysis.* New York: Appleton-Century.

Watson, J.B. and Rayner, R. (1920) 'Conditioned emotional reactions', *Journal of Experimental Psychology*, 3(1), pp. 1–14.

Wheeler, G. (1991) *Gestalt reconsidered: A new approach to contact and resistance.* New York: The Gestalt Journal Press.

Wolpe, J. (1958) *Psychotherapy by reciprocal inhibition.* Stanford, CA: Stanford University Press.

Wolpe, J. (1969) *The practice of behavior therapy.* Oxford: Pergamon Press.

ST. PAUL'S UNIVERSITY

World Health Organization (2004) *Promoting mental health: Concepts, emerging evidence, practice (Summary report).* Geneva: World Health Organization.

World Health Organization (2014) *Preventing suicide: A global imperative.* Geneva: World Health Organization.

World Health Organization (2019) *Suicide in the world: Global health estimates.* Available at: https://www.who.int/teams/mental-health-and-substance-use/suicide-data (Accessed: 22 September 2025).

Yalom, I.D. (1980) *Existential psychotherapy.* New York: Basic Books.

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APPENDICES

Appendix A: Informed Consent Form

Introduction

My name is 'AUGUST R 2025'. I am a student at St. Paul's University pursuing a Master of…Theology. I am conducting academic research titled, *"Effectiveness of Counseling Programs in Addressing Suicide among young people in Butere County Hospital Kakamega County"*. The main objective of this research is to gain a better understanding of the effects of counseling programs in reducing suicide. For this research, I will be collecting data through questionnaires administered to patients and interviews with Butere County Hospital members. The data gathered will be analyzed to draw meaningful insights that may contribute to our understanding of this important issue.

Confidentiality:

I would like to assure you that all information collected during this research will be treated with the utmost confidentiality. The names of the participants will not be disclosed in any reports or publications. Furthermore, data will be stored securely and only used for research purposes.

Participation:

Participation in this study is entirely voluntary. All respondents who choose to participate can withdraw their involvement at any time without any negative consequences. I kindly request your consent to participate. I truly appreciate your cooperation and support for this study, as your involvement will significantly contribute to the successful completion of my research.

If you have any questions, concerns, or would like to discuss any aspect of this study further, please do not hesitate to contact me on 0727652359 or via email at nicenyangi@gmail.com

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Thank you for considering my request, and I look forward to your favorable response.

==========

Statement of Informed Consent:

I understand that my participation is voluntary, and I may withdraw my involvement at any time without any negative consequences. I have been given a chance to ask any questions or concerns and I am satisfied with the response given. I therefore consent to participate in the study.

Signature: _____ Date: _____

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Appendix B: Questionnaire

Dear Respondent,

This questionnaire contains three brief sections that should only take a moment of your time. Please respond by ticking the box against the response that most accurately reflects the true position.

SECTION A: Biographical Data on the Effectiveness of Counseling Programs in Reducing Suicide among young people in Butere County Hospital Kakamega County.

Introduction:

We are conducting a study to evaluate the effectiveness of counseling programs in reducing suicide among young people in Butere County Hospital in Kakamega County. Your responses will be confidential and used solely for research purposes. Thank you for your participation.

Demographic Information:

1. Age:

[] 13-17

[] 18-24

[] 25-34

[] 35-45

2. Gender:

[] Male

[] Female

[] Other (Specify): _____

3. Education Level:

[] Primary

[] Secondary

[] Tertiary

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[] Other (Specify): _____

4. Occupation:

[] Student

[] Employed

[] Unemployed

[] Other (Specify): _____

5. Marital status

[] Single

[] Married

[] Widowed

SECTION B: Nature of Counseling Programs used in reducing suicide among young people in Butere County Hospital Kakamega County

1. Are you aware of the counseling programs available at Butere County Hospital?

[] Yes

[] No

2. Which types of counseling services have you or someone you know utilized? (Check all that apply)

[] Individual counseling

[] Group counseling

[] Crisis intervention

[] Family therapy

[] Other (Specify): _____

3. How would you rate the accessibility of these counseling services?

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[] Very accessible

[] Accessible

[] Somewhat accessible

[] Not accessible

4. What is your overall satisfaction with the counseling services?

[] Very satisfied

[] Satisfied

[] Neutral

[] Dissatisfied

[] Very dissatisfied

2.0. Describe any additional counseling services you think should be offered:

SECTION C: Causes of Suicide among young people in Kakamega County

1. In your opinion, what are the major causes of suicide among young people in this area? (Select up to three)

[] Mental health issues (e.g., depression, anxiety)

[] Substance abuse

[] Family problems

[] Academic pressure

[] Economic stress

[] Relationship issues

[] Other (Specify): _____

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2. Have you noticed an increase in suicidal behaviors among young people in recent years?

[] Yes

[] No

3.What do you believe are the main causes that lead young people to consider suicide?

SECTION D: Effectiveness of Counseling Programs in Butere County Hospital.

1. Have you or someone you know received counseling for suicidal thoughts or behavior?

[] Yes

[] No

2. If yes, how effective was the counseling in reducing suicidal thoughts or behavior?

[] Very effective

[] Effective

[] Neutral

[] Ineffective

[] Very ineffective

3. What positive outcomes have you observed as a result of the counseling programs? (Check all that apply)

[] Reduced suicidal thoughts

[] Improved mental health

[] Better coping mechanisms

[] Increased support system

[] Other (Specify): _____

4. What areas do you think the counseling programs need to improve to be more effective?

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SECTION E: Sustainable Interventions

1. Apart from training and supervision, tailored interventions, collaborative care and community outreach, what other interventions do you believe could sustainably reduce suicide among young people? (Select up to three)

[] Enhanced mental health education

[] Community support programs

[] Economic empowerment initiatives

[] Increased availability of counseling services

[] Substance abuse programs

[] Other (Specify): _____

- _____

2. How can community members contribute to reducing the risk of suicide?

- _____

3. What long-term strategies should the hospital implement to reduce suicide rates?

- _____

1. Please share any additional comments or suggestions you may have regarding the reduction of suicide among young people:

Thank you for your time and valuable input!

This questionnaire specifically focuses on young people aged 13 to 45 and will help gather relevant data on the effectiveness of counseling programs in reducing suicide within this demographic in Butere County Hospital in Kakamega County.

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Appendix C: Key Informant Interview Guide

1. How effective and equipped is this facility in dealing with clients with suicidal ideation, cases of attempted suicide or mental health issues?

2. Basing on counseling programs offered in this hospital, where do you think needs to be improved?

3. a) Have there been cases where clients have been turned down or left counseling sessions incomplete due to lack of affordability to meet the costs? How was a follow up made to ensure that they are helped?

b) How then can this issue of lack of affordability be addressed?

4. What are the common triggers to suicidal cases that you have recently dealt with? Can the church be of any help and how can it be involved?

5. Why are there no psychologists employed in such a big facility to help in mental Health Issues? How can this be addressed to ensure that the facility has counselors and psychologists to address the issues that need mental health services to reduce suicide among the young people?

6. Is the government doing anything to help this especially for the youth in schools (especially secondary schools and colleges and universities)?

7. Are there any follow ups done to the clients after they leave the facility?

8. Of what impact has these counseling programs been to the young people in Kakamega county? How else can they be improved?

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Appendix D: Ethics Clearance Certificate

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Kenya
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/247/2024 **Date: 30th September 2024**

TO: Eunice Anyanje
St. Paul's University

Dear Eunice,

==========

REF: Effectiveness of Counselling Programs in Addressing Suicide among Young People: A Case of Butere County Hospital, Kakamega County Kenya

==========

Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 256, for the period between 30th September 2024 – 30th September 2025 (1 year).**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SPU- Institutional Scientific Ethics Review Committee within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect

the integrity of the research must be reported to *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

v. Clearance for export of biological specimens must be obtained from relevant institutions.

vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

vii. Submission of an executive summary report within 90 days upon completion of the study to SPU- Institutional Scientific Ethics Review Committee.

viii. Please note that it is within the ISERC's mandate to monitor your research and to do random visits to the site. All research is subject to post approval monitoring.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) ***https://research-portal.nacosti.go.ke*** **and also obtain other clearances needed.**

Yours sincerely,

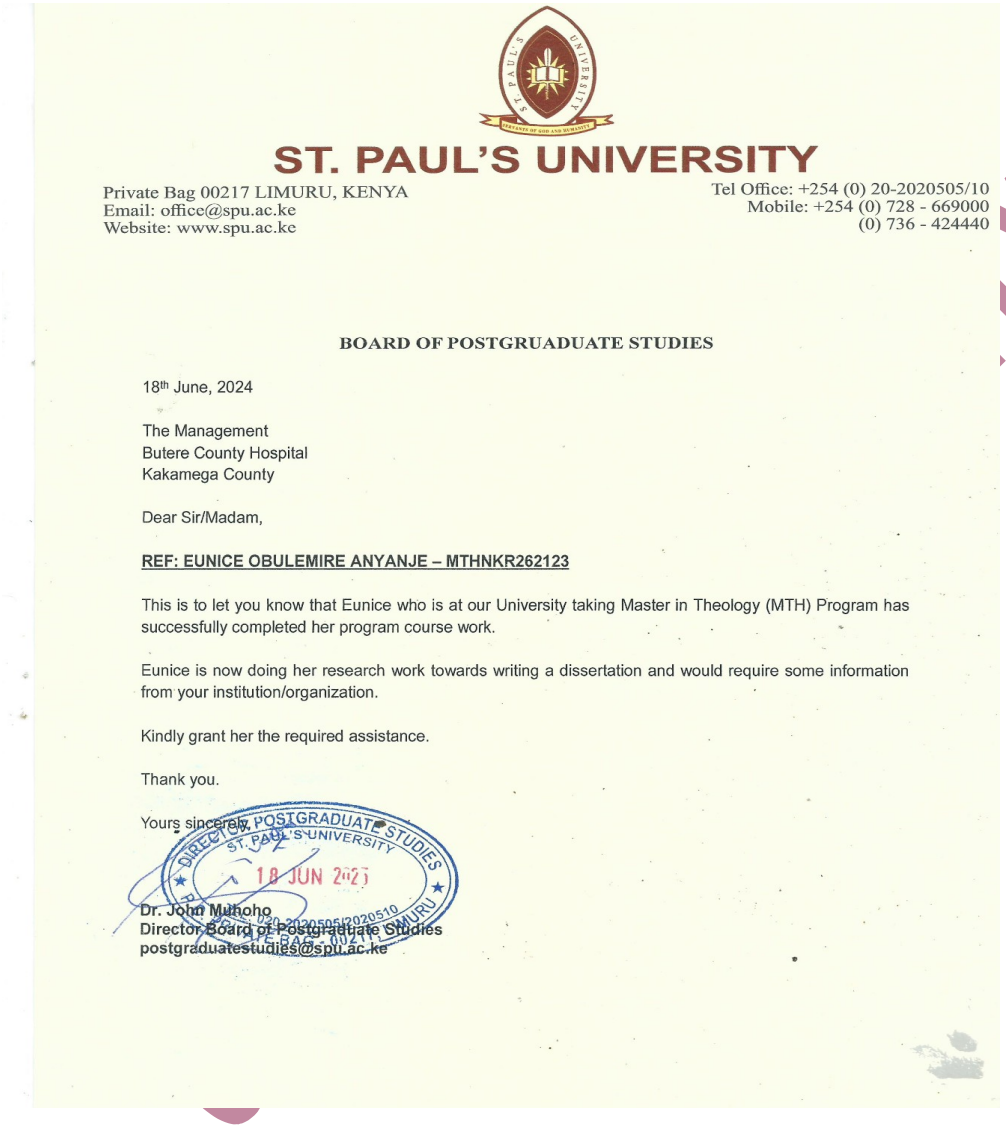


Dr. Daniel Nzengya, PhD
Chairperson
SPU- Institutional Scientific & Ethics Review Committee



St. Paul's University Repository

Appendix E: St. Paul's University Research Authorization



ST. PAUL'S UNIVERSITY

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Tel Office: +254 (0) 20-2020505/10
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BOARD OF POSTGRUADUATE STUDIES

18th June, 2024

The Management
Butere County Hospital
Kakamega County

Dear Sir/Madam,

REF: EUNICE OBULEMIRE ANYANJE – MTHNKR262123

This is to let you know that Eunice who is at our University taking Master in Theology (MTH) Program has successfully completed her program course work.

Eunice is now doing her research work towards writing a dissertation and would require some information from your institution/organization.

Kindly grant her the required assistance.

Thank you.

Yours sincerely,

DIRECTOR POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY
18 JUN 2024
TEL: 020-2020505/2020510 P.O. BOX 00217 LIMURU

Dr. John Muhoho
Director, Board of Postgraduate Studies
postgraduatestudies@spu.ac.ke

Appendix F: Nacosti License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **632687**

Date of Issue: **23/October/2024**

RESEARCH LICENSE



This is to Certify that Rev.. EUNICE OBULEMIRE ANYANJE of St. Paul`s University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kakamega on the topic: Effectiveness of Counselling Programs in addressing Suicide among Young People: A case of Butere County Hospital, Kakamega County Kenya for the period ending : 23/October/2025.

License No: **NACOSTI/P/24/41321**

632687

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix G: Permission to Conduct Research



COUNTY GOVERNMENT OF KAKAMEGA

DEPARTMENT OF HEALTH SERVICES

Telephone: **0742439087**
E-mail: buterehospital@gmail.com

When replying quote
Our Ref. NO.B/CH/ST.9VOL.IX/28

Medical Superintendent
Butere County Hospital
P.O BOX 40-50101
BUTERE.

DATE: 24TH JUNE, 2025

THE DIRECTOR BOARD OF POSTGRADUATE STUDIES
ST. PAUL'S UNIVERSITY
PRIVATE BAG 00217
LIMURU

Dear Sir/Madam,

RE: ACCEPTANCE
EUNICE OBULEMIRE ANYANJE - ADM.NO. MTHNKR262123

In respect to your letter dated 18th June 2024 , we have the pleasure to grant the above named an opportunity to do research work in our institution to gain experience.

She will be required to abide by the Government code of regulation throughout her stay in this hospital.

I take this opportunity to wish her good luck in her endeavors

Thank you.

BUTERE COUNTY HOSPITAL HEALTH ADMINISTRATIVE OFFICER 24 JUN 2025 Sign P.O. Box 40-50101, BUTERE

Yours faithfully,

DALTON MWERESA
SENIOR HEALTH ADMINISTRATIVE OFFICER
BUTERE COUNTY HOSPITAL

Appendix H: A Map of Kakamega County Showing Butere Sub-County

