



**JOURNAL OF EDUCATIONAL THOUGHT (JET)**  
**A PUBLICATION OF THE DEPARTMENT OF**  
**ADULT EDUCATION, FACULTY OF**  
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**Self-Management and Cognitive Restructuring Therapies as Psychological Interventions on Adolescent Loneliness and Suicidal Ideation in Anambra State, Nigeria**

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<https://doi.org/10.5281/zenodo.16745506>

**Abstract**

Adolescent loneliness and suicidal ideation have become significant public health concerns, with increasing reports of emotional distress and self-harming behaviours among young people. Despite the severity of these issues, psychological interventions remain underutilised due to limited mental health awareness and accessibility. This study investigated the effectiveness of Self-Management Therapy (SMT) and Cognitive Restructuring Therapy (CRT) in mitigating adolescent loneliness and suicidal ideation in Anambra State, Nigeria. A quasi-experimental pre-test and post-test control group research design was employed. The study involved 101 adolescent students randomly assigned to three groups: SMT, CRT, and a control group. Data collection instruments included the Suicidal Ideation Questionnaire (SIQ), the Suicidal Ideation Attributes Scale (SIDAS), and the Loneliness Scale (LS). Descriptive and inferential statistical analyses, including Analysis of Covariance (ANCOVA), were used to analyse the collected data. The findings revealed that both SMT and CRT were effective in reducing adolescent loneliness and suicidal ideation, with CRT showing slightly greater effectiveness. Gender did not significantly influence the outcomes, indicating that both male and female adolescents benefited equally from the interventions. It is recommended that schools integrate SMT and CRT into their counselling services, and that mental health professionals receive training to implement these interventions effectively. Public awareness campaigns should be conducted to destigmatise mental health issues and encourage adolescents to seek support.

**Keywords:** Cognitive restructuring therapy, Gender, Loneliness, Self-management therapy, Suicidal Ideation

**Background to the Study**

Adolescence is a critical developmental stage characterised by significant psychological, emotional, and social transformations. During this period, individuals often struggle with identity formation, peer relationships, and societal expectations. Among the many challenges faced by adolescents, loneliness has emerged as a significant predictor of suicidal ideation, contributing to the growing mental health crisis among young people (Twenge, Haidt, Lozano, & Cummins, 2021).

Suicide is frequently seen as an escape from overwhelming problems or crises, leading to intense emotional distress. Both adolescents and adults are at risk, but adolescent students are particularly vulnerable due to the complexity of their developmental period. This phase is marked by experimentation with risky behaviours, including suicidal ideation, suicide attempts, and actual suicide (Oladeji, 2022). Alarming, statistics indicate that suicide is a leading cause of death among young people aged 15 to 25. For instance, Mars, Burrows, Hjelmeland, and Gunnell (2014) reported that approximately 34,000 young individuals in sub-Saharan Africa die by suicide annually.

The causes of suicidal ideation and behaviour stem from an intricate interplay of various social, cultural, and psychological factors (Docken, 1992). These include poverty, violence, economic disparities, family turmoil, substance abuse, limited social support, love disappointments, loneliness, and a family history of suicidal behaviour. Prominent risk factors also encompass anxiety, mental health issues, sadness, stress, and demographic influences. When these stressors compound, they can lead to severe mental health conditions. Among these factors, this study primarily focuses on loneliness, a significant contributor to suicidal ideation.

Loneliness is the subjective experience of social disconnection and isolation, playing a crucial role in suicidal ideation. Despite Nigeria's traditionally communal society, adolescent students in Anambra State frequently experience profound loneliness due to family dynamics, peer relationships, and societal expectations. This sense of isolation amplifies feelings of hopelessness and worthlessness, significantly increasing the risk of suicide. Omaka-Amari et al. (2021) identified loneliness as a key factor contributing to suicidal ideation, while Aboagye et al. (2022) emphasised that a lack of social support intensifies suicidal contemplation. Adolescents who feel isolated are less likely to seek help and more likely to ruminate on negative thoughts, creating a vicious cycle that can lead to suicidal behaviours.

In Nigeria, socio-economic hardships, academic pressures, and cultural stigma surrounding mental health contribute to the increasing prevalence of adolescent loneliness and suicide risk (Ebigbo, 2020; Olawale, 2021). Unfortunately, psychological interventions remain underutilised due to limited awareness and accessibility of mental health services (Adejoh, Yusuf, & Nwachukwu, 2022). This highlights the need for evidence-based therapeutic interventions such as Self-Management Therapy (SMT) and Cognitive Restructuring Therapy (CRT), which have shown promise in mitigating adolescent psychological distress (Zimmer-Gembeck & Skinner, 2016; Hollon & Dimidjian, 2019).

The emergence of postmodern psychology challenges traditional medicalised perspectives on mental health by emphasising the socio-cultural and subjective nature of psychological distress (Gergen, 2015). Within this framework, adolescent experiences of loneliness and suicidal ideation are understood not only as personal struggles but also as phenomena shaped by broader societal constructs, including technological changes, cultural expectations, and economic instability (Orben, Tomova, & Blakemore, 2019). In Nigeria, rapid urbanisation, weakened family structures, and mental health stigma further exacerbate these issues (Ebigbo, 2020). Addressing them requires culturally relevant interventions that empower adolescents with self-management skills and cognitive restructuring strategies to challenge maladaptive thought patterns.

SMT, rooted in self-regulation and behavioural modification theories, provides a structured approach to monitoring and controlling emotional and behavioural responses (Kanfer & Goldstein, 2020). This aligns with Bandura's (1986) self-efficacy theory, which posits that individuals with strong self-belief in their ability to regulate emotions and behaviours are less likely to succumb to distress. Studies have demonstrated that SMT enhances adolescents' coping skills by fostering self-awareness and problem-solving abilities (Zimmer-Gembeck & Skinner, 2016). However, despite its effectiveness in Western contexts, its application in Nigeria remains understudied, particularly in relation to adolescent mental health.

Similarly, CRT, a core component of Cognitive Behavioural Therapy (CBT), is based on the premise that restructuring irrational or negative thought patterns can mitigate psychological distress (Beck, 2020). Research has shown that CRT is effective in addressing distorted cognitive appraisals associated with loneliness and suicidal ideation (Kleiman & Liu, 2020). However, in collectivist cultures such as Nigeria, where communal values influence individual cognition, further exploration is necessary to determine its efficacy (Adejoh et al., 2022).

Given the rising mental health concerns among Nigerian adolescents, integrating SMT and CRT presents a holistic approach by addressing both emotional regulation and cognitive restructuring. Existing literature suggests that while both SMT and CRT offer valuable strategies for managing adolescent mental health challenges, combining these interventions may yield more sustainable outcomes. Studies indicate that integrating behavioural self-regulation with cognitive restructuring enhances emotional resilience and reduces suicide risk more effectively than standalone interventions (Hollon & Dimidjian, 2019). However, empirical research on the applicability of these interventions within Nigeria's socio-cultural context remains limited.

This study seeks to bridge this gap by evaluating the combined effectiveness of SMT and CRT in mitigating adolescent loneliness and suicidal ideation. Understanding how SMT and CRT can be adapted to the Nigerian context will provide a foundation for developing more accessible and effective mental health interventions, ultimately improving adolescent well-being and reducing suicide rates in the country.

### **Statement of the Problem**

Adolescent loneliness and suicidal ideation have become significant public health concerns globally, with increasing reports of social isolation, emotional distress, and self-harming behaviours among young people (Twenge et al., 2021). The World Health Organization (WHO, 2023) reports that suicide is one of the leading causes of death among adolescents, highlighting the urgent need for effective psychological interventions. In Nigeria, studies indicate a troubling rise in adolescent mental health challenges, particularly in urban areas where social disconnection, academic pressure, and economic hardship contribute to increasing levels of loneliness and suicidal thoughts (Adejoh et al., 2022). Despite existing efforts to address adolescent mental health, many interventions remain inadequate due to cultural stigma, lack of mental health infrastructure, and limited access to professional counselling services (Ebigbo, 2020).

This is a problem because prolonged loneliness and suicidal ideation can lead to severe psychological distress, poor academic performance, social withdrawal, and an increased risk of self-harm and suicide attempts (Keles, McCrae, & Grealish, 2020). Nigerian adolescents often lack appropriate coping strategies and mental health support systems, which leaves them vulnerable to negative cognitive patterns such as hopelessness, catastrophising, and self-devaluation (Beck, 2020). In many cases, cultural and religious beliefs discourage discussions

about mental health, reinforcing the stigma that prevents adolescents from seeking help (Olawale, 2021). Without timely and effective interventions, these psychological struggles can persist into adulthood, leading to chronic mental health disorders and diminished quality of life (Kleiman & Liu, 2020).

Self-Management Therapy (SMT) and Cognitive Restructuring Therapy (CRT) have been identified as promising interventions that target both emotional regulation and maladaptive thought patterns (Kanfer & Goldstein, 2020; Hollon & Dimidjian, 2019). However, in Nigeria, there is a lack of empirical research examining the effectiveness of these interventions among adolescents struggling with loneliness and suicidal ideation. Additionally, many Nigerian schools and mental health institutions have not integrated these approaches into their counselling and psychological support systems.

Thus, this study seeks to evaluate the effectiveness of Self-Management and Cognitive Restructuring Therapies in mitigating adolescent loneliness and suicidal ideation in Nigeria. By exploring these psychological interventions, the study aims to provide evidence-based insights that can inform mental health policies and improve therapeutic practices for Nigerian adolescent students at risk.

### **Purpose of the Study**

The main purpose of this paper was to investigate the effectiveness of self-management and cognitive restructuring therapies on management of loneliness and suicidal ideation among secondary school adolescents in Anambra State, Nigeria. The specific objectives of the paper were to:

1. Ascertain if the post-test mean score on loneliness has any effect on adolescent students exposed to self-management therapy, cognitive restructuring therapy and control group.
2. Determine the gender effect of loneliness on suicidal ideation among adolescent students exposed to the experimental conditions.

### **Research Questions**

This paper is guided by the research questions:

1. How does the post-test mean score on loneliness differ among adolescent students exposed to self-management therapy, cognitive restructuring therapy and control group?

2. What is the gender effect of loneliness on suicidal ideation among adolescent students exposed to the experimental conditions?

### Research Hypotheses

The following hypotheses were tested at 0.05 level of significance in this paper.

1. Post-test mean score on loneliness has no significant effect on adolescent students exposed to self-management therapy, cognitive restructuring therapy and control group.
2. There is no significant gender effect of loneliness on suicidal ideation among adolescent students exposed to the experimental conditions.

### Methodology

This paper adopted a quasi-experimental, pre- and post-test control group research design. The design had two treatment groups and one control group, represent below as follows:

First Experimental Group: R O<sub>1</sub> X<sub>1</sub> O<sub>2</sub> = Self-Management Therapy (SMT).

Second Experimental Group: R O<sub>3</sub> X<sub>2</sub> O<sub>4</sub> = Cognitive Restructuring Therapy (CRT).

Third Experimental Group: R O<sub>5</sub> C O<sub>6</sub> = Control Group.

Where,

R- stands for randomisation

O<sub>1</sub>, O<sub>3</sub>, O<sub>5</sub> stand for Pre-test scores

O<sub>2</sub>, O<sub>4</sub>, O<sub>6</sub> stand for Post-test scores

X<sub>1</sub> stands for treatment 1 = Self-Management Therapy

X<sub>2</sub> stands for treatment 2 = Cognitive Restructuring Therapy

C stands for Control Group

- Independent variables: Self-Management Therapy and Cognitive Restructuring Therapy
- Dependent variables: Loneliness, Suicidal ideation

This study was conducted in Anambra State using three randomly selected Education Zones in the state. The state is located in the South-Eastern region of Nigeria. A sample size of 101

students, comprising 48 males and 53 females, was selected for the study. The selections were made using stratified, simple random, and purposive sampling techniques. The purposive sampling was utilised to select all SS 2 students in each of the three schools selected from the three educational zones. This resulted in a total of 447 students, consisting of 197 males and 250 females, who were used for the baseline assessment. The Suicidal Ideation Attributes Scale (SIDAS) was administered to all the students. Those who scored at least 30 in the assessment were selected for the main study. The description of the participants across the baseline assessment and experimental conditions is presented in Table 1.

**Table 1:**

**Analysis of Participants for Baseline Study and Experimental Groups**

Baseline Assessment				Experimental Conditions			
Schools	Gender		Total	Experimental Groups	Gender		Total
	Male	Female			Male	Female	
A	53	99	152	SMT	14	20	34
B	64	83	147	CRT	17	19	36
C	80	68	148	CG	17	14	31
Total	197	250	447	Total	48	53	101

Table 1 shows that the study initially involved 447 students from Schools A, B, and C. This eventually led to the commencement and completion of the three experimental groups: SMT, CRT, and the Control Group, comprising 34, 36, and 31 students respectively.

The research instruments used for collection of data were: Suicidal Ideation Questionnaire (SIQ) by William M. Reynolds (1991); Suicidal Ideation Attributes Scale (SIDAS) by Van-Spijker, Batterham, Calear, Farrer, Christensen, Reynolds, and Kerkhof (2014); and The Loneliness Scale (LS) by Russell, Peplau, and Ferguson (1978). The SIQ consists of 15 items to ascertain suicidal thoughts people have. The total score ranges from 15 as the lowest possible score to 105 as the highest possible score. The SIQ was used for measuring suicide ideation among adolescent students. The SIQ contained the content of the questionnaire as developed by Reynolds (1987). SIDAS consists of 5-item for assessing the presence of suicidal thoughts and the severity of the thoughts. It was designed on a 10-point scale. The total score ranges from 0 as the lowest possible score and 50 as the highest possible score. The SIDAS was used to ascertain the presence of suicidal thoughts and the severity of the thoughts among the adolescent students. The (LS) was adapted from the UCLA Loneliness Scale by Russell, Peplau, and Ferguson. It was used to collect responses on how often people feel disconnected

from others and whether they perceive their social relationships as inadequate. The LS has 10 statements adapted from the original scale which consisted of 20 items. Each item is a statement related to loneliness, and respondents indicate how often they feel this way on a 4-point Likert scale, ranging from "Never" as 1, "Rarely" as 2, "Sometimes" as 3 to "Always" as 4. Some of the sample statements are presented below.

The face and content validity of all the research instruments were established by experts in the field of Guidance and Counselling. The instruments were vetted and considered suitable and appropriate for the study before use. Also, the reliability of the research instruments was ascertained using test-retest method and the reliability co-efficient obtained were 0.84, 0.75, and 0.87 for SIQ, SIDAS and LS respectively.

Before the administration of the research instrument, the consent of the participants was sought. This was to ensure that the participants voluntarily agreed to participate in the study. Brief information on the general objectives of the study was provided on the first page of each of the research instruments.

The treatment in this study was carried out in three phases namely: **Phase 1:** Pre-treatment session; **Phase 2:** Treatment sessions and **Phase 3:** Post-treatment sessions. The pre-treatment session is the first phase in the treatment procedure wherein the researcher carried out a baseline study to identify the adolescent students who had high attributes of suicidal ideation. It was a preliminary stage for a diagnostic process. Herein, the Suicide Ideation Attributes Scale was administered on the adolescent students to rate themselves on suicide ideation. The results obtained enabled the researcher to identify the adolescent students at different levels of suicide ideation. Scores between 1-39 was considered as "mild on suicide ideation"; scores between 40-59 was considered as "moderate on suicide ideation"; whilst scores between 60-100 was deemed "high on suicide ideation". Thus 34, 36 and 31 participants were placed into three groups (Control and two experimental Groups) before the commencement of the treatment session.

The treatment session is the second stage in the treatment phases and it involved exposing the participants to the actual treatment condition. The selected adolescent students were randomly assigned to treatment and control groups. Group A (1<sup>st</sup> Treatment group) was exposed to Self-Management Therapy (SMT); whilst Group B (2<sup>nd</sup> Treatment group) was exposed to Cognitive Restructuring Therapy (CRT); and Group C (Control Group) did not receive any treatment. The control group did not receive any treatment but were placed under placebo or

dummy. The treatment session lasted for six weeks for each group (one counselling session per week and for 2hours). The last phase is the post-treatment session. At this stage, the researcher re-administered the research instruments which were administered earlier to both the control and experimental groups as post-test. The results obtained were used to ascertain the efficacy and effectiveness of the two counselling interventions on the participants in the experimental groups.

The collected data were analysed using descriptive statistics of standard deviation, mean, and mean difference; while the inferential statistic of the Analysis of Covariance (ANCOVA) was used to test all the hypotheses formulated to guide this study at a 0.05 level of significance.

## Results

Research Hypothesis 1: Post-test mean score on loneliness has no significant effect on adolescents exposed to self-management therapy, cognitive restructuring therapy and control group.

**Table 2**  
**Mean Gain Analysis on Loneliness**

Experimental Group	N	Pre-test		Post-test		Mean Difference
		Mean	SD	Mean	SD	
Self-Management Therapy	34	30.47	3.29	20.76	4.09	-9.71
Cognitive Restructuring Therapy	36	31.64	3.22	19.94	3.30	-11.69
Control Group	31	29.48	3.04	29.61	3.46	0.13
Total	101	30.58	3.28	23.19	5.61	-7.40

The description on Table 2 shows that adolescents in CRT group (-11.69) had a better reduction than those in the SMT group (-9.71) while those in the control group had a marginal rise of 0.13. Table 3 has the outcome of the analysis on the significance of the mean difference in the experimental groups.

**Table 3**  
**Loneliness ANCOVA Result**

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1918.22	3	639.41	50.29	0.000
Intercept	268.74	1	268.74	21.14	0.000
Covariate	60.16	1	60.16	4.73	0.032
Group	1911.00	2	955.50	75.16	0.000
Error	1233.20	97	12.71		
Corrected Total	3151.43	100			

The computed F value of 75.16 ( $p < 0.05$ ) shows that the mean score on loneliness has significant effect on adolescents exposed to self-management therapy, cognitive restructuring therapy and control group. This led to the rejecting the null hypothesis for the alternative hypothesis. Furthermore, a pairwise comparison was done and displayed in Table 4 to determine the pair of groups that was significant.

**Table 4****Multiple Comparison of the Experimental Groups for Loneliness**

(I) Experimental Group	(J) Experimental Group	Mean Difference (I-J)	Sig. <sup>a</sup>
Self-Management Therapy	Cognitive Restructuring Therapy	1.11	0.202
	Control Group	-9.09*	0.000
Cognitive Restructuring Therapy	Self-Management Therapy	-1.11	0.202
	Control Group	-10.20*	0.000
Control Group	Self-Management Therapy	9.09*	0.000
	Cognitive Restructuring Therapy	10.20*	0.000

Based on estimated marginal means

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

\*. The mean difference is significant at the .05 level.

The values in Table 4 shows that the control group when paired with each of CRT ( $t = 10.20$ ;  $p < 0.05$ ) and SMT ( $t = 9.09$ ;  $p < 0.05$ ) were the two significant pairs.

Research Hypothesis 2: There is no significant effect of loneliness among adolescents exposed to the experimental conditions due to gender.

**Table 5****Mean Gain Analysis on Loneliness based on Gender**

Experimental Group	Gender	N	Pre-test		Post-test		Mean Difference
			Mean	SD	Mean	SD	
Self-Management Therapy	Male	14	30.86	3.92	20.93	3.99	-9.93
	Female	20	30.20	2.84	20.65	4.26	-9.55
	Total	34	30.47	3.29	20.76	4.09	-9.71
Cognitive Restructuring Therapy	Male	17	31.88	3.10	19.71	2.76	-12.18
	Female	19	31.42	3.39	20.16	3.79	-11.26
	Total	36	31.64	3.22	19.94	3.30	-11.69
Control Group	Male	17	29.76	2.95	29.41	3.71	-0.35
	Female	14	29.14	3.23	29.86	3.25	0.71
	Total	31	29.48	3.04	29.61	3.46	0.13
Total	Male	48	30.83	3.36	23.50	5.61	-7.33
	Female	53	30.36	3.22	22.91	5.65	-7.45
	Total	101	30.58	3.28	23.19	5.61	-7.40

The mean difference of male (-12.18) and female (11.26) adolescents in CRT were observed to have better reduction in loneliness. An ANCOVA was computed to determine the significance of the mean differences based on gender and the outcome presented in Table 6.

**Table 6**  
**Loneliness/Gender ANCOVA Result**

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	1923.97	6	320.66	24.56	0.000
Intercept	261.79	1	261.79	20.05	0.000
Covariate	61.91	1	61.91	4.74	0.032
Group	1899.33	2	949.66	72.73	0.000
Gender	3.04	1	3.04	0.23	0.631
Group * Gender	2.68	2	1.34	0.10	0.903
Error	1227.45	94	13.06		
Corrected Total	3151.43	100			

The F-calculated value of 0.10 ( $p > 0.05$ ) was computed and it was concluded that there exist no significant effect of loneliness among adolescents exposed to the experimental conditions due to gender. Thus, the null hypothesis was upheld.

### Discussion of Findings

Post-test mean score on loneliness has no significant effect on adolescent students exposed to self-management therapy, cognitive restructuring therapy and control group. The two treatment conditions were found to be effective in managing loneliness, with CRT showing slightly better results. This may be attributed to its focus on aiding individuals in changing their behaviour patterns through cognitive restructuring. In a related study, Arslan and Yildirim (2022) suggest that social ostracism and affective experiences are key mechanisms in understanding the impacts of psychological maltreatment on adolescent feelings of loneliness. Loneliness was found to be prevalent among older members of society (Igbokwe et al., 2020; Ojagbemi, Bello, & Gureje, 2021), with Ojagbemi, Bello, and Gureje (2021) noting that good social engagement is a predictive factor for recovery from loneliness. Similarly, Eccles and Qualter (2021) reported that their review, which included 39 studies (14 single-group studies and 25 randomized controlled trials), found evidence that interventions can reduce loneliness among youth. Leung (2011) revealed that lonely individuals with lower levels of offline social support find online opportunities for identity experimentation more gratifying than those who are less lonely or not lonely.

There is no significant effect of loneliness among adolescent students exposed to the experimental conditions due to gender. The outcome of the study shows that both genders were indifferent to the experimental conditions. However, Igbokwe et al. (2020) analysis reveals a high prevalence of loneliness, depression, anxiety, and anxious depression among older retirees. Two key factors, female gender and advanced age, were significantly associated with increased levels of perceived loneliness, depression, and anxiety. This suggests that older female retirees are particularly vulnerable to these mental health issues, indicating a need for targeted interventions and support for this demographic to address and mitigate these concerns. Nwangwu, Adimora, Ukwueze, and Ugwuezea (2020) reported that the interaction effect of gender and the treatment on the social competence of in-school adolescents experiencing social isolation was found to be non-significant.

### **Conclusion**

This study has demonstrated the effectiveness of Self-Management Therapy (SMT) and Cognitive Restructuring Therapy (CRT) in reducing loneliness and suicidal ideation among adolescents in Anambra State, Nigeria. Both interventions had significant positive effects on participants, with CRT showing a slightly greater reduction in loneliness. The study also noted that gender did not significantly influence the effectiveness of the interventions, suggesting that both male and female adolescents can benefit equally. Given the increasing mental health challenges faced by adolescents, integrating these therapies into school counselling programs and community-based interventions can provide sustainable support to young people at risk.

### **Recommendations**

Based on the findings of the study, the following recommendations were made:

1. Schools should incorporate SMT and CRT into their counselling programs to provide adolescents with effective coping strategies for managing loneliness and suicidal ideation.
2. Public awareness campaigns should be conducted to destigmatise mental health issues and encourage adolescents to seek psychological support without fear of societal judgement.
3. Parents should be educated on the psychological challenges faced by adolescents and encouraged to provide emotional support to their children.

4. Policymakers should prioritise adolescent mental health by allocating resources for the development and expansion of school-based and community mental health programs.

### **Implications of Findings for Counselling**

This study's findings have various implications for counselling, among which are:

- It provides empirical support for the use of SMT and CRT as effective interventions for adolescent mental health challenges, reinforcing the need for evidence-based practices in counselling.
- The integration of self-management and cognitive restructuring techniques in counselling can enhance resilience and equip adolescents with lifelong skills for emotional regulation and problem-solving.
- Since no significant gender differences were found, counsellors can implement these interventions broadly without modifying their approach based on gender.
- Given Nigeria's collectivist culture, counselling programmes should be adapted to incorporate family and community support systems, ensuring that interventions are culturally relevant and widely accepted.
- By implementing these therapies at an early stage, schools and community mental health practitioners can proactively address loneliness and suicidal ideation before they escalate into more severe psychological disorders.
- The study's findings can contribute significantly to improving adolescent mental health in Nigeria and beyond, fostering a supportive environment for young people to thrive emotionally and psychologically.

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