Chapter

Psychological and Social Determinants of Suicidal Ideation Among University Students in Afghanistan: Risk Factors and Prevention Strategies

Abdul Rauf Stanikzai

Abstract

Suicidal ideation among university students is a complex public health concern influenced by psychological distress, interpersonal relationships, socioeconomic circumstances, and sociocultural conditions. In Afghanistan, prolonged conflict, economic insecurity, displacement, the COVID-19 pandemic, and the political transition of August 2021 provide an important context for understanding student mental health. This chapter reviews evidence on suicidal ideation among Afghan university students, focusing on depression, posttraumatic stress symptoms, academic stress, financial hardship, gender-related pressures, living arrangements, social support, and resilience resources. A focused narrative review synthesized studies directly examining Afghan university students and related psychological and social factors. Three key studies included 531 undergraduates from two Kabul universities, 214 students affiliated with Herat University following the 2021 political transition, and 279 students from four Afghan universities. These studies reported substantial suicidal ideation or suicide-related risk, although estimates are not directly comparable because of differences in sampling, instruments, and assessment periods. The evidence highlights the importance of psychological distress and social conditions in student well-being. A multilevel prevention approach is recommended, integrating confidential identification and referral, accessible psychological care, academic and financial support, peer and family involvement when appropriate, and culturally responsive services. Key limitations include the small number of relevant studies, cross-sectional self-report designs, and limited representativeness. Future research should prioritize diverse samples, longitudinal designs, culturally appropriate measures, and robust ethical safeguards. Suicide prevention among Afghan university students requires coordinated institutional and public health action supported by stronger local evidence.

Keywords: Afghanistan, university students, suicidal ideation, depression, posttraumatic stress, academic stress, social support, suicide prevention

1. Introduction

Suicidal ideation refers to thoughts about death or taking one's own life. Such thoughts vary in frequency, intensity, duration, and immediacy. Suicidal ideation is distinct from a suicide attempt, and a positive screening result does not establish that a person will engage in suicidal behavior. Nevertheless, suicidal thoughts warrant careful attention because they may indicate substantial psychological distress and, in some circumstances, form part of a pathway toward suicidal behavior. Suicide-related outcomes are rarely explained by a single factor; individual, interpersonal, community, and societal influences may interact over time.

The university period can involve important developmental and social transitions. Students may face new academic expectations, financial responsibilities, changing relationships, separation from family, and uncertainty about future employment. These demands may coexist with protective experiences, including supportive friendships, a sense of purpose, positive relationships with teachers, and opportunities for personal development. Students who experience persistent distress or have limited access to assistance may find these transitions particularly difficult. Student mental health should therefore be considered not only through individual symptoms but also through the social and institutional conditions in which education takes place.

In Afghanistan, these concerns are embedded in a prolonged history of armed conflict, political instability, economic hardship, displacement, and limited access to services. The political transition of August 2021 occurred against a background of decades of conflict, natural disasters, economic difficulties, and the COVID-19 pandemic. Subsequent uncertainty affected livelihoods, safety, and educational and vocational opportunities. Women and girls have faced particularly severe restrictions on education and public participation. These circumstances are relevant to the wider social context of mental health; however, evidence concerning the general population or people excluded from education should not automatically be treated as evidence about currently enrolled university students.

Direct empirical research on suicidal ideation among Afghan university students remains limited. Ayubi and Raju examined suicidal ideation among undergraduate students at two universities in Kabul [1]. Naghavi and colleagues investigated mental health and suicide-related outcomes among students affiliated with Herat University shortly after the 2021 political transition [2]. Mehrabi and colleagues subsequently examined psychological distress and suicidal ideation among students from four Afghan universities, including the possible role of trust in higher guidance [3]. Other research has investigated academic stress, emotional support, and quality of life among Afghan university students [4, 5].

Research on self-injurious behavior among Afghan adolescents offers related contextual information, but self-injury, suicidal ideation, and suicide attempts are distinct outcomes. A study of male high school students in Kabul examined the relationship between attachment styles and self-injurious behaviors [6]. Because this research involved school students rather than university students and used a measure covering a range of self-injurious and self-defeating behaviors, its findings cannot be treated as a direct estimate of suicidal ideation among university students.

This chapter has four objectives: first, to summarize available evidence on suicidal ideation among Afghan university students; second, to examine psychological correlates, particularly depression and posttraumatic stress symptoms; third, to

consider social and sociocultural factors, including economic hardship, academic stress, gender-related pressures, living arrangements, and social support; and fourth, to propose prevention priorities and research directions appropriate to the Afghan university context.

2. Review approach and scope

This chapter uses a focused narrative review rather than a systematic review or meta-analysis. Relevant studies were identified through targeted searches of scholarly sources and examination of the reference lists of relevant publications. Search concepts included Afghanistan, Afghan university students, suicidal ideation, suicide risk, depression, posttraumatic stress, anxiety, academic stress, emotional support, and suicide prevention.

Priority was given to peer-reviewed studies directly involving Afghan university students. Research on related student outcomes and international public health guidance was considered where it helped explain the broader context or inform prevention recommendations. Studies involving school students or the general population were treated as contextual evidence rather than direct estimates of suicidal ideation among university students.

The review distinguishes between three types of information: findings reported by the original studies, possible explanations that were not directly tested, and recommendations proposed for future research or prevention. This distinction is important because cross-sectional associations do not establish causation and because screening thresholds do not necessarily indicate clinical diagnoses.

This was not a systematic review. No comprehensive database-by-database search log, preregistered protocol, formal duplicate-screening process, or standardized risk-of-bias assessment was established for this chapter. Consequently, the review may not include every eligible publication, and its conclusions should be interpreted as a narrative synthesis of the available evidence rather than an exhaustive assessment of all research.

3. Evidence on suicidal ideation among Afghan university students

3.1 Evidence from two universities in Kabul

Ayubi and Raju conducted a cross-sectional study involving 531 undergraduate students from two public universities in Kabul [1]. Participants had a mean age of 20.25 years. Suicidal ideation was assessed using the Adult Suicidal Ideation Questionnaire. The authors reported that 24.7% of participants met the study's criteria for suicidal ideation during the preceding 30 days.

The study reported differences in suicidal-ideation scores according to sex, age, living arrangements, year of education, and parental income. However, the study design does not establish that any of these characteristics caused suicidal ideation. Residential arrangements and household income may reflect several overlapping circumstances, including distance from home, financial pressures, access to support, and other unmeasured factors.

The findings suggest that suicidal ideation deserves attention in student populations and that economic and residential circumstances may be relevant to further investigation. However, this study was conducted before the political transition of August 2021 and should not be presented as an estimate of current prevalence. Its sample also cannot be assumed to represent all universities or all young people in Afghanistan.

3.2 Student mental health after the 2021 political transition

Naghavi and colleagues examined posttraumatic stress symptoms, depressive symptoms, suicide-related outcomes, and potential resilience factors among 214 students affiliated with Herat University [2]. Data were collected between August and November 2021, shortly after the political transition. Women represented 73.7% of the sample, and the mean age was 23.92 years. Many participants were studying psychology or counseling, which limits generalization to students in other fields and institutions.

In this sample, 70% scored above the study's threshold for severe posttraumatic stress symptoms, 69.7% exceeded the threshold for clinically relevant depressive symptoms, and 38.6% exceeded the study's threshold for significant suicide ideation or behavior. A lifetime history of suicide attempts was reported by 6.6%.

The study also examined positive mental health, social support, and posttraumatic growth. Posttraumatic growth moderated the association between depression and suicide-related risk, whereas the authors did not find significant interaction effects for positive mental health or social support.

These findings indicate a substantial burden of distress in this particular group during a period of acute social and political disruption. They do not establish that the political transition alone caused the reported symptoms because the study did not include a pretransition baseline or a representative comparison group. The findings also illustrate why resilience-related factors should be examined empirically rather than assumed to protect every student in every circumstance.

3.3 Psychological distress and trust in higher guidance

Mehrabi and colleagues studied 279 students from four Afghan universities between July and November 2022 [3]. The study assessed posttraumatic stress symptoms, depressive symptoms, suicidal ideation, and trust in higher guidance, a construct reflecting religious or spiritual reliance on a transcendent source of support.

Based on the study's screening thresholds, 58.4% of participants had symptoms consistent with probable posttraumatic stress disorder, 55.2% had depressive symptoms above the specified threshold, and 44.4% reported suicidal ideation during the preceding four weeks.

Posttraumatic stress symptoms and depressive symptoms were positively associated with suicidal ideation. Trust in higher guidance was inversely associated with suicidal ideation, and the study found that it moderated the association between posttraumatic stress symptoms and suicidal ideation. It did not significantly moderate the relationship between depressive symptoms and suicidal ideation.

Women reported higher posttraumatic stress and depressive symptoms than men, but the study did not find statistically significant gender differences in suicidal ideation or lifetime suicide attempts. These results suggest that spiritual or religious meaning may be relevant to resilience for some students. They do not show that religious belief universally prevents suicide-related outcomes or that spiritual support can replace professional assessment and care.

3.4 Academic stress, emotional support, and quality of life

Research on related student outcomes broadens the discussion beyond studies that directly measured suicidal ideation. Green and colleagues investigated whether received emotional support moderated the relationship between academic stress and mental well-being among Afghan university students during the COVID-19 pandemic [4]. Their findings suggested that emotional support may buffer some of the negative association between academic stress and mental well-being.

This study did not directly establish an effect on suicidal ideation. Nevertheless, it supports the relevance of emotional support when developing student mental health promotion initiatives. Supportive relationships may help students manage academic pressure, communicate concerns, and access assistance when difficulties become overwhelming.

Rezaei and colleagues examined stress, anxiety, depression, and quality of life among 382 students at Kabul University [5]. Their findings indicated that stress, anxiety, and depression were associated with students' quality of life. Although this study did not directly establish the prevalence or determinants of suicidal ideation, it suggests that psychological distress should be considered in university well-being programs.

These studies indicate that suicidal ideation should be investigated within a broader framework that includes psychological symptoms, academic demands, economic circumstances, living arrangements, social support, and access to care. However, evidence that a factor is associated with general mental well-being does not automatically prove that it reduces suicidal ideation.

3.5 Interpreting the available evidence

The available studies do not support a single national prevalence estimate for suicidal ideation among Afghan university students. The 24.7% figure reported by Ayubi and Raju refers to participants meeting a study criterion for ideation during the preceding 30 days [1]. The 38.6% figure reported by Naghavi and colleagues refers to a threshold for significant suicidal ideation or behavior in a sample recruited shortly after the 2021 political transition [2]. The 44.4% figure reported by Mehrabi and colleagues refers to suicidal ideation during the preceding four weeks [3].

Differences in instruments, sample characteristics, recruitment settings, and assessment periods mean that these percentages are not directly comparable. They do not establish a national increase or decrease over time. Rather, they indicate that suicidal ideation and associated psychological distress warrant further investigation in diverse groups of Afghan university students.

4. Psychological factors associated with suicidal ideation

4.1 Depression and hopelessness

Depressive symptoms are among the important psychological correlates of suicidal ideation in the Afghan student studies reviewed here. Naghavi and colleagues and Mehrabi and colleagues reported substantial proportions of participants exceeding screening thresholds for depression, and both studies found associations between depression and suicide-related outcomes [2, 3].

Depression may involve persistent low mood, diminished interest, hopelessness, impaired concentration, changes in sleep or appetite, fatigue, and reduced expectations for the future. In student settings, these difficulties may interfere with learning, relationships, daily functioning, and the ability to manage academic responsibilities.

Hopelessness may also be relevant because students who believe that their circumstances cannot improve may struggle to identify alternatives to their distress. However, the studies reviewed here do not establish that hopelessness mediates the relationship between depression and suicidal ideation among Afghan university students. This proposed mechanism requires direct investigation.

Not every student with depressive symptoms experiences suicidal ideation, and depression alone does not explain all suicidal thoughts. Assessment should consider the severity and duration of symptoms, previous suicidal behavior, current stressors, social isolation, available support, and immediate safety. Screening tools can assist in identification but do not replace appropriate clinical evaluation.

4.2 Posttraumatic stress and cumulative adversity

Posttraumatic stress symptoms were common in the two studies conducted after the 2021 political transition [2, 3]. Symptoms associated with posttraumatic stress may include intrusive memories, avoidance, negative changes in mood or beliefs, heightened arousal, and sleep difficulties. In settings affected by repeated violence, displacement, bereavement, and prolonged insecurity, trauma-related distress may coexist with financial and interpersonal pressures.

The two studies reported positive associations between posttraumatic stress symptoms and suicide-related outcomes [2, 3]. These findings support attention to trauma-related symptoms when evaluating student distress. However, high screening scores should be described as elevated or probable symptoms rather than confirmed diagnoses unless an appropriate diagnostic assessment has been completed.

Cross-sectional data cannot determine whether posttraumatic stress symptoms preceded suicidal ideation, whether both were influenced by shared stressors, or whether their relationship changes over time. A trauma-informed approach recognizes that students may have experienced adversity without requiring them to disclose traumatic details unnecessarily. Services should protect confidentiality, avoid pressuring students to recount painful experiences, and provide access to trained professionals when symptoms interfere with well-being or functioning.

4.3 Anxiety, stress, and academic adjustment

Anxiety and stress may add to the burden of depression and trauma-related symptoms. Research among Kabul University students linked stress, anxiety, and depression to quality of life [5]. Green and colleagues also found that academic stress and emotional support were relevant to mental well-being during the COVID-19 period [4].

Potential academic stressors include examinations, heavy workloads, uncertainty about academic progression, limited financial resources, family responsibilities, and concerns about future employment. These pressures should be assessed rather than assumed to characterize every Afghan student.

Academic stress is not inherently pathological. Moderate demands may motivate learning, but persistent and unmanageable pressure can affect sleep, concentration, relationships, and psychological well-being. Risk may become more concerning when academic difficulties occur alongside depression, trauma-related symptoms, financial hardship, or a lack of support.

Universities can help by making academic advising accessible, communicating expectations clearly, training staff to recognize distress, and establishing referral routes for students who need psychological care. Future studies should investigate whether specific forms of academic stress are associated with suicidal ideation and whether institutional support changes these associations.

4.4 Emotion regulation and coping

Emotion regulation refers to the processes through which individuals recognize, understand, and manage emotional experiences. Difficulties in regulating intense emotions may affect how a student responds to interpersonal conflict, academic failure, uncertainty, or traumatic reminders. Some students may withdraw, avoid seeking help, or find it difficult to identify constructive ways to cope with distress.

The core studies reviewed in this chapter do not directly establish emotion dysregulation as an independent predictor of suicidal ideation among Afghan university students. It should therefore be treated as an important research question rather than a confirmed finding from the available Afghan student evidence.

Future research could examine emotion regulation alongside depression, posttraumatic stress, social support, and coping strategies. Such research should use culturally and linguistically appropriate instruments and avoid assuming that coping patterns observed in other populations necessarily apply in the same way in Afghanistan.

5. Social and sociocultural factors

5.1 Economic hardship and educational insecurity

Ayubi and Raju reported differences in suicidal-ideation scores according to parental income [1]. Economic hardship may affect access to transport, housing, food, learning materials, internet connectivity, and healthcare. It may also increase pressure on students who must balance study with family responsibilities or paid work.

These pathways are plausible explanations, but the study did not directly test all of them. They should therefore be treated as mechanisms for future research rather than established causal explanations.

Economic insecurity can interact with academic uncertainty. Students who fear being unable to afford accommodation or educational expenses may experience difficulty concentrating on their studies. Those who perceive few realistic employment opportunities after graduation may also experience uncertainty about continuing their education. These possibilities should be measured directly in future research.

Financial assistance is not a substitute for psychological treatment, but scholarships, emergency support, financial guidance, and help with accommodation may reduce avoidable sources of distress. Such services should be linked to student counseling and referral systems rather than treated as unrelated administrative functions.

5.2 Gender-related pressures and unequal opportunities

Gender differences varied across the studies reviewed. Ayubi and Raju reported differences in suicidal-ideation scores by sex [1], whereas Mehrabi and colleagues found higher posttraumatic stress and depressive symptoms among women but no statistically significant gender difference in suicidal ideation [3]. These findings are not necessarily contradictory because the studies used different samples, instruments, assessment periods, and contexts.

Gender-sensitive analysis should consider social conditions that may shape distress, including safety, unequal responsibilities, restrictions on educational and vocational opportunities, discrimination, and barriers to confidential care. These contextual factors should be measured directly wherever possible rather than inferred from gender alone.

Women who are able to attend university may differ in important ways from women who cannot access higher education. Findings from enrolled students therefore cannot represent all Afghan women or girls. Researchers should be explicit about who was included, who was not reached, and how restrictions on participation may affect interpretation.

Services should protect privacy, reduce stigma, and ensure that students can seek help without unnecessary exposure or negative consequences. Where gender-sensitive service arrangements are needed, universities should consider the safety, preferences, and practical circumstances of the students concerned.

5.3 Living arrangements, family, and peer relationships

The Kabul study reported differences in suicidal-ideation scores by living arrangements [1]. Living away from family may reduce access to familiar emotional support for some students, while accommodation costs, safety, and social isolation may create additional pressures. However, the study does not establish that living in a particular type of accommodation causes suicidal ideation.

Family and peer relationships can provide emotional reassurance, practical assistance, and help navigating university demands. Yet family relationships may also involve conflict, misunderstanding, or expectations that increase distress for some students. Prevention programs should therefore avoid assuming that every family is supportive.

With the student's consent and attention to confidentiality, trusted relatives, peers, teachers, and community supports may be included when helpful and safe. Students should also have access to support when family involvement is not appropriate or when they prefer to seek assistance independently.

5.4 Social support and belonging

Social support includes emotional care, practical assistance, reliable information, and a sense of belonging. Green and colleagues found evidence that received emotional support may buffer the negative relationship between academic stress and mental well-being among Afghan university students during the COVID-19 pandemic [4]. In contrast, Naghavi and colleagues did not find that social support moderated the associations between posttraumatic stress or depression and suicide-related risk in their sample [2].

These findings illustrate an important distinction: a resource may benefit general well-being without necessarily weakening a particular statistical association with suicidal outcomes in every study. Social support should therefore be investigated in relation to clearly defined outcomes rather than being assumed to have the same effect in all circumstances.

Support should also be examined in terms of both availability and quality. A student may have many social contacts but still feel misunderstood or unable to disclose distress. Conversely, one trusted person may provide meaningful assistance. Future studies should distinguish perceived support, support received, loneliness, belonging, and confidence in help-seeking rather than treating them as interchangeable constructs.

Universities can promote belonging through accessible student activities, mentoring, respectful classroom environments, and clear routes for students to raise concerns. Such initiatives should be evaluated to determine whether they improve well-being and whether they reach students who are most isolated.

5.5 Spirituality, religion, and culturally relevant resilience

Mehrabi and colleagues found that trust in higher guidance was inversely associated with suicidal ideation and moderated the relationship between posttraumatic stress symptoms and suicidal ideation [3]. This finding suggests that spiritual or religious meaning may be a relevant resource for some Afghan students.

It should be interpreted cautiously because the study was cross-sectional and the measure captured a particular form of spiritual reliance rather than every dimension of religion, community, or belief. The findings do not demonstrate that religious involvement prevents suicidal behavior or that all students experience religion in the same way.

Culturally responsive care can ask students whether spiritual practices, religious leaders, or community traditions are important sources of support. Such resources should be included only when acceptable to the student and should complement, not replace, evidence-informed psychological and medical care.

Professionals should avoid moralizing suicidal thoughts or suggesting that distress reflects a lack of faith. Students should be able to discuss their difficulties without judgment, blame, or pressure to adopt a particular form of support.

6. Integrating psychological and social risk factors

The studies reviewed support a multilevel perspective in which suicidal ideation is considered in relation to individual psychological symptoms, interpersonal resources, university conditions, and broader social circumstances. Depression and posttraumatic stress symptoms were associated with suicide-related outcomes in the Afghan student samples studied [2, 3]. Economic circumstances and living arrangements were associated with differences in suicidal-ideation scores in one Kabul sample [1]. Academic stress and emotional support were associated with mental well-being [4], while trust in higher guidance was associated with suicidal ideation and moderated the relationship between posttraumatic stress symptoms and suicidal ideation in one study [3].

The evidence does not support a simple causal chain in which any one factor inevitably leads to suicidal ideation. A student may experience several stressors simultaneously, and the same stressor may affect students differently depending on previous experiences, coping resources, physical health, relationships, and access to help. A multilevel approach is therefore preferable to a deficit-only model that locates the problem solely within the individual.

A useful framework for future research would distinguish risk factors, potential protective resources, and the social conditions that influence access to support. Psychological symptoms may be associated with suicidal ideation, while economic and academic pressures may contribute to distress or make it harder to obtain assistance. Social support and culturally meaningful resources may help some students manage difficulties, although their effects must be established empirically.

The evidence base remains limited. Studies differ in sampling, assessment periods, outcome definitions, and instruments. The reported percentages of suicidal ideation and suicide-related risk should not be interpreted as a time trend or pooled prevalence estimate. Further research should examine how psychological and social factors operate together and whether these relationships vary across regions, institutions, genders, and socioeconomic circumstances.

7. Suicide prevention strategies for Afghan universities

7.1 Confidential identification and referral

Universities should establish clear, confidential pathways through which students can seek help for psychological distress and suicidal thoughts. Staff should know how to respond calmly, listen without judgment, and refer students to appropriately trained health professionals. Screening may help identify students who need further assessment, but it must be accompanied by a realistic plan for follow-up, privacy protection, and referral. Screening without the capacity to respond can create expectations that services cannot meet.

When a student may be in immediate danger, safety assessment and urgent professional support take priority. Any campus protocol should be locally adapted, specify who is responsible for responding, and identify available clinical and emergency services. Because service availability may vary across regions, universities should first assess existing resources and avoid assuming that every institution has a counseling center or crisis service.

Confidentiality procedures should explain the circumstances in which information may need to be shared to address an immediate safety concern. Students should receive clear information about these limits before disclosing sensitive information whenever feasible. Staff should document concerns responsibly and avoid unnecessary circulation of personal details.

7.2 Accessible psychological support

Universities and partner health services should consider low-cost, culturally responsive counseling, brief psychological interventions delivered by appropriately trained providers, and referral pathways for more complex needs. Services should be available in languages students understand, including Dari and Pashto where feasible.

Remote or telephone-based support may improve access for some students, but it should be used only when privacy, safe communication, and reliable referral options can be ensured. Digital services should not be the sole route to care because some students may lack reliable connectivity, private devices, or a safe environment for confidential conversations.

Mental health services should be framed as a normal component of student well-being rather than a response reserved only for crises. Awareness activities can explain depression, trauma-related symptoms, anxiety, and suicidal ideation; clarify how to seek help; and challenge stigma without sensationalizing suicide. Information should be presented in accessible language and should not promise outcomes that services cannot guarantee.

7.3 Academic, financial, and residential support

The associations reported by Ayubi and Raju suggest that financial circumstances, living arrangements, and the university transition deserve attention [1]. Possible institutional responses include accessible academic advising, transition programs for first-year students, emergency financial assistance, information about safe and affordable accommodation, and flexible routes to academic support when a student is experiencing severe distress.

These actions should be evaluated rather than presumed effective. Universities should determine which supports are available, who can access them, and whether students experience barriers related to cost, location, language, gender, disability, or stigma.

Faculty and administrative staff do not need to diagnose mental disorders. Their role can include recognizing marked changes in attendance or functioning, listening respectfully, explaining available supports, and referring students through established procedures. Clear policies can reduce uncertainty about how students can obtain assistance while protecting confidentiality.

7.4 Peer, family, and community involvement

Peer-support initiatives may strengthen belonging and make it easier for students to ask for help. Such programs require training, supervision, clear boundaries, and referral procedures. Students should not be expected to manage another person's suicide risk alone or provide care beyond their competence.

Family involvement can be valuable when the student wants it and when it is safe. Universities should also build relationships with trusted health providers and community organizations to improve continuity of care. Such partnerships need clear agreements about responsibilities, confidentiality, and referral procedures.

Spiritual and religious supports may be offered as an optional component of culturally responsive care. Students should be free to accept or decline such support. Spiritual resources should never be used to blame students, discourage professional help, or imply that suicidal thoughts are a moral failing.

7.5 A coordinated public health approach

Suicide prevention requires coordinated action rather than a single intervention. For Afghan universities, this means combining student-level support with institutional planning, workforce training, partnerships with health services, and policies that address barriers to education and care.

A coordinated approach should include clearly defined responsibilities, realistic referral pathways, staff training, and regular evaluation. Universities can begin by mapping available services, identifying gaps, consulting students where safe and feasible, and establishing a practical plan for responding to concerns. These steps should be accompanied by attention to privacy, informed consent, and the risk of stigmatizing students who seek help.

Prevention should not depend exclusively on digital services, which may be inaccessible to students with limited connectivity or privacy. Multiple routes to support – including face-to-face contact, telephone support, trusted referral points, and remote options where feasible – may make services more accessible.

8. Priorities for future research

8.1 Representative and diverse student samples

Larger and more geographically diverse studies are needed. Existing research includes samples from two Kabul universities, one university in Herat, and four universities; none of these samples alone can represent all Afghan university students. Future research should include different regions, institution types, academic disciplines, and socioeconomic backgrounds while addressing access and safety constraints.

Researchers should report recruitment procedures, participation rates, sample characteristics, and the limitations created by groups that could not be reached. Where representative sampling is not feasible, the scope of inference should be stated clearly.

8.2 Longitudinal research

Longitudinal studies are needed to examine temporal relationships among depression, posttraumatic stress symptoms, anxiety, academic stress, social support, and suicidal ideation. Cross-sectional associations cannot establish whether a factor preceded an outcome or whether both reflect shared adversity.

Repeated assessments could clarify how distress changes across academic transitions and major social events. Such research would also help identify whether

particular factors are associated with persistent or changing suicidal ideation over time.

8.3 Culturally and linguistically appropriate measurement

Measures should be culturally and linguistically appropriate for the populations being studied. Researchers should report translation and adaptation procedures, reliability, validity, and any changes to established scoring rules. Screening thresholds should be distinguished from clinical diagnoses.

Where feasible, studies should examine measurement equivalence across gender, language, and institutions. This is important because apparent differences between groups may reflect differences in interpretation or measurement rather than differences in the underlying construct.

8.4 Testing psychological and social mechanisms

Future studies should test mechanisms rather than infer them. For example, research could assess whether financial strain is associated with suicidal ideation through hopelessness or academic disruption, whether living away from family is associated with ideation through loneliness or perceived support, and whether emotional support moderates the association between academic stress and psychological distress.

These questions require clearly specified hypotheses, appropriate measures, and adequate sample sizes. Mediation and moderation analyses should be interpreted cautiously, particularly when the data are cross-sectional.

8.5 Gender, social conditions, and access to care

Research should investigate how gender-related restrictions, safety concerns, financial circumstances, and access to education and healthcare relate to mental health. Researchers should distinguish between students currently enrolled in higher education and people who are unable to attend, because their experiences and opportunities for participation may differ substantially.

Studies should also consider whether students can seek assistance without fear of stigma, loss of privacy, or negative academic and social consequences. Such barriers should be assessed directly rather than assumed.

8.6 Evaluation of prevention programs

Prevention programs should be evaluated for feasibility, acceptability, reach, and outcomes. Potential approaches include staff training, peer-support initiatives, academic advising, referral systems, and access to psychological care. Evaluation should determine whether programs reach students who need them, whether students feel safe using the services, and whether the programs improve relevant outcomes.

Where possible, evaluations should include baseline and follow-up measurements, clearly defined outcomes, and transparent reporting of limitations. Programs should not be described as effective solely because participants express satisfaction or because implementation was completed.

8.7 Ethical research practice

Suicide-related research requires strong ethical safeguards. Participants should receive clear information about confidentiality and its limits, voluntary participation, and available support. Protocols should specify how researchers respond to disclosures of immediate danger or severe distress.

Research teams should use nonstigmatizing language, protect identifying data, and avoid collecting sensitive information unless it is necessary to answer the research question. Ethical review should consider the local context, participant safety, data protection, and the feasibility of providing appropriate support when distress is disclosed.

9. Discussion and implications

The available evidence indicates that suicidal ideation and psychological distress deserve greater attention in Afghan university settings. The studies reviewed here identify depression and posttraumatic stress symptoms as important correlates of suicide-related outcomes, while research on academic stress and emotional support highlights the relevance of interpersonal and institutional conditions for student well-being [1–5].

These findings support an integrated approach rather than one that focuses exclusively on individual psychological symptoms. Psychological services are important, but students may also need academic guidance, financial assistance, safe accommodation, supportive relationships, and reliable referral pathways. Universities should consider these domains together while recognizing that the most appropriate response will vary according to the student's circumstances and available local resources.

The evidence concerning resilience also requires careful interpretation. Posttraumatic growth and trust in higher guidance moderated selected associations in the studies reviewed, but social support and positive mental health did not consistently moderate the same relationships [2, 3]. A factor should not be described as universally protective simply because it is beneficial in some contexts or is associated with better outcomes in one sample. Research should distinguish the direct association of a resource with an outcome from its possible moderating role.

For policy and practice, the immediate priority is to establish feasible systems for recognizing distress, responding safely, and connecting students with appropriate care. Institutional plans should define responsibilities, protect confidentiality, and be realistic about available services. They should also consider students who may face additional barriers to accessing support because of financial circumstances, gender-related restrictions, location, or stigma.

The research agenda should focus on improving the quality and representativeness of evidence. Larger and more diverse samples, longitudinal designs, appropriate measures, and transparent reporting are necessary to establish how risk and protective factors operate over time. Evaluations of prevention programs should also examine feasibility and unintended consequences rather than assuming that an intervention developed elsewhere will work in the same way in Afghanistan.

10. Limitations of the available evidence

The available evidence is too limited to support a precise national estimate of suicidal ideation among Afghan university students. The directly relevant studies are cross-sectional, rely substantially on self-report, and use different instruments and assessment windows. Some samples are predominantly female or include many students studying psychology and counseling. These characteristics may influence observed results and limit generalizability.

The studies also differ in the outcomes they measure. Suicidal ideation, lifetime suicide attempts, and broader suicide-related risk are not interchangeable. Likewise, a screening score above a specified threshold does not establish a clinical diagnosis. Comparisons between studies must therefore take account of the measures and definitions used.

The literature contains gaps in the direct measurement of social determinants. Studies may report associations with parental income or living arrangements without measuring the processes that could explain them. Similarly, research on emotional support and quality of life informs the wider mental health context but cannot be treated as direct evidence that support reduces suicidal ideation.

This chapter uses a focused narrative approach and does not include a formal risk-of-bias assessment. It may not cover every relevant publication, and additional relevant research may have been published or may not have been identified. Some bibliographic details and claims should be checked against the original publications before submission. The conclusions should consequently be interpreted as a synthesis of limited available evidence rather than a definitive account of suicidal ideation among all Afghan university students.

11. Conclusion(s)

Available research indicates that suicidal ideation and psychological distress are important concerns in the Afghan university student samples studied. Ayubi and Raju reported that 24.7% of their sample met the study's criterion for suicidal ideation during the previous 30 days [1]. Naghavi and colleagues reported substantial posttraumatic stress symptoms, depressive symptoms, and suicide-related risk among students recruited shortly after the 2021 political transition [2]. Mehrabi and colleagues likewise found substantial psychological distress and recent suicidal ideation in a sample from four universities and identified trust in higher guidance as a potential resilience-related correlate of the relationship between posttraumatic stress symptoms and suicidal ideation [3].

These findings point toward a multilevel understanding of student suicide risk. Depression and trauma-related symptoms warrant attention, while economic disadvantage, academic stress, living arrangements, gender-related pressures, social support, and culturally meaningful resources may shape students' experiences. However, associations should not be confused with causes, and sample-specific estimates should not be generalized to the entire country.

A responsible prevention agenda combines confidential identification, accessible psychological care, academic and financial support, trained referral pathways, peer and family resources when appropriate, and culturally responsive services. These

approaches should be adapted to local conditions and evaluated rather than assumed effective.

Further representative and longitudinal research is essential to improve the evidence base and develop prevention strategies that are feasible, ethical, and responsive to the circumstances of Afghan university students. Greater attention to culturally appropriate measurement, privacy, and barriers to care will be necessary to support reliable research and effective services.

Acknowledgments

The author acknowledges the use of ChatGPT (OpenAI) solely as an artificial intelligence (AI)-assisted tool for scientific editing and improving the academic structure and organization of this chapter. The author takes full responsibility for the accuracy, originality, interpretation, and final content of the chapter.

Conflict of Interest

The author declares no conflict of interest.

Funding

This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author details

Abdul Rauf Stanikzai
Afghanistan Open University, Kalispell, United States of America

*Address all correspondence to: rouf.malik@ghalib.edu.af

IntechOpen

© 2026 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. CC BY

References

[1] Ayubi B, Raju MVR. Prevalence of suicidal ideation among University students, Afghanistan. International Journal of Indian Psychology. 2020;**8**(2):1204–1216. DOI: 10.25215/0802.138

[2] Naghavi A, Afsharzada MS, Brailovskaia J, Teismann T. Mental health and suicidality in Afghan students after the Taliban takeover in 2021. Journal of Affective Disorders. 2022;**307**:178–183. DOI: 10.1016/j.jad.2022.04.001

[3] Mehrabi A, Naghavi A, Afsharzada ME, Afsharzada MS, Brailovskaia J, Teismann T. Trust in higher guidance and suicidality in Afghan students under the Taliban regime. International Journal of Clinical and Health Psychology. 2023;**23**(4):100398. DOI: 10.1016/j.ijchp.2023.100398

[4] Green ZA, Faizi F, Jalal R, Zadran Z. Emotional support received moderates academic stress and mental well-being in a sample of Afghan university students amid COVID-19. International Journal of Social Psychiatry. 2022;**68**(8):1748–1755. DOI: 10.1177/00207640211057729

[5] Rezaei M, Sadat SE, Anwari AR. Examining the relationship between quality of life, stress, anxiety, and depression among Kabul University students. Journal of Social Sciences – Kabul University. 2025;**8**(1):45–61. DOI: 10.62810/jss.v8i1.324

[6] Stanikzai AR, Ehsan H, Mehrpoor AJ, Shinwari I, Mosawi SH. The relationship between attachment styles and self-injurious behaviors among high school students in Kabul city. Journal of Affective Disorders Reports. 2026;**25**:101076. DOI: 10.1016/j.jadr.2026.101076