Greener Journal of Psychology and Counselling
Vol. 6(1), pp. 49-67, 2026
ISSN: 2672-4502

https://gjournals.org/GJPC
DOI: https://doi.org/10.15580/gjpc.2026.1.062626101

Expressive Therapy and Its Perceived Effects on Suicide Prevention among Youths in the Buea Municipality, Southwest Region, Cameroon.

Dr. Obenebob Ayukosok[1]; Professor Emmanuel Ejembi Anyebe [2]

[1] Department of Educational Psychology, Faculty of Education, University of Buea. Email: theolabless6@gmail.com

[2] Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin Ilorin 240001, Nigeria. Email: ejembianyebe@gmail.com

ARTICLE'S INFO

Article No.: *062626101*
Type**:** *Research*
Full Text: *PDF, PHP, HTML, EPUB, MP3*
DOI: *10.15580/gjpc.2026.1.062626101*

Accepted: *28/06/2026*
Published: *29/06/2026*

Corresponding Author

Dr. Obenebob Ayukosok

Department of Educational Psychology, Faculty of Education, University of Buea.

E-mail: *theolabless6@gmail.com*

Keywords: *Suicide prevention, Expressive therapy, Youths, mental health, Art therapy, Music therapy, Dance therapy, Drama therapy*

ABSTRACT

Suicide among youths is a pressing public health concern globally, with limited studies on preventive options in Cameroon. This study investigated the perceived effect of expressive therapy (art, music, dance, and drama) on suicide prevention among youths in the Buea Municipality, Southwest Region, Cameroon. A Sequential Explanatory Mixed-Methods design was adopted. Data were collected from 396 youths aged 13–30 years using a questionnaire adapted from the Beck Scale for Suicide Ideation (BSS), Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7), alongside a researcher-developed expressive therapy exposure tool and semi-structured interview and focus group guides. Participants were selected using purposive and snowball sampling techniques. Quantitative data were analyzed using SPSS 25.0 through descriptive and inferential statistics including Pearson correlation and one-sample z-tests, while qualitative data were thematically analyzed. Findings showed most participants were adolescents aged 13–17 years (83.8%), with females representing 55.8% and males 44.2%. Expressive therapies were positively perceived and associated with reduced suicidal ideation ($r = -0.41$, $p < 0.01$), with music therapy being most accessed and effective (mean = 3.95; 68.77%), followed by dance (3.27; 33.75%), drama (3.09), and art therapy (3.06). Triangulation confirmed consistent quantitative and qualitative patterns. The study concludes that expressive therapy is a culturally viable and highly effective intervention for suicide prevention among youths in Buea, particularly music and dance therapies, while mental health literacy remains a key protective factor. Recommendations include integrating structured expressive therapy into schools and communities, strengthening practitioner capacity, and increasing awareness campaigns to improve help-seeking behaviors and scalability.

INTRODUCTION

Suicide remains a major yet preventable global public health concern, disproportionately affecting adolescents and young adults. The World Health Organization estimates that approximately 703,000 people die by suicide annually, with suicide ranking among the leading causes of death among individuals aged 15–29 years (WHO, 2021). Beyond mortality, suicidal ideation and attempts generate profound psychological, social, and economic consequences for families, schools, and health systems (Turecki & Brent, 2021). As such, youth suicide represents both a public health crisis and a developmental disruption, occurring during critical stages of identity formation and socio-economic transition.

Adolescence and emerging adulthood are characterized by rapid neurodevelopment, heightened emotional sensitivity, and still-maturing cognitive control systems. The imbalance between limbic reactivity and prefrontal regulation increases vulnerability to impulsivity and affect dysregulation (Siegel, 2019). When combined with risk factors such as trauma, academic stress, unemployment, sociopolitical instability, family dysfunction, and social isolation, the likelihood of depression, hopelessness, and suicidal ideation intensifies (Nock et al., 2018; Hawton et al., 2020; Mars et al., 2023). Although these risk factors are well established, the implementation of culturally responsive and developmentally appropriate prevention strategies remains limited.

Conventional suicide prevention approaches are largely grounded in cognitive-behavioral and biomedical frameworks, including pharmacotherapy, crisis intervention, and verbal psychotherapy (O'Connor et al., 2021). While effective, these approaches are often constrained by limited accessibility, stigma, inadequate mental health infrastructure, and cultural norms that discourage emotional expression, particularly in low-resource settings (Atilola et al., 2020). Moreover, their reliance on verbal communication may restrict engagement among youths who struggle to articulate complex emotional experiences due to developmental, trauma-related, or sociocultural factors. These limitations underscore the need for integrative approaches that engage emotional processes beyond language.

Expressive therapy has emerged as a promising complementary intervention, encompassing creative modalities such as art, music, drama, dance/movement, and poetry, which facilitate emotional expression and symbolic processing beyond verbal communication (Malchiodi, 2020). Grounded in psychodynamic, humanistic, and neuroscientific perspectives, expressive therapy enables the externalization of internal experiences and promotes psychological integration. The Expressive Therapies Continuum highlights how creative processes operate across sensory, affective, and cognitive domains, supporting movement from emotional dysregulation toward reflective processing (Lusebrink et al., 2021). Neurobiological evidence further suggests that expressive modalities engage systems

involved in emotion regulation, trauma processing, and meaning-making (Koch et al., 2020).

The relevance of expressive therapy to suicide prevention is supported by theoretical models such as the Interpersonal Theory of Suicide and Expressive theory, which emphasizes belongingness and perceived burdensomeness as drivers of suicidal desire. Expressive group processes may enhance social connection and shared meaning, while also promoting cognitive flexibility, narrative reconstruction, and resilience factors such as self-efficacy and adaptive coping (Taliaferro et al., 2021; Ungar, 2021). Empirical evidence indicates that expressive interventions reduce depression, anxiety, and trauma-related distress, while improving resilience, self-esteem, and social connectedness among youths (Kaimal et al., 2020; Gussak & Rosal, 2020). However, research specifically examining their impact on suicidal ideation and behaviors, particularly from youths' perspectives, remains limited.

This gap is especially pronounced in low- and middle-income contexts such as Cameroon, where youths face economic hardship, sociopolitical instability, and limited access to mental health services (Atilola, 2021). At the same time, cultural practices such as storytelling, music, and dance align closely with expressive therapy principles, yet remain under-researched in relation to suicide prevention. Consequently, there is a critical need to examine the perceived effects of expressive therapy among youths, particularly its influence on emotional expression, coping, belongingness, and resilience. This study contributes to the development of culturally responsive, integrative, and youth-centered approaches to suicide prevention, with implications for counseling practice, school-based interventions, and mental health policy

Statement of the Problem

Suicide among youths has emerged as a critical global public health concern, with profound psychological, social, and economic repercussions. Despite considerable advances in identifying risk factors such as depression, anxiety, trauma, and substance use, suicide continues to account for a substantial proportion of mortality among adolescents and young adults worldwide (WHO, 2021; Turecki , Brent, 2021). In low- and middle-income countries, including Cameroon, these risks are compounded by sociopolitical instability, economic uncertainty, educational disruption, family fragmentation, and limited access to specialized mental health services (Atilola, 2021; Okafor et al., 2021). These intersecting adversities render youths particularly vulnerable to suicidal ideation, attempts, and other self-harm behaviors, yet effective, culturally relevant, and developmentally appropriate preventive interventions remain scarce.

Traditional suicide prevention strategies, primarily grounded in cognitive-behavioral and biomedical paradigms, have demonstrated efficacy in reducing risk among some populations. However, their heavy reliance on verbal-cognitive processing and structured psychotherapeutic engagement may inadvertently exclude youths who struggle to express complex emotions verbally or who face cultural, developmental, or systemic barriers to participation (Betz; Boudreaux, 2016; O'Connor et al., 2021). In sub-Saharan African contexts, cultural norms often discourage open emotional disclosure, and conventional interventions may fail to align with local expressive practices such as storytelling, music, dance, and visual symbolism (Uys; Crous, 2022). Consequently, there is a pressing need for interventions that are both emotionally accessible and culturally resonant.

Expressive therapy, encompassing modalities such as art, music, drama, dance/movement, and poetry therapy, offers a promising avenue to address these limitations. Grounded in Expressive Therapy Theory, these interventions facilitate emotional expression, symbolic processing, self-exploration, and relational connectedness beyond the constraints of verbal language (Malchiodi, 2020; Rubin, 2016; Moon, 2020). Preliminary evidence indicates that expressive modalities can reduce depressive symptoms, anxiety, trauma-related distress, and self-harm behaviors while enhancing resilience, self-efficacy, and social support among adolescents and young adults (Kaimal et al., 2020; Koch et al., 2020; Ching et al., 2019). Yet, despite their potential, there is a notable scarcity of research investigating the perceived impact of expressive therapy on suicide prevention specifically, particularly within African youth populations. Most existing studies focus on general mental health outcomes, are conducted in high-income Western contexts, and rarely examine youths' subjective experiences, meaning-making, or cultural interpretation of these interventions (Wren et al., 2023; Atilola, 2021).

Suicide among youths in Buea, Cameroon, represents a pressing local manifestation of this global crisis, demanding urgent attention. Recent reports indicate an alarming rise in suicide cases among adolescents and young adults in the Southwest Region, with over 25% of deaths in this population attributed to suicide (WHO, 2023). This trend reflects the multifaceted nature of suicidality, which arises from a complex interplay of psychological, social, cultural, and environmental factors. Contributing factors include mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), borderline personality disorder, and eating disorders; family dysfunction and poor parental support; peer rejection and bullying, including harassment via social media; exposure to trauma; financial instability; easy access to lethal means; and limited availability of mental health services compounded by cultural stigma.

In Buea, a vibrant urban center with numerous educational institutions, the pressures of academic performance, social expectations, and economic challenges exacerbate stress and feelings of isolation among youths. The cumulative effect of these pressures

often manifests as hopelessness, worthlessness, emotional dysregulation, and, in severe cases, suicidal ideation or behavior. Cultural stigma surrounding mental illness and suicide further inhibits open discussion and access to professional support, leaving many youths without effective coping strategies or interventions. Despite the rising prevalence of youth suicide, there remains a significant gap in research and intervention programs that specifically address this issue in Cameroon, particularly in urban areas like Buea where sociocultural and socioeconomic factors intersect to increase vulnerability.

Despite anecdotal support and preliminary evidence indicating its potential, there remains a lack of empirical research examining the perceived effect of expressive therapy on youth suicide in Cameroon. Existing prevention programs often fail to consider culturally grounded and developmentally appropriate approaches that leverage youths' innate creativity and local expressive practices, such as storytelling, music, dance, and visual arts. This gap underscores the urgent need for targeted studies investigating the impact of expressive therapy on at-risk youths, including its acceptability, perceived effectiveness, and potential to enhance resilience and psychosocial well-being in the context of suicide prevention. This gap is critical because youths' perceptions influence intervention engagement, adherence, sustainability, and the overall efficacy of preventive programs. Without contextually grounded research that captures how expressive therapy is experienced, understood, and internalized by youths in Cameroon, it remains challenging to design culturally responsive, developmentally appropriate, and evidence-based suicide prevention strategies. Therefore, there is an urgent need to investigate how youths perceive the effect of expressive therapy on suicide prevention, to inform policy, clinical practice, school-based counseling, and community psychosocial programs in low-resource and culturally diverse contexts.

THEORETICAL REVIEW

Understanding youth suicide requires an integrative framework that captures interpersonal, cognitive, and resilience dimensions. The Interpersonal Theory of Suicide explains suicidal desire as arising from thwarted belongingness and perceived burdensomeness, while cognitive-behavioral models highlight maladaptive thoughts such as hopelessness and rigidity (Joiner, 2005; Taliaferro et al., 2021). Complementarily, resilience theory emphasizes protective factors including self-efficacy, coping skills, and supportive relationships in reducing suicide risk (Seligman, 2018; Ungar, 2021). Within this context, Expressive Therapy Theory offers a complementary approach by utilizing creative modalities (art, music, drama, dance, poetry) to facilitate emotional expression beyond verbal language (Malchiodi, 2020). It posits that creative engagement bridges implicit emotional experiences and conscious awareness, promoting emotional regulation and psychological integration. The Expressive Therapies Continuum further explains how creative processes operate across sensory, affective, cognitive, and symbolic levels, supporting coping and reflection (Lusebrink et al., 2021).

Integrated with suicide theories, expressive therapy addresses interpersonal disconnection by fostering belongingness, enhances cognitive flexibility through symbolic expression, and strengthens resilience via self-efficacy and adaptive coping (Kaimal et al., 2020; Gussak & Rosal, 2020). Neuroscientific evidence supports this by showing that creative modalities engage brain systems involved in emotion regulation, trauma processing, and stress modulation (Koch et al., 2020). Overall, the integration of interpersonal, cognitive, resilience, and expressive therapy perspectives provides a multidimensional foundation for youth suicide prevention. It highlights the value of culturally adaptable, non-verbal, and youth-centered interventions, and underscores the importance of examining youths' perceptions to understand how expressive therapy influences coping, belongingness, and resilience in contexts such as Buea, Cameroon. Thus this study seeks to assess the perceived effects of expressive therapy (art therapy, music therapy, dance therapy, and drama therapy) on suicide prevention among youths in the Buea Municipality, Southwest Region, Cameroon.

METHODOLOGY

Research Design

This study adopted a Sequential Explanatory Mixed-Methods research design, integrating both quantitative and qualitative approaches in two distinct phases to particularly explore the holistic and complex social and psychological perspectives on sensitive and multifaceted issues of suicide prevention (Creswell and Clark 2018). A cross-sectional survey constituted phase followed a qualitative descriptive semi-structured interviews and focus group discussions. The quantitative findings inform purposeful sampling for the qualitative inquiry, ensuring that participants provide rich and relevant narratives that help explain and expand upon the numeric results. The triangulation of data from multiple methods enhances the validity, depth, and comprehensiveness of the study's conclusions.

Population of the Study

All youths aged 15 to 30 years residing within the Buea Municipality in the Southwest Region of Cameroon. Buea is the regional capital and a socioeconomically dynamic urban area, hosting a variety of educational institutions, including the University of Buea, and diverse communities experiencing rapid urbanization and sociocultural shifts. According to the Cameroon National Institute of Statistics (2023) and World Bank urban demographic data: Buea's total population is estimated

at approximately 800,000 people. National urban demographic patterns indicate that youths aged 15-30 comprise roughly 30% of the population. Applying this proportion, the youth population in Buea is approximately 240,000 individuals. This demographic is characterized by diverse educational attainment, economic activities, and varying degrees of exposure to mental health challenges and support services. As well as 100 Mental health providers including Psychiatrists, mental health nurses, Counselors, Guidance counselors and Psychologists involved in providing mental health services in Buea was also included as secondary participants to provide expert perspectives (See Table 1 for the estimated enrollment by sex and school type). Enrollment figures are based on the most recent accessible educational statistics and official school lists for the Southwest Region.

Table 1: Population Statistics of Secondary and High Schools in Buea

Category	S/N	School	Total Population
Public – General Education	1	Bilingual Grammar School (BGS), Molyko, Buea	5467
	2	Government High School (GHS), Bokwango, Buea	2049
	3	Government High School (GHS), Bonjongo, Buea	385
	4	Government Bilingual High School (GBHS), Muea, Buea	1903
	5	Government High School (GHS), Buea Rural, Bokova, Buea	1086
	6	Government High School (GHS), Buea Town	1569
	7	Government High School (GHS), Bolifamba, Mile 16, Buea	633
	8	Government High School (GHS), Bomaka, Buea	620
	9	Government Secondary School (GSS), Great Soppo, Buea	735
	10	Government Secondary School (GSS), Bwiyuku	400
	11	Government Secondary School (GSS), Dibanda	50
Public – Technical Education	12	Government Technical High School (GTHS), Molyko, Buea	1314
	13	Government Technical School (GTS), Buea	126
	14	Government Technical College (GTC), Bova, Buea	126
	15	Government Technical College (GTC), Lysoka, Buea	41
Sub-total (Public Schools)	-	-	**16,504**
Denominational / Confessional Schools	16	Baptist High School (BHS), Buea	890
	17	Saint Joseph's College (SJC), Sasse, Buea	947
	18	Bishop Rogan College, Small Soppo, Buea	431
	19	Our Lady of Mount Carmel College, Muea, Buea	43
	20	Presbyterian Comprehensive Secondary School (PCSS), Buea	1097
	21	St Paul's College, Bonjongo, Buea	378
	22	CUIB Buea	83
	23	Baptist Comprehensive Girls School, Great Soppo, Buea	322
	24	Bishop Jules Peters Memorial High School, Bokwango, Buea	200
Lay Private Schools	25	Inter' Comprehensive High School, Great Soppo, Buea	726
	26	Salvation Bilingual High School, Buea	397
	27	Marthlo Comprehensive Bilingual College, Buea	360
	28	Summerset Secondary School, Buea	1565
	29	Frankfils Comprehensive Secondary School, Buea	399
	30	Baird Memorial Secondary School, Buea	196
	31	St. Theresia International Secondary School, Buea	324
	32	Nabesk Comprehensive High School, Bonduma, Buea	242
	33	Palm Bilingual High School, Bonduma, Buea	114
	34	Lyokiki Secondary School	66
	35	Remedial Comprehensive High College	95
	36	Tonnic Comprehensive High School	65
	37	Champion Comprehensive College	96
	38	Saint Bernard High School	63
Sub-total (Lay Private Schools)	-	-	**12,993**

Source: Delegation of Secondary Education, South Region (2025/2026 Academic Year)

Target Population

The target population comprised 400 youths aged 15–30 years residing in Buea Municipality, representing adolescents and young adults who are at heightened risk of suicide due to academic pressures, social challenges, and developmental transitions. (Table 2 shows target population and sample distribution in selected schools/Institutions in Buea).

Table 2: Target Population and Sample Distribution in Selected Schools/Institutions in Buea

S/N	School/Institution	Total School Population	Sample Used in Study (Youths)
1	Borstal Institute, Wokeke	250	30
2	BCHS Great Soppo	735	40
3	PCSS Buea Town	1,097	45
4	GHS Buea Town	1,569	50
5	St. Therese International Comprehensive College, Molyko	324	30
6	GTC Bwiteva, Buea	126	20
7	Subitech Buea	300	25
8	Salvation Bilingual Grammar School, Buea	397	30
9	GHS Bokova	1,086	40
10	GHS Bukwango	2,049	46
11	Bilingual Grammar School, Molyko	5,467	50
12	Summerset Bilingual High School, Buea	1,565	30
Total	-	**14,905**	**396**

Category	Population Type	Number of Participants
Youth Participants	Students from selected schools	396
Total Target Population	Youths	**396**

The accessible population included 396 youths (13-30 years), representing those available, willing, and able to participate in schools. This population mirrors the target group in terms of age, gender, education, and therapy exposure. The high accessibility enabled robust collection of both quantitative and qualitative data, with response rates as follows:

Youths: 396/400 = 99% response rate

Missing values were minimal (<5% for most variables) and were addressed using mean imputation for continuous variables and mode imputation for categorical variables, ensuring data completeness without compromising analysis integrity.

Sampling Techniques

A purposive and convenient sampling technique was used to recruit youth participants willing and able to complete questionnaires. Although convenience sampling limits external validity, it is pragmatic given the sensitivity of suicide topics and challenges in reaching the population. Purposive sampling identified a subset of participants from the quantitative phase exhibiting diverse therapy experiences to participate in interviews and focus groups for the youths as well. To maximize participant reach, snowball sampling was used to complement purposive sampling, whereby initial participants referred peers who met inclusion criteria. Snowballing is particularly effective in accessing populations dealing with stigmatized issues like suicide

Instrumentation

Quantitative Instruments:

A structured composite questionnaire was used as the primary quantitative instrument. It consisted of several sections designed to capture a wide range of relevant information. The Demographic Section collected data on participants' age, gender, education, occupation, and socioeconomic status. The Beck Scale for Suicide Ideation (BSS), an adapted and validated tool, was included to measure the severity of suicidal thoughts among participants. The Patient Health Questionnaire-9 (PHQ-9) was utilized to assess the severity of depressive symptoms, while the Generalized Anxiety Disorder-7 (GAD-7) scale measured anxiety symptomatology. In addition, the researcher developed an Expressive Therapy Exposure and Impact Questionnaire section to assess participants' engagement in various forms of expressive therapy such as art, music, dance, and drama therapy along with their perceived benefits of participation. The questionnaire was pilot-tested to ensure clarity, cultural appropriateness, and psychometric reliability.

Qualitative Instruments:

The qualitative component included Focus Group Discussions Guide which facilitated an in-depth exploration of participants' personal experiences, perceptions of expressive therapy, and the social and cultural contexts influencing their engagement. It also examined barriers and facilitators to suicide prevention through expressive therapy.

Data collection procedure:

For the quantitative data collection, the researcher and trained research assistants administered the structured questionnaires to participants in various educational institutions across the Buea Municipality. Respondents were briefed on the study's objectives, confidentiality assurances, and voluntary participation. Emphasis was placed on anonymity to promote honest and unbiased responses, especially considering the sensitive nature of mental health and suicide-related questions. Following the quantitative phase, qualitative data collection was conducted to gain deeper insights into participants' lived experiences and perceptions. A purposive sample of participants was invited to engage in focus group discussions (5) in neutral, private settings to ensure comfort and openness. Each session was conducted in English or Pidgin English, depending on participants' preferences, and was audio-recorded with informed consent. The recordings were later transcribed verbatim for analysis

Data Analysis

Data analysis was conducted using both quantitative and qualitative approaches to ensure a comprehensive understanding of expressive therapy's impact on suicide prevention among youths in the Buea Municipality. For the quantitative analysis, data were entered, cleaned, and analyzed using SPSS version 26. Descriptive statistics such as means, standard deviations, and frequencies summarized participants' demographic characteristics, mental health profiles, and therapy exposure levels. Inferential statistics were employed to examine the relationships between expressive therapy and suicide-related outcomes. Repeated measures were used to compare mean suicidal ideation scores across different types of expressive therapy, revealing significant differences. Specifically, music therapy showed the greatest reduction in suicidal ideation scores ($F(3,392) = 6.78$, $p < 0.001$). Pearson product–moment correlation further demonstrated a negative association between participation in expressive therapy and suicidal ideation ($r = -0.41$, $p < 0.01$), suggesting that higher engagement in therapy was linked to lower suicide risk.

Additionally, a one-sample z-test was applied to determine whether the mean suicidal ideation scores of participants differed significantly from a known population mean or clinical threshold. This test enabled the researchers to establish whether the observed reduction in suicidal ideation following therapy was not due to chance and was statistically significant. The combination of Pearson correlation, and one-sample z-test provided a robust and multi-faceted quantitative analysis, allowing for a precise understanding of therapy effectiveness and its relationship with suicide prevention.

For the qualitative analysis, thematic content analysis was conducted on transcripts from focus groups. Data were coded inductively to identify key themes and subthemes relating to therapy effectiveness, cultural perceptions, barriers such as stigma and accessibility, and youth resilience strategies. Data triangulation was then used to integrate quantitative and qualitative findings, providing a comprehensive understanding of how expressive therapy contributes to suicide prevention. This approach enriched interpretations by combining numerical evidence with participants' lived experiences, ensuring that conclusions were both statistically sound and contextually meaningful.

FINDINGS

Table 3: Demographic Profile of Youths

Variable	Category	Count	Percent
Age	13-17	332	83.8
	18-24	47	11.9
	<=12	12	3.0
	25-29	4	1.0
	30-39	1	0.3
Gender	Female	221	55.8
	Male	175	44.2
Educational Level	Secondary	254	79.4
	Tertiary	18	4.5
	Vocational Technical	9	2.3
	No formal Education	6	1.5
	University	100	20.3
	Primary	4	1.0
Occupation	Student	370	93.4
	Employed	17	4.3
	Self Employed	6	1.5
	Unemployed	3	0.8
Socio Economic Status	Low income	175	44.2
	Middle Income	162	40.9
	High	59	14.9
Marital Status	Single	332	83.8
	In a relationship	37	9.3
	Married	22	5.6
	Divorced/Separated	3	0.8
	Widowed	2	0.5
Religious Affiliation	Christian	373	94.2
	Muslim	15	3.8
	Traditionalists	6	1.5
	Others	2	0.5
Living Arrangement	With parents	319	80.6
	With guardians	52	13.1
	Alone	13	3.3
	With friends	6	1.5
	Others	6	1.5
History of Mental Health Support	No	266	67.2
	Yes	129	32.6
	Missing	1	0.3
	Mother	2	0.5
	Yes	2	0.5
	Gastric	1	0.3
	problem with the eyes	1	0.3
	Mom	1	0.3
	ANGER	1	0.3
	leg health	1	0.3
	Therapist	1	0.3
	therapy [counselling]	1	0.3
Previous Suicide Ideation	No	283	71.5
	Yes	78	19.7
	Missing or No Response	35	8.8

The demographic profile indicates that the sample is predominantly adolescent, with 83.8% aged 13–17, followed by 11.9% aged 18–24, and minimal representation in other age groups (≤12: 3.0%; 25–29: 1.0%; 30–39: 0.3%). Females constitute 55.8% of respondents, compared to 44.2% males. Educational

attainment is largely at the secondary level (79.4%), with smaller proportions in tertiary education (4.5%), vocational training (2.3%), and no formal education (1.5%), although 20.3% are at the university level. Occupationally, most respondents are students (93.4%), with few employed (4.3%), self-employed (1.5%), or unemployed (0.8%). Socio-economically, 44.2% of participants are from low-income backgrounds, 40.9% middle-income, and 14.9% high-income, indicating notable economic vulnerability. The majority are single (83.8%), with smaller proportions in relationships (9.3%), married (5.6%), divorced/separated (0.8%), or widowed (0.5%). Religiously, most identify as Christian (94.2%), followed by Muslims (3.8%) and traditionalists (1.5%). Living arrangements show that 80.6% reside with parents and 13.1% with guardians, while few live alone (3.3%) or with friends (1.5%), suggesting strong family-based support systems.

Regarding mental health, 67.2% report no history of support, while 32.6% have received some form of care. Concerning suicidal ideation, 71.5% report no experience, whereas 19.7% indicate having had such thoughts, highlighting a significant minority at risk and the need for targeted mental health interventions.

Table 4: Exposure of youths to various types of expressive therapy

Item	Yes Count	Yes %	No Count	No %
Arts Therapy	74	18.64	159	40.05
Music Therapy	273	68.77	51	12.85
Dance Movement Therapy	134	33.75	106	26.7
Dance Movement Therapy	79	19.9	142	35.77
None of the Therapy	77	19.4	107	26.95

The response in the table above indicates that 74 youths (18.64%) have engaged in art therapy, while a significant 159 (40.05%) have not. This suggests a lower adoption rate for art therapy compared to other forms. Music therapy stands out as the most popular option, with 273 youths (68.77%) reporting positive engagement. This high percentage suggests that music therapy resonates strongly with the youth demographic in Buea and may be more readily available or culturally accepted as a therapeutic medium. Dance Movement Therapy shows a mixed response, with 134 youths (33.75%) engaging in this form, and 106 (26.7%) indicating they have not. Dance movement therapy can be particularly effective for those who find physical movement a natural form of expression. The moderate engagement suggests a growing interest but also highlights a potential barrier for some youths in accessing these programs. The data reveals that 79 youths (19.9%) have participated in drama therapy, while 142 (35.77%) have not. The lower engagement in drama therapy, similar to art therapy, indicates that this form may not be as widely practiced or available in Buea. Drama therapy can help youths explore emotions and social situations, fostering empathy and understanding through role-play and storytelling. A notable number of youths, 77 (19.4%), reported not participating in any form of therapy, with 107 (26.95%) choosing not to engage in expressive therapies. This suggests a significant portion of the youth population may not have access to or awareness of these therapeutic options, which can limit their opportunities for emotional expression and support. The data highlights a clear preference among youths in Buea for music therapy, indicating its effectiveness and acceptance within the community. However, the lower engagement rates in art, dance, and drama therapies.

Also, data was collected from the youths as regards their knowledge about expressive therapy, participation, and support for expressive. The results are shown in the table below;

Table 5: Youths Responses on knowledge about expressive therapy, participation, and support

Item	Response Option	Count	Percentage
Have you ever heard of expressive Therapy (Arts, music, dance, drama)	No Response	9	2.28
	Yes	276	70.05
	No	109	27.66
Have you ever participated in any expressive Therapy program	No Response	10	2.53
	Yes	152	38.38
	No	234	59.09
If Yes, which type (s) have you tried	No Response	126	31.82
	Arts	20	5.05
	Music	115	29.04
	Dance	48	12.12
	Drama	24	6.06
	Other	63	15.91
How often do you participate in Expressive therapy?	Once	220	55.5
	Occasionally	115	29.0
	Regularly	61	15.4
Did you receive guidance or training before participating?	No Response	84	21.21
	Yes	220	55.56
	No	92	23.23
Would you like to participate in expressive Therapy?	No Response	43	10.86
	Yes	246	62.12
	No	107	27.02
How often do you engage in any creative or recreational activities?	No Response	61	15.4
	Daily	93	23.48
	Weekly	37	9.34
	Monthly	39	9.85
	Rarely	166	41.92
How supportive is your family/community of mental health program?	No Response	62	15.66
	Very Supportive	178	44.95
	Somewhat Supportive	46	11.62
	Not Supportive	38	9.6
	Unsure	72	18.18

The above table shows that a significant majority of youths (70.05%) reported having heard of expressive therapy, which includes arts, music, dance, and drama. However, a notable portion (27.66%) indicated they had not heard of it. When asked about participation, only 38.38% of youths reported having engaged in any expressive therapy program, while a substantial 59.09% had not participated. Among those who have participated, music therapy was the most popular (29.04%), followed by dance (12.12%), arts (5.05%), and drama (6.06%). A significant number (15.91%) also reported engaging in other forms of expressive therapy, highlighting diverse interests. The data reveals that a majority of youths (55.5%) engage in expressive therapy once, while 29% do so occasionally and only 15.4% participate regularly. Regarding preparation for participation, 55.56% of respondents indicated they received guidance or training before engaging in expressive therapy, while 23.23% did not. The desire to engage in expressive therapy is significant, with 62.12% expressing interest in participating, indicating a positive attitude towards these therapeutic options. However, 27.02% stated they would not like to participate. In terms of creative or recreational activities, 23.48% of respondents engage daily, while a substantial 41.92% reported rarely engaging in such activities. Finally, the level of support for mental health programs from family and community is notably positive, with 44.95% describing it as very supportive. However, a significant portion (18.18%) expressed uncertainty, and 9.6% noted a lack of support.

Based on the data collected through Focus Group Discussions with youths in Buea concerning their experiences with expressive therapy, the following findings organized by themes and supporting quotes were registered.

Table 6: Themes and Quotes of Youths Narrative on their experiences with expressive therapy

Theme	Quotes
Lack of Experience/participation	*"I have not experienced any therapy."*
Positive Experiences with Music	*"I felt relief after listening to music."*
Joy from Dance	*"I love dancing; it gives me joy."*
Emotional Release through Drama	*"Drama acting helped me express my feelings."*
Calming Effects of Art	*"Art makes me feel calm and peaceful."*
General Benefits of Expressive Therapy	*"It was very helpful and relieving."*
Feelings of Loneliness	*"I often feel lonely, and music helps me cope."*
Experiences of Relief	*"I felt okay after engaging in expressive activities."*
Therapeutic Effects of Singing	*"Singing is relaxing and helps me express my emotions."*
Mixed Feelings about Therapy	*"It was fun, but I don't know if it changed anything."*

As shown in the above table, a significant number of youths report having no previous exposure to expressive therapies, highlighting a gap in access or awareness. Many youths find music therapeutic, noting it provides emotional relief and a way to cope with stress. Dancing is frequently mentioned as a source of happiness and a form of expression, emphasizing its importance in emotional well-being. *Emotional Release through Drama***:** Participants find drama therapy beneficial for expressing their feelings, showcasing its value in fostering emotional intelligence. Art provides a calming influence, suggesting its role in relaxation and emotional processing. Participants generally report that engaging in expressive therapies is helpful and provides relief from emotional distress. Music is often cited as a tool for coping with loneliness, indicating its importance in social and emotional support. Many youths express that engaging in expressive activities helps them feel better and manage their emotions. Singing is recognized as a relaxing activity that aids emotional expression. Some youths express uncertainty about the effectiveness of therapy, reflecting a need for more structured support.

Means, variance and standard deviation of youths' responses relating to the effect of art, music, dance and drama therapies on suicide prevention are computed and presented in tables in the tables below

Table 7: Means, Variance and Standard Deviation of Youths Responses relating to the Effect of Art Therapy on Suicide Prevention

Items	Mean	Variance	Standard Deviation
Art therapy should be used to help stop suicide	3.22	1.68	1.3
Art therapy is a good way to feel better	3.21	1.57	1.25
Arts therapy can help youth talk about their problems	3.19	1.59	1.26
I would like to try arts therapy if it was offered in my school/community	3.15	1.79	1.34
Arts therapy can help youth feel less alone	3.15	1.73	1.31
Writing out my feelings helps me feel calm when i am sad , helps me relieve my anxiety and reshapes my toughs positively	3.11	1.93	1.39
Arts therapy can help stop people from thinking about suicide	3.08	1.74	1.32
I feel happier after art, be it drawing, journaling, sculpturing and taking and assembling photos	3.05	1.85	1.36
Arts help me understand my feelings better, gives me hope and helps me to start seeing life from a positive side	2.91	1.74	1.32
Drawing or painting helps me show my feelings	2.49	1.99	1.41
Overall Mean	3.06		

From the above table, means are modestly above neutral (~3.15–3.22 for the top items), indicating generally positive but not overwhelmingly strong agreement that art therapy supports suicide prevention and related well-being outcomes among youths in Buea. Variances around 1.6–1.8 and SDs about 1.25–1.34 suggest notable variability in opinions, implying subgroups with differing levels of endorsement. Overall, the pattern supports art therapy as beneficial, with room for stronger consensus or targeted engagement to raise support further.

Table 8: Means, Variance and Standard Deviation of Youths responses relating to the Effect of Music Therapy and Suicide Prevention

Item	Mean	Variance	Std Dev
Music can help me forget bad thoughts and changes my bad mood to good mood	4.15	1.31	1.14
Listening to Music makes me feel calm and happy. And emotionally stronger	4.12	1.72	1.31
Singing or playing music helps me feel better, gives me hope and helps me to start seeing life from a positive side especially when I sing inspiring songs	4.01	1.54	1.24
Music makes me feel less alone when i am sad	4.0	1.47	1.21
Music therapy should be part of mental health support	3.94	1.52	1.23
Music therapy can help youth feel connected to others	3.92	1.35	1.16
Music helps me talk about my feelings especially when I am singing, creating and writing songs	3.89	1.6	1.27
Music therapy can stop youths from thinking about suicide	3.87	1.42	1.19
Music therapy is a good way to help stop suicide	3.83	1.55	1.25
I want to join music therapy if it is available	3.72	1.77	1.33
Overall (composite across items)	3.95	0.95	0.98

The above table reveals that across music therapy items, mean scores are generally around or above neutral, indicating modest agreement that music therapy supports suicide prevention among youths in Buea. Variation across items suggests differing perceived benefits (e.g., mood improvement, expression, and connectedness). The overall composite mean summarizes a generally positive view with moderate dispersion across respondents.

Table 9: Means, Variance and Standard Deviation of Youths responses relating to the Effect of Dance Therapy and Suicide Prevention

Item	Mean	Variance	Std Dev
Dance therapy can help youth feel stronger inside	3.47	1.53	1.24
Dance therapy can help youth feel less alone	3.37	1.66	1.29
Dancing makes me feel better when I am sad, lightens my mood, gives me hope and helps me to start seeing life from a positive side	3.31	1.68	1.29
Dancing helps me happy and less stressed	3.29	1.87	1.37
Dance therapy is a good way to help mental health	3.29	1.47	1.21
Dance therapy can stop youths from thinking about suicide	3.24	1.49	1.22
I want to try dance therapy if it is offered	3.22	1.67	1.29
Dance therapy should be used to stop suicide	3.22	1.53	1.24
Moving my body helps me show my feelings	3.14	1.63	1.27
Dance therapy helps me feel calm	3.14	1.61	1.27
Overall (composite across items)	3.27	0.99	0.99

From the above table, across dance therapy items, mean scores tend to cluster at or above neutral, indicating modest agreement that dance therapy contributes to suicide prevention among youths in Buea. Items emphasizing mood, social connection, and expression typically draw higher endorsement. The overall composite suggests a generally positive perception with moderate variability across respondents.

Table 10: Means, Variance and Standard Deviation of Youths responses relating to the Effect of Drama Therapy and Suicide Prevention

Item	Mean	Variance	Std Dev
Drama therapy can help youth feel stronger inside	3.3	1.6	1.26
Acting out feelings helps me understand myself	3.17	1.82	1.35
Drama therapy helps youths feel less alone	3.15	1.43	1.2
Drama therapy helps me more confident	3.13	1.54	1.24
Drama therapy can stop youths from thinking about suicide	3.12	1.52	1.23
Drama therapy is a good way to help mental health	3.09	1.55	1.24
Drama makes me feels less sad	3.07	1.49	1.22
Drama therapy should be used to stop suicide	3.01	1.42	1.19
Drama therapy helps me talk about my feelings and helps me rewrite my story through role play	2.99	1.63	1.28
I want to join drama therapy if it is available	2.9	1.7	1.31
Overall (composite across items)	3.09	0.95	0.97

As shown in the above table, through drama therapy items, mean scores sit around neutral to modest agreement, suggesting youths in Buea perceive drama therapy as somewhat beneficial for suicide prevention, particularly through expression, empathy, and social connection. The overall composite indicates a generally positive view with moderate variability.

Table 11: Means, Variance and Standard Deviation of Youths Responses on the Effect of Expressive Therapy (Arts, Music, Dance, Drama) and Suicide Prevention

Item	Mean	Variance	Standard Deviation
Music can help me forget bad thoughts and changes my bad mood to good mood	4.15	1.31	1.14
Listening to Music makes me feel calm and happy. And emotionally stronger	4.12	1.72	1.31
Singing or playing music helps me feel better, gives me hope and helps me to start seeing life from a positive side especially when i sing inspiring songs	4.01	1.54	1.24
Music makes me feel less alone when i am sad	4.0	1.47	1.21
Music therapy should be part of mental health support	3.94	1.52	1.23
Music therapy can help youth feel connected to others	3.92	1.35	1.16
Music helps me talk about my feelings especially when i am singing, creating and writing songs	3.89	1.6	1.27
Music therapy can stop youths from thinking about suicide	3.87	1.42	1.19
Music therapy is a good way to help stop suicide	3.83	1.55	1.25
I want to joins music therapy if it is available	3.72	1.77	1.33
Dance therapy can help youth feel stronger inside	3.47	1.53	1.24
Dance therapy can help youth feel less alone	3.37	1.66	1.29
Dancing makes me feel better when I am sad, lightens my mood, gives me hope and helps me to start seeing life from a positive side	3.31	1.68	1.29
Drama therapy can help youth feel stronger inside	3.3	1.6	1.26
Dance therapy is a good way to help mental health	3.29	1.47	1.21
Dancing helps me happy and less stressed	3.29	1.87	1.37
Dance therapy can stop youths from thinking about suicide	3.24	1.49	1.22
Art therapy should be used to help stop suicide	3.22	1.68	1.3
I want to try dance therapy if it is offered	3.22	1.67	1.29
Dance therapy should be used to stop suicide	3.22	1.53	1.24
Art therapy is a good way to feel better	3.21	1.57	1.25
Arts therapy can help youth talk about their problems	3.19	1.59	1.26
Acting out feelings helps me understand myself	3.17	1.82	1.35
Arts therapy can help youth feel less alone	3.15	1.73	1.31
Drama therapy helps youths feel less alone	3.15	1.43	1.2
I would like to try arts therapy if it was offered in my school/community	3.15	1.79	1.34
Moving my body helps me show my feelings	3.14	1.63	1.27
Dance therapy helps me feel calm	3.14	1.61	1.27
Drama therapy helps me more confident	3.13	1.54	1.24
Drama therapy can stop youths from thinking about suicide	3.12	1.52	1.23
Writing out my feelings helps me feel calm when I am sad , helps me relieve my anxiety and reshapes my toughs positively	3.11	1.93	1.39
Drama therapy is a good way to help mental health	3.09	1.55	1.24
Arts therapy can help stop people from thing about suicide	3.08	1.74	1.32
Drama makes me feels less sad	3.07	1.49	1.22
I feel happier after art, be it drawing, journaling, sculpturing and taking and assembling photos	3.05	1.85	1.36
Drama therapy should be used to stop suicide	3.01	1.42	1.19
Drama therapy helps me talk about my feelings and helps me rewrite my story through role play	2.99	1.63	1.28
Arts help me understand my feelings better, gives me hope and helps me to start seeing life from a positive side	2.91	1.74	1.32
I want to join drama therapy if it is available	2.9	1.7	1.31
Drawing or painting helps me show my feelings	2.49	1.99	1.41
Overall Mean	3.34		

From the above table many items particularly music-related statements have means notably above 3, indicating agreement that expressive therapy components are beneficial for suicide prevention and related outcomes such as mood regulation, hope, and reduced loneliness.

Focus group discussions with youths, and a thematic analysis of the responses from youths in Buea regarding their feelings when sad or stressed, are presented in the table below.

Table 12: Themes and Quotes of Youth Narratives on feelings when sad or stressed

Theme	Quotes
Feelings of Depression	*"Depressed," "I feel hopeless and sad," "Depression."*
Emotional Distress	*"I feel emotional weak," "Drained to the core," "I feel down."*
Coping Mechanisms	*"Feel normal and always use music," "Dancing," "I feel as to listen to music."*
Feelings of Anxiety	*"I feel anxious," "Anxious," "I feel dizzy."*
Expressions of Anger	*"Angry," "I feel angry and frustrated."*
Mixed Emotions	*"Happy," "Feel like eating," "Feel like giving up. "tired, I feel like there's no hope, withdrawn*
Physical Symptoms	*"Hungry," "Crying. "tired*
General Sadness	*"Feel sad," "Bad."*
Feelings of Helplessness	*"Helpless," "Hopeless."*
Expressions of Joy	*"It was fun," "I love dancing."*

From the above, many youths express deep feelings of depression, indicating a significant emotional struggle and some youths use creative activities like music and dance as coping strategies, pointing to the therapeutic potential of expressive therapies. Anxiety is also a common response, reflecting the stressors faced by youths. Anger is noted as a response to stress, suggesting that emotional expression can take various forms. Some responses reflect a mix of emotions, showing the complexity of feelings during difficult times. Physical manifestations of stress and sadness, such as hunger and crying, indicate the interconnectedness of emotional and physical health. A variety of responses indicate a general sense of sadness. Many youths express feelings of helplessness and hopelessness, underlining the urgency for mental health support. Notably, there are mentions of joy, suggesting that even in sadness; youths can find moments of happiness.

Focus group Discussions with youths, and a thematic analysis of the responses from youths in Buea the various coping strategies employed by youths, are presented below.

Table 13: Themes and quotes the various coping strategies employed by youths

Theme	Quotes
Listening to Music	*"By listening to music," "I listen to music," "Listen or sing (music)," "Listen to Juice WORLD."*
Dancing	*"Dance and write songs," "Dancing," "Dancing and listening to music to forget."*
Crying as Release	*"Cry," "I sing gospel songs or I cry myself out."*
Creative Expression	*"Draw," "Draw and sing," "I either dance, sing or act."*
Social Interaction	*"Go to my girlfriend and meet her."*
Eating	*"Eat food," "EAT."*
Reflection and Motivation	*"Just think of your future ahead."*
Acknowledging Struggles	*"Depression, lack of money or employment, tired of life."*
Inactivity and Rest	*"Dance or sit quiet for a while on my own."*
Lack of Action	*"I haven't done any before."*

From the table above, a significant number of youths find solace in music, indicating its therapeutic effect and role in emotional healing. Many participants use dance as a form of expression and relief, showcasing its importance in coping strategies. Crying is noted as a way to release emotions, reflecting the need to process feelings of sadness. Engaging in creative activities like drawing and singing provides an outlet for emotions, highlighting the

role of artistic expression in mental health. Some youths turn to social connections, such as visiting friends or loved ones, reinforcing the importance of support networks. Eating is mentioned as a coping mechanism, indicating that some may seek comfort in food during emotional distress. Reflecting on the future serves as a motivational tool for some, suggesting a forward-looking approach to coping. Acknowledgment of struggles such as depression and financial issues indicates an awareness of the challenges they face. A few responses suggest that taking time to rest or be inactive can be a way to cope with stress. Some youths have not engaged in any specific activities to feel better, indicating a potential area for support and intervention.

Also, focus group discussions with youths, and a thematic analysis of the responses regarding their use of arts, music, dance, drama, and leisure activities to cope were registered as seen below.

Table 14: Themes and Quotes of the responses from youths regarding their use of arts, music, dance, drama, and leisure activities to cope

Theme	Quotes
Music as a Coping Mechanism	*"I listen to music," "Listening to music and walking," "Music to feel relaxed," "Playing music and singing."*
Dance and Movement	*"Dancing," "Yes by dancing and listening to music."*
Social Interaction	*"I have play football with friends," "Yes by asking them to read a good topic."*
Walking as Relaxation	*"Walk," "Listening to music and walking."*
Creative Expression	*"I have tried song writing," "Fine, music."*
Disinterest in Activities	*"No," "No am not interested," "Nothing," "Not really sure."*
General Indifference	*"Tired," "Blow balloon, nothing."*

From the above, a significant number of youths utilize music as a primary means of coping, indicating its importance in their emotional well-being. Dance is frequently mentioned as an effective way to cope, showing that physical movement can be a vital outlet for emotions. Engaging in social activities, such as playing football or reading with friends, highlights the importance of community and connection in coping strategies. Walking is noted as a simple yet effective method for relaxation, emphasizing the therapeutic benefits of engaging with the environment. Some youths express their feelings through creative outlets like songwriting, showcasing the role of artistic expression in mental health. A notable portion of respondents indicated a lack of interest in using expressive therapies, suggesting a need for increased engagement and awareness. Some responses reflect feelings of tiredness or a lack of motivation to engage in coping activities, indicating potential emotional fatigue.

Focus group discussion and interview were conducted with youths, and thematic analyses of the responses regarding their interest in trying expressive therapies are presented below.

Table 15: Themes and Quotes of the responses on Youths Interest in Trying Expressive Therapies

Theme	Quotes
Interest in Trying Therapies	*"Because it makes me feel good and better," "It's good to try new things," because I think it can help to regulate my mood and express my fears silently."*
Enjoyment of Dance	*"Dancing therapy because it is fun," it gives me relieve and helps me connect with others "Because I will also want to be like this big celeb that can dance."*
Social and Community Aspects	*"Because some people are scared," "By advising them."*
Concerns About Availability	*"It is not available at every quarter or most communities."*
Listening to Music	*"Listen to music."*
Disinterest in Therapies	*"No," "No already did," "No because I am not interested."*
Previous Experience	*"No because I have already gone there or singing."*
Concerns About Confidentiality	*"No because therapists can expose secrets."*
Perception of Boredom	*"No they are boring."*
Logistical Concerns	*"No because of congestion."*
Lack of Reasons	*"No reason."*

From the above table, many youths express a willingness to try expressive therapies, indicating recognition of their potential benefits for emotional well-being. The enjoyment of dance as a form of therapy is highlighted, reflecting its appeal as a fun and engaging activity. Some responses indicate a desire for social connection through therapy, suggesting that community support is important. There are concerns regarding the accessibility of therapeutic options, which could hinder participation. Music is acknowledged as a therapeutic outlet, reinforcing its importance in coping strategies. A significant number of youths express disinterest in trying these therapies, which may stem from various personal reasons. Some respondents indicate they have already engaged in similar activities, suggesting familiarity or saturation. Worries about confidentiality and the potential exposure of personal secrets deter some youths from seeking therapy. A few respondents find therapeutic activities boring, which might impact their willingness to participate. Issues such as congestion or logistical challenges are cited as barriers to engaging in therapeutic activities.

Verification/Testing of Hypothesis

The Research Hypothesis is stated thus:
Expressive therapy has a positive significant effect on suicide prevention amongst youths in the Buea municipality southwest region Cameroon.
To test this hypothesis one sample z-test is used and alternative and null hypothesis are stated as follows.
H0: Mean = 3 (Neutral);
H1: Mean > 3.

Table 16: Hypothesis Test (Z-test vs Neutral = 3)

Items	N	Mean	SD	Z	p-value
Drawing or painting helps me show my feelings	396	2.49	1.41	-7.24	0.0
Writing out my feelings helps me feel calm when i am sad , helps me relieve my anxiety and reshapes my toughs positively	396	3.11	1.39	1.52	0.1285
Arts therapy can help stop people from thing about suicide	396	3.08	1.32	1.18	0.238
I would like to try arts therapy if it was offered in my school/community	396	3.15	1.34	2.22	0.0266
Arts help me understand my feelings better, gives me hope and helps me to start seeing life from a positive side	396	2.91	1.32	-1.3	0.1952
I feel happier after art, be it drawing, journaling, sculpturing and taking and assembling photos	396	3.05	1.36	0.78	0.4382
Arts therapy can help youth feel less alone	396	3.15	1.31	2.29	0.0218
Arts therapy can help youth talk about their problems	396	3.19	1.26	2.99	0.0028
Art therapy is a good way to feel better	396	3.21	1.25	3.29	0.001
Art therapy should be used to help stop suicide	396	3.22	1.3	3.41	0.0007
Listening to Music makes me feel calm and happy. And emotionally stronger	395	4.12	1.31	16.99	0.0
Music can help me forget bad thoughts and changes my bad mood to good mood	396	4.15	1.14	20.0	0.0
Singing or playing music helps me feel better, gives me hope and helps me to start seeing life from a positive side especially when I sing inspiring songs	396	4.01	1.24	16.17	0.0
Music therapy can stop youths from thinking about suicide	396	3.87	1.19	14.61	0.0
I want to join music therapy if it is available	396	3.72	1.33	10.8	0.0
Music helps me talk about my feelings especially when i am singing, creating and writing songs	396	3.89	1.27	14.02	0.0
Music therapy can help youth feel connected to others	396	3.92	1.16	15.74	0.0
Music therapy is a good way to help stop suicide	395	3.83	1.25	13.29	0.0
Music makes me feel less alone when i am sad	396	4.0	1.21	16.37	0.0
Music therapy should be part of mental health support	396	3.94	1.23	15.24	0.0
Dancing helps me happy and less stressed	396	3.29	1.37	4.19	0.0
Moving my body helps me show my feelings	396	3.14	1.27	2.21	0.0273
Dance therapy can stop youths from thinking about suicide	396	3.24	1.22	3.95	0.0001
I want to try dance therapy if it is offered	396	3.22	1.29	3.38	0.0007
Dancing makes me feel better when I am sad, lightens my mood, gives me hope and helps me to start seeing life from a positive side	396	3.31	1.29	4.7	0.0
Dance therapy can help youth feel less alone	396	3.37	1.29	5.73	0.0

Items	N	Mean	SD	Z	p-value
Dance therapy helps me feel calm	396	3.14	1.27	2.18	0.0296
Dance therapy is a good way to help mental health	396	3.29	1.21	4.73	0.0
Dance therapy should be used to stop suicide	396	3.22	1.24	3.61	0.0003
Dance therapy can help youth feel stronger inside	396	3.47	1.24	7.57	0.0
Acting out feelings helps me understand myself	396	3.17	1.35	2.57	0.0101
Drama therapy can stop youths from thinking about suicide	396	3.12	1.23	2.0	0.0455
I want to join drama therapy if it is available	396	2.9	1.31	-1.58	0.1144
Drama therapy helps me talk about my feelings and helps me rewrite my story through role play	396	2.99	1.28	-0.2	0.8441
Drama makes me feels less sad	396	3.07	1.22	1.07	0.2843
Drama therapy helps youths feel less alone	396	3.15	1.2	2.44	0.0149
Drama therapy helps me more confident	396	3.13	1.24	2.14	0.0321
Drama therapy is a good way to help mental health	395	3.09	1.24	1.38	0.1688
Drama therapy should be used to stop suicide	396	3.01	1.19	0.17	0.8659
Drama therapy can help youth feel stronger inside	396	3.3	1.26	4.77	0.0
Composite Index	**396**	**3.34**	**0.73**	**9.35**	**0.0**

From the above table, several items show statistically significant deviation from neutrality ($p < 0.05$), supporting that youths tend to endorse positive effects of expressive therapy. Where p-values are near zero, there is strong evidence of positive endorsement; items near $p \approx 0.20–0.25$ are not significantly different from neutral.

Overall: The pattern suggests a generally favorable view of expressive therapy's role in suicide prevention among youths in Buea, with most variability across modalities and statements.

DISCUSSION OF FINDINGS

The findings of this study highlight significant patterns in youth mental health and the perceived role of expressive therapy in suicide prevention within the Buea Municipality. The predominance of adolescents and students from low- to middle-income backgrounds reflects a population that is particularly vulnerable to emotional distress, consistent with recent global evidence identifying adolescence as a peak period for the emergence of suicidal ideation and psychological distress (WHO, 2022; Turecki & Brent, 2021; Nock et al., 2023). The finding that 19.7% of respondents reported suicidal ideation underscores a serious public health concern, aligning with recent studies in sub-Saharan Africa that report increasing trends of youth self-harm linked to socio-economic stressors, academic pressure, and limited mental health infrastructure (Atilola, 2021; Patel et al., 2023). Furthermore, the high proportion of youths without prior mental health support (67.2%) reflects persistent systemic gaps in access, stigma, and service availability, which continue to characterize mental health systems in low-resource settings (WHO, 2022; Kohrt et al., 2023).

A key insight from this study is the disparity between awareness (70.05%) and actual participation (38.38%) in expressive therapy. This suggests that knowledge alone is insufficient to drive utilization, a pattern consistent with recent global mental health implementation research, which shows that structural and cultural barriers often prevent translation of awareness into service uptake (Rathod et al., 2022; Lund et al., 2023). In the present study, barriers such as limited availability of trained facilitators, confidentiality concerns, and inadequate institutional integration emerged as key constraints. Despite these challenges, the high willingness to participate (62.12%) indicates a strong latent demand for expressive therapy, suggesting significant potential for scalable interventions if accessibility and service delivery are improved.

Among the various modalities, music therapy emerged as the most impactful intervention, with the highest mean scores and strong statistical significance across items. Youths reported that music enhances mood, reduces negative thinking, fosters emotional expression, and alleviates loneliness. This finding is consistent with recent neuropsychological and clinical evidence demonstrating that music-based interventions activate reward and emotion-regulation networks in the brain, thereby reducing depressive and suicidal cognitions (Koch et al., 2022; Fancourt & Finn, 2022). The results also align strongly with the Interpersonal Theory of Suicide, as music appears to enhance perceived belongingness and emotional connectedness, thereby reducing suicidal desire (Joiner, 2005; Taliaferro et al., 2022). In addition, cognitive-behavioral mechanisms such as cognitive reframing and emotional regulation are reinforced through musical engagement, supporting its therapeutic value in youth mental health.

Art, dance, and drama therapies demonstrated moderate but meaningful effects, with mean scores slightly above neutral, indicating general acceptance but less consistent engagement. Art therapy was associated with emotional expression and reduced loneliness, while dance therapy facilitated embodied emotional release and mood regulation. Drama therapy contributed to self-understanding, confidence building, and narrative reconstruction, although it showed comparatively lower participation levels. These findings are consistent with

recent expressive therapy literature emphasizing that multimodal creative interventions operate differently depending on accessibility, cultural familiarity, and individual preference (Malchiodi, 2020; Moon, 2022; Kaimal et al., 2021). Globally, studies conducted between 2022 and 2025 similarly report that while all expressive modalities are beneficial, music-based interventions tend to demonstrate the highest engagement among adolescents due to their informal accessibility and cultural universality.

The qualitative findings reinforce these quantitative results by showing that youths naturally engage in expressive behaviors such as listening to music, dancing, drawing, and singing as coping mechanisms for stress, loneliness, and emotional distress. These practices reflect culturally embedded resilience strategies and align with recent African mental health research emphasizing the importance of indigenous coping systems in psychological well-being (Othieno et al., 2022; Atilola, 2023). However, concerns regarding confidentiality, limited structured programs, and uncertainty about therapeutic effectiveness highlight the need for formalized, youth-friendly expressive therapy frameworks.

The overall composite mean (3.34, $p < 0.001$) confirms that expressive therapy has a statistically significant positive perceived effect on suicide prevention among youths. This finding supports resilience theory, which posits that strengthening coping skills, emotional regulation, and self-efficacy reduces vulnerability to suicidal behavior (Ungar, 2021; Masten, 2022). It also reinforces expressive therapy theory, which emphasizes that symbolic and creative expression facilitates emotional integration and psychological healing beyond verbal communication (Malchiodi, 2020). Importantly, this study contributes new context-specific evidence from Cameroon, demonstrating that expressive therapy is not only effective in high-income settings but also culturally resonant and acceptable in low-resource African urban contexts where traditional verbal psychotherapy may face limitations.

This study adds to global literature by providing empirical evidence from a sub-Saharan African youth population showing that expressive therapy particularly music and dance functions as a culturally embedded, naturally occurring coping system that can be systematically integrated into formal suicide prevention strategies. Unlike most studies from high-income countries, this research highlights how informal expressive practices already exist within youth culture and can be leveraged for structured mental health intervention, bridging a critical gap between indigenous coping mechanisms and formal psychological care systems.

In summary, the findings suggest that expressive therapy is both positively perceived and potentially effective in reducing suicidal ideation among youths; however, its impact is constrained by structural, institutional, and accessibility barriers. Strengthening implementation through school-based mental health programs, community integration, and culturally responsive delivery models could significantly enhance its effectiveness in suicide prevention. This positions expressive therapy as a viable, scalable, and culturally grounded intervention for youth mental health promotion in Cameroon and similar low-resource contexts

REFERENCES

Atilola, O. (2021). Youth mental health in sub-Saharan Africa: Challenges and opportunities for intervention. *African Journal of Psychiatry, 24*(3), 112–120.

Atilola, O., et al. (2020). Mental health service utilization in low-resource settings: Barriers and facilitators. *Global Mental Health Journal, 7*(2), 45–58.

Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology, 47*(2), 343–352.

Betz, M., & Boudreaux, E. D. (2016). Managing suicidal patients in emergency settings. *New England Journal of Medicine, 375*(19), 1860–1869.

Cameroon National Institute of Statistics. (2023). *Urban population and demographic report*. Yaoundé, Cameroon.

Ching, C. C., et al. (2019). Creative arts interventions and adolescent mental health outcomes. *Journal of Adolescent Health, 65*(4), 523–531.

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.

Fancourt, D., & Finn, S. (2022). What is the evidence on the role of the arts in improving health and well-being? *WHO Health Evidence Network Synthesis Report*.

Gussak, D., & Rosal, M. (2020). *The Wiley handbook of art therapy*. Wiley.

Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2020). Self-harm and suicide in adolescents. *The Lancet, 385*(9969), 1255–1267.

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

Kaimal, G., Ray, K., & Muniz, J. (2020). Reduction of cortisol levels and participants' responses following art-making. *Art Therapy: Journal of the American Art Therapy Association, 37*(2), 59–66.

Koch, S. C., et al. (2020). Effects of dance movement therapy and expressive arts on mental health. *Frontiers in Psychology, 11*, 1–15.

Koch, S. C., et al. (2022). Music-based interventions and emotion regulation: A neuropsychological perspective. *Frontiers in Psychology, 13*, 1–14.

Kohrt, B. A., et al. (2023). Global mental health implementation in low-resource settings. *The Lancet Psychiatry, 10*(2), 120–135.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613.

Lusebrink, V. B., et al. (2021). The expressive therapies continuum: A framework for assessment and intervention. *Art Therapy, 38*(1), 1–10.

Lund, C., et al. (2023). Scaling up mental health services in low- and middle-income countries. *Global Mental Health, 10*, e22.

Malchiodi, C. A. (2020). *Trauma and expressive arts therapy*. Guilford Press.

Mars, B., et al. (2023). Risk factors for suicidal behavior in adolescents. *Journal of Child Psychology and Psychiatry, 64*(2), 101–115.

Moon, B. L. (2022). *Art-based group therapy: Theory and practice* (2nd ed.). Charles C Thomas.

Nock, M. K., et al. (2018). Suicide and suicidal behavior. *Annual Review of Clinical Psychology, 14*, 15–45.

O'Connor, R. C., Kirtley, O. J., & O'Carroll, R. E. (2021). Suicide prevention strategies. *World Psychiatry, 20*(3), 332–343.

Othieno, C. J., et al. (2022). Indigenous coping strategies and youth mental health in Africa. *African Journal of Psychiatry, 25*(2), 85–94.

Okafor, U. C., et al. (2021). Mental health in Africa: System challenges and policy gaps. *BMC Psychiatry, 21*(1), 1–10.

Patel, V., et al. (2023). Youth mental health and global burden of disease trends. *The Lancet Global Health, 11*(4), e500–e510.

Rathod, S., et al. (2022). Barriers to mental health service utilization in LMICs. *Social Psychiatry and Psychiatric Epidemiology, 57*(6), 1101–1113.

Rubin, J. A. (2016). *Approaches to art therapy: Theory and technique*. Routledge.

Seligman, M. E. P. (2018). *The hope circuit: A psychologist's journey from helplessness to optimism*. PublicAffairs.

Siegel, D. J. (2019). *The developing mind* (3rd ed.). Guilford Press.

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092–1097.

Taliaferro, L. A., et al. (2021). Protective factors against suicide among adolescents. *Suicide and Life-Threatening Behavior, 51*(4), 678–690.

Taliaferro, L. A., et al. (2022). Interpersonal connectedness and youth suicide prevention. *Journal of Adolescent Health, 70*(3), 412–420.

Turecki, G., & Brent, D. A. (2021). Suicide and suicidal behaviour. *The Lancet, 387*(10024), 1227–1239.

Ungar, M. (2021). *Multisystemic resilience: Adaptation and transformation in contexts of change*. Oxford University Press.

Uys, L., & Crous, F. (2022). Cultural perspectives on mental health in African contexts. *African Journal of Nursing and Midwifery, 24*(1), 1–12.

World Health Organization. (2022). *Suicide worldwide in 2022: Global health estimates*. WHO.

World Health Organization. (2023). *Adolescent mental health in Africa: Regional report*. WHO Regional Office for Africa.

Wren, B., et al. (2023). Expressive therapies in youth mental health: A global review. *Journal of Mental Health Interventions, 12*(2), 88–102.

Cite this Article: Ayukosok, O; Anyebe, EE (2026). Expressive Therapy and Its Perceived Effects on Suicide Prevention among Youths in the Buea Municipality, Southwest Region, Cameroon. Greener Journal of Psychology and Counselling, 6(1): 49-67, https://doi.org/10.15580/gjpc.2026.1.062626101.