University Students' Awareness and Willingness to Intervene: Bystander Response to Peer Suicidal Risk in Kyrgyzstan

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Abstract
While suicide is widely recognized as a serious concern, there is limited research on how young people perceive and respond to suicide risk among their peers. Our research aims to explore Kyrgyzstani university students' awareness and personal connections to suicide risk among peers, as well as their likelihood to intervene. We conducted a cross-sectional survey among 239 university students in Kyrgyzstan during the period of spring 2024, employing an instrument culturally adopted from the Bystander Intervention (BSI) Model. Responses were analyzed using descriptive statistics, cross-tabulation analysis, visualizations, and thematic grouping of open-ended questions to identify trends and insights. Items were rated on a 4-point Likert scale (0=absolutely agree to 3=completely disagree), where lower scores indicate stronger agreement. Students show a strong awareness of the severity of suicide in Kyrgyzstan (M=0.88) and view suicidal ideation as an emergency requiring help (M=0.61). While students demonstrated high exposure to suicide ideation (M=1.79) and suicide attempt (M=1.77), they struggle to identify manipulative behaviors and specific signs. Students demonstrated moderate knowledge about suicide (M=1.67) and are generally willing to intervene and seek professional support (M=1.00), but lack confidence in their helping skills (M=1.72) and practical experience (M=1.77), highlighting a critical gap between awareness and capability. This study highlighted the critical role of personal experience, awareness, and skill development in shaping students' readiness to support peers at suicidal risk, emphasizing the need for targeted educational interventions to equip bystanders with effective knowledge and resources for proactive suicide prevention.

Keywords: *bystander intervention, suicide prevention, young people, students, Kyrgyzstan*

Introduction

Suicide is a serious global issue with devastating consequences across all age groups, especially young people. It often follows a series of warning signs and can be prevented through early intervention. Scholarly definitions categorize suicidal ideation as a desire to end one's own life (Cha et al., 2017). It typically ranges from relatively passive ideation (e.g., wanting to be dead) to active ideation (e.g., wanting to kill oneself or thinking of a specific method on how to do it). A suicide attempt is considered to be the next step after suicidal ideation; it is defined as 'an action intended to end one's own life deliberately' (Cha et al., 2017). However, in addition to depression, other risk factors may include a family history of suicide attempts, exposure to any kind of violence, impulsivity, aggressive or disruptive behavior, access to firearms, peer bullying, internal feelings of hopelessness or helplessness, and acute loss or rejection (CDC, 2020).

Fortuna et al. (2022) emphasize the crucial role of peer support in fostering a safe and supportive community. Such mutual experience fosters deep and complete knowledge, allowing individuals to connect without the limits of hierarchical relationships and empathize with another person's emotional

and psychological anguish, which can aid in recovery. But what if we witness actions or situations that could potentially lead to self-harm or threaten someone's well-being? The term "bystander intervention" (BSI) is widely used in intervention models, mainly for bullying and sexual harassment (Nickerson et al., 2014; Edwards et al., 2019) and domestic violence (Kuskoff & Parsell, 2023). Bystander intervention is recognized that in a potentially harmful situation or interaction it is required to positively influence the outcome (Clark et al., 2020).

Researchers define a few terms with this phenomenon. A "bystander" is an individual who observes or witnesses a vulnerable situation and has the opportunity to either condone, intervene, or do nothing (Barnyard, 2011, as cited in Henson et al., 2020). Hortensius et al. (2016) argue that being a "prosocial bystander" requires heightened awareness of the environment and a commitment to learning how to intervene safely or seek help from others. It involves recognizing the signs of distress, understanding the impact of one's actions, and taking steps to provide support. Latané and Darley (1970; 1968) proposed a five-step decision model of Bystander Intervention, which involves noticing the event, interpreting the situation as an emergency, assuming responsibility, knowing what to do, and deciding to help, and identifying three psychological processes that might prevent a bystander from helping a person in distress: diffusion of responsibility, evaluation apprehension, and pluralistic ignorance. This explains why the decision to help is not a straightforward yes-or-no issue and how potential helpers may have to assess if a situation requires help, which the behavior of others can largely influence.

In suicide prevention situations, it argues that five processes are suggested for BSI: recognizing the critical circumstance, understanding the situation as an emergency or urgent, adopting personal responsibility to help, feeling confident and capable of helping, and making a conscious decision to act (Worsteling & Keating, 2022). To create a society that values safety and mental health, it is critical to go beyond passive observation and nurture a prosocial BSI strategy. Research has identified the benefits of "prosocial bystander intervention" in avoiding suicide and boosting general well-being (Santacrose et al., 2019), which entails acting to assist people in distress and suicidal crisis. It emphasizes the value of actively engaging with those in apparent need. The goal is to empower people to build a secure and healthy community by instilling a sense of responsibility for one another.

The World Health Organization's (2021) statistics show that Kyrgyzstan presents 8.3 cases per 100k. However, the country lacks preventive programs on the local and national levels, public awareness about suicide prevention, stigma associated with mental health (Bakiev et al., 2021; Salimova, 2024), and limited access to mental health services (Molchanova et al., 2022). Moreover, the literature review lacks studies of suicides investigating the issue of suicide in Central Asian countries. The scarce research is concentrated chiefly on reasoning factors, including economic, social, and psychological, as well as finding a strong correlation between unemployment rates and suicide rates (Okşak et al., 2023). Moreover, young people, including university students, are particularly vulnerable to mental health issues such as depression and suicidal ideation (Campbell et al., 2022). Students are often in a unique position to notice warning signs and intervene in mental health crises among their peers.

Therefore, we argue that our research brings a novel emphasis on suicide prevention through the understanding of BSI in suicide prevention as a critical area of focus. With a rising awareness of mental health issues and the impact of suicide, there is a growing need to empower communities to recognize the signs of distress (Molchanova et al., 2022). and intervene effectively (Worsteling & Keating, 2022).

This research aims to explore students' awareness and personal connections to suicide in Kyrgyzstan, as well as their willingness and confidence to intervene and support peers in crises. To address this study, we had five main research questions:
RQ1: What are students' awareness and personal connections to suicide?
RQ2: What is students' knowledge and understanding of suicidal behavior?
RQ3: How do students take responsibility and intervene?
RQ4: Are students willing and confident to intervene and help peers in crisis?
RQ5: What is students' ability to intervene?

A proactive approach to BSI can significantly impact the prevention of suicide and promote overall well-being. This study investigates how students in Kyrgyzstan perceive and respond to situations that could lead to self-harm or suicidal behavior. By understanding these aspects, we can create educational programs that empower students to become effective bystanders and foster a safe, supportive school environment. This research contributes to a more comprehensive understanding of suicide prevention in Kyrgyzstan, a country with a high suicide rate and limited resources.

Methodology

We employed a cross-sectional survey design culturally adapting a five-step BSI Model of Latané and Darley (1960). This model covered five main steps of intervention: 1) Notice the issue; 2) Interpret as an emergency (Interpret the situation as a problem); 3) Accept responsibility (Assume personal responsibility); 4) Knowledge of interventions (Know how to help), and 5) Act.

We used a purposive snowball technique among students from four universities in Kyrgyzstan. This technique allowed us to target individuals most likely to have relevant insights and experiences, ultimately improving the depth and accuracy of our study. 239 students participated in the survey, which was disseminated via the social platform in Google Survey Format.

The sample of university students from four universities in Kyrgyzstan was chosen because this demographic is particularly vulnerable to mental health issues (Campbell et al., 2022). The diversity and geographical spread of the universities ensure a comprehensive understanding of the issue. At the same time, the purposive snowball sampling technique allows for targeted participation of students knowledgeable about the subject. While specific breakdowns by faculty are not provided, the surveyed population encompasses students from diverse academic disciplines, including psychology, social work, and other humanitarian fields. This suggests a multidisciplinary composition within the sample, reflective of the respondents' varied educational pursuits and interests. The inclusion of students from different faculties enhances the richness and breadth of perspectives represented within the survey, contributing to a comprehensive understanding of the targeted demographic.

The cross-tabulation analysis summarized the respondents' demographic characteristics and responses to the survey questions. To facilitate data analysis and understanding, we combined the responses of agreement and disagreement ("agree" with "completely agree" and "disagree" with "completely disagree"). This aggregation simplifies the response categories, making it easier to spot overarching trends and patterns in the data.

Stacked bar charts visualized the data and showed proportions and frequencies within the categories. The stacked bars and representative images were created using software such as Excel, Origin 2024, and Canvas X Draw. To analyze the open-ended questions, the responses were grouped and counted for each group. Diagrams visualized the data, providing a deeper understanding of students' experiences and perspectives.

Descriptive statistics, including means and standard deviations, were calculated using SPSS for all 18 study variables, which were rated on a 4-point Likert scale ranging from 0 (absolutely agree) to 3 (completely disagree), to provide an overview of participants' responses.

The internal consistency of the scale was assessed using Cronbach's Alpha, yielding a value of 0.695 for the 18-item scale. While this falls just below the conventional threshold of 0.70, it suggests a moderate level of reliability. Given the exploratory nature of this study and the complexity of the construct, this level of reliability is considered acceptable.

Ethics and Consent

This research was approved by the Center of Social Research under the National Academy of Sciences of the Kyrgyz Republic. Prior to the survey, we obtained an Ethical Support Letter from Bishkek State University, named after K. Karasaev, Kyrgyzstan, and got it signed by the Center of Social Research under the National Academy of Sciences of the Kyrgyz Republic (attached to the Related Files). This letter confirmed that our research adhered to ethical principles for research involving human participants and ensured proper ethical considerations throughout the study. Moreover, all study respondents were informed about the study's goals and procedure and provided informed consent before participating in this study by signing electronically. This provided the opportunity to obtain written informed consent forms for participation in the study and proved a volunteer foundation for our research. To mitigate potential biases in self-reported data during data collection, we ensured that all responses were anonymous and confidential, encouraging participants to provide honest feedback. The snowball technique let the respondents start the survey without any personally identified information. The survey questions were carefully structured to minimize leading language and promote clarity.

Results

The findings of the study were analyzed according to the Steps in the BSI Model of Latané and Darley's (cited in Nickerson et al., 2014), which follow such categories as 1) Notice the issue; 2) Interpret as an emergency; 3) Accept responsibility; 4) Knowledge of interventions, and 5) Act.

Demographics

The demographic characteristics of the respondents indicated that the majority, 79.1% of the respondents, are female compared to 20.9% who are male. Precisely 90.8% of the respondents fall within the age bracket of 18-20 years of age, while 7.1% of the respondents fall within the age bracket of 21-23 years of age. Furthermore, the older ones within 24-27 years of age are only 2.1% of the sample. These statistics suggest that there are more younger university students in this study. An average of 50.6% of respondents study at Arabaev University (AU), followed by 33.1% who study at Bishkek State University (BSU). In comparison, 4.6% and 11.7% of the respondents study at the Kyrgyz National University (KNU) and the International University of Kyrgyzstan (IUK). Furthermore, the majority, 42.3%, of the respondents are in their 2nd year, while 40.1% are in their 1st year, compared to the smaller number of participants, 14.6% and 2.9%, who are in their 3rd and 4th year, respectively. See Table 1 for details.

Table 1. Demographic characteristics of the respondents (N=239)

Variables	*Frequency (n=239)*	*Percentage %*
Gender		
Male	50	20.9
Female	189	79.1
Age		
18-20	217	90.8
21-23	17	7.1
24-27	5	2.1
University of Study		
AU	121	50.6
BSU	79	33.1
KNU	11	4.6
IUK	28	11.7
Year of Study		
1st year	96	40.1
2nd year	101	42.3
3rd year	35	14.6
4th year	7	2.9

Descriptive Statistics of Study

Descriptive statistics were calculated for all 18 study variables (N = 239). Lower mean scores indicate stronger agreement due to the reverse-coded nature of the scale (0 = absolutely agree, 3 = completely disagree). Results indicated that participants demonstrated the strongest agreement (lowest means) with the belief that someone with suicidal thoughts needs help (M = 0.61, SD = 0.78), awareness that people in crisis don't always show their need for help (M = 0.81, SD = 0.68), and perception of suicide as a serious problem in Kyrgyzstan (M = 0.88, SD = 0.66). These findings suggest high awareness of the problem's severity and recognition that individuals in crisis require assistance.

Participants showed the weakest agreement (highest means) with having experience helping someone in crisis (M = 1.77, SD = 0.77), knowing someone contemplating suicide (M = 1.79, SD = 0.86), having effective helping skills (M = 1.72, SD = 0.67), and personal experience with suicidal crisis (M = 1.69, SD = 0.99), indicating lower levels of direct exposure to suicidal ideation and prior intervention experiences within the sample. Standard deviations across all variables ranged from 0.63 to 0.99, reflecting moderate variability in responses.

**Table 2.** Descriptive Statistics of Study Variables (N=239)

Variables	*M*	*SD*
Q1: Perception of suicide as serious problem	0.88	0.66
Q2: Know someone who committed suicide	1.67	0.95

Q3: Know someone who attempted suicide	1.40	0.88
Q4: Know someone contemplating suicide	1.79	0.86
Q5: Personal experience with suicidal crisis	1.69	0.99
Q6: Others confide in me about problems	1.27	0.78
Q7: Person with suicidal thoughts needs help	0.61	0.78
Q8: People in crisis don't always show need for help	0.81	0.68
Q9: Suicidal thoughts are genuine (not manipulation)	1.10	0.68
Q10: Can name three warning signs	1.46	0.70
Q11: Everyone should intervene in suicidal crisis	1.07	0.70
Q12: My actions can save someone's life	1.02	0.63
Q13: Comfortable helping someone with suicidal thoughts	1.15	0.71
Q14: Know what to say to help	1.43	0.71
Q15: Have effective helping skills	1.72	0.67
Q16: Know what to do if asked for help	1.51	0.67
Q17: Have experience helping someone in crisis	1.77	0.77
Q18: Would seek professional support	1.00	0.65

Note: M = mean; SD = standard deviation. Items were rated on a 4-point Likert scale ranging from 0 (absolutely agree) to 3 (completely disagree). Lower scores indicate stronger agreement.

Notice the issue: To explore students' awareness and personal connections to suicide.
The goal for "Notice the issue" was to explore students' awareness and personal connections to suicide (Figure 1).
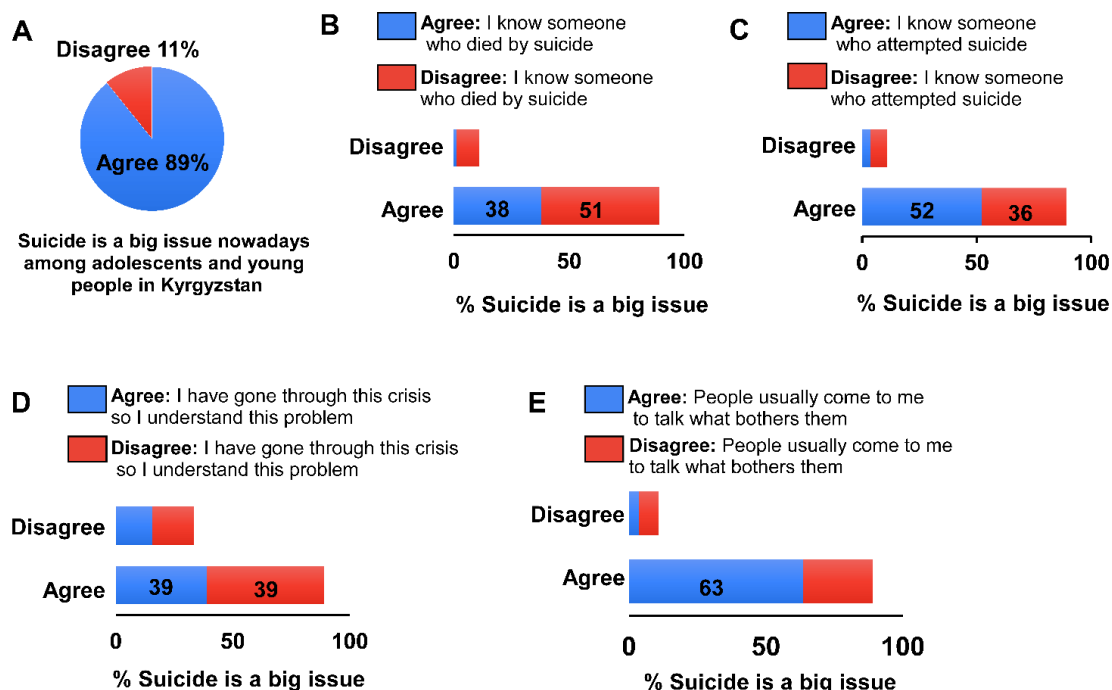
Figure 1. Students' awareness and personal connections to suicide (n=239). A) Overall agreement that suicide is a big issue among adolescents in Kyrgyzstan (89% agree, 11% disagree). B-E) Cross-tabulation showing agreement by personal experience: B) knowing someone who died by suicide (38% agree vs 51% disagree among those with this experience), C) knowing someone who attempted suicide (52% vs 36%), D) having gone through a crisis personally (39% vs 39%), and E) having people come to them to talk about problems (63% vs 25%). Percentages represent responses within each experience group.

A significant majority of respondents (89%) agree that suicide among teenagers and young adults is a serious issue in the country (**Fig 1A**). Among female participants (n=188), 89% agreed with the

statement, indicating their perception of suicide as a significant issue. Conversely, only 11% disagreed. In contrast, male participants (n=49) displayed a lower level of agreement (73.5%). Interestingly, a majority (89%) of the students agreed that suicide is a big issue, and 38% of them reported knowing someone who died by suicide (**Fig. 1B**). **Figure 1C** presents a compelling difference. Although more students (52%) said they are aware of someone who has tried to die by suicide, a lower number (28%) stated they know someone who contemplates suicide. This discovery indicates that students' social circles may pay more attention to or talk about attempted suicide rather than suicidal thoughts. An intriguing inconsistency emerged from **Figure 1D**. While 39% of the total respondents reported experiencing a suicidal crisis themselves, 15.5% of students who disagreed with the statement "suicide is a big issue" also indicated having a past suicidal crisis. This finding seems contradictory, as one might expect those with personal experience to perceive suicide as a more significant issue. **Figure 1E** reveals a provocative connection. A substantial proportion, 63.5% of participants who agreed that "suicide is a big issue" also indicated that people typically approach them to discuss their problems. This suggests a possible link between personal concern about suicide and being a supportive person for others. This further confirms a high level of awareness regarding suicide as a serious issue. The data indicates that a majority of respondents in both the 18-20 and 21-27 age groups agreed that suicide is a significant problem. The data indicates a high level of awareness among students regarding the seriousness of suicide as a problem in Kyrgyzstan. Moreover, most of the students were aware of someone who had tried to die by suicide.

Interpret as an emergency: To assess students' knowledge and understanding of suicidal behavior.

According to the steps in the BSI Model, "Interpret as an emergency" is the next step to studying students' knowledge and understanding of suicidal behavior (Figure 2).
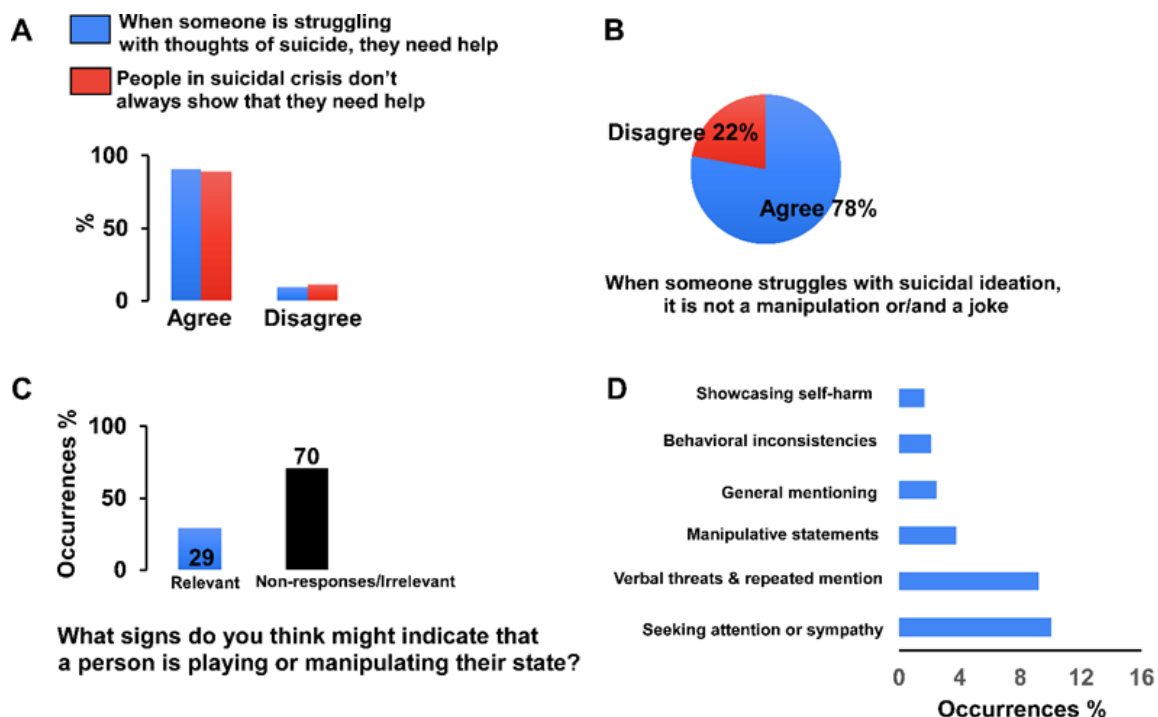
Figure 2. Students' knowledge and understanding of suicidal behavior (n=239).
A) Agreement that people in suicidal crisis need help: comparing those struggling with suicidal thoughts (blue) versus those in suicidal crisis more broadly (red). B) Agreement that suicidal ideation is not manipulation or a joke (78% agree, 22% disagree). C) Classification of participant responses about signs of manipulation: relevant signs (29%) versus non-responses or irrelevant answers (70%). D) Frequency distribution of specific signs mentioned by participants who provided relevant responses, showing seeking attention/sympathy and verbal threats as most commonly cited indicators.

The findings revealed that 90.78% of individuals expressing suicidal ideation require help, with an acknowledgment that such individuals may not always overtly express their need for assistance (**Fig. 2A**). This indicates an awareness that suicidal ideation is a serious problem that requires intervention. The majority of respondents, 88.70%, recognize that people with suicidal thoughts are generally sincere and do not use their condition to manipulate (**Fig. 2A**). While the majority (78%) recognized the

seriousness of suicidal ideation, a minority of students expressed concern about potential manipulation (**Fig. 2B**). **Figure 2C,** as an open-ended question, explored the participant's ability to identify specific signs of manipulation. Notably, a significant portion (70.7%) of students did not provide any relevant information, and only 29% of participants provided relevant responses (**Fig. 2C**). Open-ended questions revealed that verbal threats, attempts to induce guilt, behavioral inconsistencies, attention-seeking behaviors, and self-harm were identified as signs of manipulation. Among these responses, frequent mentions of suicide and attempts to gain sympathy were most common (**Fig. 2D**). Altogether, this suggests a need for improved education on recognizing manipulative behaviors in suicidal contexts.

In addition, while 49% of respondents reported feeling confident in identifying at least three signs of suicidal ideation, a discrepancy emerged when analyzing open-ended questions. Only 37% of participants provided relevant responses when asked to list specific signs. This suggests a potential overestimation of knowledge regarding suicidal ideation. Among those who provided relevant answers, the most identified signs included depression (8.3%), social withdrawal/isolation (6.2%), and directly talking about suicide (5%). The results show a general understanding of suicidal ideation as an emergency. However, there's a need for improvement in recognizing manipulative behaviors and the gap between perceived knowledge and the actual ability to identify specific signs.

Accept responsibility: To explore students' innate responsibility and the possibility of intervening.
The purpose of "Accept responsibility" was to investigate how students feel about taking personal responsibility and whether they can step in to help someone who is experiencing a suicidal crisis (Figure 3).
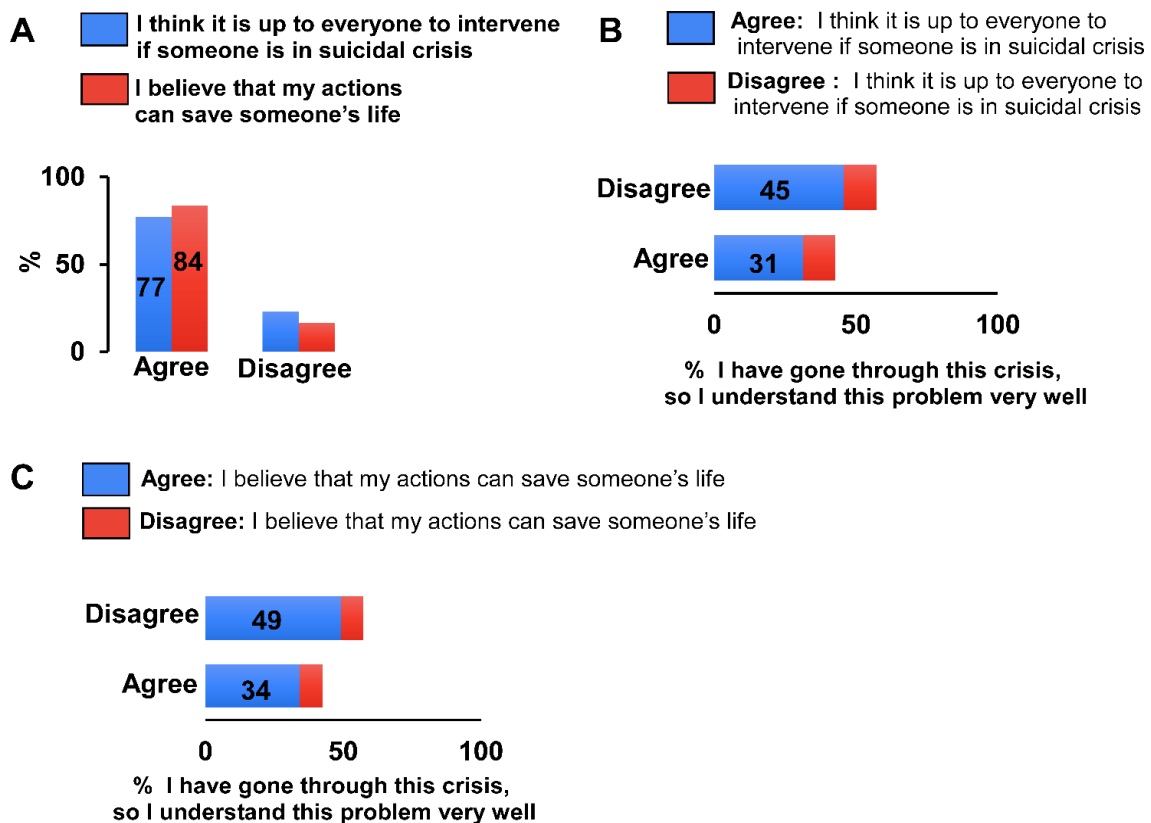
Figure 3. Students' sense of personal responsibility and ability to intervene in suicidal crisis (n=239).

A) Overall agreement on two beliefs: that everyone should intervene if someone is in suicidal crisis (77% agree, 23% disagree) and that personal actions can save someone's life (84% agree, 16% disagree). B-C) Cross-tabulation of these beliefs by having personally experienced a suicidal crisis: B) Among those who experienced crisis, 31% agreed that everyone should intervene while 45% disagreed. C) Among those who experienced crisis, 34% agreed that their actions can save someone's life while 49% disagreed. Percentages represent responses within each experience group.

The descriptive data indicate that 77% of students agree that it is up to everyone to intervene if someone is in a suicidal crisis. **Figure 3A** shows that 84% believe their actions can save a life, while

23% disagree. Among those who personally experienced a crisis, 31% felt everyone should intervene in suicidal crises, compared to 45% among those who had not. 31% of those who understand the problem from personal experience also think everyone should intervene in a crisis. 45% of those without personal experience still think everyone should intervene (**Fig. 3B**). The results suggest that most participants have a strong belief in the power of individual actions to prevent suicide, regardless of whether they have direct experience with the issue. Those with personal experience are somewhat more likely to agree that everyone should intervene in a crisis. In **Figure 3C,** 34.3% of participants who had a suicidal crisis themselves were more likely to agree to the statement "I believe that my actions can save someone's life" compared to those who had not experienced such a crisis (49.3% disagree). This might suggest that personal experience with suicidal ideation may contribute to self-efficacy in helping others. This highlights the need for educational programs that can equip students with the knowledge and skills to effectively support peers in crisis and address any barriers that may prevent them from taking action.

Know interventions: To analyze students' willingness and confidence in intervening and helping peers in crisis.

The findings of "Knowledge of Interventions" focus on analyzing students' willingness and confidence in intervening and helping peers in crisis.
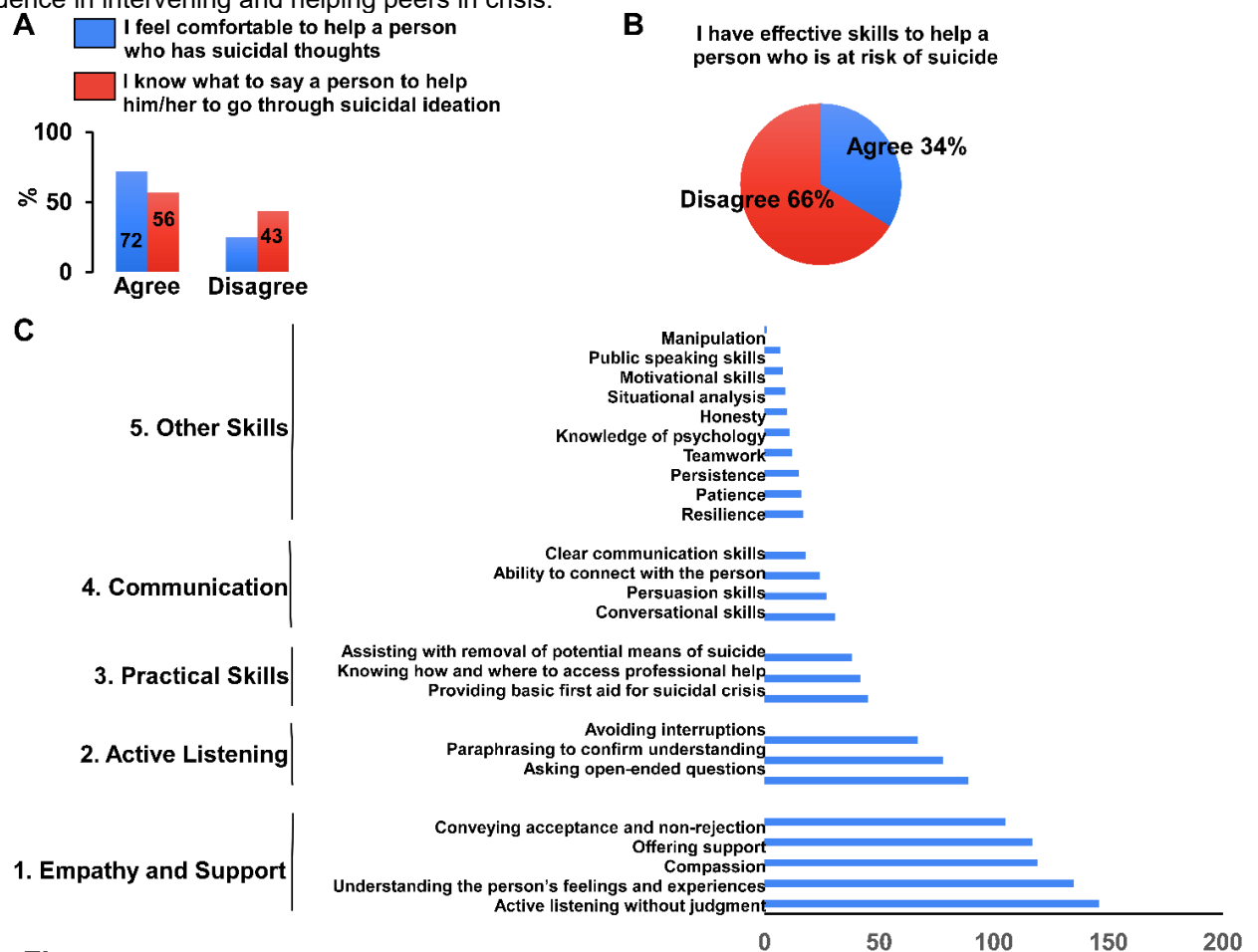
Figure 4. Students' willingness and confidence in suicide intervention (n=239).
A) Self-reported comfort and knowledge: feeling comfortable helping someone with suicidal thoughts (72% agree, 28% disagree) versus knowing what to say to help someone through suicidal ideation (56% agree, 43% disagree). B) Perceived possession of effective skills to help a person at risk of suicide (34% agree, 66% disagree). C) Distribution of skills identified as important for helping someone in suicidal crisis, categorized into five themes (Empathy and Support, Active Listening, Practical Skills, Communication, Other Skills. Bar lengths represent frequency of mention. In **Figure 4A,** 72 % of students agreed with the statement, "I feel comfortable helping a person who has suicidal thoughts". 56% agreed with the statement "I know what to say to a person to help him/her to go through suicidal ideation." In **Figure 4B,** 34% of participants agreed that they have effective skills to help a person who is at risk of suicide. Based on the 239 students' responses to the open question, 214

relevant answers identified at least one of the skills listed. 16 participants gave no relevant answers, and 9 did not give any answers. Among relevant answers, the most frequent ones were "active listening without judgment", "understanding the person's feelings and experiences", "compassion", "offering support'', and "acceptance" (**Fig. 4C**). As we see, most students are generally willing to intervene but lack the specific knowledge and confidence to take concrete steps.

Act: To assess students' ability to intervene

The last step in the BSI Model is "Act" which aims to assess students' actual ability to intervene (Figure 5).
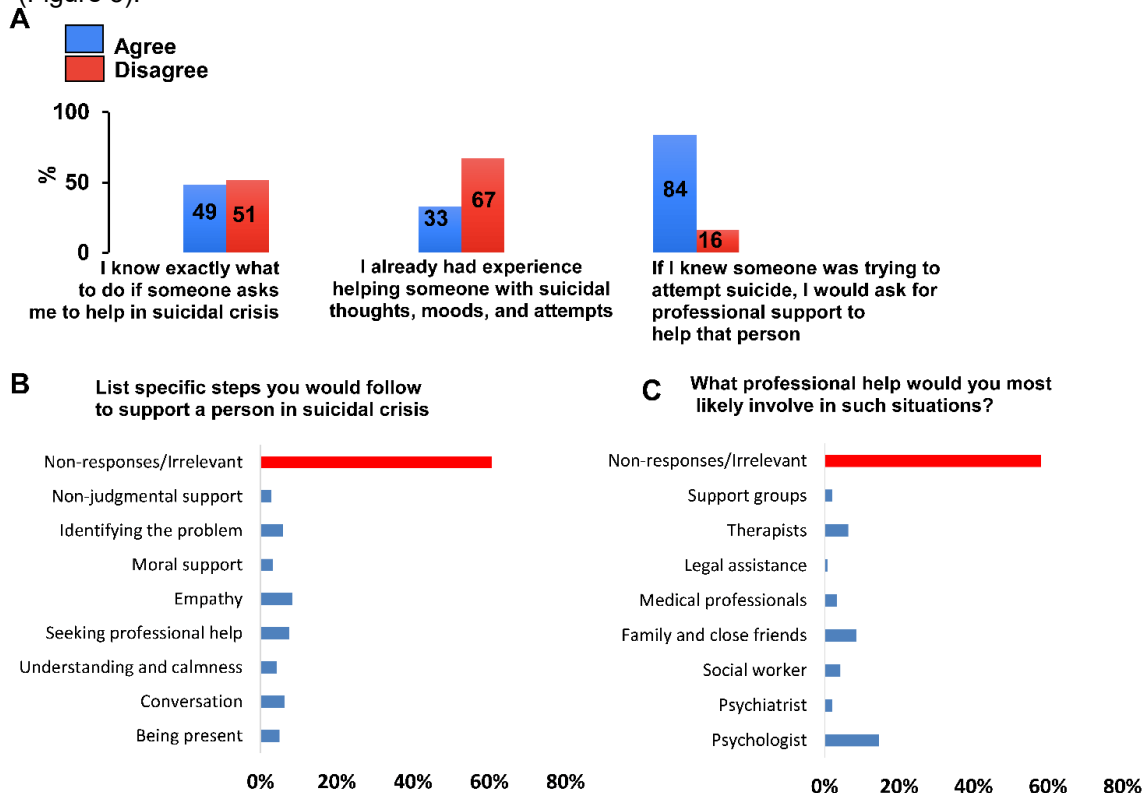
Figure 5. Students' experience and intended actions in suicide intervention (n=239).

A) Three aspects of intervention capability: knowing what to do when someone asks for help in suicidal crisis (49% agree, 51% disagree), having prior experience helping someone with suicidal thoughts, moods, and attempts (33% agree, 67% disagree), and willingness to seek professional support if they knew someone attempting suicide (84% agree, 16% disagree). B) Distribution of specific steps participants would follow to support a person in suicidal crisis. C) Distribution of professional help sources participants would most likely involve. Bar lengths represent frequency of mention.

The analysis demonstrates that a significant portion of respondents, nearly half (49%), are confident in their ability to respond effectively if approached for help in a suicidal situation **(Fig. 5A)**. Those who expressed their confidence in helping a person at suicidal risk listed specific steps to support a person in a suicidal crisis. Among those, there is empathy (8,4%), seeking professional help (7,5%), and leading conversation (6,3%) taking leading positions, with still a high proportion of those who left the response blank or irrelevant (60,7%) (**Fig. 5B**). In **Figure 5A,** 33% of respondents had prior experience in providing such support, while still the more significant percentage (67%) reported not having experience helping someone with suicidal thoughts and/or behavior. The majority of respondents (83,7%) recognize the importance of professional intervention (**Fig. 5A**). Although a small number refer to a psychologist (14,6%), which was perceived as a key relevant support system in addressing suicidal crises (**Fig. 5C**). Family and close friends are also seen as key supporters (8,4%), highlighting the importance of personal connections in crisis intervention. The high number of non-responses and irrelevant answers (58.2%) may suggest a lack of awareness or certainty about which professional help to seek, emphasizing the need for more explicit guidance and education on available resources for suicide prevention and intervention. Our analysis demonstrated that only a few students possess the confidence and knowledge to intervene, while many lack practical experience and a clear understanding of available resources. This highlights the need for further education and training on suicide prevention and intervention.

Summary of results

RQ 1: The data indicates a high level of awareness among students regarding the seriousness of suicide as a problem in Kyrgyzstan, with most students being aware of someone who had tried to die by suicide.

RQ 2: The results pointed out that the students had a general understanding of suicidal ideation as an emergency. However, there's an issue in recognizing manipulative behaviors and the gap between perceived knowledge and the actual ability to identify specific signs.

RQ 3: The results suggest that most participants have a strong belief in the power of individual actions to prevent suicide, regardless of whether they have direct experience with the issue. Those with personal experience are somewhat more likely to agree that everyone should intervene in a crisis.

RQ 4: Most students are generally willing to intervene but lack the specific knowledge and confidence to take concrete steps.

RQ 5: Some students have the confidence and knowledge to intervene, but many lack practical experience and a clear understanding of resources.

Discussion

Our descriptive analysis revealed that while participants demonstrated significant exposure to suicidal ideation and behaviors and willingness to seek professional support, they showed limited confidence in helping skills and practical intervention experience, with considerable variability in responses across all measured variables. The findings of this survey indicate a high level of awareness among university students in Kyrgyzstan about the seriousness of suicide. This awareness exists irrespective of students' personal experiences with suicidal ideation or exposure to suicide attempts. The fact that nearly half of the respondents have encountered a suicidal crisis suggests a pressing need for effective intervention programs. It is essential to leverage this awareness to foster environments where seeking help is encouraged and facilitated.

It is noteworthy that a majority of students recognize the sincerity of individuals with suicidal thoughts and do not view their condition as manipulative. This understanding is crucial in creating a supportive atmosphere for those in need. However, the identification of potential manipulation through suicidal threats and attention-seeking behaviors should not be ignored. The study of Lee et al. (2023) indicates that only about 40.5% of students who died by suicide displayed warning signs with approximately 60% of students showing no apparent problems. This suggests a limitation in relying solely on warning signs for early detection of suicidal behavior, highlighting the challenge of identifying these signs among youth. These findings underscore the importance, as previous studies have also shown (Zachariah et al., 2018; Salimova & Rusnáková, 2024), of remaining vigilant for warning signs indicating suicidal risk, distinguishing them from longer-term risk factors, akin to identifying red flags amidst clues. The ability of students to identify signs of suicidal ideation, such as discussions of suicide, social withdrawal, and symptoms of depression, is a positive step towards early intervention. In the study of Aldrich (2018), it is stated that the correlation between personal exposure to suicide and the willingness to help others is significant, as it suggests that experiential learning plays a role in fostering empathy and responsibility.

Social peers play a key role in influencing the occurrence or prevention of risky behaviors. The research of Doumas (2019) and Salmivalli (2014) stated that when school students observe bullying, they typically respond in a few ways, one of which is as a "defender" by intervening on behalf of the target. Likewise, in our research, we revealed that a significant number of respondents agreed to intervene and showed a strong willingness to take action. This highlights the importance of fostering a supportive campus environment, such as through the university, which can empower students to recognize warning signs and take meaningful action in preventing youth suicide (Barker et al., 2021). Moreover, the systematic review of Yulia et al. (2021) highlights the urgent need for campuses worldwide to move beyond awareness and implement concrete intervention programs that address the growing mental health challenges among students.

This study relies on self-reported data regarding students' willingness to intervene in suicidal situations. Research has shown that there is often a discrepancy between what people say they will do in a crisis and what they do when faced with such circumstances (Ajzen, 1991; Fishbein & Ajzen, 2010; Darley & Latané, 1968; Vlaev, 2012). This phenomenon suggests that although many students in our study express a desire to help peers in distress, their actual behavior may not necessarily match these intentions due to various factors such as social pressure, insecurity, or insufficient knowledge about how to intervene effectively. Our results indicate that although a high percentage of respondents believe in their ability to prevent suicide, many lack specific training or knowledge about intervention strategies. For example, although 89% of participants recognized suicide as a serious problem, only a proportion

felt prepared to take action when faced with a peer in crisis. This highlights the critical need for educational programs that not only inform students about suicide prevention but also provide practical skills for effective intervention.

Our research reported that despite the willingness to help, there is a self-acknowledged lack of effective skills among students to assist a peer in a suicidal crisis. This gap highlights the importance of implementing comprehensive training programs for young people that focus on developing interpersonal skills such as empathy, active listening, and communication, which are vital in assisting individuals in distress (Meneses, 2024). The study of Zachariah et al. (2018) correlates with this finding, stating that it is necessary to support people in suicidal crisis by actively practicing non-judgmental listening. Hence, it effectively helps them respond to distress in the existing setting without necessarily challenging the system's norms. Moreover, the respondents in this study understand that there is a need for professional support in suicidal crises. This finding supports the argument of Salimova & Rusnáková's research (2024), which identified the importance of referring to mental health professionals in case of witnessing a suicidal risk in a person, confirming that external support is vital.

Limitations

While our study provides valuable insights, it has some limitations. We recognize that further validation of our survey instrument is necessary. Future research should focus on refining the psychometric properties through expanded testing across diverse populations. We suggest that exploratory qualitative research would benefit from revealing in-depth findings to continue discussions about the underlying mechanisms, contextual factors, and nuanced perspectives that quantitative approaches might overlook, thereby enriching the overall understanding of the subject matter. Another limitation is that the study's sample size was limited to university students, mostly from social science disciplines, indicating a more specific demography that may be more prepared for such scenarios. In addition to this, the sample is predominantly females which might create sampling biases. The way the information was gathered from university students via an online survey was another study disadvantage. There may be evidence of social desirability bias, which is a common phenomenon in quantitative studies, where respondents provide responses that may not be an accurate reflection of who they are but rather conform to social desirability. Thus, future research should aim to observe actual intervention behavior rather than rely solely on self-reported intentions. Incorporating scenario-based assessments can provide valuable insight into how students will respond in real-life situations requiring intervention. Additionally, longitudinal studies can track whether intentions translate into action over time.

Conclusion

We investigated a culturally adopted measure of the BSI Model among Kyrgyz students, totaling 239 university-aged students who took part in a study that looked into their function of awareness, readiness, and empathy in perceptions of and responses to someone who was at suicidal risk. The findings supported the significant connections found between awareness of suicide, personal experience, skill development, and intervention likelihood. We revealed that participants with personal experience and exposure to suicide had a higher level of support connected with suicide risk as more serious, and they were more ready to offer direct support and talk to the problematic peer. The participants' previous direct and indirect exposure to suicide was identified as a critical criterion in their evaluations. This study might emphasize the necessity of designing, modifying, and evaluating interventions targeted at providing bystanders with the knowledge and skills they need to act effectively, hence lowering the occurrence of suicidal behavior and its negative repercussions. Educational programs focused on developing these skills and providing clear information on available resources are crucial to empower students to intervene and support peers experiencing suicidal ideation effectively.

Suggestions

The high level of suicide awareness among Kyrgyzstan university students, combined with their willingness to intervene, presents a unique opportunity for developing targeted mental health policies, particularly as there is a significant gap between students' intentions to help and their actual intervention skills which necessitates the implementation of suicide prevention training programs that provide practical, evidence-based strategies for peer-to-peer crisis intervention.

Given the expertise in psychology and social work among the universities in this study, the findings can strongly support the establishment of a friendly campus environment and structured referral systems linking student bystanders to professional mental health services, ensuring that willing students have opportunity to train and develop skills to connect peers in crisis with appropriate professional support rather than relying solely on untrained peer assistance. Moreover, this may also entail, for

example, creating additional university counseling centers on the basis of universities, national crisis lines, and mental health training for the general population.

We believe that effective and proactive interventions can be done through the collaborative work of local organizations, mental health services, university initiatives, and government support. Likewise, for Kyrgyzstan and for ASEAN regions, investing in mental health resources should be a priority, where all necessary resources are allocated to facilitate improved mental health services and programs that the youth can easily access.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Disclosure of Interest

The authors report there are no competing interests to declare.

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Author contributions

LS**:** Conceptualization; Validation; Writing - introduction, discussion, conclusion.
MN: Data curation; Methodology; Software; Writing - methodology, results, discussion.
NA: Proofreading; Revision

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