

INJURY PREVENTION

illinois

SUICIDE and COLLEGE STUDENTS

For students, the college or university is their community for a significant portion of the year. Colleges are a diverse group, including traditional, commuter, older, international and veterans. With more than 70 four-year colleges and universities in the state and more than 50 two-year community colleges and branch campuses, a significant segment of the population falls into the category of student.

*** WHY ARE THEY AT RISK**

Suicide is the second leading cause of death among college-aged students in the United States. It is estimated that 1,088 college students die by suicide each year. That figure translates to a rate of 7.5 deaths by suicide per 100,000 students in the population. Data from 10 years of suicide deaths on campuses of the Big 10 universities indicates the suicide rate for female students (4.5/100,000) is slightly less than half that of males (10/100,000), yet it is important to recognize women attempt suicide about two to three times as often as men. The majority of suicides occurred in the 20-29 age group. Specifically, 71 percent of female suicides and 68.7 percent of male suicides were in this age group. Most (87 percent) deaths were among white students, with rates of suicide deaths among black students being significantly lower than their representation on campus.

National survey data indicates more than 9 percent of students admit to seriously thinking about suicide with another 1.5 percent having made an attempt. Of the students surveyed, within the past 12 years, half reported feeling

very sad, one third reported feeling hopeless and 22 percent felt so depressed as to not be able to function. These percentages increase for those students who have seriously considered suicide. These students are more than 90 percent likely to have felt sad and hopeless to the point of not functioning.

*** RISK FACTORS**

Presence of a diagnosable mental illness, often major depression, has been consistently identified as a major risk factor for suicide in all segments of the population. Many depressed individuals are never diagnosed or adequately treated. National survey data of college students found 22 percent reported feeling so depressed that they were unable to function at least three times within a one-year period, yet only 6.2 percent of male and 12.8 percent of female students had been formally diagnosed. A recent study found 13 percent of women and 12 percent of men screened positive for depression. Of those who screened positive, less than 50 percent had received any mental health services (therapy or medication) in the previous year.

Based on the Counseling Director's Survey 2009, directors reported 103 student suicides in the past year.

- 19 percent were current or former center clients, 73 percent were males, 72 percent were undergraduates and only 19 percent of the suicides occurred on-campus.
- 77 percent were Caucasian, 13 percent were Asian or Pacific Islanders and 5 percent were African American.
- To the extent that it was known, 80 percent of the students were depressed,

44 percent had relationship problems, 15 percent had academic problems, 27 percent were on psychiatric medication and 18 percent were known to have had previous psychiatric hospitalizations.

Students identified as being at greatest risk of suicide ideation and attempts are those with an existing mental health problem when they start school and those who develop mental health problems while enrolled.

- Students (under 21 years of age), males, Asian and Latino, and those currently in treatment are at greater risk of suicide-related behaviors.
- A variety of factors have been determined to contribute to suicidal ideation and attempts in college students, including loneliness, helplessness, academic problems, relationship problems, difficulties with parents and financial concerns.

Transitioning into college life can be challenging.

- Students are introduced to new freedoms, new responsibilities, and feel overwhelmed with academic and social pressures.
- This is also the age period (18-24 years of age) in which severe psychiatric disorders, like bipolar and schizophrenia, typically manifests and can disrupt a student.
- Due to advancements in medicine, those diagnosed with a mental illness now can envision themselves attending college. This has led to more people with a mental illness attending college, though they may be more susceptible to the stressors intrinsic in college.

Students may struggle with sleep deprivation, substance abuse and other risky behavior during college life, that could impact their risk for suicide.

- Sleep deprivation is often seen as a characteristic for college life, but also is a major trigger for mania.

- Substance abuse can make the difference between suicidal ideation and a lethal attempt.
- Students with a history of suicide ideation have shown an increase in the use of tobacco, alcohol and illegal drugs.
- Students with a history of suicide ideation are more likely to engage in “injury-related risk behavior,” like driving intoxicated, riding with someone who is driving intoxicated, swimming or boarding after drinking alcohol, engaging in a physical fight, carrying a weapon and failing to wear seatbelts regularly, if at all.

Some populations to consider when establishing an approach to preventing suicide are commuter students; older students; international students; and gay, lesbian, bisexual and transgender students.

Some warning signs that indicate a student may be considering suicide include a sudden decrease in school performance, a fixation with death or violence, unhealthy peer relationships, violent mood swings or sudden change in personality, indications that the student is in an abusive relationship, signs of an eating disorder, and difficulty in adjusting to gender identity and/or depression.

*** PROTECTIVE FACTORS**

The fact that a young adult is attending college may be a protective factor against suicide. It was found that college students (7.5 /100,000) were less likely to die by suicide than their nonstudent peers (15/100,000). In addition to campus policies, (e.g., campuses prohibit firearm possession) it is believed the infrastructure of a campus provides a network of support and services to struggling students. However, it is important to remember that suicide remains the second leading cause of death among college-aged students in the United States and strategies, like those listed below, should be implemented to prevent suicides among college students.

Protective Factors include:

- Effective clinical care for mental, physical and substance use disorders.
- Easy access to a variety of clinical interventions and support for helpseeking.
- Restricted access to highly lethal means of suicide.
- Strong connections to family and community support.
- Support through ongoing medical and mental health care relationships.
- Skills in problem solving, conflict resolution and nonviolent handling of disputes.
- Cultural and religious beliefs that discourage suicide and support self preservation.

*** PREVENTION/INTERVENTION STRATEGIES FOR FAMILIES**

Stay actively involved in your student's lives while they are at school. Family involvement serves as a protective factor, whereas, regular contact by phone, e-mail and mail may help remind the student they are loved, cared for and access to a support network. Learn the warning signs of suicide and who to refer their student to if they are concerned.

Known the risk factors and be aware of the mental health services available at your student's school and, if necessary, should help them obtain services.

Find out how your specific school handles this issue. If you are concerned your student is at risk, contact the school to identify ways to ensure the safety of your student and how to get linked to resources. Keep trying.

Acknowledge up-front the issues of confidentiality for adult students (i.e., over 18) and establish reasonable ways of information transfer.

*** PREVENTION/INTERVENTION STRATEGIES FOR THE COMMUNITY**

Schools

- Implement regular screening programs for depression, other serious mental illnesses and suicide-related behaviors.
- Implement campus-wide education efforts.
- Provide educational programs and materials to parents and to families of incoming and continuing students.
- Take a campus-wide approach to address both individual and environmental factors associated with suicide. The entire campus (not just the counseling center) needs to serve an active role, since suicide is a complex problem.
- Reach out to students when their symptoms are just developing so fewer students end up at risk for serious depression, anxiety, fewer consider suicide, fewer attempt and fewer die by suicide.
- Develop a continuum of activities to decrease risk factors and increase protective factors.
 - Identify students at risk
 - Increase help-seeking behavior
 - Provide mental health services
 - Follow crisis management procedures
 - Restrict access to potentially lethal means
 - Develop life skills
 - Promote social networks
- Establish post-vention programs to help the community cope after a suicide death on campus.
- Develop comprehensive medical leave policies, which include mental illness.
- Participate in statewide surveillance system for reporting suicide deaths and serious suicide-related behaviors on campus.

Faculty and staff

- Have regular contact with students.
- Attend training on recognizing at-risk students and helping them obtain necessary services.

Campus-based mental health, counseling centers or psychiatric services

- Train staff to recognize and manage suicide risk.
- Provide culturally appropriate services.
- Maintain up-to-date lists of off-campus referral options in addition to information on accessing emergency services.
- Be available on-site or with easy access for clinical diagnosis, prescription and monitoring of psychotropic medications.
- Offer general stress-reduction programs on a regular basis along with non-clinical student support networks.

* **LOOKING FOR HELP**

Call 9-1-1 or seek immediate help from a mental health provider when you hear or see someone that is:

- threatening to hurt or kill themselves
- looking for ways to kill themselves (e.g., seeking access to pills, weapons or other means)
- talking or writing about death, dying or suicide

Contact a mental health professional or call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) for a referral should you witness, hear or see anyone with one or more of these behaviors:

- hopelessness
- rage, anger, seeking revenge
- acting reckless or engaging in risky activities, seemingly without thinking
- feeling trapped—like there's no way out
- increasing alcohol or drug use
- withdrawing from friends, family or society
- anxiety, agitation, unable to sleep or sleeping all the time

- dramatic mood changes
- no reason for living; no sense of purpose in life

* **RESOURCES**

More information about suicide can be obtained from the following organizations:

- **Suicide Prevention Resource Center** - www.sprc.org
- **The Jed Foundation** - <http://jedfoundation.org>
- **American Foundation for Suicide Prevention** - <http://www.afsp.org>
- **National Center for Injury Prevention and Control** - www.cdc.gov/ncipc
- **National Strategy for Suicide Prevention** - <http://mentalhealth.samhsa.gov/suicideprevention/>
- **It Only Takes One** – public awareness campaign for Illinois – www.itonlytakesone.org

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