ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Suicide Prevention

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 180 two- and four–year colleges and universities in the state, a significant segment of the Illinois population falls into the category of student (Degree-granting, 2012).

WHY THEY ARE AT RISK

Suicide is a leading cause of death among college-aged students in the United States. It is estimated a campus of 10,000 students will see a student suicide every 2-3 years. Data from five years of suicide deaths on 645 campuses as reported by the National Survey of Counseling Center Directors indicates a rate of seven deaths by suicide per 100,000 students in the population. Data also indicates the suicide rate for female students (2.0/100,000) is slightly less than that of males (7.1/100,000) (Schwartz, 2011), yet it is important to recognize women attempt suicide more than men.

The American College Health Association's National College Health Assessment (2012) indicates in 2011 more than 6 percent of students admit to seriously thinking about suicide with another 1.1 percent having made an attempt. Of the students surveyed, more than 60 percent reported feeling very sad, 45 percent reported feeling hopeless and 50 percent felt overwhelming anxiety.

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. The American College Health Association's National College Health Assessment (2012) found 30 percent of college students reported feeling so depressed they were unable to function at least once within a one-year period, yet only 6.7 percent of male and 13.1 percent of female students had been formally diagnosed or treated for depression within the year 2011. A National Survey on Drug Use and Health report published by the Substance Abuse and Mental Health Administration (SAMHSA) Center for Behavioral Health Statistics and Quality (2012) found 4.5 percent of men and 12 percent of women experienced at least one major depressive episode in the years 2008 through 2010. Of those students, less than 40 percent had received mental health counseling and less than 30 percent had received prescription medication in the previous year.

Based on the National Survey of College Counseling Centers 2013, college and university counseling center directors in the United States reported 69 student deaths by suicide in the past year.

- 21 percent were current or former center clients, 71 percent were males, 76 percent were undergraduates and 33 percent of the deaths by suicide occurred on or near campus.
- 77 percent were Caucasian, 11 percent were Latino, 9 percent were African American and 2 percent were Asian or Pacific Islanders.
- To the extent that it was known, 48 percent of the students were depressed, 27 percent had relationship problems, 16 percent had academic problems and 6 percent had financial problems. These numbers may appear low, as directors

reported only on the primary factor rather than a combination of factors.
- 17 percent were on psychiatric medication and 9 percent were known to have had previous psychiatric hospitalizations.

Students identified 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 also is 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 can envision themselves attending college. This has lead 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:

- Sudden decrease in school performance.
- 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.
- Difficulty in adjusting to gender identity and/or depression.

PROTECTIVE FACTORS

The fact a young adult is attending college may be a protective factor against suicide. College students (7.5 /100,000) were less likely to die by suicide than their nonstudent peers (15/100,000) (Silverman et al., 1997; Drum et al., 2009). 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 deaths by suicide among college students.

Campus environmental 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.

Campus social protective factors include:

- 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

STRATEGIES FOR FAMILIES

Stay actively involved in your student's live 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 have access to a support network.

Learn the warning signs of suicide and who to refer your student to if they are concerned.

Know 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 student's 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.

If the student is living at home during their college years, restrict access to firearms in the home in the event warning signs of suicide are observed.

STRATEGIES FOR THE HIGHER EDUCATION 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.

HELP FOR EVERYONE

Some behaviors may indicate a person is at immediate risk for suicide. The following three behaviors should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional, as well as stay with the person while they wait for assistance, when you hear or see someone that is:

- Talking about wanting to hurt or kill themselves
- Looking for ways to kill themselves (such as searching online or seeking access to pills, weapons or other means)
- Talking about feeling hopeless or having no reason to live

Other behaviors also may indicate a serious risk, especially if the behavior is new, has increased, and/or seems related to a painful event, loss or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings.

RESOURCES

- ***Suicide Prevention Resource Center*** *www.sprc.org*
- ***American Foundation for Suicide Prevention*** www.afsp.org
- ***National Suicide Prevention Lifeline*** *http://www.suicidepreventionlifeline.org; (800) 273-TALK (8255)*
- ***National Strategy for Suicide Prevention*** *http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html*
- ***National Center for Injury Prevention and Control*** *http://www.cdc.gov/ViolencePrevention/suicide*
- ***It Only Takes One*** *– public awareness campaign for Illinois – www.itonlytakesone.org*
- ***The Jed Foundation*** *http://jedfoundation.org*

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