



Mental Health Matters

**Counseling and
Psychological Services
(CAPS)**

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Safeguarding Our Students Against Suicide

Source: *Expanding the Safety Net: A Roundtable of Vulnerability, Depressive Symptoms, and Suicidal Behavior in College Campuses.* Co-sponsored by the National Mental Health Association (NMHA) and the Jed Foundation 2001

Over the past 60 years, the overall rate of suicide among adolescents has tripled, making it the third leading cause of death among 15- to 24-year-olds and the second leading cause of death among college-age students. Research estimates project 1088 suicides to occur on college campuses each year. Data from a recent survey conducted by the American College Health Association (ACHA) show that 9.5% of the 16,000 students surveyed have seriously contemplated suicide and 1.5% have made a suicide attempt. Depression, sadness, and hopelessness seem to play a major role when a student feels suicidal, although there are a number of additional risk factors related to college-student suicide.

Who is at a higher risk for suicidal ideation and suicide attempts on campus?

There are two distinct groups on campus:

- Students with pre-existing mental health conditions
- Students who develop mental health problems during the college years.

Within these two groups:

- Students under the age of 21
- Males
- Asians and Hispanics
- Students currently receiving treatment

Suicide on campus (ACHA)

	Women(%)	Men (%)	Total (%)
Very sad	55.5	41.9	50.3
Hopeless	36.5	28.3	33.4
So depressed. Could not function	24.0	19.0	22.1
Seriously considered suicide	9.9	9.7	9.5
Attempted suicide	1.4	1.6	1.5

While feeling depressed and not being able to function or feeling hopeless does not necessarily mean that someone is seriously considering suicide, feeling suicidal often does include feelings of depression and hopelessness.

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Overview of suicide and mental illness among college- aged students

- Suicide is the second leading cause of death among 20 to 24-year olds

- More teenagers and young adults die from suicide than from all medical illnesses combined

-The suicide rate peaks among young adults (ages 20 to 24)

-One in 12 US college student makes a suicide plan

-Clinical depression often first appears in adolescence

-The vast majority of young adults aged 18 and older who are diagnosed with depression do not receive appropriate treatment or no treatment at all.



What is suicide?

Suicide is neither an illness nor a condition but rather a complex set of behaviors that actually exists on a continuum, from ideas to actions. For instance, someone you know may wish he or she were dead but never intend to act those thoughts. This person may think about suicide but not have a specific plan. On the other hand, this person may have a very specific plan, with a date, location and method. Or he or she may have a plan as well as the intent and the means to carry it out.

Why do people commit suicide?

A suicide attempt is a clear indication that something is gravely wrong in a person's life. No matter the race or age of the person, how rich or poor they are, it is true that most people who commit suicide have a mental or emotional disorder. The most frequent underlying disorder is depression; 30% to 70% of suicide victims suffer from major depression or bipolar disorder.

Risk Factors

Regardless of what specifically motivates someone to attempt or commit suicide, a number of medical, biological, psychological and social risk factors are often involved. Those factors can vary based on age, gender and ethnic group, and they can change over time.

Some factors that put people at higher risk include:

- A prior suicide attempt
- Having a psychiatric disorder, such as depression, bipolar disorder, schizophrenia or personality disorders
- Alcohol or substance abuse
- A family history of mental disorders or substance abuse
- A family history of suicide
- Family violence, including physical or sexual abuse
- Firearms in the home
- A significant medical illness, such as cancer or chronic pain

Warning Signs

You may notice possible indications that a friend or loved one is thinking about suicide. Here are some typical warning signs:

- Talking about suicide, including such statements as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
- Withdrawing from social contact and increased desire to be left alone
- Wide mood swings, such as being emotionally high one day but deeply discouraged the next
- Preoccupation with death and dying or violence
- Changes in routine, including eating or sleeping patterns
- Personality changes, such as becoming very outgoing after being shy
- Risky or self-destructive behavior, such as drug use or unsafe driving
- Giving away belongings or getting affairs in order
- Saying goodbye to people as if they won't be seen again

Some people don't reveal any suicidal feelings or actions. And, many who consider or attempt suicide do so when you think they should be feeling better -- during what may seem like a recovery from depression, for instance. That is because they may finally be able to muster enough emotional energy to take action on their feelings.

*The number of students counseled each year for depression doubled from 1988 to 2001, and the number counseled for suicidal thoughts tripled (Kansas State University, long-term study).



What To Do If Someone You Know Is Suicidal

Source: Mayo Clinic

Hearing someone talk about suicide may make you uncomfortable. You may not be sure how to step in and help, or even if you should take them seriously.

Not everyone who thinks or talks about suicide actually attempts it. But it's not true that people who talk about suicide won't really try it. That's why it is important to take them seriously, especially if they have depression or another mental disorder or are intoxicated or behaving impulsively.

Questions to ask

The best way to find out if someone is considering suicide is to directly ask. Asking them won't give them the idea or push them into doing something self-destructive. To the contrary, your willingness to ask can decrease the risk of suicide by giving them an opportunity to talk about their feelings.

You may have to overcome your own discomfort to discuss the issue. Here are some questions you can ask someone you're concerned about:

- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you thought about how you would do it?
- Do you know when you would do it?
- Do you have the means to do it?

Remember, you're not trying to take on the role of doctor or mental health professional or to conduct psychotherapy sessions. But these questions can help you assess what sort of danger your friend or loved one might pose to themselves.

Don't swear your discussions to secrecy. Not only is that an unwanted burden for you, but if you do make such a promise, you risk having to betray that trust if you need to enlist professional help. Don't worry about losing a friendship to mistrust when it's a life that could be lost.

Do be supportive and empathic, not judgmental. Listen to their concerns. Reassure them that help is available and that with appropriate treatment they can feel better.

Don't patronize them by simply telling them that "everything will be OK" that "things could be worse" or that they have "everything to live for".

If possible, assess their home or environment for potentially dangerous items. You may have to remove items that could become weapons of self-destruction, such as guns or knives. But don't put yourself in harm's way either, you can't help if you are hurt.

"A lot of people are getting to college who couldn't have done so before, but they can now because they're on antidepressants. Such students might have found the daily demands of collegiate life unbearable, but mood-stabilizing medications enable them to do what's necessary to stay in school." (Richard Kardison, M.D., *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It*, 2004)

"Most people now think, 'If I'm depressed, I'll go get help,' and that's a positive development. The challenge now is meeting the demand." --Gregory Eells, director of Counseling and Psychological Services at Cornell University

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"A compassionate medical leave policy is often available for students who become diagnosed with a malignancy or other life-threatening medical condition. The same should hold true for debilitating and life-threatening mental health disorders. Too often, a student is suspended after a suicide attempt, increasing the already apparent stigma associated with the action itself. As with students who recover from other medical conditions, students who have attempted suicide should be allowed to re-register and resume their education, once their symptoms have resolved and they return to a stable state."

While the number of students receiving mental health treatment is significantly lower than the total that reports having experienced depression, a high proportion of those in treatment (44.6%) have seriously considered suicide. This means that campus-counseling centers may be dealing with students with suicidal ideation and potential suicide attempts in almost 1 out of every 2 cases they see – an insurmountable number of cases to handle without adequate resources. (ACHA, 2000)

Getting information and help:

Crisis and Suicide Phone Line
(317) 251-7575

National Mental Health Association
www.nmha.org
1-800-969-NMHA

1-800-SUICIDE (1-800-784-2433)
www.hopeline.com
This will contact you with a crisis center in your area.

American Academy of Child and Adolescent Psychiatry
www.aacap.org
202-966-7300

Suicide Prevention Advocacy Network
www.spanusa.org
1-888-649-1366

American College Health Association
www.acha.org

Online Behavioral Support System for Young Adults
www.ulifeline.org

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