

College Student Suicidality: Updated Findings and Implications from the Research Consortium

Chris Brownson, Ph.D.,
cbrownson@austin.utexas.edu

David Drum, Ph.D., ABPP
ddrum@mail.utexas.edu

THE NATIONAL RESEARCH CONSORTIUM
OF COUNSELING CENTERS IN HIGHER EDUCATION



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- Founded in 1991 at the University of Texas at Austin.
- 5 completed studies to date
 - 2 with presenting problems in clinical samples
 - 2 with mental health issues in non-clinical samples
 - Nature of Suicidal Ideation
- Membership is determined study-by-study, all are welcome!
- Research is an essential ingredient for defining a subspecialty of college mental health

Study Characteristics

- Over 26,000 undergraduates and graduate student responses (~108,000 surveys sent)
- 25% response rate
- 70 colleges and universities participated
- Random sample at each school
- Web-based survey, anonymous, intervention
- Demographics fairly comparable to NCHA

Overview of Key Findings

Lifetime History of Suicidality

Which phrase best describes you:	Undergrad N=15,010	Graduate N=11,441
I have never had suicidal thoughts.	45%	49%
One period in my life of having suicidal thoughts.	24%	22%
A few discrete periods in my life of having had suicidal thoughts.	23%	23%
Repetitive episodes of suicidal thoughts with periods in between of no suicidal thoughts.	6%	4%
Suicidal thoughts on a regular basis for several years.	2%	2%
Have you ever seriously considered attempting suicide?	18%	15%

Suicidality in the Past 12 Months

In the past 12 months...	Undergrad N=15,010	Graduate N=11,441
I thought, "I wish this all would just end"	37%	30%
I thought, "I wish I was dead"	11%	8%
I have seriously considered attempting suicide	6%	4%
I have attempted suicide	0.9%	0.3%

Intensity of Suicidal Ideation

Answered by those who have seriously considered attempting suicide in past 12 months	Intensity	Undergrads n=910	Graduate n=411
Thoughts of attempting were:	Strong	50%	45%
	Weak	12%	16%
Intention to kill self was:	Strong	31%	27%
	Weak	38%	45%

Duration of Suicidal Ideation

Answered by those who have seriously considered attempting suicide in past 12 months		Undergrad N=910	Graduate N=411
On average, how long did these periods of SI last ?	1 hour or less	31.02	32.42
	Several hrs/day – 1 day	24.97	25.94
	Many days – 1 week	27.66	26.19
	Many weeks – 1 month	11.09	11.22
	Many months or more	5.26	4.74

Plans and Preparations

PLANS	Undergrad n=910	Graduate n=411
Never considered how to attempt	9%	10%
Thought about some ways, but not seriously	54%	55%
Had a specific plan	38%	35%

PREPARATIONS	Undergrad n=910	Graduate n=411
No actions	63%	72%
Wrote suicide note	14%	7%
Gathered material to kill self	19%	15%
Did practice run of suicide attempt	5%	4%
Began to attempt, then changed mind	17%	10%

Suicide Attempts In the Past 12 Months

Answered by those who have seriously considered attempting suicide in past 12 months	Undergrads n=910	Graduate n=411
Have attempted suicide in the past 12 months	14% (0.85% of total) 128 / 15,010	8% (0.30% of total) 34 / 11,441

Methods Used in the Attempt

Method Used	Undergrad n=128	Graduate n=34
Overdose	48%	44%
Cutting	27%	26%
Other	8%	-
Motor Vehicle Accident	5%	-
Combined	3%	6%
Suffocation	2%	9%
Jumping	2%	-
Hanging	2%	-
Declined to answer	7%	12%

Telling Other People

Answered by those who have seriously considered attempting suicide in past 12 months		Undergrads n=910	Graduates n=411
After first recognizing that you were seriously considering suicide, how many people did you tell?	None	46%	47%
	1	31%	30%
	2	15%	16%
	3 or more	8%	7%

Who Ideators Told

Of those who told others...		Undergrad n=484	Graduate n=214
The first person they told	Family	18%	11%
	bf/gf/partner/spouse	30%	41%
	Friend	33%	24%
	Roommate	4%	1%
	Professional	11%	20%
This person was helpful in dealing with the suicidal thoughts		52%	52%
This person advised seeking professional help		58%	50%

Professional Help

Answered by those who have seriously considered attempting suicide in past 12 months	Undergrad n=910	Graduate n=411
Never received professional help	52%	52%
Was already receiving professional help	15%	19%
Received help after having suicidal thoughts	24%	25%
Received help after making an attempt	9%	4%

Events rated as having a large impact on suicidal ideation

Answered by those who seriously considered attempting suicide in past 12 months	Undergrad n=910	Graduate n=411
Emotional / physical pain	65%	65%
Romantic relationship problems	59%	53%
Impact of wanting to end my life	49%	47%
School problems	43%	45%
Friend problems	43%	28%
Family problems	43%	34%
Financial problems	31%	34%
Showing others the extent of my pain	30%	27%
Punishing others	14%	8%
Alcohol / drug problems	10%	7%
Sexual assault	8%	6%
Relationship violence	6%	6%

Mood states descriptive of themselves during a typical suicidal crisis

Answered by those who seriously considered attempting suicide in past 12 months	Undergrad n=910	Graduate n=411
Sad	87%	84%
Lonely / isolated	82%	80%
Hopeless	81%	76%
Helpless	63%	66%
Anxious / worried	59%	63%
Anxious / panic	46%	52%
Angry	45%	42%
Guilty	43%	40%

Important Factors in Preventing a Suicide Attempt

Answered by students who seriously considered suicide but did NOT attempt during the past 12 months	Undergrad n=761	Graduate n=370
Disappointing/hurting my family	77%	77%
Disappointing/hurting my friends	56%	49%
Hope/plans for the future	42%	46%
Wanting to finish school	40%	35%
Support of my friends	38%	33%
Support of my family	35%	32%
Disappointing/hurting my partner	34%	32%
Religious/moral beliefs	38%	28%
Support of my partner	26%	28%
My pet(s)	19%	20%
Relationship with mental health professional	10%	14%

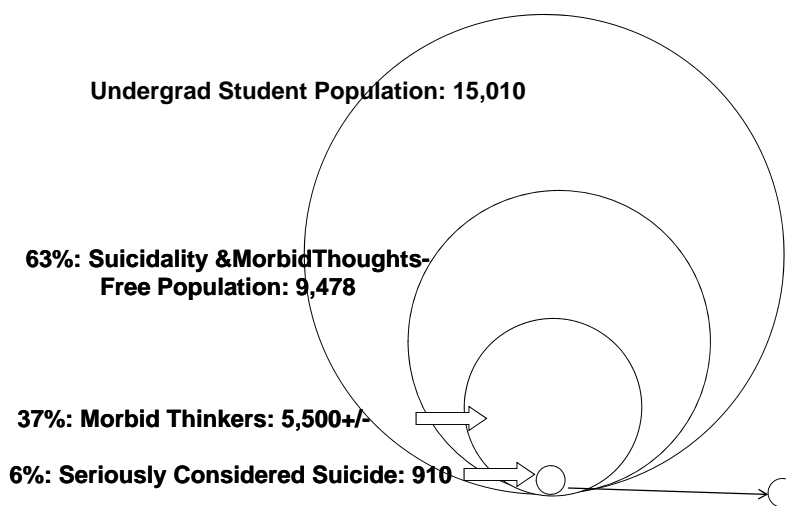
This Study Leads to a Broader Understanding of the Problem

- Suicidality is widespread and difficult to identify and treat
 - Brief, intense, recurrent
 - Students avoid help & conceal their ideation
 - Peers are a primary source of support
 - Student sub-groups experience suicidality and help seeking differently
- Requires a comprehensive approach and an Expanded Intervention Paradigm

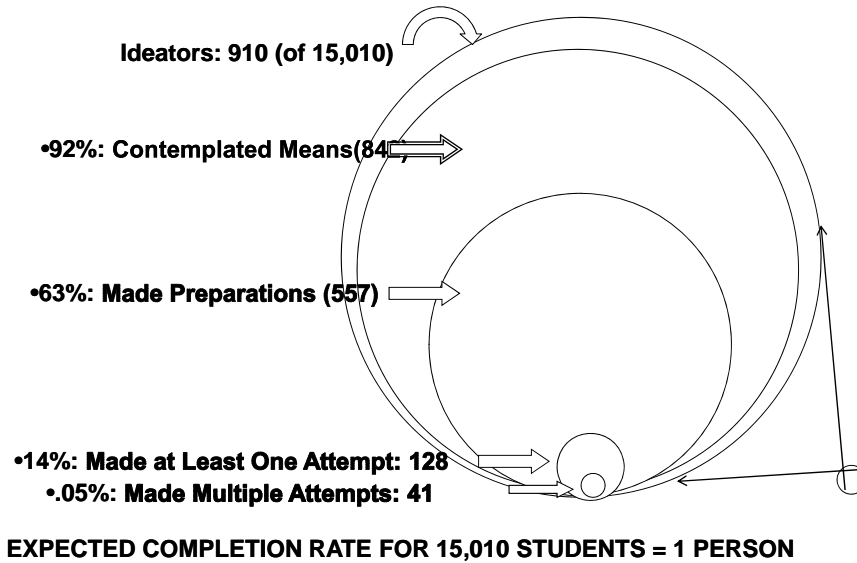
Implications for Interventions

- Importance of viewing suicidality as the problem
- Need to study suicide as a part of a larger continuum of distress
- Post-crisis services necessary to fortify recovery and reduce lapses and relapse
- Expansion of our intervention paradigm

Intervention Targets for Prevention and Treatment of Suicidality



Intervention Targets for Prevention and Treatment of Those Seriously Considering Suicide (910)



Shifting Population Health

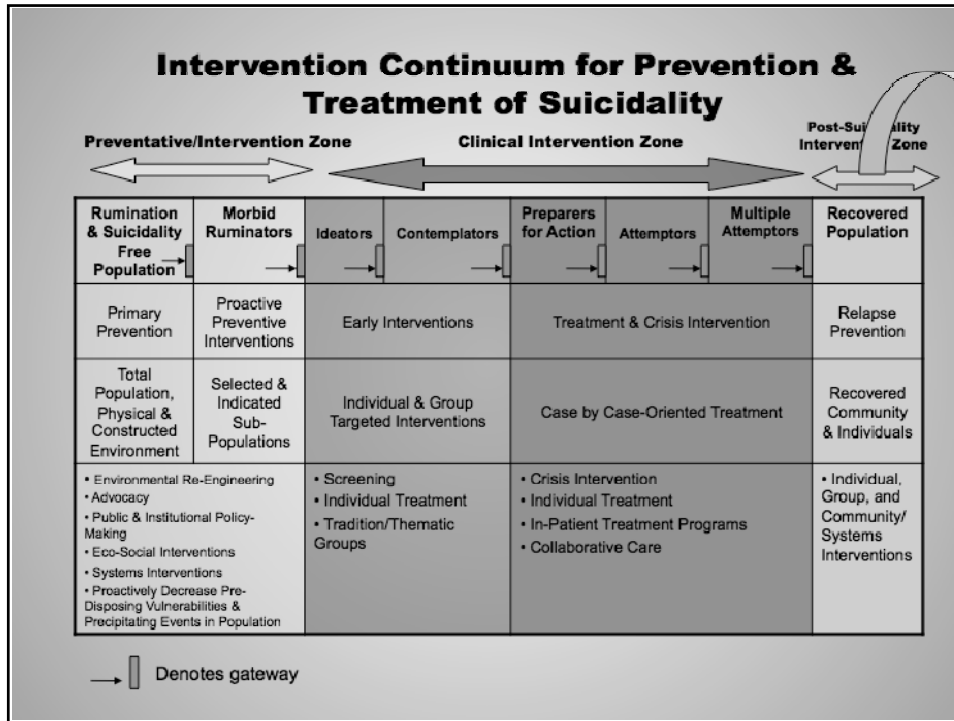
- Frolich and Potvin (1999) state that when many people lower their risk, even a little, the total benefit is larger than if a few people at high risk experience a large reduction. This is consistent with the notion that groups of individuals function collectively, and as such, are affected by the average functioning of individuals around them.

Expanded Paradigm for Suicide Prevention

Person/Treatment Centered Paradigm	Problem/Intervention Centered Paradigm
Operates from an illness/treatment model with referral and treatment as its primary goals.	Operates from a ecosocial model with attention to the impact of natural and constructed environments.
Identifies the suicidal person as the problem to be addressed	Views suicidality and suicide as the problem
Services reach only a fraction of students who are suicidal	Programs/services for entire student body and subpopulations
Relies almost exclusively on CCCs	Involves all campus stakeholders

Expanded Paradigm for Suicide Prevention

Person/Treatment Centered Paradigm	Problem/Intervention Centered Paradigm
Leads to institutional de-identification with the suicidal student.	Institution takes ownership and engages in problem solving.
Typically focuses on one person at a time.	Simultaneously focuses on individuals, populations, and environments.
Efforts and resources over-allocated to rescue mission.	Efforts and resources directed at reducing incidence and prevalence as well as rescue.
Event oriented.	Contextual, inclusive focus.
Success measured by reduction in number of completed suicides.	Success measured by increase in student population health and decrease in all aspects of suicidal thought & behavior.



Our Next Research Study

Why do a Follow-up Study?

- Continue building on our knowledge
- Compare key findings over 4 years
- Forge the next frontier in suicide prevention/college mental health research
- Meet the expanding mandate of counseling centers
- Knowledge is fundamental to effective and efficient prevention strategies

Distress, Coping and Suicidality: Broadening and Deepening our Investigation

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Conceptual Approach

- Focus on Distress and Coping
 - We already know about risk factors
 - Why do some students become suicidal and others do not, under similar protective and risk factors?
- Include aspects known to be important
 - Social connectedness and belongingness
 - Ability to manage self and social environment
- Focus on areas where universities can intervene

Goals for the Next Study

To provide counseling centers with knowledge to:

1. Inform clinical interventions for clients:
 - At-risk for suicidality
 - Currently in crisis
 - Post-crisis
2. Guide development of comprehensive, campus-wide suicide prevention initiatives
3. Activate entire community of stakeholders; share this mission across campus

Method

- Anonymous, online survey, similar in length to the prior study
- However, all students will continue to the end of the survey
 - This allows us to examine what differentiates the coping of those who develop suicidal thoughts/behaviors from those who do not
 - We can also include a range of other outcomes of interest: substance abuse, violence, leaving school, etc.