Suicide in College Students: A Call to Action

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College mental health is not just a matter of identifying problems but also of creating a community of students, families, friends, mental health professionals, faculty advisors, and many others to help students gain psychological resiliency.

From the Editors

As a community of mental health professionals, it is time for us to use our resources, experience, and expertise to address a significant public health problem—suicide among college students. Of the 19 million Americans who experience depression each year, many develop their first symptoms just before or during college.¹ Many questions related to this critically important and devastating topic need to be addressed:

- Why do so many undergraduates seriously consider suicide?
- Why are so many college students depressed?
- Is there a way to predict the risk for suicide?
- What can we do to increase resilience and improve outcomes?

Suicide occurs several times a year at many of the major universities, yet often it is kept under wraps. Moreover, student suicide often does NOT receive formal review. Concerns about confidentiality, worries about copycat or contagion, families not wanting others to know are just some of the reasons the suicide is not investigated. In 2007, Eisenberg and colleagues² reported that 36% of university students who screened positive for depression received services in the past year. However, Drum and colleagues³ [see pdf] found that 46% of undergraduate students with suicidal thoughts chose not to tell anyone. Many at-risk students do not seek help: it may be that they do not recognize that their worries are related to symptoms of depression; they hesitate because of the perceived stigma of asking for help; or they fear possible ramifications on future careers.

No university or college is spared from these tragedies.⁴ Recent reports of otherwise healthy-looking students illustrate the many faces of this problem—track stars and popular varsity gym-nasts jumping to their deaths, straight A students found hanging in off-campus housing. Stressors that put students at increased risk include bullying, hazing, abuse of alcohol or drugs, examination pressures, and career and job anxieties; veterans who are trying to assimilate back into an academic life are also at increased risk. Combine these with limited availability of services (long wait times at understaffed counseling and psychological services) and easy access to guns, and the consequences are tragic.

There have been murders and murder-suicides by students and former students with mental illness—Virginia Tech; Pima Community College, Tucson; Northern Illinois University; University of Colorado, Aurora—that make us all aware of the enormity and toll of this problem and the difficulty of trying to understand and effect prevention. Expelling the student from school or not addressing the problem while the student is in school carries its own risks.

More and more groups around the country are trying to study this problem and other aspects of college mental health. At the University of Michigan for example, we have had our 12th year of hosting an annual conference on depression on college campuses. Led by John Greden, MD, and Daniel Eisenberg, PhD, colleagues from all over the US and abroad, as well as students, come together to discuss research and novel programs to better serve depressed students.
We are beginning to see social workers and other mental health professionals being hired for athletic departments as well as engineering, law, and business schools. Videos produced at the University of Michigan show varsity athletes who have suffered with depression and eating disorders. The videos are being disseminated to help stimulate conversation among students and hopefully decrease stigma.

Organizations such as the Jed Foundation and Active Minds are serving as guideposts for how to best understand and serve this heterogeneous population. The Substance Abuse and Mental Health Services Administration is providing funding for projects regarding alcohol and substance abuse and delivery of mental health services on college campuses. The Academy of Child and Adolescent Psychiatry and the National Network of Depression Centers, among others, are forming committees and task forces to explore ways to recognize students who need help and provide a better transition from high school into college.

Increased attention is being given to providing guidance and information about mental health services to students and their families during freshman orientation. Universities are looking for better ways of funding campus mental health services. New models of linking to clinicians in the community and ideas about training the next generation of clinicians who will provide mental health services for college students are also ongoing initiatives.

There is better integration of mental health with physical health services on campuses, and students are screened for depression, anxiety, sleep disturbances, substance abuse, and eating disorders. Many universities are using online means to help students connect with counselors and other professionals 24-7. And, mobile apps are available for students to self-monitor and check their mood, sleep, etc.

The successes of interventions, such as drop-in mental health groups led by trained clinicians, networking with faculty and residence hall advisors, and flyers and online services and reminders, are demonstrating that we need to provide more outreach directly to students: in their dorms, sororities, and fraternities—even in lecture halls. In addition, opening the doors so that families can be part of their child’s care without being intrusive (sometimes called “helicopter parents”) allows us to hear their worries and concerns and seek their help.

King and colleagues⁵ are doing impressive work to develop Web-based screening, information, and delivery of services to college students through an e-Bridge intervention plan. The concept is that students complete an evaluation at baseline and see information online about availability of services; those students who screen positive receive personalized feedback reports.

These initiatives will likely improve outcomes for students, but much more is needed. We all need to weigh in and help develop a system of cooperative and collaborative services so that students with potential problems can be recognized at an earlier stage without “profiling” or setting them unnecessarily apart from their friends. This is too difficult a task for any one institution to take on.

This is a national problem that is going to require our considerable thinking and expertise. There are many potential handoffs along the way, points where we can possibly intervene or better connect with a student so that students do not feel desperate and alone.

It is not just a matter of identifying problems but also of creating a community of students, families, friends, mental health professionals, faculty advisors, and many others to help students gain psychological resiliency from a healthy growth perspective in late adolescence. Prevention is a key component that requires understanding normal development and recognizing where there are risks as well as opportunities for intervention, such as self-management, alcohol and substance abuse minimization and management, improved sleep, reduced stress, and more exercise.

The aim of this editorial is to get the discussion started. In the coming months, we hope to bring you articles by colleagues who are working on various aspects of this problem so that we can all become better educated about what is currently being done and what is still needed. We hope to propel the conversation about this topic. We appreciate and welcome your thoughts and ideas.

Please leave your comments below. Although we are unable to respond to each comment directly, we appreciate your input and will review all the comments.

References:


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