Suicide Behaviors on College Campuses

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Format A

Abstract

The overall purpose of this literature review was to gather information from ten different articles, all dealing with suicide rates on various college campuses around the world. Studies are performed in the United States, Puerto Rico, and Korea. Statistics were researched based off the data provided by undergraduate college students mostly ranging between the ages of 18 and 25. The concepts which are proven to influence suicidal behavior vary in topics such as trauma, depression, anxiety, alcohol use, and dating violence. Each experiment will help aid in the decrease of college student suicides.

Keywords: suicidal behavior, suicide rates, college, students, research

Problems of Suicidal Ideation in College Students

Suicidal behavior in college students has become a global problem, risking the lives of many individuals. It is the tenth leading cause of death around the world, and the second leading cause of deaths among college campuses. Suicide is considered a silent killer, mainly because many people who suffer from mental pain do not ask for help, and the pain continues to go unnoticed. Even when diagnosed efficiently, suicide remains detrimental to one's health; the result of not receiving proper treatment or care.

Diagnosis

Doctors may perform physical exams or any type of in-depth questioning about an individual's physical and mental health to determine the severity of suicidal ideation that takes place. Many signs of mental illness include irritability, social withdrawal, delusions, and changes in sleeping and eating habits. If mental illness is left untreated, additional problems may arise which may cause students to suffer from painful experiences leading to suicide. Suicidal ideation may be cured with rehabilitation, medication, counseling, or other psychiatric care provided by hospitals and health care facilities.

Correlations

There are many different mental diagnoses that can lead to thoughts of suicide. Some examples of externalizing disorders are bipolar disorder, multiple personality disorder, and antisocial disorder. Internalizing disorders such as depression and anxiety are the most correlated with suicide among college students. Aside from these illnesses, risk factors that contribute to every type of suicide are substance abuse, low job security, bullying, or family history of being suicidal. There are also many factors to consider when trying to prevent suicidal behavior,

specifically in college students. These factors include failing grades, the pressure of families to succeed, dating victimization, and other personal stresses.

Hypotheses

College students who are suffering from undiagnosed illnesses or personal struggles will be more likely to commit suicide or have suicidal thoughts, than the majority of the population who are not attending college. The reasons for suicidal behavior varies and the knowledge of health and preventative methods is strongly encouraged on college campuses. Promoting counseling and other forms of treatment is the key factor in reducing suicidal behavior.

Criteria of the Studies

Ten articles are based off of different studies that were performed between the years of 2011 and 2016. The highest sample being tested consisted of 7,000 random individuals and the lowest sample consisted of 48 individuals from the same university. All participants of the study were both undergraduate and graduate college students. Six studies measured depression symptoms and thoughts (Bauer, Chesin, Jeglic, 2013; Dvorak, Lamis, Malone, 2013; Khubchandani, Brey, Kotecki, Kleinfelder, Anderson, 2016; Reyes-Rodriguez, Rivera-Medina, Ca'mara-Fuentes, Sua'rez-Torres, Bernal, 2012; Wolford-Clevenger, Elmquist, Brem, Zapor, Stuart, 2015; Chang, Chang, Hirsch, 2016). Two studies tested the impact that trauma has on college students (Cerel, Bolin, Moore, 2013; Chang et al., 2016). Three studies included treatment options (Khubchandani et al., 2016; Cerel et al., 2013; Reyes-Rodriguez et al., 2012). The criteria used from each experiment used questionnaires (both online and handwritten) self-reports, surveys, beck depression inventory (BDI-II), suicidal behaviors questionnaire-abbreviated version (SBQ-AV), hope scale (HS), trauma history questionnaire (THQ), center for epidemiologic studies depression scale (CES-D), beck anxiety inventory (BAI), alcohol use

disorders identification test (AUDIT), center for epidemiological studies-depression scale (CES-D), and the drug use disorders identification (DUDIT).

Literature Reviewed

First Group of Studies

Methods of suicide. Chang et al. (2016) found that the number one method of suicide in college students was overdose. Overdosing, also known as drug poisoning, was described as an intake of many different types of drugs such as psychoactive drugs, opiates, antidepressants, and pain killers. A smaller sample that was studied by Bauer et al. (2013) committed suicide by hanging or other forms of suffocation. The method with the lowest suicide rate was by gunshot wound (Jo et al., 2011).

Second Group of Studies

Age and suicidal thoughts. A determining factor like age is highly important to consider while researching suicidal ideation. Since all ten articles focus on college students, most of the participants were between the ages of 18 and 25. The youngest student involved in the study by Kae-Hwa et al. (2011) was 15. While measuring self-perception in the study performed by Cerel et al. (2013), the oldest participant was 58.

Third Group of Studies

Nationality. While comparing data with the United States, Kae-Hwa et al. (2011) concluded that South Korea's suicide rate doubled the numerical amount within ten years. Korea became known as the most at risk country for suicidal ideation in all of the developing countries. Another U.S. territory such as Puerto Rico, faced many risk factors as well. These factors included female college students that were receiving low income, unemployed, uneducated, and unmarried (Reyes-Rodriguez et al., 2013). Wolford-Clevenger et al. (2016) recognized a broad

composition of ethnicities such as Caucasians, African Americans, Asian Americans, and Indians. The sample with the highest percentage of suicide deaths were Caucasians.

Similarities

First Similarity

Online studies. King et al. (2015) conducted online reports with the purpose of finding students who were at risk for suicide through the eBridge program. Cerel et al. (2013) emailed students, all of whom attended the University of Kentucky. The purpose of the online study was to determine behavioral control and locate the link between the individual and the individual's family member who attempted or completed suicide.

Second Similarity

Alcohol use. Transitioning from adolescence to adulthood is accompanied by many events that are considered stressful. In order to quickly decrease stress levels, college students are more likely to abuse alcohol to escape reality. Khubchandani et al. (2016) argued that alcohol was the number one correlation to committing suicide in college students. High levels of alcohol use and depressive behavior showed the strongest association. Extracurricular activities were also proven to influence college students to drink more often. Cerel et al. (2013) measured Greek life, and the potential effect it has on college students when being involved in sororities and fraternities.

Third Similarity

The consequences of family pressure. The most difficult struggle that students must face is making their loved ones proud. Multiple studies tested this theory, and was proven to affect whether or not college students were more likely to become successful. Pushing an individual to live up to the same success as siblings, cousins, or any other potential family

members strongly influenced suicidal thoughts (Dvorak et al., 2013). The pressure of being the eldest child, or first born, meant having to be considered a perfect example younger siblings can look up to as well (Hawton et al., 2012).

Differences

First Difference

Suicide favors a specific gender. Bauer et al. (2013), Hawton et al. (2012), and Jo et al. (2011) all concluded that males committed suicide more than females within the sample of participants that were tested in their studies. Hawton et al. (2012) stated that males tend to have more dominant roles, causing the pressure to take a bigger toll on the the specific gender. However, the data received by Cerel et al. (2013), King et al. (2015), and Dvorak et al. (2013), all showed that females were more likely to commit suicide. Reasons pertained to the gender stereotype that women are known to be more emotional and more judgmental on their character, causing severe depression (King et al., 2015).

Second Difference

Choosing majors and minors. Although age may be a factor, the decision to major or minor in a certain subject may be very important in determining what creates harder obstacles for college students. Some subjects are more intimidating than others, requiring stronger work ethic and additional focus. Bauer et al. (2013) studied a sample of English majors. Both Dvorak et al. (2013) and Reyes-Rodriguez et al. (2013) studied participants who were Biology, Psychology, and Kinesiology majors, all of which had a higher suicidal ideation rate.

Third Difference

Types of questionnaires. Five studies used measurements all dealing with item-scales. This method helped group the participants, narrowing down every possibility that led to suicidal

behaviors. In multiple studies, the focus differed in each questionnaire. One example was the BDI-II 21-item self-report that accurately recorded depressive symptoms of an individual (Bauer et al., 2013). Another example was the HS 12-item scale that questioned the individuals on belief systems of hope (Chang et al., 2016). The study performed by Reyes-Rodriguez et al. (2012) measured the severity of anxiety.

Discussion

Approximately 1 in 10 college students plan to commit suicide every year. There have been many news articles about college students ending their lives, leaving loved ones completely devastated. The biggest problem does not lie within the mental illness itself, but rather on the time given to treat the illness before it is too late.

Within every study, there are limitations that arise which restrict experimenters from receiving the most accurate data. Bauer et al. (2013) found one of the biggest limitations to be the design of the study. Since the research was cross-sectional, longitudinal data was exempt, and the relationships for depression and delinquency were prohibited. Similarly, the first study by Dvorak et al. (2013) was also cross-sectional. The hypothesis was not confirmed, and the relationship between alcohol use and impulsivity remained unclear. In a second study by Dvorak et al. (2013), only females were tested at one university. In the study by Wolford-Clevenger et al. (2015), the limitation was the small sample size that provided a low amount of statistics. Additionally, the combination of physical and psychological assault in the development of suicide risk was not investigated. One of the limitations in the Chang et al. (2016) study was the sample of predominantly White individuals. Examining different racial groups would have made the data more reliable. Another limitation was that the diathesis-stress findings were not focused on only hope, which did not allow a full understanding of the relationship between hope and

suicide. Hawton et al. (2012) faced a limitation when the study failed to generalize students at universities other than the University of Oxford. The limitations of the Kae-Hwa et al. (2011) study was the lack of knowledge on suicide prevention for college students specifically from Korea and its cultural background.

The only pilot study that was assessed within the ten articles was the intervention with college students (King et al., 2015). Personal feedback was required by each individual by the Electronic Bridge to Mental Health Services. The findings offered students the option for online counseling. Other articles confirmed that online counseling was found to be extremely beneficial toward college students and suicide ideation. (Reyes-Rodriguez et al., 2013; Cerel et al., 2013; Hawton et al., 2012; Khubchandani et al., 2016)

Alcohol use showed a strong relationship with suicidal behavior in many of the studies (Cerel et al., 2013; Bauer et al., 2014; Wolford-Clevenger et al., 2016; Hawton et al., 2012; King et al., 2015). Along with alcohol use, drug use was also considered one of the factors that increased suicidal behavior. Wolford-Clevenger et al. (2016) demonstrated a questionnaire that assessed the intensity of drug usage with seven different types of drugs. Suicide was not considered exclusive to street drugs, and participants often abused over-the-counter drugs that were proven to be addictive.

Bauer et al. (2014) showed a significant number in students that reported carrying a weapon or being in physical fights. Wolford-Clevenger et al. (2016) mentioned violence can occur in many types such as psychological aggression, verbal abuse, physical abuse, and dating relationships. One of the studies investigated the dating relationships in heterosexual students whether they were married or unmarried. Homosexual students experienced more violent abuse than the heterosexual students (Wolford-Clevenger et al., 2016).

Between all of the nationalities that were assessed, suicidal behavior was ultimately found to be the most common in Korean students. One of the statistics was comparable to the US at 16.0 per 100,000 people, as oppose to 10.0 per 100.000 people (Hawton et al., 2012). Cerel et al. (2013) concluded that only 31% of college students reported a lifetime history of mental health treatment. The lack of treatment being and offered was one of the biggest problems that correlated to college student suicidal rates.

Suicidal behavior was ultimately assessed in two ways: Attempting suicide due to personal factors and being exposed to suicide by close relationships. Relationship categories were important to examine because of the impact it made on college students (Cerel et al., 2013; King et al., 2015; Dvorak et al., 2013). Friends, parents, siblings, grandparents, and significant others were all examples of relationships that were connected to the suicide survivor.

Further Research and Studies

The heuristic studies suggest that it is important to treat mental illnesses as soon as signs and symptoms occur. Assessing depressive symptoms is needed to help identify what the problem is so that the necessary treatment can be applied. There are many protective factors that researchers have identified that can help college students reach an ultimatum that does not require self inflicted injuries. These factors include clinical care for physical and mental disorders, psychological and psychiatric counseling, both of which should be offered on campus. As well as, family support, social support, and religious beliefs that support seeking proper help. Strategies to prevent suicide are strongly encouraged. Research can help aid in stopping suicide on college campuses.

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