

College Student Mental Health and Suicide Prevention

Union College Counseling Center

Brainstorming

- What comes to mind when you think about mental health?
- What assumptions do others make about someone struggling with mental health?
- What does the struggle with mental health look like?



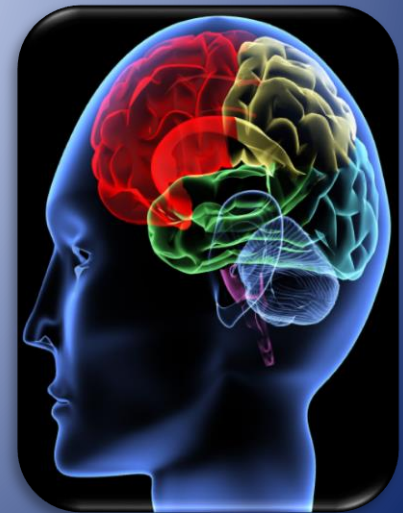
What is mental health?

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.”

What causes mental health conditions?

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Environmental factors and life experiences, such as trauma, abuse, drug use
- Family history of mental health problems



Mental Health Does Matter: Prevalence on College Campuses

- 75% of lifetime cases of mental health conditions begin by age 24.
- 1 out of 4 young adults between the ages of 18 and 24 have a diagnosable mental illness.
- More than 40 % of college students have felt more than an average amount of stress within the past 12 months.
- More than 80 % of college students felt overwhelmed by all they had to do in the past year and...
- 45 % have felt things were hopeless.
- Almost 73 % of students living with a mental health condition experienced a mental health crisis on campus.
 - Yet, 34.2 % reported that their college did not know about their crisis.

Sample Headlines

- The Rise of Mental Health on College Campuses: Protecting the Emotional Health of Our Nation's College Students
- As Students Struggle With Stress and Depression, Colleges Act as Counselors
- Increasing Demand for Mental Health Services on College Campuses
- Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety — But Schools Can't Keep Up
- Center for Psychological Services deals with a changing mental health landscape on college campuses

The NCHA II Top Impediments to Academic Performance According to Students 2008-Present (8 out of 11 are mental health related)

1. Stress- 27.3%
2. Sleep Difficulties- 19.6%
3. Anxiety- 18.4%
4. Cold/Sore Throat- 17.3%
5. Work- 13.3%
6. Depression- 11.3%
7. Internet/ Games- 11.1%
8. Concern for Family or Friend- 11.0%
9. Extracurricular Activities- 10.6%
10. Relationship Difficulty- 10.5%
11. ADHD- 6.7%

Some Statistics About Suicide

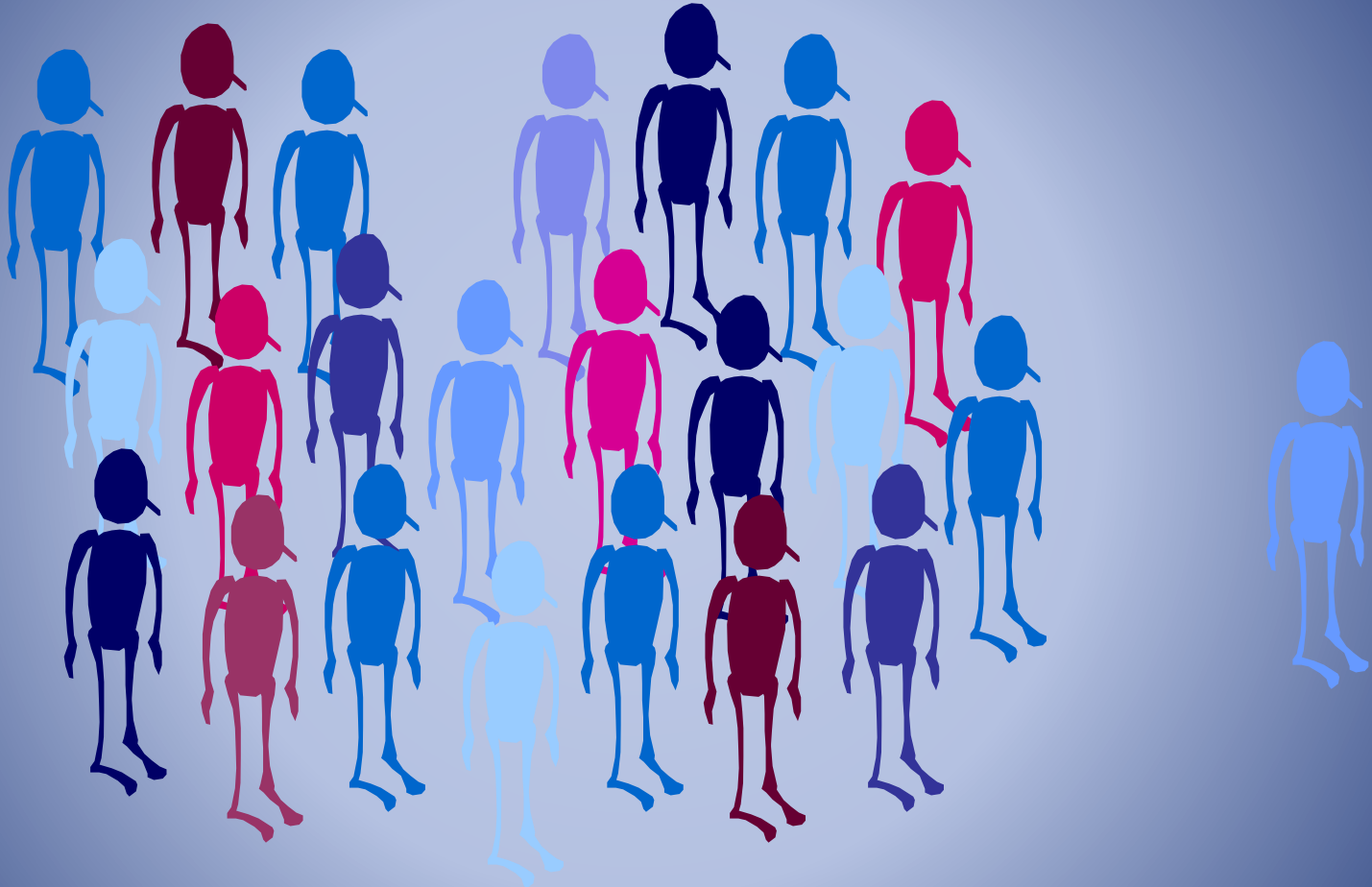
- **About 31,000 deaths annually in the 1990s**
—(highest being 31, 248 in 1995)
- **About 32,000 deaths annually between 2000-2006**
—(highest being 32, 637 in 2005)
- Increase was seen in middle age and elderly

Note: These numbers are probably underestimated, as many one-car accidents and many “accidental” overdoses may actually be misclassified suicides

...and in College

- In the college age population, suicide is the third leading cause of death (sometimes the second based on numbers)
 - Unintentional Injury (8275)
 - Homicide (3327)
 - Suicide (2497)
 - Malignant Neoplasm (1007)
 - Heart Disease (617)
- National rate is between 13 and 14/100,000

Estimates on attempted suicide



25 attempts for each documented death

(Note: 31,000 suicides translates into 775,000 attempts annually)

Why do people attempt suicide

- Life events
 - Relationship problems
 - School problems
 - Friend problems
 - Financial problems
 - Alcohol/drug problems
 - Sexual Assault
 - Relationship violence
 - Death of loved one, illness, legal, conflict regarding sexual orientation

Why do people attempt suicide

- Emotions
 - Sad
 - Lonely/isolated
 - Hopeless
 - Helpless
 - Anxious
 - Angry
 - Guilty

Why do people attempt suicide

- Permanent solution?
- Perspective
- Pain and resources for coping
- Role for gatekeepers

Suicide Myths and Facts

Myth	No one can stop a suicide, it is inevitable
Fact	If people in crisis get the help they need, they probably will never be suicidal again
Myth	Those who talk about suicide don't do it
Fact	People who talk about suicide may try, or even complete, an act of self-destruction
Myth	Once a person decides to complete suicide, there is nothing anyone can do to stop them
Fact	Suicide is the most preventable kind of death, and almost any positive action may save a life

The Biggest Myth About Suicide

- Myth** Talking or asking about suicide will put the idea into someone's head
- Fact** This just doesn't happen! Asking directly about suicide intent lowers anxiety, opens up communication & lowers risk of impulsive acts

So how can I help ... Know the signs and ASK!

Suicide Clues And Warning Signs

The more clues and signs observed,
the greater the risk.

Take all signs seriously.

Direct Verbal Cues

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”
- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “Pretty soon you won’t have to worry about me.”

Cues on Social Media

- Many students use such statements on social media. If you do not know person well, follow the gatekeeper instructions outlined in this presentation.
- Given the propensity that such statements, when asking the question to someone you know, you can be more subtle in how you express your concern.

Situational Cues

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
 - Significant gambling/on-line gambling losses
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

Behavioral Cues

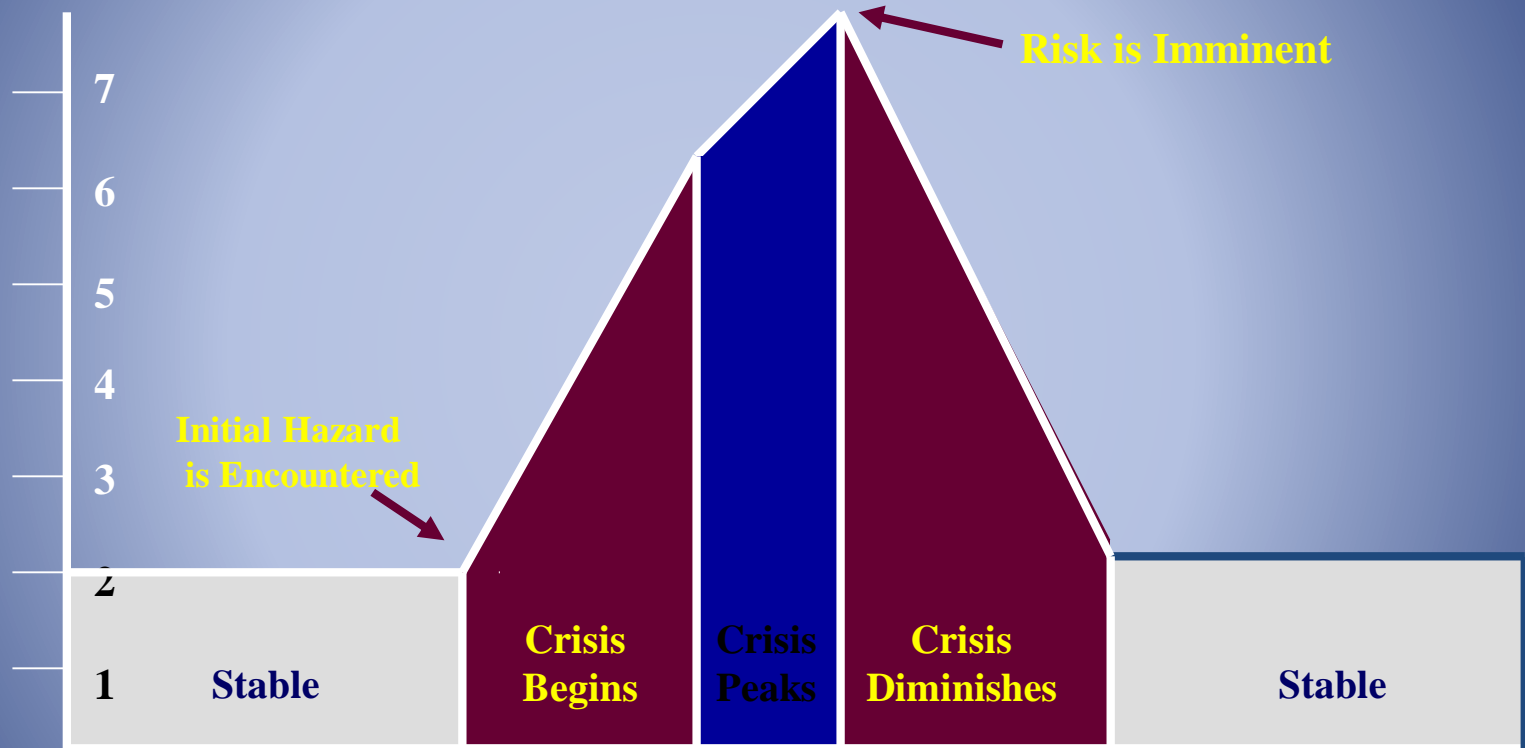
- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest, or disinterest, in religion
- Alcohol or other drug abuse, or relapse after a period of recovery
- Unexplained anger, aggression and/or irritability

The LETHAL Triad

When these three are present ... the risk for
Violence or Suicide is HIGH

- Crisis/Distressed State
- Alcohol or other drug use
(increases risk-taking and overdose potential)
- Lethal Means of suicide available

Suicidal Crisis Episode



Gatekeeper Techniques

QPR Stands for:

Ask question(s)

Encourage support

Refer for help

- Gatekeeper techniques is not intended to be a form of counseling or treatment
 - It is intended to offer hope through positive action

Ask Question(s)

- **Less Direct Approach:**
 - Have you been unhappy lately?
 - Have you been so very unhappy lately that you've been thinking about ending your life?
 - Do you ever wish you could go to sleep and never wake up?
- **Direct Approach:**
 - You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?
 - You look pretty miserable, I wonder if you're thinking about suicide?
 - Are you thinking about killing yourself?

NOTE: If you cannot ask the question, find someone who can

Some tips about asking the question

- Take a minute to think about the reason(s) why you are concerned
- Tell the person what they have said or done that makes you concerned they may be thinking about suicide
 - I see ... (e.g., that you have been depressed)
 - I feel... (e.g., that you have been distant)
 - I want... (e.g. you to get some help)
- Then ask the question in a caring, face-saving, and DIRECT way

How NOT to ask the suicide question

- You're not thinking of killing yourself, are you?
- You wouldn't do anything stupid would you?
- Suicide is a dumb idea. Surely you're not thinking about suicide?

Encourage Support

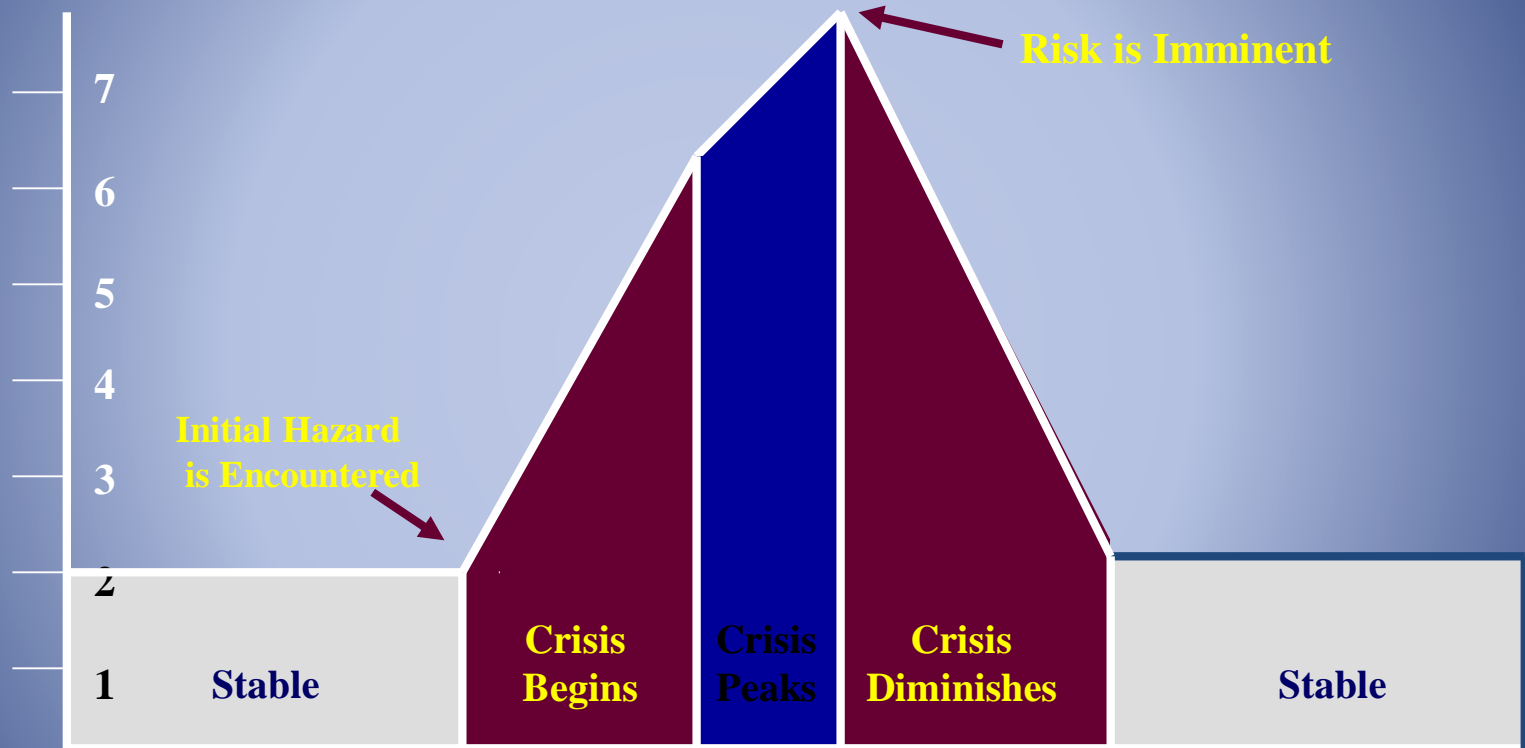
- Listen to the problem and give them your full attention
- Do not rush to judgment
- Offer hope in any form

To a person in crisis, suicide is not seen as an issue, rather it is seen as the solution to a perceived insoluble problem

Encourage Support

- **Then Ask:**
 - Will you go with me to get help?
 - Will you let me help you get help?
- Your willingness to listen and to help can rekindle hope, and make all the difference

Suicidal Crisis Episode



Refer for Help

- Suicidal people often believe they cannot be helped, so you may have to do more
- The best referral involves taking the person directly to someone who can help
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome

Refer for Help

- What do I do if someone is in **immediate danger?**
 - Immediate danger means the person
 - has already injured him/herself
 - has taken an overdose
 - has a weapon and is threatening to use it
 - is on a ledge, open stairway, rooftop
- **Call 911 immediately (or 518-388-6911 if on campus)**
 - Remember your personal safety and do not enter into a situation where you may get injured or feel unsafe

Refer for Help

- How do I refer someone who is not in immediate danger?
 - Appointments can be made during regular office hours by calling the Counseling Center at 388-6161
 - Emergency services both during the day (walk them over to Wicker) and 24/7 coverage at night by calling Campus Safety
 - **1-800-273-TALK (1-800-273-8255)**
 - Text Line Support - Crisis Text Line serves any type of crisis, providing access to free 24/7 support and information. Text 741-741 from anywhere in the USA
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REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead