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Exploring Suicidal Ideation in College Students

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Abstract

The goal of this study is to provide insight into the challenges that college students with suicidal thoughts face as a marginalized group and to yield information that will expand the existing body of knowledge regarding this topic. The study was based on the collective experiences of three college students and the language constructed by them during in-depth interviews. Results suggest that these interviewees experienced pain and suffering over a prolonged period of time inspiring thoughts of suicide. All participants stated that they did not want to be thought of negatively or misunderstood, so they didn't talk about it on campus or to their parents. It is crucial for the general college student population and mental health professionals to recognize and validate the struggles of these students, particularly during crisis. Advocacy in colleges and universities will take on special importance as more students with special needs, particularly those with mental health issues make the transition from secondary to postsecondary education. The experiences of these three participants are important and meaningful; however they may not necessarily be representative of the greater populations.

Exploring Suicidal Ideation in College Students

In the United States, suicide is the third leading cause of death among persons aged 15-34 years and is the tenth leading cause of death among all age groups, according to national statistics collected (Centers for Disease Control and Prevention, 2015). Young adults aged 18-29 years report significantly higher rates of suicidal ideation and behaviors than adults greater than or equal to 30 years of age (Crosby, Han, Ortega, Parks, & Gfoerer, 2009).

A study conducted by the University of Virginia in 2011 suggests that more college students die as a result of suicide than alcohol abuse (Turner & Keller, 2011). In 2006, nine percent of college students seriously contemplated suicide, and one percent of college students made a suicide attempt (Taliaferro, Rienzo, Pigg, Miller, & Dodd, 2009). Though suicide rates are lower among college students than their non-college peers (Stephenson, Pena-Shaff, & Quirk, 2006), another study showed that nearly 80% of college students who died by suicide did not seek mental health services despite having access to a university counseling center (Denmark, Hess, & Becker, 2012). This data suggests a need for understanding why students experiencing mental health problems do or do not choose to utilize mental health services available to them.

There are a myriad of factors that can increase the risk of suicide among young adults. Students experiencing depressive symptoms are at greater risk of suicide than non-depressed students. (Garlow, Rosenburg, Moore, Haas, Koestner, Hendin, & Nemeroff, 2008). Individuals with depression can exacerbate depressive symptoms through alcohol and drug abuse, potentially increasing risk of suicide among college students attending universities with social atmospheres that encourage regular drug and alcohol consumption. External factors such as relationship problems, academic problems and financial problems can contribute to suicidal ideation in college students (Stephenson et al., 2006). College students experiencing suicidal ideation

reported feelings of desperation, anxiety, loneliness, irritability, rage and loss of control (Garlow et al., 2008).

Gender differences in suicide risk factors and help-seeking behaviors have also been explored. Substance abuse, anti-social behavior, low self-esteem and family dysfunction increase suicide risk especially in females, while chronic stress was found to increase suicidality in males (Stephenson et al., 2006). Additionally, current literature suggests a link between suicide and exposure to violent behavior in both males and females. Students who exhibit aggressive behavior toward others are more likely to experience suicidal ideation than non-aggressive peers. Additionally, female students who reported nonconsensual sexual contact reported twice as many suicide attempts, while males who were physically assaulted were also at higher risk of suicide. It is suggested that all forms of violence contribute to depression and suicidal ideation in victims, and sometimes perpetrators. However, men are more likely to experience physical violence, and women are more likely to experience sexual violence (Stephenson et al., 2006). Males are much less likely to seek help for a mental health problem than females, even from informal support systems such as friends and family members. There is evidence to suggest that this is due in part to societal expectations of men, in which the ideal male is tough, independent, and emotionally inexpressive (Addis & Mahalik, 2003). However, in one study very few individuals of either gender who experience mental health problems choose to seek help, as suggested by various studies (Vogel & Armstrong, 2011).

University counseling programs are in place in many institutions to address suicidal ideation in students. Despite having access to counseling services, most college students prefer to seek help from informal support systems such as friends or family members (Denmark et al., 2012). Current literature suggests emphasis be placed on community education on appropriate responses to being approached for help by a suicidal or depressed person.

Most research of suicidal ideation in college students was done using quantitative studies with large samples. Current quantitative literatures focuses on statistical trends, such as how many students attempt and complete suicide (Centers for Disease Control and Prevention, 2015) and how many students seek help from counseling centers (Denmark et al., 2012). While quantitative studies have contributed much to the knowledge base about suicide and depression in college students, few qualitative studies have been used to explore this topic. Qualitative studies are useful when investigating sensitive topics by allowing researchers to capture individual life as told by interviewees, providing a better understanding of social context in great detail, and allowing an in-depth, multi-faceted investigation of the topic being explored. Qualitative methods were used in this study to provide insight on individuals' reasons for their decision to or to not seek help for depression, what resources participants chose to utilize over others, and what behaviors exhibited by formal and informal support systems encouraged or discouraged future help-seeking.

There is a need for better understanding of factors related to help-seeking in depressed and suicidal college students for effective intervention. Mental health resources that are not widely utilized cannot effectively address the problems they seek to solve. This study hopes to provide insight on why the majority of students struggling with mental health problems choose not to seek help so that interventions can be adjusted to increase help-seeking among this population. Additionally, this study seeks to identify commonly utilized informal support systems, such as friends, family members, and social institutions to see how these systems respond to disclosure of depression or suicidal ideation. By increasing knowledge of informal support systems, mental health professionals can better construct educational and outreach efforts and teach the community how to respond appropriately to this kind of disclosure.

Research that describes the individual, unique responses for different types of risk factors is necessary to assess possible interventions and describe the critical variables affecting each experience. The purpose of this study is to explore help-seeking behaviors in college students experiencing suicidal ideation. Participants were asked about their reasons for the decision to or

to not seek mental health services. Additionally, they were asked to identify primary sources of support as well as coping mechanisms utilized during periods of suicidality. Participants shared their own attitudes toward mental health treatment as well as the responses given to them after seeking help. By exploring challenges and factors surrounding the decision to seek mental health treatment, it is hoped that community interventions of the future will be able to maximize help-seeking behaviors among this population.

Method

Study Design

In this multiple-case study, we presented an analysis of a conversation between a researcher and three interviewees who experienced suicidal ideations. The interviews were conducted with three interviewees with the approval of the Institution Review Board. All three conversations were recorded and all three interviewees gave their informed consent to record the conversations and to use them as the basis for scientific research and publications.

Because of the limited number of participants, we used a multiple-case study design that allowed for an in-depth exploration of this unique population. A case study investigates the purposefully selected individual, group, organization, community, event, etc. and analyzes the selected case within their real-life context (Adler & Clark, 2015). This process facilitates a thorough understanding of a particular subject. It is particularly useful when the research has a "how" or "why" question. In addition, qualitative methods in general provide an opportunity for research participants to have a voice and for researchers to build theory (Rubin & Babbie, 2013).

The present multiple-case study focused mainly on the collective experiences of college students who experienced suicidal ideations and demonstrated the language constructed by them. Each meeting lasted about one hour and took place in the various locations on campus. During the conversations, the researcher explained that she wanted to get to know the interviewee better, to understand the interviewee's experiences better, and to learn how the interviewee feels s/he is doing.

The conversation was transcribed according to strict conventions. Transcripts were scrutinized and processes of construction and deconstruction of facts and categories were discussed with a co-assessor. Some of these constructions were selected and then analyzed in detail. Finally, the rest of the text was searched for recurrent patterns and mechanisms. Some elements of the case descriptions were changed to disguise the identity of the interviewee.

Participants and Sampling

Purposive sampling was used, and the researcher selected samples from her acquaintances who had had suicidal experiences. A list of open-ended, semistructured questions was posed to the participants. Questions were generally broad, designed to facilitate a process of language self-construction by participants. The guided questions incorporated the following six themes: (1) discussion of the participant's suicidal ideation ("Tell us about your suicidal ideation experiences-i.e., when did it occur first, how often have you had it, and how serious was each incident?"); (2) exploring the situational or environmental triggering factors (e.g., substance abuse, relationship problems, academic problems, financial problems, health problems, etc.); (3) psychological reactions ("What emotions were you experiencing-e.g., such as depression, helplessness, hopelessness, and loneliness, etc.?"); (4) social support ("In time of suicidal crisis, people sometimes turn to others for support. How many and what kind of people did you tell about these thoughts? How did you respond to various offers of support, who will you reach out in the future and why?"); (5) Reflection ("How have you handled or coped with suicidal crisis?"); (6) Learning/growing ("What do you feel you've learned through your experiences? Is there anything you'd like others to know about your experience?"). In addition, any information

participants want to add and demographic information such as age, sex, racial/ethnic background, religion, sexual orientation, income, family, and class standing/grades, etc. were gathered.

Findings

The participants were three college students attending a university in the rural South, two males and one female, ages 20, 21, and 27. All three identified their ethnicity as Caucasian. Two participants identified as Christian, and one preferred not to identify his/her religion. Their class standings were freshman, junior, and senior with a GPA range of 1.6 to 3.3 and their yearly income range was $2,000 to $10,000. In terms of marital relationship status, two participants were single and one was estranged.

The suicidal ideation and emotional experience

These interviewees' experienced pain and suffering connected with an idea of committing suicide for a long time. Suicidal ideation started as early as 7th grade and continued to present time. Repeatedly, they described feeling unloved, depressed, and hopeless.

"Suicidal thoughts were pretty much all the time."

"I feel it like every day. It's pretty consistent, especially during school."

"I would say just not feeling any love from any relatives and being told that you're never going to amount to anything."

"When I am depressed, I probably have suicidal thoughts probably two or three times a day. Sometimes it was all day."

Similarly, all participants also described feelings of being overwhelmed, anxious, and panicked in association with their suicidal thoughts.

"I would get super overwhelmed by everything that's going on."

"I couldn't handle the stress. I would just panic and decide it would be easier. My depression made it to where I didn't have the energy to fight."

Some environmental triggers identified included breakups with boyfriends/ girlfriends, pressures from school, and parental divorce.

"School is pretty much the scariest thing in my life right now and most stressful."

"My parents were going through a really bad custody battle. It was very intense and it was really stressful. I think that was my first trigger."

Social support

All participants commented that, in one manner or another, their fear of stigma played a role in their experience with social support. All of them stated that they did not want to be thought of negatively or misunderstood, so they really didn't talk about it on campus or to their parents.

"I didn't want to get help because it would mean admitting I needed help. . . .When I'm not talking about it, I can pretend it's not real."

"I didn't tell anybody because my mom couldn't handle it."

"It's hard for me to open up to anyone."

Participants took a great risk in telling their best friends about their suicidal thoughts and had generally positive experiences from doing so. One participant said that she told her grandmother who had always been supportive.

"Best friends' responses are comforting."

"I told him about my history, and he was there when I had my last suicide attempt."

One participant described being marginalized by other friends for having suicidal thoughts and was hurt when other friends were horrified or pissed.

"She was horrified. She cried and stuff, and I didn't expect that. I didn't expect her to be sad. I didn't know what I expected."

Another participant struggled with shame and refused formal treatment options for fear of being perceived as emasculated.

Some stated that a psychiatrist, counselor, or support group off campus helped them, although one expressed anger for the difficulties in obtaining financial assistance to pay for the professional mental services. Even when participants shared their suicidal thoughts with their best friends with mostly positive results, they stated that they were reluctant in telling other people about their experiences and would not tell anyone in the future. However, they all stated that they would seek professional in the future with suicidal thoughts.

"I would reach out to no one. I don't want to bother people with that bullshit. I will just go away."

"I would not reach out to anyone."

Reflection

Each participant stated that their suicidal thoughts and/or attempts left a lasting impact on them. One participant took time in his narratives to reflect on his experience, both for himself and for others. He stated:

"One thing I learned was to learn to open up to people. More often than not, they're gonna want to help you. I would just want other people to know that there's a lot of people who go through that. If you're are going through that, it's more common than people think. People that don't think depression is real have obviously never gone through it. Instead of passing it off as they're lazy or cynical, they are going through something that you couldn't possibly understand, so you can't pass judgment."

"You don't try to fix them. They may want to be fixed, but they don't want you to do it. You tell them you're here if they need anything, but they don't ever ask though. You tell them to get help, but you don't push them too hard. I guess I have a classic man view. Things happen. You don't burden other people with it. You just deal with it."

One participant reflected on compassion from others, particularly best friends, as meaningful and helpful. Others struggled with the apparent absence of empathy.

"She can start telling when I can't keep talking about it, so we go talk about something happy. We'll change to just a good memory I might have from my past. She'll make me go outside and walk with her to get sunlight and get some fresh air. It surprisingly helps out a lot."

"I try not to talk too much to the religious groups because I get angry if they start saying that I need to pray about it. That's not what I want to hear."

Discussion

This research has provided the foundation necessary to identify suicidal ideation as a widescale problem among this population and pinpointed the most utilized mental health resources among college students. Overall, the experiences of college students with suicidal ideations were very similar to those not attending college with suicidal thoughts. Their emotional expressions, triggering factors, and reflections appear similar to those with suicidal thoughts outside colleges except that college can be an additional source of stress for those attending college. As such, we need to take seriously the emotional issues that can lead to suicidal thoughts and attempts among college students and support them in striving for healthy lifestyles and managing stress. Additionally, a careful analysis of participant interviews reveals a few patterns. Because of stigma and misconceptions surrounding mental health treatments, all participants initially felt more comfortable seeking help from informal support systems such as friends and family.

Although social support and mental health services are essential in helping students who are dealing with suicidal thoughts, the current study indicates the hesitance of college students to share their suicidal thoughts with others for fear that they may be stigmatized or marginalized. Students rarely sought professional services for intense emotions often associated with suicide. In addition, financial difficulties in receiving professional mental health care were brought up as a barrier to receiving proper care. As such, it is noteworthy that these students did not seek mental health services that are available for free on campus. College populations are becoming increasingly diverse in terms of ethnicity, age, nationality, and prior life experience (Stone & Archer, 1990). Not surprisingly, some of the changes in the general population of college students are reflected in the clientele of counseling centers and their diverse needs (Rockwell & Talley, 1985). It is imperative for college counseling centers to target students for mental health issues (Costin, 1975). In addition to assessing mental health needs common to particular groups of students, the counseling centers need to advocate for a suicidal student. Advocacy in colleges and universities will take on special importance as more students with special needs, particularly those with mental health needs, make the transition from secondary to postsecondary education.

The cases we present here demonstrate the ongoing emotional problems that have lasted many years. The participants are examples of clients whose episodic suicidal attempts were sufficient to necessitate intensive treatment over a period of several years. Despite the diverse nature of the cases presented here, some core elements are apparent across the cases. These descriptions demonstrate how treatment needs to be tailored to meet the unique needs of each student. These cases also highlight the importance of collaboration between parents, colleges, and community mental health providers in ensuring a well-integrated treatment approach across multiples settings.

Conclusions

In the present research, the experiences of college students with suicidal ideations were examined including their suicidal ideation experiences, emotional expressions, triggering environmental factors, preferred support systems, coping strategies, and reflections on their experiences. This research study provides a preliminary understanding into the area of college students with suicidal ideations. Though this study utilizes a small sample size, our findings are congruent with former studies cited in our literature review. It is believed that the contrast in reactions from informal support systems was related to each participant's gender and societal perceptions of masculinity and femininity. The female participant was more likely to receive support responses from friends and family members when disclosing suicidal ideation. Additionally, participants who were encouraged by informal support systems to seek professional treatments were more likely to do so.

Although the findings of this study are useful, there are limitations that may better guide future explorations of this topic. The experiences of these three participants are important and meaningful; however they may not necessarily be representative of the greater populations. The

major strength of these case studies is that they provide background information about a relatively unknown phenomenon that is college students' suicidal ideations. The major weakness is the lack of generalizability.

In conclusion, the present study demonstrates a need for a compassionate support system for suicidal students. It is crucial for overall college students and mental health professionals to recognize and validate the struggles of these students, particularly during crisis. Finally, mental health advocacy organizations, such as Mental Health American and NAMI-On Campus, could be helpful in advocating for on-campus support services for students experiencing suicidal thoughts.

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