

Characteristics of Suicidal Crises in College Students: Implications for Suicide Prevention

Texas Suicide Prevention Symposium

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Chris Brownson, Ph.D.

cbrownson@austin.utexas.edu

The University of Texas at Austin

National Research Consortium of Counseling Centers in Higher Education

- 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 in Consortium is determined study-by-study, and all are encouraged and welcome to participate
- Research is an essential ingredient for defining a subspecialty of college mental health (Penn State, Director's Surveys, etc.)

Special Thanks To

- The 26,000 student research participants
- The 70 Research Consortium Participating Institutions & CC Directors
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National Suicide Statistics

- National suicide rates for college students range from 6.3 to 7.5 per 100,000 (compared to 15 per 100,000 in age-matched peers).
- 25% of campus suicides are counseling center clients, nationally.

Suicides in CC clients are 3.3 times greater than non-clients

But...When taking into consideration the 4 most significant risk factors (previous attempts, psychiatric illness, gender, and firearms), you would expect clients of CCs to commit suicide 20 times more than non-clients.

Why This Study ?

- Build on Big 10 Study and CDC NCHRBS
- Implications for Counseling Centers
- How do we best reach out to suicidal students
- Best practices in prevention and intervention

Demographics and Generalizability

Quick Study Characteristics

- This is a small sample of the data from the study
- Difficult Topic
- Quick Facts About Study
 - over 26,000 undergraduates and graduate student responses (~108,000 surveys sent)
 - 70 colleges and universities participated
 - Random sample at each school
 - Web-based survey, anonymous, intervention
 - 25% response rate
 - Demographics fairly comparable to NCHA

Demographics: Sex, Ethnicity, & Age

Demographics		RC (2006) Undergrad N=15,010	NCHA (2006) 82% Undergrad N=94,806	NPSAS (2004) Undergrad N=14,780
Sex	Female	62.23	63.4	57.1
	Male	37.77	36.6	42.9
Ethnicity	Caucasian/White	78.89	72.8	66.1
	Asian American	5.95	11.5	6.4
	Hispanic	4.91	6.1	11.3
	African American / Black	3.94	5.1	13.0
	Alaska Native/American Indian	0.41	1.2	1.1
	International/Foreign Student	1.92	7.1	2.1
Age		21.55	22.32 Median: 21	26 Median: 22

U.S. Department of Education, National Center for Education Statistics, 2003-2004 National Postsecondary Student Aid Study (NPASAS:2004)

American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Updated April 2006. Available at http://www.acha-ncha.org/data_highlights.html. 2006.

Demographics: Grade & Relationships

	Undergrad N=15,010
Freshman	22.35
Sophomore	22.18
Junior	25.79
Senior	28.54

	Graduate N=11,441
Graduate Student	89.27
Law Student	6.09
Medical Student	2.95
Non-degree Seeking	1.19

	Undergrad N=15,010	Grad N=11,441
In a relationship	49.49	68.87

Lifetime Prevalence of Suicidal Crises

Lifetime History of Suicidal Ideation

Which phrase best describes you:	Undergrad N=15,010	Graduate N=11,441
Suicidal thoughts on a regular basis for several years	2.01	1.86
Repetitive episodes of suicidal thoughts with periods in b/w of no suicidal thoughts	6.08	4.45
A few discrete periods in my life of having had suicidal thoughts	23.32	23.03
One period in my life of having suicidal thoughts	23.58	21.63
I have never had suicidal thoughts	45.00	49.03
Have you ever seriously considered attempting suicide ?	17.69	14.97

Lifetime Prevalence of Suicidal Ideation & Suicide Attempts

Answered by those who have seriously considered suicide attempts...		Undergrad N=2,609	Graduate N=1,692
Lifetime # of periods seriously considering a suicide attempt	1	0.46	0.42
	2	52.94	57.07
	3	25.78	26.69
	4 or more	20.82	15.81

Lifetime # of suicide attempts		Undergrad N=15,010	Graduate N=11,441
Undergrad % = 7.56 Graduate % = 5.41	0	92.44	94.59
	1	4.72	3.56
	2	1.52	1.22
	3 or more	1.32	0.64

HLM of Selected Demographics

Seriously considered attempting suicide Lifetime

	T-ratio	P-value	Odds Ratio
* Female	7.96	0.000	1.52
African American	-0.35	0.729	0.95
Native American	-0.58	0.560	0.82
Asian American	0.479	0.631	1.05
Hispanic	-0.11	0.912	0.99
* International Student	-2.36	0.018	0.71 (1.41)
* Multiracial	2.25	0.025	1.35
* Graduate Student	-6.03	0.000	0.78 (1.28)
* Religiously Affiliated	-7.90	0.000	0.59 (1.70)

Suicidal Ideation in the Past 12 Months

Suicidality in the Past 12 Months

In the past 12 months...	Undergrad N=15,010	Grad N=11,441
I thought, "I wish this all would just end"	36.99	29.90
I thought, "I wish I was dead"	11.19	8.15
I have seriously considered attempting suicide	6.15	3.63
I have attempted suicide	0.85	0.30

The Nature of Suicidal Ideation

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

Specificity and Preparation of the Considered Suicide Attempt

Answered by those who have seriously considered attempting suicide in past 12 months		
	Undergrads N=910	Graduate N=411
Had a specific plan	37.63	34.83
Thought about some ways, but not seriously	53.86	54.73
Never considered how to attempt	8.51	10.45

PREPARATIONS		
Gathered material to kill self	19.44	15.48
Wrote suicide note	14.00	7.13
Did practice run of suicide attempt	5.11	3.93
Began to attempt, then changed mind	16.56	10.32
No actions	63.44	72.24

What preparatory activities increase the odds of attempting?

- Beginning the attempt, then stopping
 - Odds ratio=14.16
 - ($t[1244]=8.655, p<.001$)*
- Gathering material
 - Odds ratio=2.66
 - ($t[1244]=2.963, p=.004$)*
- Not significant: writing a suicide note, doing a practice run, gender

*note: test for the significance of the coefficient in a hierarchical linear model including gender, wrote a suicide Note, gathered material, did a practice run of the attempt, began to attempt then stopped

**What was the primary way that
you considered attempting
suicide ?**

Undergraduate Ideators

Method	Percentage
Overdose	51.07
Combined method	35.17
Cutting	25.69
Motor vehicle	16.21
Gun	14.68
Jumping	13.15
Other	9.17
Hanging	7.65
Carbon-monoxide	3.98
Declined to answer	3.98

ATTEMPTERS

Suicide Attempts Over 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	14.40 (0.85% of total) 128 / 15,010	8.42 (0.30% of total) 34 / 11,441

Nature of Suicide Attempts Over Past 12 Months

Answered by those who have attempted suicide in the past 12 months		Undergrad N=128	Graduate N=34
How many times attempted in past 12 months	1	68.50	75.00
	2	22.83	15.63
	3 or more	8.66	9.38
Attempt resulted in needing medical attention		18.90 (0.16% of total)	28.13 (0.08% of total)
Using drugs/alcohol during attempt (*note* may be the method)		32.54	15.63
Currently Considering Attempting Suicide		23.44 (0.19% of total) 30 / 15,010	27.27 (0.07% of total) 9 / 11,441

HLM of Selected Demographics Attempted Suicide Past 12 Months

	T-ratio	P-value	Odds Ratio
Female	-0.05	0.959	0.99
* White	-2.94	0.004	0.47 (2.13)
* Graduate Student	-3.52	0.001	0.40 (2.50)
* Religiously Affiliated	-2.32	0.020	0.53 (1.89)

Undergraduate Attempters

Method Used	Percentage
Overdose	51.26
Cutting	28.57
Other	8.40
Motor Vehicle Accident	5.88
Combined	3.36
Suffocation	2.52
Jumping	2.52
Hanging	1.68
Declined to answer	1.68

Students' Response to Suicidal Ideation

Telling Other People

Answered by those who have <u>seriously considered attempting suicide</u> 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	45.74	46.5
	1	30.94	30.25
	2	15.13	16.25
	3 or more	8.18	7.00

Answered by those who have <u>attempted suicide</u> in past 12 months		Undergrads N=127	Graduates N=34
After attempting suicide, how many people did you tell?	None	48.03	47.06
	1	21.26	20.59
	2	14.96	17.65
	3 or more	15.75	14.71

Why did you decide not to tell anyone about your thoughts?

Response Themes	Percentage
Not to burden others	20.29
It was a transitory problem	14.96
Privacy	14.75
Fear of being judged or treated differently	12.91
Would not actually attempt	10.25
No one would care or understand	8.81
Other	7.99
Shame	7.79
Fear of consequences	6.76
Fear of interference	5.94
Fear of hospitalization or treatment	4.92
Pride	4.92
They would not take it seriously or help	3.89
Declined to answer	1.23

Who the Ideators Told

Of those who told others...		Undergrad N=484	Graduate N=214
The first person they told	Family	17.75	10.57
	bf/gf/partner/spouse	30.44	41.35
	Friend	32.77	24.04
	Roommate	3.59	1.44
	Professional	10.99	19.71

This person was helpful in dealing with the suicidal thoughts	51.97	52.34
This person advised seeking professional help	58.00	49.70

What are the characteristics of ideators who tell other people?

- Suicidal thoughts had greater impact on academic performance
 - $(t[1275]=4.528, p<.001)^*$
- Stronger thoughts of suicide
 - $(t[1273]=3.376, p=.001)^*$
- Longer periods of suicidal ideation
 - $(t[68]=2.167, p=.034)^*$

Does telling make a difference?

- Telling others about suicidal thoughts did not correlate with the likelihood of making an attempt

Clinical and Treatment Issues

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	52.25	51.64
Was already receiving professional help	14.61	19.14
Received help after having suicidal thoughts	24.38	24.94
Received help after making an attempt	8.76	4.28

Help-Seeking Experiences - Ideators

Undergrad / Graduate who sought help after seriously considering suicide over the past 12 months from...	% Who Saw Specified Provider	% Still Seeing This Provider	% of Providers Associated with University Student Services?	% Reporting Specified Provider Helpful in Preventing Suicide	% Reporting Not Very Difficult to Access Services
Medical Provider N=75 / 39	8.33 / 9.58	52.78 / 68.42	23.61 / 27.03	38.89 / 47.37	70.83 / 68.42
Psychiatrist N=158 / 81	17.56 / 19.90	51.59 / 64.20	26.11 / 32.50	38.85 / 44.44	56.05 / 66.25
Counselor N=331 / 142	36.78 / 34.89	40.37 / 56.03	51.55 / 42.55	53.27 / 60.00	73.60 / 65.47
Clergy N=16 / 22	1.78 / 5.41	31.25 / 40.91	6.25 / 4.55	56.25 / 77.27	93.75 / 72.73
Received No Services	46.22 / 50.61				

What are the characteristics of those who seek help *before* making an attempt?

- Suicidal thoughts had greater impact on academic performance
 - (t[1269]=4.446, p<.001)*
- Stronger thoughts of suicide
 - (t[68]=3.127, p=.003)*
- Longer periods of suicidal ideation
 - (t[1269]=2.679, p=.008)*

- Those who seek help are less likely to make an attempt
 - (t[1256]=-1.948, p=.051)*
 - Odds ratio=-.63; marginal significance

*note: test for the significance of the coefficient in a hierarchical linear model with gender included

Associated Factors

Which of the following occurred before seriously considering a suicide attempt in the past 12 months

	Undergrad N=910
Recent family problems	41.96
Recent academic probs	37.57
Recent loss of romantic relationship	36.00
Recent financial problems	34.53
Intentional self-harm (non-suicidal)	27.67
Recent loss of friendship	27.56
Recent death of friend/family	16.42
Sexual Assault	9.22
Recent Trauma	8.32
Recent conflict regarding sexual orientation	6.75
Recent suicide of friend/family	5.74
Relationship violence	5.62

	Graduate N=411
Recent financial problems	35.64
Recent academic probs	30.45
Recent family problems	27.97
Recent loss of romantic relationship	26.98
Recent loss of friendship	15.84
Intentional self-harm (non-suicidal)	13.86
Recent death of friend/family	12.13
Recent Trauma	6.93
Relationship violence	4.95
Recent conflict regarding sexual orientation	4.46
Sexual Assault	3.96
Recent suicide of friend/ family	3.47

Events rated as having a large impact on seriously considering suicide in the past 12 months

	Undergrad N=910
Emotional / physical pain	64.72
Romantic relationship problems	58.81
Impact of wanting to end my life	49.37
School problems	43.17
Friend problems	43.00
Family problems	42.51
Financial problems	31.10
Showing others the extent of my pain	30.05
Punishing others	13.61
Alcohol / drug problems	10.13
Sexual assault	7.82
Relationship violence	5.60

	Graduate N=411
Emotional / physical pain	65.26
Romantic relationship problems	52.63
Impact of wanting to end my life	46.56
School problems	45.38
Financial problems	34.38
Family problems	34.30
Friend problems	28.12
Showing others the extent of my pain	27.03
Punishing others	8.29
Alcohol / drug problems	6.56
Relationship violence	5.85
Sexual Assault	5.80

Important Factors in Preventing a Suicide Attempt

	Undergrad N=761		Graduate N=370
Disappointing/hurting my family	76.82	Disappointing/hurting my family	76.99
Disappointing/hurting my friends	56.27	Disappointing/hurting my friends	48.84
Hope/plans for the future	42.25	Disappointing/hurting my partner	46.02
Wanting to finish school	39.37	Hope/plans for the future	34.99
Support of my friends	37.71	Support of my family	33.14
Support of my family	35.40	Religious/moral beliefs	32.45
Disappointing/hurting my partner	34.27	Wanting to finish school	31.58
Religious/moral beliefs	33.75	Support of my friends	27.73
Support of my partner	25.99	Support of my partner	27.68
My pet(s)	18.76	My pet(s)	20.12
Relationship with mental health professional	10.22	Relationship with mental health professional	14.16

Implications for College Suicide Prevention

Take Home Messages

- Suicidality is not uncommon
- Need: Destigmatization of mental health issues and suicidal thinking.
- Need: Educate peers in addition to others on campus about how to respond to those who are suicidal.
- Need: Professional services must get word out that they are helpful and available.

Policy Implications

- Judicial: Removal for serious suicidal ideation – be prepared to remove a lot of people
- Importance of academics (Recent academic problems is second most likely event to precede SI, “school problems” ranked 4th in contributing to SI.) As university staff and administrators, we can do things to help here, and can provide motivation to follow through on treatment in exchange for continuing/returning to school.
- Wanting to finish school is a protective factor for a substantial minority
- Need to find a way to help them without punishing them academically.

New Paradigm for Suicide Prevention (David Drum & Candyce Drum)

Person/Treatment Centered Paradigm

- Operates from an illness/treatment model with referral and treatment as its primary goals
- Identifies the suicidal person as the problem to be addressed
- Limits intervention to those with expressed or suspected suicidality

Problem/Intervention Centered Paradigm

- Operates from a biopsychosocial and ecological model with attention to the impact of natural and developmental environments
- Views suicide as the problem
- Promotes intervention to all phases of a problem

New Paradigm for Suicide Prevention

(David Drum & Candyce Drum)

Person/Treatment Centered Paradigm

- Leads to institutional de-identification with the suicidal student
- Typically focuses on one person at a time
- Efforts and resources over-allocated to rescue mission
- Event oriented

Problem/Intervention Centered Paradigm

- Creates broader ownership for the problem and encourages problem solving
- Simultaneously focuses on individuals, populations and environments
- Efforts and resources directed at reducing incidence and prevalence as well as rescue
- Process and system oriented

What UT Austin is Doing

- Suicide Prevention Task Force (Campus Wide Approach)
 - University Policy
 - Prevention Efforts
 - New Position – Suicide Prevention Specialist
- CMHC Services
 - Prevention
 - Postvention
 - Intervention
 - Crisis Walk In / Crisis Teams
 - 24 Hour TC 471-2255 (refer to or consult with)
 - Regular Appts 471-3515

Questions & Discussion

Interference with Academic Performance

Answered by those who have seriously considered attempting suicide in past 12 months	Undergrads N= 910	Graduate N= 411
Greatly	45.40	39.40
Hardly	32.85	40.65

Medication and Hospitalization for Ideators

Answered by those who have seriously considered attempting suicide in past 12 months		Undergrad N=910	Graduate N=411
Took prescribed meds to help with suicidal thoughts		26.70	27.50
Of those who took meds		N=236	N=110
Meds helped prevent you from committing suicide	Helpful	48.93	52.78
	Not helpful	22.75	22.22
Was hospitalized to help with suicidal thoughts		N=910	N=411
		3.66	3.27
Of those who were hospitalized		N=32	N=13
Hospitalization helped prevent you from committing suicide?	Helpful	31.25	63.64
	Not helpful	50.00	27.27

Frequency of Suicidal Ideation

Answered by those who have seriously considered attempting suicide in the past 12 months		Undergrad N=910	Graduate N=411
# of periods (past 12 mos.) considered attempting	1	30.56	37.10
	2	25.78	25.31
	3	16.22	12.04
	4-6	14.44	11.55
	7 or more	10.52	9.85

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	50.28	45.14
	Weak	11.90	15.96
Intention to kill self was:	Strong	31.17	26.75
	Weak	37.78	45.00

HLM of Selected Demographics

Seriously considered attempting suicide Past 12 Months

	T-ratio	P-value	Odds Ratio
* Female	3.79	0.000	1.38
African American	-0.95	0.341	0.84
Native American	-0.39	0.693	0.78
Asian American	0.28	0.781	1.06
Hispanic	-0.25	0.803	0.95
International Student	-1.36	.174	0.76
Multiracial	1.31	0.192	1.38
* Graduate Student	-6.65	0.000	0.60 (1.67)
* Religiously Affiliated	-4.05	0.000	0.65 (1.54)

Research Consortium Data Compared to National College Health Assessment and National College Health Risk Behavior Survey

In the past 12 months...	RC (2006) Undergrad N=15,010	RC (2006) Graduate N=11,441	ACHA-NCHA (2006) 82% Undergrad N=94,806	NCHRBS (1995) Undergrad N= 4,609
Seriously considered suicide	6.15	3.63	9.3	10.3
Made a plan	2.28	1.25		6.7
Made an attempt	0.85	0.3	1.3	1.5
Made an attempt requiring medical attention	0.16	0.08		0.4
Made 3 or more attempts	0.07	0.03	0.3	
Number of schools	70	70	117	136
Response Rate	24%	25%	35%	60%

Hypotheses about Differences between RC, NCHA, NCHRBS

- RC survey shows 11% "wish I was dead." No other place to express this sentiment in other surveys.
- NCHRBS uses half 2-year colleges, whose suicide rates approximate non-college student N.
- When responding to this item on RC survey, the pump is primed (see subsequent slides)
- Discussion and other ideas

Items Preceding “The Question” on NCHA and NCHRBS

ACHA-NCHA (all questions asked “within the last school year”)

How many times have you felt exhausted (not from physical activities)?

How many times have you felt very sad?

How many times have you felt so depressed that it was difficult to function?

How many times have you seriously considered attempting suicide?

How many times have you attempted suicide?

NCHRBS (all questions asked for “within the past 12 months”)

Have you been in a physical fight?

Have you been treated by a doctor or nurse for injuries sustained in a physical fight?

Have you seriously considered attempting suicide?

Have you made specific plans to attempt suicide?

Have you attempted suicide?

Items Preceding “The Question” on RC Survey

What phrase best describes you?

- A. I have had some type of suicidal thought on a regular basis for several years.
- B. I have repetitive episodes of suicidal thoughts with periods in between of no suicidal thoughts at all.
- C. I have had a few discrete periods in my life of having suicidal thoughts.
- D. I have never had suicidal thoughts

Have you ever seriously consider attempting suicide?

Number of periods seriously considered attempting suicide?

Number of times attempted suicide

In the past 12 months, have you seriously considered attempting suicide?

*32 further questions about suicide ideation are asked before the question: In the past 12 months, have your attempted suicide?

Response Rates

	Undergrad	Graduate	Totals
Surveys Sent	62,000	46,536	108,536
Surveys Returned	15,010	11,441	26,451
Response Rate	24%	25%	24%

Demographics: Sexual Orientation

Sexual orientation	Undergrad N=15,010	Ellis et al., 2005	NCHA, 2006 N=94,806
Bisexual	2.18	0.90	2.4
Gay/Lesbian	1.81	1.06	2.0
Heterosexual	94.75	97.07	94.1
Questioning	1.26	0.88	1.4

Lee Ellis, et al. (2005) Sexual Orientation in United States and Canadian College Students, *Archives of Sexual Behavior*, Vol.34, No5, pp. 569-581.

Sample Comparison for Help Seeking and Medication Use

	RC (2006) Undergrad / Graduate N=15,010 / 11,441	RC (1995) Non- clinical Sample (92.5% undergrad) N=2071	Kahn & Williams (2003) (98% undergrad) N= 320
Has received psychological help	42.5 / 39.25	29.5	35
Has taken medication for mental health concerns	15.7 / 14.7	8.4	

Words students endorsed as descriptive of themselves during a typical time that they considered suicide in the past 12 months

	Undergrad N=910
Sad	86.74
Lonely / isolated	82.21
Hopeless	80.57
Helpless	63.25
Anxious / worried	58.78
Anxious / panic	46.44
Angry	44.50
Guilty	43.21

	Graduate N=411
Sad	83.63
Hopeless	79.74
Lonely / isolated	75.52
Anxious / worried	66.40
Helpless	62.80
Anxious / panic	51.72
Guilty	42.20
Angry	39.57

Which emotional states predict longer periods of ideation?

- Hopeless
 - (t[1165]=2.515, p=.012)*
- Sad (marginally significant)
 - (t[1165]=1.944, p=.052)*
- Guilty (marginally significant)
 - (t[1165]=1.762, p=.078)*

*note: test for the significance of the coefficient in a hierarchical linear model including gender, anger, anxious/worry, sad, guilty, lonely/isolated, hopeless, helpless and anxious/panic

Which emotional states predict stronger thoughts of suicide?

- Angry
 - (t[1161]=2.270, p=.023)*
- Sad
 - (t[1161]=2.542, p=.011)*
- Helpless
 - (t[1161]=4.260, p<.001)*
- Anxious/panic
 - (t[1161]=2.925, p=.004)*

*note: test for the significance of the coefficient in a hierarchical linear model including gender, anger, anxious/worry, sad, guilty, lonely/isolated, hopeless, helpless and anxious/panic

Which emotional states predict weaker thoughts?

- Anxious/worry
 - $(t[1161]=-3.348, p=.001)^*$

*note: test for the significance of the coefficient in a hierarchical linear model including gender, anger, anxious/worry, sad, guilty, lonely/isolated, hopeless, helpless and anxious/panic

Which emotional states predict stronger intent to kill oneself?

- Angry

- (t[1163]=3.355, p=.001)*

- Hopeless

- (t[1163]=2.673, p=.008)*

*note: test for the significance of the coefficient in a hierarchical linear model including gender, anger, anxious/worry, sad, guilty, lonely/isolated, hopeless, helpless and anxious/panic

Which emotional states predict the likelihood of attempting?

- Helpless (increased odds 133%)
 - $(t[1174]=2.526, p=.012)^*$
- Anxious/worry (reduced odds- 133% more likely NOT to attempt)
 - $(t[1174]=-2.082, p=.037)^*$
- No specific emotional states predicted multiple attempts

*note: test for the significance of the coefficient in a hierarchical linear model including gender, anger, anxious/worry, sad, guilty, lonely/isolated, hopeless, helpless and anxious/panic

What do stronger thoughts of suicide indicate?

- Those with stronger thoughts of suicide are more likely to have formed a specific suicide plan and more likely to have considered methods
 - $(t[69]=-6.348, p<.001)^*$

*note: test for the significance of the coefficient in a hierarchical linear model including “never considered how,” and “considered how but not seriously.”

Phase 1: Prevention

- **Be aware that some members of a student population will be susceptible to engaging in suicide related behaviors along a continuum**
- **GOAL: To reduce the incidence and prevalence of suicidal behaviors through a preventive intervention focused on reducing inherent risks and strengthening protective factors in the environment and in the overall population**

Phase 1: Prevention

Types of Interventions

- Re-engineering physical characteristics of the environment
- Advocacy
- Legislation and policy setting
- Consciousness raising and informing

Phase 1: Prevention

Focus of Intervention Efforts

Macro/Developed Environment	Population: students, family, peers, staff	Individual
<ul style="list-style-type: none">• fly in text that is generated by the audience		

Phase 2: Proactive

- Reduce the overall susceptibility of the population to engage in suicide related behaviors by disrupting pathways created by
 - incomplete accomplishment of developmental tasks
 - engagement in health-deteriorating behaviors
 - reduced coping from unresolved negative life events
- GOAL: To improve the health status of the population by addressing NEEDS before they contribute to symptoms, thereby reducing incidence and prevalence in the population

Phase 2: Proactive Types of Interventions

- Community building
- Developmental support services
- Consciousness raising
- Advocacy
- Improve relational capability of the population

Phase 2: Proactive Focus of Intervention Efforts

Developed Environment	Population	Individual
<ul style="list-style-type: none">• fly in text that is generated by the audience	<ul style="list-style-type: none">• likewise	<ul style="list-style-type: none">• likewise

Phase 3: Early Intervention

- **Address the early circumstances or manifestations of distress or disturbance that elevate the risk of suicidal behaviors**
- **GOAL: To reduce the incidence and prevalence of suicidal behaviors in the population by reducing reliance on dysfunctional coping mechanisms and protecting the integrity of the self**

Phase 3: Early Intervention

Types of Interventions

- Individual and couples counseling
- Group treatments
- Risk assessment

Phase 3: Early Intervention

Focus of Intervention Efforts

Developed Environment	Population	Individual
<ul style="list-style-type: none">• fly in text that is generated by the audience	<ul style="list-style-type: none">• likewise	<ul style="list-style-type: none">• likewise

Phase 4: Treatment and Crisis Amelioration

- **Treat suicidality and address underlying conditions or circumstances:**
 - Restore connection to self and/or others
 - Address maladaptive cognitions
 - Amplify protective factors
- **GOAL: To promote recovery from the suicidal crisis and its underlying causes**

Phase 4: Treatment and Crisis Amelioration

Types of Interventions

- Protective actions
- Consultation
- Individual and group therapy
- Medication
- Referral for services
- Risk assessment

Phase 4: Treatment and Crisis Amelioration

Focus of Intervention Efforts

Developed Environment	Population	Individual
<ul style="list-style-type: none">• fly in text that is generated by the audience	<ul style="list-style-type: none">• likewise	<ul style="list-style-type: none">• likewise

Phase 5: Relapse Prevention

- **Build personal resilience, awareness of unique risk/protective factors and strategies to prevent relapse, and increase social support**
- **GOAL: To prevent re-emergence of suicidal behavior**

Phase 5: Relapse Prevention

Types of Interventions

- Disease management programs
- Recovery support groups
- Follow-up care
- Community building

Phase 5: Relapse Prevention

Focus of Intervention Efforts

Developed Environment	Population	Individual
<ul style="list-style-type: none">• fly in text that is generated by the audience	<ul style="list-style-type: none">• likewise	<ul style="list-style-type: none">• likewise

Take Home Messages

- Suicidality is not uncommon
- Need: Destigmatization of mental health issues and suicidal thinking.
- Need: Educate peers in addition to others on campus about how to respond to those who are suicidal.
- Need: Professional services must get word out that they are helpful and available.

Policy Implications

- Judicial: Removal for serious suicidal ideation – be prepared to remove a lot of people
- Importance of academics (Recent academic problems is second most likely event to precede SI, “school problems” ranked 4th in contributing to SI.) As university staff and administrators, we can do things to help here, and can provide motivation to follow through on treatment in exchange for continuing/returning to school.
- Wanting to finish school is a protective factor for a substantial minority
- Need to find a way to help them without punishing them academically.

Future Analysis on this Data Set

What UT Austin is Doing

- Suicide Prevention Task Force (Campus Wide Approach)
 - University Policy
 - Prevention Efforts
 - New Position – Suicide Prevention Specialist
- CMHC Services
 - Prevention
 - Postvention
 - Intervention
 - Crisis Walk In / Crisis Teams
 - 24 Hour TC 471-2255 (refer to or consult with)
 - Regular Appts 471-3515