



## Suicidal Ideation on Higher Education Students: Influence of Some Psychosocial Variables



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### ABSTRACT

**Introduction:** While attending to higher education, multiple changes occur in the lives of young students. These changes make higher education students particularly more exposed and vulnerable to mental health problems, and therefore more likely to present suicidal behaviors.

**Objectives:** The aim of this study was to assess suicidal ideation in higher education students, and its relationship with some psychosocial variables.

**Methods:** Exploratory, quantitative and descriptive study, applied on a sample of 1074 students of a higher education institution in Portugal.

**Results:** Some significant associations with suicidal ideation were found with self-concept factors (self-acceptance, self-effectiveness and impulsivity); stress, anxiety and clinical depression; linkage anxiety and social support activities dimensions; intimacy and total social support.

**Conclusion:** In our sample we found 84 students with potential suicidal risk, and through the result analysis, the biopsychosocial profile of the student at risk for suicidal ideation exhibits the following traits: female, age 18/19, low self-concept, insecure linkage patterns and little involvement in social activities and intimacy relationships. All facts considered, higher education institutions should provide programs that promote mental health and suicide prevention in academic environments.

The results of this study also have implications for policy makers, clinical practice, suicide prevention and higher education institutions.

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Suicide is a severe public health issue. Epidemiological data presented by the [World Health Organization \(2012\)](#) states that suicide is leading cause of death in the world's population, and represents the third cause of death in ages 15 to 35.

Recent scientific studies show that suicide ideation and associated attempts appear to be increasing, which presents itself as a serious problem and an important highlight of social politics ([Saraiva, 2006](#); [Gonçalves et al, 2013](#))

The suicidal “downward spiral” begins with ideation, which is a vulnerability marker, and can trigger the suicide attempt, leading to the consummation of the idea: suicide.

In the interpersonal–psychological theory of suicidal behavior, Thomas [Joiner \(2005\)](#) refers three concepts that are present when an individual wishes to die: absence of the instinctive fear of death, the feeling of being a burden to the family/friends and feeling they do not belong. The author points out that a suicidal individual displays a certain isolation and social alienation.

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Suicidal ideation can go from a spectre of general thoughts about death to more elaborate ones with specific plans about suicide ([Ferreira & Castela, 1999](#)). Thus, suicidal ideation is considered one of the main risk predictors of suicide, being used in several surveys in order to assess the presence of a suicidal process ([Prieto & Tavares, 2005](#)).

Psychiatric diseases are associated to over 90% of suicide cases ([World Health Organization, 2012](#)). Clinical depression, anxiety, impulsivity and stress are relevant aspects to take into account in order to investigate suicidal behaviors ([Borges & Werlang, 2006](#); [Garlow et al., 2008](#); [Lasgaard, Goossens, & Elklit, 2010](#); [Walsh & Eggert, 2007](#)).

A meta-analysis study by [Bertolote, Fleischmann, De Leo, and Wasserman \(2004\)](#), revealed that over 90% of young people with suicidal behavior exhibit mood disorders (30.2%), alterations related to substance abuse (17.6%), schizophrenia (14.1%) and personality disorders (13%). Young people with high levels of stress and anxiety have a higher risk of suicidal behaviors when associated with clinical depression, alcoholism, substance abuse or personality disorders ([Prieto & Tavares, 2005](#); [Gonçalves et al, 2014](#)).

Previous history of suicide attempts also contributes to an increase in suicide risk, and the level of severity is significantly linked to how

serious and recent the previous attempt was. The danger of completing suicide is usually very significant on the first year after the attempt, particularly on the first 3 months (American Psychiatric Association, 2003).

Other studies on young adults with suicidal behaviors show high frequency of adverse life experiences (Dieserud, Forsen, Braverman, & Roysamb, 2002; Bras & Cruz, 2008). Suicidal teenagers have experienced a broad range of recent negative events, such as school problems, interpersonal loss, break ups, parents divorcing, teenage pregnancy (Freitas & Botega, 2002).

Some studies revealed that individuals with suicidal behavior had low social/familiar support when compared to individuals without high social bonds, that reveal less probability of displaying suicidal behaviors (Holliday & Vandermause, 2015; Wasserman & Cheng, 2005).

A childhood in which proximity, touch, comprehension and love were scarce, often gives place to insecure linkage patterns with high association to suicide.

The studies by Heisel and Flett (2004) refer some aspects that may be protective and negatively correlate with suicidal risk, such as good social support, constructive schedule of free time, effective coping strategies towards stress pressures and time management, cognitive flexibility, ability to deal with problems, find solutions and having realistic life objectives, without exaggerating the negative life events.

Studies that address the prevalence of suicide ideation in higher education students are scarce and the ones that exist show a wide range of results. With that said, the aim of this study is to determine suicidal ideation prevalence in higher education students, and to evaluate its relationship to some psychosocial variables that may function as markers.

## MATERIALS AND METHODS

A quantitative, transversal, descriptive and correlational study on a sample of 1074 students attending the Polytechnic Institute of Viseu was developed. Data collection was made through an online platform available from October 2011 to May 2012.

### Instruments

A questionnaire regarding the sociodemographic and academic characteristics of the students was used and instruments validated for the Portuguese population such as: The Clinic Self-Concept Inventory (Vaz Serra, 1986); Social/Familiar Satisfaction Scale (Ribeiro, 1999); Adult Linkage Scale—Portuguese version of Adult Attachment Scale (Canavarro, Dias, & Lima, 2006a,2006b); Anxiety, Stress and Depression Scale (EADS-21) (Ribeiro, Honrado, & Leal, 2004) Suicidal Ideation Questionnaire (Ferreira & Castela, 1999).

### Participants

An intentional sampling was composed of all the students who answered the questionnaire (1074) distributed through the 1st, 2nd, 3rd and 4th years from several courses of the Polytechnic Institute of Viseu.

### Formal and Ethical Procedures

All the formal and ethical procedures inherent to the research were assured. The anonymity and confidentiality of all the information given by the students that participated in the research were also assured.

### Statistical Procedures

Data collection was edited in a database specifically created in the SPSS version 21.0 for Windows. For data treatment we have used descriptive statistics recurring to measures of central tendency (mean) and of dispersion (standard deviation). For the inferential analysis we have used multiple linear regression analysis to estimate the association between suicidal ideation and the psychosocial variables.

## RESULTS

### Sociodemographic Characterization of Students

The students' age varies from 17 to 49 years, with  $\bar{x} = 23.93$  years  $\pm 6.10$  SD. The mean age is slightly higher in males ( $\bar{x} = 25.49 \pm 6.83$  SD) than in females ( $\bar{x} = 23.08 \pm 5.49$  SD) with significant differences ( $t = 5.892$ ;  $p = 0.000$ ). The sample is mainly feminine, 695 students (64.7%), single (86.1%), of rural provenance (55.7%) and their cohabitation during the semesters is equally distributed among those who live with family relatives (47.2%) and those who share house/bedroom with friends and colleagues (41.7%).

### Academic Characterization

Students are distributed proportionally throughout all five institutions/schools (Education, Health, Agrarian, Technology and Management, Lamego Pole). The majority (88.2%) attend the intended course, 77.2% state being happy with it and assessed their academic performance at reasonable—good. About 4 out of 10 students admit having failed, and a very significant percentage says that they had never changed course (84.9%). Almost all of the students refer good interpersonal relations with teachers (95.6%) and colleagues (96.8%)

### Addicting Behaviors

The majority of the students deny consumption of tobacco (76.6%), and 42.2% admit excessive alcohol consumption. The use of illicit substances is referred by 28.0% of the students, and the most frequent substances are cannabis (hashish) and ecstasy, 68.4 and 31.6% respectively.

Among those who are under some sort of medication, the percentage that admits to the use of psychological drugs (52.6%) is also alarming, namely anxiolytics (61.6%) and sleep inductors (28.8%) which can indicate low levels of mental health.

### Problems Related to Health/Mental Health

About 25.0% of students admitted to resorting to health services because of mental health problems, where 18.0% of those use psychological drugs such as hypnotics and anxiolytics. A familiar history of mental health issues is referred by 19% of the sample.

### Self-Concept

Students reveal high values on all the dimensions of self-concept, the overall value being  $75.86 \pm 8.70$  SD on a range of 20 to 100. Males display better self-concept levels, slightly superior to those verified on females (cf. Table 1).

**Table 1**  
Students' Perception of Self-Concept.

CISC dimensions (Vaz Serra, 1986)	Min	Max	Mean	SD		
F1—Acceptance	6	25	18.54	2.91		
F2—Self-efficiency	11	30	22.43	3.25		
F3—Psychological Maturity	5	20	15.20	2.20		
F4—Impulsivity	3	15	11.70	1.73		
Overall	30	98	75.95	8.67		
Difference of means between self-concept and gender						
	Male		Female		i	p
	Mean	SD	Mean	SD		
F1—Acceptance	18.54	2.74	18.54	3.00	−0.009	0.993
F2—Self-efficiency	22.59	3.30	22.34	3.22	1.202	0.230
F3—Psychological maturity	15.30	2.19	15.14	2.22	1.113	0.266
F4—Impulsivity	11.87	1.75	11.60	1.72	2.436	0.015
Overall	76.48	8.49	75.66	8.76	1.490	0.137

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