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Collaborative interprofessional practice to prevent college student suicide

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A B S T R A C T

College-aged individuals have a higher risk of suicide compared to those in other age groups. Young adults aged 18 to 25 are more likely than older adults to have serious thoughts of suicide, make suicide plans, or attempt suicide.[1] Additionally, suicide is the 10th leading cause of death in the United States for college students aged 25 to 34 and the third leading cause for those aged 15 to 24.[2] While suicide is considered a preventable event, research suggests that students are unwilling to seek help because of the perceived stigma of doing so. At-risk college students can benefit from the collaboration of interprofessionals colleagues (nurses, physicians, social workers, psychologists, professors, counselors, and other healthcare professionals) who use a team-based approach and the SBAR communication method to identify their suicide risk factors and warning signs, provide a thorough assessment, make appropriate referrals, and provide evidence-based interventions and treatment.

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1. Introduction

While the death of a young person with a promising future is always tragic, it is even more so when the death is from suicide, a preventable act. Suicide can be understood as an action considered by an individual who has a problem or problems they are unable to solve or find too overwhelming to face. In other words, suicidal individuals may think it will be easier to end their lives than develop alternative solutions to their problems. Research has shown that suicidal thoughts and actions are more common in college-aged individuals than in older adults. A 2014 study showed that young adults aged 18 to 25 were more likely than adults in other age groups to have serious thoughts of suicide, made suicide plans, or attempt suicide.[1] In fact, one in 10 college students reported having suicidal thoughts in the previous month.[2] Additionally, suicide is the 10th leading cause of death in the United States for college students aged 25 to 34 and the third leading cause in those aged 15 to 24.[2] Unfortunately, the problem is growing as student suicides have increased from 9 to 11 per 100,000 students per year.[2]

College students are at increased risk for suicide for a variety of reasons. It is important to remember that the factors that make older adults at higher risk for suicide also apply to college-aged individuals. These factors include behavioral health issues (such as depressive and anxiety disorders and substance abuse); individual characteristics (including hopelessness, loneliness, and social isolation); adverse life circumstances (e.g., relationship losses, school problems, and financial difficulties); family characteristics (family history of suicide or mental health problems, violence, and instability); and school/community factors (such as limited access to effective care and the stigma associated with seeking care).[3]

College students also can experience stress from being in a new environment away from family and friends while feeling pressured to achieve high grades and have an active social life. Because students often edit their experiences in order to present positive images on social media outlets, others may come to believe they are the only ones experiencing problems, which can be isolating. Additionally, college students who lack resilience and coping skills can view challenges and setbacks as devastating personal failures, which may make them feel helpless or hopeless. These feelings can potentiate risky behaviors such as self-medicating with alcohol or drugs, a practice that increases suicide risk.[4] Students suffering from or genetically predisposed to mental health conditions such as anxiety or depression (diagnosed or undiagnosed) also are at greater risk for suicide.[5] Finally, suicide risk is higher for students who have experienced or are experiencing failing social relationships, bullying, trauma, assault, body image struggles, or cultural diversity issues.[5] Crisis response in the academic setting also encompasses students of all ages who may be having difficulty coping with social media, community crises, and suicide contagion phenomena.[6]

All suicide risk factors can be addressed if the person seeks help. However, research has shown that many students are unwilling to ask for help because of the perceived stigma of seeking or needing mental health support.[7] The American College Counseling Association's (ACCA) 2014 National Survey of College Counseling Centers includes statistics regarding students' use of campus mental health services.[8] These statistics indicated areas that may be targeted for improvement. For example, 86% of the students who committed suicide in 2013 had not accessed campus counseling services. This information suggests the need to identify at-risk students and effectively publicize campus counseling services. The information also confirmed several well-known suicide risk factors in that

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Table 1
Suicide myths and facts.

Myth	Fact
If someone wants to commit suicide, there is nothing anyone can do to prevent them from doing so.	Most individuals with suicidal thoughts or risks have an underlying treatable mental illness and most suicidal thoughts or gestures are self-limiting especially when the individual is placed in a safe environment.
Asking someone if they have suicidal thoughts or plans gives them the idea to commit suicide.	Asking an individual if they are having suicidal thoughts does not cause them to have suicidal actions, just as asking an individual if they are having chest pain does not cause them to have chest pain.
Individuals are "all talk" and will not act on their suicide threats.	Most people who committed suicide indicated suicidal thoughts or gestures to their healthcare provider just prior to committing suicide.

Source: U.S. Veteran's Affairs Administration. Suicide Risk Assessment Guide.

61% of the students who committed suicide were depressed, 21% had relationship problems, 11% had academic problems, 5% had legal issues and 2% had financial issues.[8]

The U.S. Surgeon General and the National Action Alliance on Suicide Prevention noted that a campus can be a safer place for students when public health and behavioral mental health services are brought together (i.e., promoting interprofessional collaboration), and policies and organizations are changed to reflect the most up-to-date suicide prevention interventions.[9] In other words, suicide prevention efforts on college campuses can benefit from an interprofessional, team-based approach. Therefore, it is imperative that nurses, physicians, psychiatrists, professors, social workers, psychologists, therapists, counselors, and other professionals who may come into contact with suicidal college students—hereafter referred to as *interprofessional colleagues*—collaborate in a team-based approach to identify and help at-risk students by being involved in every phase of suicide prevention. This purpose of this article is to discuss how interprofessional colleagues can become more involved in preventing college students from committing suicide. First, a prevention overview is presented, which is followed by a discussion of the following elements of suicide prevention: risk factors, warning signs, and protective factors; assessment; referral; and intervention and treatment. Next key points regarding interprofessional communication are presented, followed by a college suicide case vignette, and conclusions.

2. Prevention overview

The report by the U.S. Surgeon General and the National Action Alliance on Suicide Prevention, *Goals and Objectives for Action*, emphasizes that every person can play a part in suicide prevention.[9] While this statement applies to anyone who has contact with an individual with suicide risk factors and/or warning signs, interprofessional colleagues working with college students have an even stronger obligation to help and therefore need to be informed about the latest suicide prevention techniques.

Healthcare professionals and policy makers have been working on a four-pronged public health approach for suicide prevention, which includes care that is population based, prevention focused, evidence based, and provided by interdisciplinary team members.[10] The Suicide Prevention Resource Center encourages organizations to adopt several interventions as best practices for preventing suicide.[10] Recommended strategies include identifying people at risk, increasing help-seeking behaviors, providing access to mental healthcare, establishing a crisis management system, restricting access to lethal means (guns, sharps, rope, drugs, and alcohol), promoting social network connectiveness, enhancing life skills, and promoting protective factors that can foster resilience and the ability to eradicate suicidal thoughts, plans, or intentions.[10] Other prevention strategies include offering on-campus educational seminars on depression; training gatekeepers (people strategically positioned to identify and refer a person at risk of suicide); and increasing education that can help reduce stigma of mental illness, refute popular suicide myths (Table 1), and promote awareness that depression is a medical condition and suicide is preventable.[9] Suicide prevention trainings are appropriate in most settings including workplaces, schools, faith-based communities, correctional facilities, senior communities, and college campuses.[10] Education campaigns can be used to publicize resources available for people with mental health disorders, such hotlines and crisis services (Fig. 1), thereby improving access to mental healthcare.[10] Engaging suicide attempt survivors in prevention efforts also can be an effective approach for reducing the stigma of mental health issues and showing people who are struggling that they are not alone.[10]

Historically, having individuals at risk for suicide sign "no suicide contracts" was thought to be beneficial. However, research has shown such contracts to be worthless.[11] Instead, evidence suggests that suicide risks can be reduced when a healthcare provider forms a strong bond with the individual at risk.[11] From the perspective of campus nurses or other interprofessional colleagues, fostering trusting therapeutic relationships with their patients and engaging them in conversation at every contact may help save the lives of at-risk college students. For this reason, interprofessional healthcare workers should trust the caring nature of their professions and act on their instincts when forming alliances with and developing referrals for their patients.

3. Risk factors, warning signs, and protective factors

Suicide has several well-documented risk factors, warning signs, and protective factors (Table 2). These factors and signs apply to

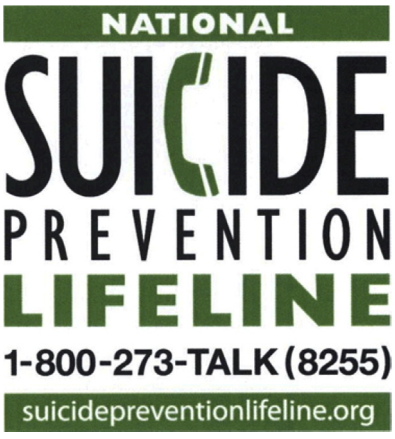

Fig. 1. National suicide prevention hotline contact information.
Source: National Suicide Prevention Lifeline (http://www.suicidepreventionlifeline.org/).[17]

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