



Research paper

Psychological distress and risk for suicidal behavior among university students in contemporary China

Fang Tang^{a,b}, Majella Byrne^{c,d}, Ping Qin^{b,e,*}^a Health Management Centre, Qianfoshan Hospital Affiliated to Shandong University, China^b Centre for Suicide Prevention and Research, School of Public Health, Shandong University, China^c PICuP Clinic, Maudsley Psychology Centre, South London and Maudsley NHS Foundation Trust, UK^d Department of Psychology, Institute of Psychiatry, Psychology, and Neuroscience, Kings College London, UK^e National Centre for Suicide Research and Prevention, Institute of Clinical Medicine, University of Oslo, Norway

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ABSTRACT

Background: Psychological distress and suicidal behavior are important mental health problems among university students and warrant research to inform strategies for effective prevention in this young population. The present study aimed to assess psychological distress and suicidal behavior and to unravel their associations among university students.

Methods: A total of 5972 undergraduate students, randomly selected from six universities in central China, comprised the sample. The Chinese version of the Symptom Checklist-90-revised (SCL-90-R) was used to assess various psychological symptoms. Logistic regression analysis was used to examine the relationship between psychological distress and risk for suicidal behavior.

Results: 40.7% of the university students reported positive in a least one of the 9 psychological symptom dimensions assessed by the SCL-90-R. 7.6% of the students reported suicidal behavior in the previous twelve months. The risk of suicidal behavior was significantly associated with psychological symptoms of all types, but there were notable differences by sex. For male students, depression and phobic anxiety increased the risk of suicidal behavior. Meanwhile, depression and obsessive-compulsiveness were positively associated with suicidal behavior in female students. Furthermore, increasing risk of suicidal behavior was associated with increasing positive symptom total (PST) score and a statistically significant trend was observed.

Limitations: Data collected from a cross-sectional survey does not allow any examination of causal inference.

Conclusions: Psychological distress and suicidal behavior were both common among university students; and psychological distress was highly associated with suicidal behavior. The findings underscore the importance of mental health care for university students.

1. Introduction

Psychological distress has become increasingly common among students in institutions of higher education (Delara and Woodgate, 2015; Kountangelos et al., 2015; Lei et al., 2016; Mackenzie et al., 2011). Although onset of many mental health problems may appear sometime earlier, the symptoms can be precipitated and exacerbated by the variety of stressors associated with college life (Auerbach et al., 2016; Eisenberg et al., 2007; Kessler et al., 2005; Mowbray et al., 2006). Prolonged psychological distress in young students has been linked to a wide range of negative outcomes such as reduced academic performance, self-injury and suicidal behavior (Bayram and Bilgel, 2008; Garlow et al., 2008; Gollust et al., 2008; Heiligenstein et al., 1996;

Kisch et al., 2005). Early identification of, and interventions for psychological distress may reduce the serious consequences (Wang et al., 2007).

Suicide is one of the leading causes of death among teenagers and young adults worldwide (Garlow et al., 2008; Kisch et al., 2005; Mackenzie et al., 2011; WHO, 2016). The potential years of life lost and the associated socioeconomic burden imposed by suicide are substantial, especially in Asia (Chen et al., 2012; WHO, 2016). For instance, China has long been recognized as having a high suicide rate, with 21% of the world's population, but 30–40% of the world's suicides (Phillips et al., 2002). Despite a notable decline in the national suicide rate has been observed in parallel with the urbanization and industrialization in recent years in China (Wang et al., 2014a; Yip et al.,

* Corresponding author at: National Centre for Suicide Research and Prevention, Institute of Clinical Medicine, University of Oslo, Sognsvannsveien 21, N-0372 Oslo, Norway.
E-mail address: ping.qin@medisin.uio.no (P. Qin).

2005), suicide is still an important health problem among Chinese people especially the young (Li et al., 2012, 2014). At the same time, both suicidal ideation and suicide attempt are common among young people in China (Li et al., 2014; Wang et al., 2014b). Two recent meta-analyses showed that suicidal ideation was present in 10.7% of Chinese college students (Li et al., 2014) and suicide attempt in 2.8% of these students (Yang et al., 2015a). Suicidal behavior as such is indisputably a powerful indicator of psychological problems in the young (Thompson et al., 2012; Wong et al., 2005) and also acts as a strong predictor of eventual suicide completion in this population (Borges et al., 2010; Kisch et al., 2005).

Suicidal behavior among young people has been associated with a variety of factors across various domains such as psychopathology, stressful life events, personality characteristics and coping skills (Bailey et al., 2011; Bearman and Moody, 2004; Curtis, 2003; Mann et al., 2005; Nock et al., 2008; Qin et al., 2003, 2005). Several studies have consistently reported that young adults, and particularly university students, experience high levels of perceived stress and psychological disturbance during the course of their studies (Keyes et al., 2012; Lunau, 2012). This is particularly true in the context of China where many students are from single-child families (Li et al., 2014; Luo, 2010), the rapid growth of tertiary education and the high expectations put much pressure on them, and the culture stigmatizing mental illness prevents people from seeking treatment for mental health problems (Ip et al., 2016; Wang et al., 2007). There are also studies reporting a strong link between psychological distress and suicidal behavior in student populations (Garlow et al., 2008; Kisch et al., 2005). However, knowledge about the specific types of psychological distress and their relative influence on suicidal behavior in this segment of the population is limited. Available studies on this topic have been generally small and mostly conducted in Western societies. Large scale studies in diverse cultural settings, for instance China, are sparse. There is a clear need for research to disclose information for effective prevention strategies in this young population. In this study, data from a large sample of university students in China were used to firstly document the prevalence of various psychological symptoms and suicidal behavior, and secondly, to examine the relationship between psychological symptoms and risk for suicidal behavior in this population.

2. Methods

2.1. Selection of study participants

The study was conducted in Wuhan, a major city with eleven million residents and is regarded as a culture centre in central China. Of eight universities attached directly to the ministries of China in Wuhan six universities agreed to take part in the survey for this study. Students at these universities come from all over the country. A stratified cluster sampling method was used to draw a 10% sample of all undergraduate students in each university. The sampling cluster was study class, which was organized by specialty and school year with usually 50–120 students in each class. For each university, a spreadsheet list of study classes with information on specialty, school year and number of students was obtained from the university's central academic administration office. Study participants were drawn from this list using random numbers generated by the random function of a calculator until the cumulative number of students reached 10% of all undergraduate students in the university. Classes of specialties in medicine and psychology were excluded from the selection to avoid information bias (these students were presumed to have greater medical and psychological knowledge than other students and this might have led to biased reporting of symptoms and behavior). Where a class had more than 100 students, 100 students were drawn randomly from this class. Otherwise, all students in the selected class were enrolled into the study. The rationale for restricting the number of participants to be selected from large clusters was to avoid the overweighting of big classes so that to

ensure a better representativeness of selected students to all students in the university. With this sampling procedure, a total of 7220 university students from 93 classes comprised the study population and 6099 participated in the survey questionnaires, corresponding to a response rate of 84.4%. Follow-up of the 1121 students who did not participate in the survey indicated that most of these students were off the university campus for their internship during the period the survey was conducted whilst a small number of students chose not to participate in the study. Each enrolled student was assigned an encrypted unique identification code.

The survey was conducted online via a website specifically designed for the present study from a designated computer room in each university at specified time windows outside the class hours. Access to the online questionnaires was restricted to students enrolled in the study using the unique encrypted code as the password for login. All students were informed about the purpose of the study, the confidentiality of personal information and the principle of volunteering. Signed consent forms were collected from participants before they entered the room where the online access was organized.

The survey started with an overall introduction about the purpose of the research, and then moved on to online instructions for each specific questionnaire. Several pilot studies were carried out to examine the suitability and understandability of the questionnaires and also to test the functionality of the website. There were no reports of any technical problems during the data collection. 5972 university students answered all question items relevant to the present study (127 students did not complete the questionnaires) and their data were therefore included in the analyses.

This study was approved by the Ethics Committee of Huazhong Normal University.

2.2. Measurements

Data on demographic characteristics such as sex, age and study specialty were collected from each participant. Suicidal behavior and psychopathology were assessed using the questionnaires outlined below.

2.2.1. Suicidal behavior

In the present study, suicidal behavior was assessed by two questions: (1) “Did you seriously think about committing suicide in the past twelve months?”, and (2) “Did you ever try or attempt to kill yourself in the past twelve months?”. These two items were answered on a 3-point rating (0 = ‘never’, 1 = ‘sometimes’, 2 = ‘very often’). An answer of ‘1’ or ‘2’ to either of these questions was regarded as presence of suicidal behavior.

2.2.2. Psychological distress

Psychological distress in study participants was assessed using the Chinese version of the Symptom Checklist-90-revised (SCL-90-R) (Derogatis, 1994). As a screening measure of psychological distress, SCL-90-R has been widely used for youths worldwide as well as in China (Carbia et al., 2016; Delara and Woodgate, 2015; Meng et al., 2013). The SCL-90-R measures participants' self-reported psychopathological features on nine subscales (each subscale comprises 6–13 items) including somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Each question was rated according to how much the individual was bothered by the item in the last week on a five point likert scale (0 = ‘not at all’, 1 = ‘a little bit’, 2 = ‘moderately’, 3 = ‘quite a bit’, 4 = ‘extremely’). Three ways of scoring were used to quantify the measures according to instructions described in the manual of SCL-90-R (Derogatis, 1994). Besides the usual calculation of the average score, the scores of the 9 subscales were categorized into three categories: average score < 1, 1 ≤ average score < 2 and average score ≥ 2, corresponding respectively to the scale “not at all”, “a little bit”

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