

Myth: People who commit suicide are people who were unwilling to seek help.

Fact: Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.²

References:

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Mental Health on Campus

Depression

More Americans (19 million) suffer from depression than coronary heart disease (7 million), cancer (6 million), and AIDS (200,000).¹

According to the National College Health Assessment (Spring 2006), of the 94,806 students respondents, 38.5% of male participants and 42.3% of female participants had been diagnosed with depression in the last 12 months.

- 21.8% of male participants and 27.1% of female participants were currently in therapy for depression.
- 33.1% of male participants and 38% of female participants were currently taking medication for depression.²

According to the National College Health Assessment (Spring 2006), 10% of female participants and 8% of male participants felt so depressed it was difficult to function nine or more times during the past year.³

The 2004 National Survey on Drug Use and Health (NSDUH) indicates that 10% of respondents between 18–25 years of age experienced at least one Major Depressive Episode.⁴

Approximately 20% of all patients with bipolar disorder have their first episode during adolescence. Almost two million Americans currently suffer from bipolar disorder (manic/depressive illness), in which episodes of depression alternate or co-exist with periods of mania. This mood disorder carries a high risk of suicide.¹⁶

Depression is among the most treatable of psychiatric illnesses. Between 80% and 90% of people with depression respond positively to treatment, and almost all patients gain some relief from their symptoms. But first, depression has to be recognized.⁵

Anxiety Disorders

- Anxiety Disorders are the most common mental illness in the U.S., with 40 million (18.1%) of the adult U.S. population (age 18 and older) affected.⁶
- The college years are often when mental health problems, such as anxiety disorders, manifest themselves. In fact, according to the National Institute of Mental Health, 75% of all people with an anxiety disorder will experience symptoms before they are 22 years old.⁷
- College students make up more than 7% of adults struggling with anxiety, a statistic that has been rapidly rising over the last 50 years, according to NIMH [now Mental Health America] research. But only half of the 19 million Americans struggling with the ailment seek treatment.⁸
- Social anxiety disorder—an excessive fear of social situations—affects 2 to 13% of the U.S. Population. About one-fifth of patients with social anxiety disorder also suffer from an alcohol use disorder. One theory to explain this relationship is the tension reduction theory, which suggests that people with social anxiety use alcohol to alleviate their fears.⁹

Self-Injury

Recent studies indicate that one in five college students engage in habitual self-injury.¹¹

According to the research study “Self-Injurious behavior in a college population” (2005), 17% of undergraduate and graduate student respondents reported at least one incident of self-injurious behavior (SIB).

- 75% of these individuals reported engaging in SIB more than once.
- 36% of these respondents reported that no one knew about their SIB.
- Only 3.29% of these respondents reported that a physician knew about their SIB.¹²

Research has shown that self-injury is strongly linked to childhood abuse, especially childhood sexual abuse. In addition, self-injury has been linked to eating disorders, substance abuse, post-traumatic stress disorder, borderline personality disorder, depression, and anxiety disorders.¹³

Possible warning signs of self-injurious behavior:

- Unexplained burns, cuts, scars, or other clusters of similar markings on the skin. Evidence of self-injury does appear on any part of the body but may be seen on arms, fists, and forearms opposite the dominant hand.
- Inappropriate dress for the season – wearing long sleeves or pants in warm weather. Constant use of wrist bands/coverings.
- Unwillingness to participate in activities that require less body coverage (swimming or gym class).



- Frequent bandages.
- Unusual or unexplainable paraphernalia (razor blades, items used for cutting or pounding).
- Display of heightened signs of depression and/or anxiety.
- When asked about injuries, the individual provides evasive or implausible explanations.¹⁰

For more information on detection, intervention, treatment, and prevention of self-injurious behavior, please visit the Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults at <http://www.crpsib.com/whatissi.asp#factors>

Suicide

- Suicide is the third leading cause of death among people ages 15–24, and the second leading cause of death in college students age 20–24.¹⁴
- According to the National College Health Assessment (Spring 2006), 10% of female participants and eight percent of male participants seriously considered suicide during the past year.³
- Four out of every 5 young people that contemplate or attempt suicide exhibit clear warning signs.¹⁵
- Although women attempt suicide more often, men complete suicide at a rate four times that of women.
 - The higher rate of attempted suicide in women is attributed to the elevated rate of mood disorders among females, such as major depression, dysthymia and seasonal affective disorder.
 - Women are more likely than men to have stronger social supports, to feel their relationships are deterrents to suicide, and seek psychiatric and medical intervention, which may contribute to their lower rate of completed suicide.¹⁷

Related Issues

Substance Abuse

- Over 66% of young people with a substance use disorder have a co-occurring mental health problem.¹⁸
- Mental health problems often predate substance abuse problems by 4–6 years; alcohol or other drugs may be used as a form of self-medication to alleviate the symptoms of the mental disorder.¹⁹

Substance abuse is often a contributing factor in suicide, and it can be difficult to determine if overdoses or injuries are accidental or intentional.²⁰

Research has demonstrated that alcohol usage impacts suicide rates. As detailed in the study Minimum-age drinking laws and youth suicide, 1970–1990, U.S. states that had a

minimum legal drinking age of 18 had an 8% higher suicide rate among 18–20 year olds than did states with a minimum legal drinking age of 21.²¹

Assault/Rape

- According to the National College Health Assessment (Spring 2006), 1.1% of male respondents and 1.7% of female respondents reported experiencing a sexually abusive relationship within the past school year.³
 - 0.8% of the 94,806 total respondents stated that sexual assault had interfered with their academic performance within the past school year.

Individuals who have been raped are:

- Three times more likely to suffer from depression
- Six times more likely to suffer from post traumatic stress disorder
- Thirteen times more likely to abuse alcohol
- Twenty-six times more likely to abuse drugs
- Four times more likely to contemplate suicide²²
- Trauma [including sexual trauma], especially when untreated, can have severe negative impacts on a person's physical and emotional well-being. Trauma has been linked to:
 - Hallucinations and delusions
 - Depression
 - Suicidal tendencies
 - Chronic anxiety
 - Hostility
 - Interpersonal sensitivity (i.e. poor "social skills")
 - Somatization (i.e. "chronic fatigue syndrome")
 - Eating disorders
 - Dissociation²³

According to 2005 statistics compiled by the U.S. Department of Justice, Bureau of Justice Statistics, over 34,000 males over the age of 12 reported being the victim of rape or sexual assault. This number is likely to be only a small portion of the actual number of sexual assaults against males—as only 64% of all victims of both genders report sexual crimes against them.²⁴

Eating Disorders

- An estimated 5 million young females suffer from eating disorders each year and eating disorders are the deadliest mental illness. They claim more lives than any other mental illness.¹⁵
- 40% of newly identified cases of anorexia are in girls 15-19 years old.²⁵



- According to the National College Health Assessment (Spring 2006), 1.3% of the 94,806 male and female respondents reported that an eating disorder/problem had interfered with their academic performance within the past academic year.²

According to information compiled by Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED) and the National Eating Disorders Association:

- It is estimated that college students have a higher prevalence rate for Anorexia and Bulimia than the general population.
- The average age of onset for Anorexia is 17 years and for Bulimia is 18 to 20 years, within the traditional college-aged years.
- Up to 3% of college women are diagnosed with an eating disorder.
- It is estimated that between 10% and 30% of college women have risk factors for the development of eating disorders.
- 83% of college women diet no matter how much they weigh.
 - 80% of college women use physical activity to control weight
 - 32% of these women skip breakfast
 - 9% smoke cigarettes to control weight
 - 58% said they feel pressure to be a certain weight
 - Among college females, 78% report bingeing experiences
 - 8.2% use self-induced vomiting to control weight²⁶
- Researchers at Harvard University Medical School (2007) conducted a mental health survey of nearly 9,000 adults across of the U.S. Results suggested that up to 25% of adults with eating disorders are male.²⁷
- Risk factors for males developing an eating disorder include:
 - They were overweight as children
 - They have been dieting. Dieting is one of the most powerful eating disorder triggers for both males and females
 - They participate in a sport that demands thinness
 - They have a job or profession that demands thinness
 - Some, but not all, males with eating disorders are members of the gay community where men are judged on their physical attractiveness in much the same way that women are judged in the heterosexual community
 - Living in a culture fixated on diets and physical appearance²⁷

Special Population Considerations

GLBTQ Students

Gay men and depression/anxiety

- Depression and anxiety appear to affect gay men at a higher rate than in the general population. The likelihood of depression or anxiety may be greater, and the problem may be more severe for those men who remain in the closet or who do not have adequate social supports.
- Adolescents and young adults may be at particularly high risk of suicide because of these concerns.
- Culturally sensitive mental health services targeted specifically at gay men may be more effective in the prevention, early detection, and treatment of these conditions.²⁸

Lesbians and depression/anxiety

- Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some lesbians still have to hide their orientation from family and colleagues at work, and by the fact that many lesbians have lost the important emotional support most others get from their families due to alienation stemming from their sexual orientation.²⁸

Transgender individuals and depression/anxiety

- For many reasons, transgender people are particularly prone to depression and anxiety. In addition to loss of family and friends, they face job stress and the risk of unemployment.
- Transgender people who have not transitioned and remain in their birth gender are very prone to depression and anxiety. Suicide is a risk, both prior to transition and afterward.
- One of the most important aspects of the transgender therapy relationship is management of depression and/or anxiety.²⁸

As detailed by the National Gay and Lesbian Task Force, many lesbian, gay, bisexual and transgender (LGBT) campus members find that they must hide significant parts of their identity from peers and others, thereby isolating themselves socially or emotionally.

- Those [campus members] who do not hide their sexual orientation and/or gender identity might encounter discrimination, verbal or physical harassment, and subtle or outright silencing of their sexual identities.
- These challenges and others can prevent LGBT students from achieving their academic potential or participating fully in the campus community.²⁹

*The Policy Institute of the National Gay and Lesbian Task Force released the report *Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective (2003)* by Susan R. Rankin. The full report is available at <http://thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>*

