## Suicidality Among College Students: Interventions & Opportunities

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## **Objectives:**

By the end of the presentation, participants will be able to...

- Describe the prevalence of suicidality globally and among college students.
- Identify risk factors for suicidality among college students.
- Compare various interventions to reduce suicidality among college students.
- Recognize opportunities for the behavioral health community to better serve this population.

### **Definitions & Terminology**

### **Suicidal Ideation**

Suicidal Gestures

Suicide Attempt



### **Self-Harming Behaviors**

### "A Public Health Crisis"

- There are more than 720,000 completed suicides each year.
- More than 73% of deaths occur in low-and-middle income countries.
- Global Risk Factors:
  - Mental Health Diagnosis
  - Previous Suicide Attempt
  - Trauma Survivors
  - Vulnerable Populations



(World Health Organization, 2025)

### **Suicide in the United States:**

Over





people died by suicide in 2023

death every

Many adults think about suicide or attempt suicide

**12.8 million** Seriously thought about suicide

**3.7 million** Made a plan for suicide

**1.5 million** Attempted suicide

(U.S. Centers for Disease Control and Prevention, n.d.).

### **Suicide Rates by Year:**



2022: 14.2

### Suicide Rates by Region and Race/Ethnicity:





(U.S. Centers for Disease Control and Prevention, n.d.).

### **Suicide Rates by Sex and Method:**

- Women have a higher attempt rate than males.
- Men are 3.85 times more likely to die of suicide than females.
- Nearly 80% of individuals who die by suicide are male.



(American Federation for Suicide Prevention, 2025; U.S. Center for Disease Control and Prevention, n.d.).

### **Suicide Rates by Age:**



(U.S. Centers for Disease Control and Prevention, n.d.).



### **Suicide on Campus:**

- Approximately 24,000 students attempt suicide each year.
- It is estimated that 1,100 students complete suicide each year.
- While suicide is the third highest cause of death among individuals ages 15-29, it is the second leading cause of death among college students.
- Gaps in the Literature: Online and Hybrid Students

(University of Michigan, n.d.; World Health Organization, 2025).

### National College Health Assessment – Fall 2024

	Undergraduate	Graduate & Professional
# of Institutions	48	38
Student Sample	25,503	6,909
SI Within the Past Year	43.7%	37.7%
SI = "Passing Thought"	22.0%	22.4%
SA Within the Past Year	6.7%	4.2%
Received MH Treatment Within the Past Year	33.4% (American Coll	35.1% lege Health Association, 2025)

### **Protective Factors:**

- Hope
- Reasons for Living
- Social Supports (Family, Friends, Romantic Partners, Pets)
- Engaged in Treatment
- Healthy Leisure Activities
- Religious Engagement
- Institutional Support and Understanding
- Structure and Time Management

(Kraft et a;. 2019; Li et al., 2020; Moskow et al., 2024; Rastogi et al., 2024).



### **Risk Factors:**



(Backhaus et al., 2021; Kraft et al., 2019; Moskow et al., 2024; University of Michigan, n.d.).

### **Mental Health Prevalence:**

	Undergraduate	Graduate & Professional
Anxiety Disorders	35.0%	31.6%
Depressive Disorders	25.3%	23.7%
ADHD	14.8%	13.1%
Obsessive Compulsive Disorders	7.3%	5.2%
PTSD/Trauma Disorders	6.9%	7.3%
Eating Disorders	6.4%	4.7%
Bipolar Disorders	2.5%	2.1%
Personality Disorders	1.5%	0.8%
Substance Use Disorders	1.2%	1.0%
Schizophrenia and Related Disorders	0.4%	0.2%

(American College Health Association, 2025).

### **At-Risk Populations:**



(Backhaus et al., 2021; Rastogi et al., 2024; Whekan et al., 2024; World Health Organization, 2025).

### College Athletes:

### https://www.youtube.com/watch?v=rYh\_eCb4Yio&t=1s



### Warning Signs:

#### Hopelessness

#### Sleep Disturbances

#### Behavioral Changes

- Isolation or Unusual Engagement
- Give Items Away
- Substance Use/Abuse
- Reckless/Violent/Self-Destructive Behaviors
- Focus on Death

#### Mood Changes

- Depression or Improved Depression
- Anxiety
- Anger/Irritability
- Apathy

Decline in Hygiene

Changes in Academic and Professional Performance

Planning Behaviors

(Backhaus et al., Rastogi et al., 2024; World Health Organization, 2025).



### **Barriers to Treatment:**

- Awareness
- Accessibility
- Financial Concerns
- Past Experiences
- Depression (Low Energy/Motivation)
- Stigma
- Shame
- Responsibility

(Rastogi et al., 2024; Reyes-Portillo et al., 2022; Whekan et al., 2024).

### **Prevention & Intervention:**

Campus Counseling Center

Caseload Training Therapeutic Modalities Skills Groups



**On-Call Crisis Counselor** 

Peer Support and Engagement



Welfare Checks



(Adams, 2024; Pistorello et al., 2021; Reyes-Portillo et al., 2022).

## **8 Key Prevention Best Practices:**

- 1. Support Access to Quality, Affordable Care at University Counseling Centers.
- 2. Create University Clinical Training Pipelines.
- 3. Develop Campus Wide Initiatives.
- 4. Introduce Mental Health Programs at New Student Orientation.
- 5. Give Tangible Support to Help in Crisis.
- 6. Use National Evidence-Based Interventions.
- 7. Work With Campus Partners
- 8. Collaborate With Community Mental Health Resources

(Adams, 2025)

### **Opportunities: Prevention & Intervention**



### Practice

## Research



### **Case Study:**

#### • Scenario 1:

You were recently hired as the lead therapist at a midsize, urban university which serves 8,000 undergraduate students and 1,500 graduate students. In addition to your caseload, you will be assisting the Center Director by providing supervision to the eight other therapists and two graduate assistants. The university is also facing budget cuts.

During orientation, you were asked by the Dean to develop a suicide prevention and crisis intervention initiative. Describe your plan. What are the priorities?

### **Case Study, Part 2:**



### Scenario 2:

 You were hired at the same school as a college administrator or an assistant professor. How would your approach to suicide prevention and intervention be different?

### Scenario 3:

 You were hired as a medical social worker at the hospital down the street or as a therapist at the local mental health clinic. How would your approach to suicide prevention and intervention be different?

## **Questions:**



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# Thank You

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