

# RaPSS: Research Proposal

## Background to the Research

Suicide is a relatively rare event with profound consequences. Research into suicide frequently aims to improve the identification of those who are more likely to take their own lives in order that preventive interventions can be appropriately targeted at this group. *There* is considerable interest in using research findings to construct lists of risk factors which can inform preventive strategies (see, for example, Williams and Pollock 1993). Earlier work by the research team (Stanley and Manthorpe, 2001b) has found that a wide and diverse range of behaviours precedes suicide in young people. This finding is consistent with that of other studies which have identified a large number of variables associated with young suicide and have highlighted the need for broad preventive programmes which target a variety of factors (Appleby et al, 1999; Hawton et al, 1999). In the context of higher education, institutions may be more able to act on some risk factors than others. It is not feasible that HEIs should exclude certain groups of people on the grounds that they are more vulnerable to suicide, nor can the majority of HEI staff be expected to have access to individuals' inner thoughts or family histories. Therefore, research on suicide prevention in HEIs needs to focus on 'vulnerability factors' which are both known to and susceptible to the influence of HEIs and their staff.

Research which examines the impact of suicide on those who are involved with the event either personally or professionally is less common although there have been several powerful personal accounts published (see, for example, Wertheimer, 2001; Harvey, 2002). Developing strategies for limiting the damage which a suicide leaves in its wake may be the arena in which research has much to offer HEIs. This task should not be seen as secondary to that of preventing individual deaths; it is the other side of the coin of suicide prevention but one that is frequently undervalued. Redfield Jamison (2000) quotes Toynbee's (1968) view that those who live through the suicide of a family member or close friend carry the brunt of suffering and describes the experience of those who are left behind thus:

They are left with the shock and unending 'what ifs'. They are left with anger and guilt and, now and again, a terrible sense of relief. They are left to a bank of questions from others, both asked and unasked, about Why; they are left to the silence of others who are horrified, embarrassed or unable to cobble together a note of condolence, an embrace or a comment; and they are left with the assumption by others - and themselves - that more could have been done.

Redfield Jamison, 2000, p 292.

The evidence concerning suicide clusters lends particular urgency to the need for HEIs to focus on the impact of student suicide within the institution. Suicide clusters involve a series of suicides in an area or institution over a limited period of time, they are more likely to occur among young people and there have been some well-documented examples of this phenomenon on university campuses, including six suicides within three months at Michigan State University (Redfield Jamison, 2000) and several between 1992 and 1994 at Oxford University (Bell, 1996). Such clusters may be partly explained by a susceptibility to imitative behaviour among young

people and the removal of some of the inhibitions that normally surround suicide when it occurs close at hand, but a failure to address the feelings evoked by suicide may also be relevant.

### *The Extent of Student Suicide*

As with community studies of suicide, there are considerable difficulties in establishing reliable figures for student suicide. These difficulties may be explained by a reluctance on the part of coroners to identify suicide in the case of young people, the mobility of the student population and its changing age-profile which includes increasing numbers of older students.

Figures for UK full-time students starting their first degree in the year 1999/2000 show that 30 per cent of this cohort of 31,8050 were over 20 and the vast majority of the 51,060 first year postgraduates commencing their studies in the same year were, not surprisingly, also aged over 20 (Higher Education Statistics Agency, 2001). Despite this distribution, the larger part of the student population remains in the under 21 age group.

The student population is likely to reflect the very rapid increase in the suicide rate of young men which rose by 60 per cent in England and Wales between the periods 1976-1981 and 1986-1991 (Williams and Morgan 1994). McClure's (2001) study showing that following the steep rise in suicide rates among 15 to 19 year old males between 1970 and 1990, the figures remained at a high level in the 1990s is also relevant for the student population. Meltzer's (2002) community study of non-fatal suicidal behaviour found that young people between 16 and 24 were more likely to attempt suicide than those in older age groups. This finding indicates the need for preventive strategies focused on the student population.

Foster's (1995) report on student suicide offered a national picture which suggested increasing rates of student suicide, although the methodology used for this study was somewhat haphazard as it relied heavily on information supplied by Vice Chancellors' offices. Hawton et al (1995) found that, when deaths with open verdicts were taken into account, the suicide rates for students at Oxford University from 1976 to 1990 were similar to the rates for the same age group in the general population. Likewise, Collins and Paykel's (2000) study of student deaths at Cambridge University found rates similar to those for 15 to 24 year olds in the general population. However, these studies cover only the Universities of Oxford and Cambridge which may not be representative of the wider student population. With the exception of these studies and Bell's account (1996), which is also Oxford based, there has been very little original research published in the United Kingdom which has explored either suicide prevention in HEIs or the institutional response following a student suicide.

Research undertaken in the United States suggests that rates of suicidal thinking amongst students may be high. The 1995 National College Health Risk Behavior Survey found that ten per cent of the 4,600 undergraduates surveyed had seriously considered attempting suicide during the previous twelve months and seven per cent had drawn up a plan (Centers for Disease Control and Prevention in Redfield Jamison, 2000). Similarly in the UK, the Head of the Counselling and Advisory Service at

Westminster University reported that over a third of the students seen by her service in 1995/1996 had discussed suicide (Heyno, 1997 in Rana et al, 1999).

There is now a substantial amount of evidence concerning levels of mental health problems in the student population (Grant, 2002; Rana et al, 1999; Stanley and Manthorpe, 2001a). Mental illness (particularly depression), self-harm as well as alcohol and substance misuse are significantly associated with suicide in young people (Williams and Morgan, 1994). Deliberate self-harm is more prevalent among young people, particularly females (Pritchard 1995), and high levels of alcohol consumption and substance abuse have been identified amongst some HEI students (Grant, 2002; Roberts and Zelenyanszki, 2002). A number of the risk factors for suicide are therefore present in the student population although their association with individual incidents is as yet unknown.

### ***Learning from the Pilot Study***

A pilot study undertaken by the researchers (Stanley and Manthorpe, 2002a) which has informed the development of this proposal, suggests that other factors may be relevant to constructing preventive strategies which are relevant to HEIs. Such factors might include key periods of time within the academic year and certain accommodation settings. However, the necessarily small-scale nature of the pilot requires the salience of such factors to be established through a wider study.

This pilot study indicated that a broad range of responses is available to HEIs in the case of such an event and established the validity of the methodology which is proposed for this project. The intention is to harness existing experience of student suicide as a source of data which can be used to raise the awareness of HEI students and staff and improve HEI responses to student suicide both at the preventive level and at the level of the response to staff, family and other students after the event. The research will address both these areas. While not all suicides are preventable, HEIs have a significant role to play in responding to the needs of young people, families and staff after the event. The proposal also responds to the recommendation of the Confidential Inquiry report for families to be provided with information in the aftermath of suicide (Appleby 2001, p158). Suicide is not a one-off event: those involved with a suicide sustain long-term emotional consequences (Pritchard, 1995). HEIs have been slow to acknowledge their role in this area.