

# University of Edinburgh

## Student Suicide Safer Strategy (2024-2029): Creating Hope Together

### **Sources of Support**

We know that the content of this strategy may impact emotionally on those reading the document.

Support is always available, and you may find the information below useful.

### **Breathing Space**

**Breathing Space** is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression or anxiety, and offers free and confidential advice for individuals over the age of 16. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

### **Samaritans**

**Samaritans** provide confidential, non-judgmental emotional support 24 hours a day to people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or via email on [jo@samaritans.org](mailto:jo@samaritans.org)

### **NHS24 Mental Health Hub**

Telephone advice and support on healthcare can be obtained from NHS24 by phoning 111. **The Mental Health Hub** is open 24/7.

### **PAPYRUS HOPELINE247**

PAPYRUS Prevention of Young Suicide is the UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people.

If you are having thoughts of suicide or are concerned for a young person who might be, you can contact **PAPYRUS HOPELINE247** for confidential support and practical advice.

Call: 0800 068 4141

Text: 07860 039 967

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

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## **1. Statement of purpose**

The suicide of a student is a tragedy, one which can have a devastating impact on family, friends and the wider University community. This Student Suicide Safer Strategy sets out the University's role in seeking to reduce the risk of suicide for all students within our community (postgraduate research, postgraduate taught and undergraduate), whether they are in Edinburgh or studying online.

This strategy recognises that suicide, and suicide prevention, are multifaceted and complex issues, which can sometimes be difficult to talk about. This is why a strategic and University-wide approach is required. The strategy is based on three key stages: (i) prevention; (ii) intervention; and (iii) postvention. It is informed by best practice set out in [the Scottish Government's Creating Hope Together Strategy](#), [Universities UK suicide-safer universities guidance](#), and other relevant guidance.

The University is strongly committed to this strategy, with overall direction provided by the Principal and the University Executive, who have positioned student wellbeing and mental health as a strategic priority for the University. We recognise that no single approach will provide all the solutions to the issue of suicide. However, by committing to share knowledge, provide support and to continue to reinforce student wellbeing as a key strategic priority, we can make the University a suicide-safer environment.

## **2. Definitions**

- a) Suicide prevention aims to identify and support people before they start planning a suicide attempt [1].
- b) Suicide intervention is any policy, programme or activity/action that seeks to achieve/contribute to a long-term goal/aim/outcome (i.e., prevention of suicide). Interventions typically found in a suicide prevention strategy include: restrictions on access to commonly used methods of suicide; awareness-raising about suicidal behaviour; media reporting guidelines; settings-based programmes; and education and training [2].
- c) The term 'postvention' describes activities developed by, with or for people who have been bereaved by suicide to support their recovery and to prevent adverse outcomes, including suicidal ideation and suicide [1].

## **3. Outcomes**

We want to be clear about the outcomes this strategy is trying to deliver. Specifically, we set out the changes that are needed at multiple levels across the University and describe how the actions in the associated action plan will lead to those changes happening in a sustainable way. These outcomes are intended for all members of the University community. As well as having an annual delivery plan, we will develop a high-level action plan with outcomes embedded within it, which will demonstrate how the actions within the action plan will contribute to the achievement of these identified five outcomes:

- i. The University has taken additional measures to ensure a suicide safer psychosocial, cultural, economic and physical environment.
- ii. Members of the University community feel more confident and competent to respond effectively to others in the community who experience psychological distress or suicidal crisis.
- iii. The University develops, implements and evaluates a comprehensive, integrated, evidence-informed suicide prevention strategy and action plan.
- iv. Students within the University community are more able and willing to access effective, timely and compassionate support when they experience psychological distress or suicidal crisis.
- v. Effective, timely and compassionate support is available and accessible to members of the University community (students and staff) who have been bereaved or affected by a suicide death.

#### **4. Strategic objectives**

The University's five overarching strategic objectives for this work are:

- i. Continue to build and sustain an environment, which promotes psychological wellbeing and protects against the risk of suicidal behaviour (comprising suicide and attempted suicide) among all members of the University's student community.
- ii. Enhance knowledge and understanding about suicidal behaviour, associated risk and protective factors and effective preventative actions among all members of the University community.
- iii. Adopt a continuous cycle of monitoring, surveillance, review and evaluation of the strategy and action plan, informed by research, data, intelligence and lived experience insight.
- iv. Promote and provide effective, timely and compassionate support for any member of the University's student community who experiences psychological distress or suicidal crisis.
- v. Promote and provide effective, timely and compassionate support for members of the University community (students and staff) who are bereaved or affected by a suicide death.

#### **5. Context**

Suicide is the leading cause of death in adolescents and young people in Scotland. During 2011-2020, just over a quarter (26.4%) of deaths among 15-19-year-olds and just under one-third (31.1%) of deaths among those aged 20-24 years were attributed to suicide. Over the same time period, 233 suicide deaths among students at higher education institutions (HEIs) and colleges were registered in Scotland. This translates to a crude rate of 8.9 suicides per 100,000 HEI/college students, which is markedly lower than the average annual suicide rate among all persons of similar ages in the Scottish population (including those in HEIs and colleges) (11.7 per 100,000 aged 15-24 years; 19.0 per 100,000 aged 25-34 years) [3]. While higher education students in England & Wales have also been shown to experience a lower suicide rate (3.9 per 100,000 averaged over the four academic years 2016-17 to 2019-20) than the general public of similar ages (12.5 per 100,000, averaged over the same time period), it should be noted, firstly, that the suicide rate among students in Scotland appears to be higher than the suicide rate among students in England & Wales and, secondly, that the protective effect of student status on suicide risk appears to be weaker in Scotland than in England & Wales.

Notwithstanding this evidence of lower suicide risk among higher education/ college students in Great Britain compared to their age peers, the impact of student suicides on the wider University community, as well as on family and friends, should not be underestimated.

Suicide is a complex and multifaceted behaviour, resulting from a wide range of interacting psychological, psychiatric, social, economic, physical and cultural risk factors. No one organisation or sector can directly influence all these determinants. We recognise, however, that each university can, and should, play a key role in helping to prevent suicide within the institution.

The University of Edinburgh takes the prevention of suicide seriously. We have a [Student Mental Health Strategy](#), the purpose of which is to ensure that the University is recognised as a community that promotes the good mental health of its students and treats all students with respect and compassion, and that students who experience mental health difficulties at the University are well supported. The strategy takes a whole University approach to mental health and is informed by the Scottish Government's own suicide prevention strategy and action plan, [Creating Hope Together](#). The strategy aligns with UUK's [Mentally Healthy Universities](#) document and integrates key points from [Mind Our Future](#) and [Suicide Safer Universities](#).

Indicating its clear recognition of suicidal behaviour as an issue for both staff and students, the University has now decided to develop a strategic, comprehensive and integrated approach to suicide prevention. Based on the UUK *Suicide Safer Universities* framework, the University's *Student Suicide*

*Prevention Strategy: Creating Hope Together* seeks to bring together and coordinate all the strands of work focusing on suicide prevention in a single document, which will provide a structural framework to promote effective suicide prevention action. This will enable the University to extend its whole institution approach to preventing suicide, reducing risk through creating safer living and learning communities, implementing effective suicide interventions, and ensuring that students and staff who are affected by suicidal behaviour have access to appropriate support, working in partnership with stakeholders within the University and relevant local, regional and national agencies.

## **6. Beliefs and understanding of suicide**

Within UK universities, about one in six (15.3%) students have experienced thoughts or feelings related to suicide, and 2.7% have attempted suicide [4]. Devising an optimal strategy to prevent suicide in academic settings requires a firm grounding in best evidence about factors known to exacerbate or reduce risks, and how to translate this knowledge into effective interventions. Several theories of suicide have been described over recent decades, and although these vary as to when each factor exerts its greatest impact, there is emerging consensus regarding four clear objectives related to its prevention:

- a) To decrease factors contributing to psychological pain, including defeat, humiliation, and feeling like a burden to others
- b) To increase the scope and possibility of hope for change.
- c) To improve connectedness for everyone, interpersonally or through a sense of goal, purpose and meaning.
- d) To inhibit a person's capacity to attempt suicide.

No student operates in a bubble, and all will bring with them their past experiences and social complexities. Events with a known proximal link to suicidality include breakdown in romantic relationships, economic instability, changes in socioeconomic status, having a low income, being in debt and being bullied [5] [6], all of which are highly relevant to student groups.

The risk of suicide amongst students is noted to increase with age, highlighting mature students as a potentially vulnerable group, although postgraduates demonstrate lower suicide risk overall [7]. A case series of UK university suicides between 2010 and 2018 showed that difficulties in academic performance (such as having to repeat a year, changing course or suspending studies) increased suicide risk five- to 30-fold [8]. Needing additional financial support also had strong association with suicide. These strong and modifiable factors should be a key consideration in any university suicide prevention strategy. It is noted that January has the highest incidence of student suicide, and students in their second and subsequent year are at increased risk compared to first year students [7].

There are several groups within the University community who do face a higher risk of suicide, and additional consideration of their needs is important. As an essential foundation, there should be zero tolerance of discriminatory practices and behaviours, whether intentional or unintentional. Rather, the University should promote a broader culture that celebrates and accepts difference and diversity. Research indicates that a range of factors may be associated with an increased risk of suicide, and these include:

- a. Autistic spectrum disorder
- b. Attention-deficit hyperactivity disorder
- c. Mental illness
- d. A history of previous suicide attempts
- e. Substance misuse
- f. Identifying as LGBTQIA
- g. Adverse childhood experiences and later trauma
- h. Deprivation, homelessness, poverty, debt

- i. Isolation and social exclusion
- i. Living with or developing an impairment or longer-term health condition
- j. Relationship or family breakdown
- k. Being bereaved or affected by suicide in others
- l. Experiencing bullying (including cyber-bullying)
- m. Perfectionism and the negative impacts of social media

## **7. Evidence-base for suicide prevention strategies**

There is a growing evidence base to support local government in the development of suicide prevention strategies [9]. While the evidence base for strategies in higher education is more limited, much can be learnt from other settings when developing a university-focused strategy. A Cochrane review published in 2014 found insufficient evidence to support widespread implementation of any programmes or policies for primary suicide prevention in university settings [10]. The strongest available evidence for population-based suicide prevention in general supports the following principles:

- a) Training people who are likely to be in contact with suicidal individuals (so-called ‘gatekeepers’, e.g., lecturers, tutors, student administrators, security staff, accommodation staff, cleaners) in recognising and responding to risk may improve short-term knowledge and confidence about being able to talk to someone who is suicidal and prevent suicide. In some studies gatekeeper training has been associated with short-term declines in youth suicide in general population settings [10] [11]. There is emerging work on developing university-specific training packages in the UK [10].
- b) Restricting access to lethal means, including firearms, certain medications and pesticides [10], reduces overall rates of suicide [14] [15]. This applies particularly to the restriction of access to well-known bridges and tall buildings that are locations of concern for suicide by jumping [13]. There is broad consensus that the restriction of access to pharmacological agents is effective in reducing suicide rates [13].
- c) Since 2012, there has been a strong recommendation from the World Health Organization to exert caution when reporting on suicide in the media [13]. Inappropriate reporting and portrayal of suicides can influence suicidal behaviour, leading to increases in the overall number of suicides and in the use of particular methods [16] [17].
- d) Secondary school-based suicide prevention programmes have been shown to improve knowledge, attitudes and help-seeking behaviours among adolescents and may be replicable in university settings [18] [19].
- e) Interventions aimed at reducing alcohol consumption in the overall population have been shown to reduce suicide rates [20].
- f) The Jed Foundation, a not-for-profit organisation in the USA, has developed a strategic, public health approach to student suicide prevention. The Foundation designed an evidence-based [‘comprehensive approach’](#) to student suicide prevention on USA university campuses. The framework recognises that a comprehensive effort needs to address three key elements: prevention, intervention and postvention. It also emphasises that planning and learning around one component will impact on the planning and ultimately the effectiveness of the other two components. This University Student Suicide Safer Strategy, as well as the associated action plans, is structured around the same key elements.

## **8. Identifying effective interventions**

In general, universities offer a diverse, interconnected and substantial set of resources to support students during this important phase of their life [21]. Studying at university is therefore one of opportunity, and an effective suicide prevention strategy can rightly emphasise promoting life rather than avoiding death. The knock-on societal benefits will likely include a reduced burden of mental illness within the population itself.

To date, most campus-based interventions focus on helping individuals in crisis. Drum and colleagues [22] argue that a broader approach is required, given that just under half of suicidal students receive any help [23], under 20% of students who die by suicide have had any contact with their institution's counselling service [24], and the prelude to suicide is usually intense and brief [25]. Attempts to use methods such as risk scales have not proven effective in identifying people at greater risk of suicide [26]. Therefore, in addition to providing individual clinical interventions, they and others [27] also call for a more proactive public health prevention model. Here everybody benefits from a universal approach that seeks to amplify factors of university life that enhance liveability, resilience, coping and self-management skills, while reducing the contexts that cause distress and dysfunction and which engender suicidality. The overall goal is to enhance the wellbeing of the whole student population.

Such an approach also has the potential advantage of sharing the responsibility of suicide prevention more broadly across the university, making it everybody's business, pulling together resources and professionals, rather than being heavily reliant on counselling and associated services [27]. Universal approaches seek to lower risk and enhance resilience among **all** students, particularly by altering the environment. Attending university can involve multiple stressors [22], including leaving home and rupture of old relationships, establishing new relationships, academic pressures and financial issues. Universal approaches are usually cost-effective and provide net benefits to society at a whole [28].

## **9. Strategic oversight**

Overall direction of this strategy will be provided by the Principal and the University Executive, who have prioritised student wellbeing and mental health through the University's Student Mental Health Strategy. Oversight and strategic planning will be provided by the Student Mental Health Strategy Implementation Group, reporting into the Student Lifecycle Management Group, which is chaired by the Deputy Secretary Students. The Director of Student Wellbeing will lead on the implementation of both the High-Level Action Plan and the Annual Delivery Plan. Ensuring students maintain positive wellbeing and mental health is the responsibility of all University staff members. Staff at all levels within the University need to be committed to, and engaged with, the implementation of the action plans connected to this strategy.

## **10. Outcomes and areas for action**

This section highlights areas for action based on the best available evidence and expert opinion, and identifies specific actions the University will take to implement this strategy. The actions are listed under the headings of prevention, intervention and postvention, and are linked to a set of outcomes. Details of how these actions will be completed are outlined within the University of Edinburgh Student Suicide Safer Strategy High-Level Action Plan. These actions are closely linked to our work on tackling gender-based violence, harassment, hate crime, discrimination and bullying (including cyber-bullying), and have strong synergies with our work to support smooth transitions for all students into and through the University.

### **10.1 Prevention**

#### **Outcomes:**

- i. The University has taken additional measures to ensure a suicide safer psychosocial, cultural, economic and physical environment.
- ii. Members of the University community feel more confident and competent to respond effectively to others in the community who experience psychological distress or suicidal crisis.
- iii. The University develops, implements and evaluates a comprehensive, integrated, evidence-informed suicide prevention strategy and action plan.

Many people experience suicidal thoughts and feelings. Additionally, many common mental health problems (e.g., depression, anxiety and substance misuse) begin in adolescence / young adulthood and evidence shows that the prevalence of these problems is increasing.

Universities can respond to this challenge by working to create an environment that is compassionate and supportive of good mental health and emotional wellbeing. Reducing access to high lethality means of suicide is regarded as one of the most effective suicide prevention interventions. Social support, inclusion and connectedness promote wellbeing, protect against suicide and help to mitigate the effects of suicide risk factors. Deepening understanding and tackling stigma surrounding mental health, including suicide, support student help-seeking behaviour.

The actions outlined in this section relate to building an infrastructure and an environment that effectively support students to establish and maintain positive mental health:

- a) Develop and deliver campaigns and initiatives to promote social connectedness and reduce loneliness among community members, with a particular focus on students who are marginalised in multiple ways and/ or who may struggle with social events.
- b) Develop and deliver culturally sensitive campaigns to reduce stigmatising attitudes and discrimination targeted at vulnerable groups and individuals in the University community.
- c) Review internal procedures (e.g. academic misconduct, disciplinary processes, Support for Study processes, communication of assignment results) to ensure sufficient consideration is given to students' mental health, and that content and timing of communication does not exacerbate unnecessarily any distress which students are experiencing.
- d) Engage with relevant services (Health and Safety, ACE, Estates) to identify options around how the University may be able to 'restrict access to means'.
- e) Identify appropriate training courses and deliver training to members of the University community about prevention, warning signs and risk and protective factors for suicidal behaviour.
- f) Develop and implement sound procedures for monitoring progress of implementation of both the strategy and this action plan.
- g) Undertake regular reviews of literature on the prevention of suicide, particularly in (higher) education settings, and where possible engage with research taking place on the prevention of suicidal behaviour among young people, including students.
- h) Undertake 'case reviews' of student deaths by and disseminate information and share learning and good practice relating to suicide prevention in the university setting with other HEIs/FEIs.

## **10.2 Intervention**

### **Outcome:**

- iv. Students within the University community are more able and willing to access effective, timely and compassionate support when they experience psychological distress or suicidal crisis.

It is essential that all members of the University community understand how to identify and support someone who may be at risk through access to appropriate information. This will ensure that students can access the help and support for potentially complex situations in a timely manner.

This group of actions ensures that pathways into support and services for students who are at risk of suicide are clear and robust:

- a) Continue to develop and deliver a consistent and appropriate procedure to respond to members of the University's student community who experience psychological distress or



suicidal crisis through at least annual review and refresh and promotion of the [Helping Distressed Students Guide](#).

- b) Work with local suicide prevention networks and services (local authority, NHS, third sector) and engage with Universities Scotland and Scottish Government to improve pathways and access to specialist mental health services for students who present in suicidal crisis.
- c) Develop and deliver training to members of the University community about appropriate responses to students who are in suicidal crisis.

### 10.3 Postvention

#### Outcome:

- v. Effective, timely and compassionate support is available and accessible to members of the University community (students and staff) who are bereaved or affected by a suicide death.

The immediate aftermath of a suspected suicide death can be stressful, confusing and highly distressing. How we support people after any death has some common elements. However, the aftermath of a death by suspected suicide brings unique considerations. [PAPYRUS and UUK have published guidance](#) on what to do when there is an apparent suicide in a university community.

These actions will ensure that the University has systems and processes in place for an effective, appropriate and timely response for staff and students following a suicide:

- a) Continue to develop and deliver appropriate support services to members of the University community who have been bereaved or affected by a suicide death of another member.
- b) Identify lead person (i.e. Director CAM) to manage all communication with local and national media, following best practice guidelines (i.e. [Samaritans Media Guidelines for Reporting of Suicide](#)).
- c) Chaplaincy to host gathering/s for those most affected by the suicide (e.g. friends, flat-mates, staff responders), to offer 1-1 meetings, and to offer, enable or host a memorial event, the discussions for which will involve supportive meetings with those affected by the death.
- d) Practise community-side postvention strategies, such as suitable observance of Survivors of Suicide Loss Day, an example of which, is [here](#); a collaboration between the Vet School, Veterinary Profession and the University Chaplaincy.

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