Suicide among college students: much ado about nothing?

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Every September, social media are replete with yellow ribbons from suicide awareness campaigns. Not unusually, untrained media professionals report on suicide deaths, providing detailed information, photographs, and dramatic headlines. This kind of coverage not only exposes the bereaved but spotlights the act of suicide. Irresponsible sensationalistic reporting is associated with an increase in deaths by suicide. ¹

When at-risk people identify with the publicized act, it can trigger a suicide cluster - the so-called Werther effect. This is especially true among vulnerable young people. Some posts of awareness campaigns are rated by youngsters as triggering them a warning flag about suicide. But, is the awareness message reaching the right population? Do we have any clue about the effects of the Yellow September Campaign? Evidence about the effectiveness of this modality of universal prevention is insufficient.² Few studies have evaluated it, and most that have done so are methodologically flawed. The replicability and generalizability of their findings are limited by their ecological designs and restricted populations. Additionally, the reliability of suicide statistics is questionable, since studies indicate that suicide rates are underreported. Educators, practitioners, family members, policy-makers, and the media should reconsider how to measure the impact of awareness interventions and how to safely avoid further unnecessary deaths.

Although suicide is a leading cause of death among youth, the rate of suicidal behavior among college students is consistently lower than same-aged peers who are not in college. When a student dies by suicide, the information is rapidly disseminated and leads to a number of reactions: students might keep secretly their identification with the deceased, feel guilty, or fear self-harm. This cascade also affects professors, administrators, the relatives of students, and society in general, who collectively claim for the immediate implementation of preventive measures at universities. This request is notably pressing when a suicide cluster occurs. However, criticisms are raised due to the lack of proven strategies and appropriate communication to refrain the waves of suicide in post-secondary educational settings.

We know the meaning of "if you need to, ask for help," but are at-risk people getting the message? There is no support for the applicability of universal prevention strategies among college students, except for means restriction.⁴ Recent reviews indicate that multicomponent frameworks have positive effects when replicable interventions are built according to the characteristics of the target population.⁵ Hence, a cogent suicide prevention program should be designed for each age cohort.

Emerging questions about current suicide prevention practices should be answered. Do awareness campaigns and appropriate media reporting suffice to avert more deaths? Is suicide avoidable in the target population? If so, which students would benefit from prevention programs? It is imperative to identify which students are becoming mentally ill and why, and which are at risk for suicide. Only evidence-based knowledge provides the foundation for effective prevention programs. Stronger evidence could be obtained from longitudinal studies with well-defined outcomes and replicable interventions. Otherwise, the effort devoted might end in futility or even worsen the statistics of self-inflicted death among youth.

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