

Improving Guidelines of Practice for the Prevention and Response of Suicidality in Post-Secondary Institutions

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ABSTRACT: Suicide on post-secondary campuses is a pressing concern, with many students in Canada demanding that post-secondary institutions improve their policies and procedures for supporting students with suicidality. The past decade has shown an increase in research and literature on students with mental health illnesses including depression and anxiety, while research specifically on the prevention of and response to suicide at post-secondary institutions is lacking. This article expands upon current literature on suicidality in post-secondary institutions and provides recommendations including further areas of research, addressing risk factors, promoting educational awareness, and increasing help-seeking behaviour to future researchers and post-secondary professionals seeking to improve guidelines for practice in supporting students experiencing suicidality.

Résumé: Le sujet du suicide sur les campus postsecondaires est une préoccupation urgente. Beaucoup d'étudiants au Canada exigent que les écoles postsecondaires améliorent leurs politiques et procédures pour mieux soutenir les étudiants suicidaires. Les recherches de la dernière décennie ont montré une augmentation des études et de la littérature sur les étudiants souffrant de maladies mentales, y compris la dépression et l'anxiété. Toutefois, la recherche spécifique sur la prévention et la réponse au suicide dans les établissements postsecondaires manquent. Cet article fournit des recommandations sur d'autres domaines d'aide au

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suicide tels que la lutte contre les facteurs de risque, la promotion des programmes de sensibilisation et la recherche d'aide auprès des futurs chercheurs et professionnels de l'enseignement postsecondaire afin d'améliorer les lignes directrices pour la prévention du suicide chez les étudiants.

Introduction

The mental health of students in post-secondary institutions (PSIs) is a topic of emphasis on many college and university campuses in Canada. PSI school administrators recognize that “mental health is essential to students’ academic success as well as their ability to participate fully and meaningfully throughout all aspects of their lives” (Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013, p. 4). This awareness is resulting in the establishment of numerous mental health task forces and other similar efforts on Canadian campuses. Concurrently, research on mental health illnesses such as depression and anxiety in post-secondary students is also receiving awareness and merits attention. In Canada, “among those aged 15 to 34, suicide [is] the second leading cause of death, preceded only by accidents (unintentional injuries)” (Statistics Canada, 2017).

The association between mental disorders and suicide is established in a number of studies (Chen, Kang, & Lin, 2017; Herman, Aechambeau, Deliramich, Kim, Chiu, & Frueh, 2011; Jang & Hong, 2018; Shanmuganandapala & Khanlou, 2019; Too, Spittal, Bugeja, Reifals, Butterworth, & Pirkis, 2019; Zhao & Zhang, 2018), however, research specifically on programs and initiatives to support post-secondary students experiencing suicidality and students in an imminent suicidal crisis is an area that needs to be further studied.

Suicidality is a term that encompasses suicidal ideation, which ranges from general thoughts about death to more specific ways to die by suicide; plans and preparations an individual has about ending one’s life; and suicidal behaviour which is harmful or reckless behaviour that can cause a person to end their own life, including attempted suicide and completed suicide (Australian Government, 2009; Goncalves, Sequeria, Duarte, & Freitas, 2014; Jang & Hong, 2018). A suicidal crisis refers to an individual at a high risk of engaging in suicidal behaviour.

Currently, there is a lack of extensive research specifically about suicidality in post-secondary students. The literature that exists speaks to the prevalence of suicidality among post-secondary students and risk factors that contribute to suicidality in post-secondary students. Very little, if any, empirical literature exists on

the interventions, supports, and services that can be provided to address these concerns and support vulnerable students. While some post-secondary institutions, such as the University of Toronto and the University of Windsor, are creating mental health frameworks and policies to support students at-risk of suicide, research in this area is not abundant.

PSIs “have an obligation to provide a healthy environment that fosters student well-being and scholarship whilst ensuring appropriate resources are in place to support those with existing or emerging mental illness” (Cunningham & Duffy, 2019, p.79). Given recent media attention on suicidality on Canadian campuses, specifically the rise of deaths by suicide at the University of Toronto (Mancini & Roumeliotis, 2019) and the University of Ottawa (Duffy & Holder, 2020), it is critical that research-based program recommendations be made to help inform PSIs when evaluating their policies and procedures. This research can guide PSIs to improve their program initiatives, resources, and services in supporting students expressing suicidality and students in an imminent suicidal crisis. This paper seeks to examine the current discourse that exists on suicidality in post-secondary students to provide recommendations for researchers wanting to explore evidence-based responses to suicide on campuses, as well as considerations for post-secondary administrators and student affairs professionals looking to improve guidelines of practice to support students with suicidality.

Prevalence of Suicidality in Post-Secondary Students

The documented prevalence of suicidality on post-secondary campuses around the world is alarming, which highlights a growing concern of suicidality among post-secondary students (American College Health Association - National College Health Assessment II [ACHA-NCHA II], 2019; Gonzales, Bradizza, & Collins, 2009; Jackson, Hart, Brown, & Volkmar, 2018; Samuolis, Griffin, Mason, & Dekraker, 2017). In Canada, a national college health assessment conducted in 2016 found that, from a reference group of 43,780 Canadian post-secondary students across 41 campuses, 13% (5,691) of students report they have seriously considered suicide in the last 12 months (ACHA-NCHA II, 2016). Moreover, 4.8% (2,101) of students reported to have seriously considered suicide when drinking alcohol in the last 12 months, and 2.1% (919) of students reported to have attempted suicide in the last 12 months (ACHA-NCHA II, 2016). The same national college health assessment

conducted in 2019 found that, from a reference group of 55,284 students across 58 campuses, 16.4% (9,066) of students report they have seriously considered suicide in the last 12 months, 6.5% (3,593) of students report to have seriously considered suicide when drinking alcohol in the last 12 months, and 2.8% (1,548) of students report to have attempted suicide in the last 12 months (ACHA-NCHA II, 2019). A limitation of these data sets is that the sample size of the 2019 survey is larger than the 2016 survey. However, the comparison between the 2016 and 2019 data sets shows that self-disclosed data available on suicidality in Canadian post-secondary students is increasing and this should be highly concerning for post-secondary administrators.

Currently, there is a gap between the empirical data that is available and research on the improvement of practice in post-secondary institutions. Self-disclosed suicidality among Canadian post-secondary students is on the rise therefore, researchers must now focus their attention to provide practical recommendations and develop frameworks on how post-secondary institutions can improve their practices of supporting students with suicidality. This research needs to include proactive prevention efforts such as increasing the availability of receptive peer supports, cultivating a sense of belonging on campus, and improving accessibility to support services. Simultaneously, PSIs must evaluate their current practices to determine how they can expand and improve upon their policies and procedures to support and respond to suicidality on their campuses. This can range from reviewing academic policies, such as withdrawal policies, to assessing or creating step-by-step procedures for responding to students in suicidal crisis.

Risk Factors of Suicidality in Post-Secondary Students

According to LivingWorks (2019), a leading organization in suicide intervention training, “at any given time, 1 in 25 people is thinking about suicide to some degree”. Jang and Hong (2017) stress that “identifying risk factors for suicidal ideation is a crucial preliminary step in suicide prevention” (p.1106). Not surprisingly, the foremost risk factor for suicidality in post-secondary students is mental illness (Cunningham & Duffy, 2019; Jang & Hong, 2017). Specifically, depression is one of the most common mental health disorders experienced by post-secondary students and has been identified as strong predictor of suicide (Chen et al., 2017; Jang & Hong, 2017). Considering the psycho-social development stage of many post-secondary students and the transitional impact higher education has on one’s life, risk factors for depression and,

subsequently, possible suicide correlate with common stressors that are well known. This includes conflicts in interpersonal relationships, navigating a new education system and unfamiliar situations, experiences with discrimination, pressures to balance work, life, health, and perform well academically, stressful life events, forming new peer relationships, and other culturally relevant stressors (Cunningham & Duffy, 2019; Gautam, 2016; Jang & Hong, 2017; Ram, Chaudhury, & Jagtap, 2018; Zhao & Zhang, 2018). A combination of these risk factors often results in being overwhelmed.

The risk of suicidality for some students increases when they lack proper protective factors such as social support or healthy coping skills (Gautam, 2016; Goncalves et al., 2014). Students without strong social and family supports can sometimes feel alienated, perceive they are a burden, consider themselves worthless, lack purpose in life, and/or in some cases believe that others will benefit from their death (Gautam, 2016; Ram et al., 2018). Furthermore, it is important to mention that previous “suicidal ideation presents itself as one of the main predictors of suicidal risk” and previous suicidality is being used in “researches to estimate the presence of a suicidal process” (Goncalves et al., 2014. p.89). Some students who experience a combination of risk factors are at greater risk of engaging in suicidal thoughts or behaviour. In the absence of positive social supports, students experiencing suicidality are associated with greater coping skills deficits, reduced problem-solving abilities, and increased use of avoidant coping strategies (Gonzales et al., 2009). Strong social support networks, as mentioned by Goncalves et al. (2014), contribute to the formation of positive coping skills. Positive and healthy coping skills are protective factors against suicidality and are strongly associated with greater problem-solving abilities. What is interesting to note is that it is unclear if coping skills deficits are a cause or effect of suicidality and exploration of this question could inform how PSIs implement future prevention efforts.

A lack of problem-solving abilities coupled with avoidant coping strategies in post-secondary students often leads to addictive and risky behaviours (Gautam, 2016; Gonzalez et al., 2009; Jang & Hong, 2017). Specifically, “alcohol is associated with both depression and suicide [in post-secondary students], and prior research has asserted that mental illness and substance abuse are the most critical risk factors for attempted and completed suicide” (Jang & Hong, 2017, p.1098). Research on this has found positive associations between alcohol use, suicidal ideation, and avoidant coping strategies, including drinking to cope, even after controlling

for factors such as grades, gender, ethnicity, delinquency, medication use for depression, and treatment received for mental health (Gonzalez et al., 2009; Jang & Hong, 2017). A practical approach to this concern can be for PSIs to evaluate their messaging about alcohol and substance use. PSIs can potentially utilize peer educators/ambassadors to reinforce messaging about appropriate consumption and promote wellness resources that can help students struggling to balance healthy consumption and coping strategies.

Although these risk factors are identified and associated with an increase in suicidality in post-secondary students, it is critical that researchers and post-secondary professionals recognize that this is not an exhaustive list. If PSIs only target specific demographics associated with these risk factors, they fall into the trap of suicide risk categorization (Large, 2018) which can result in false positives of students who are not thinking of suicide and false negatives of students who are thinking of suicide (Large, 2018; Nelson, Denneson, Low, Bauer, O’Neil, Kansagara; & Teo, 2017). While it is important to support students in these risk factor groups, prevention efforts should not be directed only to students who fall into these risk factor categories. Instead, PSIs should acknowledge that suicide can impact anyone in any demographic and support services should be made accessible to all. Even if the risk factors discussed were not associated with an increase in suicidality, these issues should still be given importance and other supports services must be made available to students with and without these risk factors. Peer support programs, safe spaces on campus, and academic/wellness supports offered to all students throughout the academic year can be ways to mitigate some of the challenges that students experience in post-secondary, as well as timely identify students who may be struggling more so than others.

The Need for Support for Post-Secondary Students with Suicidality

Recent deaths by suicide on Canadian campuses have garnered public attention, highlighting the unmet need and demand of mental health services and supports at PSIs (Duffy & Holder, 2020, Mancini & Roumeliotis, 2019, Shanmuganandapala & Khanlou, 2019). Samuolis et al. (2017) call on PSIs to “consider campus ecology as part of a comprehensive approach to [suicide] prevention” (p.238). However, studies have found that post-secondary students with suicidality are not likely to engage in help-seeking behaviour (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013; Jang & Hong, 2018; Nam, Wilcox, Hillmire, and DeVylder, 2018; Shanmuganandapala & Khanlou, 2019). Explanations behind a

lack of help-seeking behaviour in students with suicidality are diverse. Some students have concerns over confidentiality, a lack of time for treatment, uncertainty around the effectiveness of seeking help, perceived stigma surrounding accessing mental health supports, feelings of hopelessness and pessimism, relying on oneself for managing difficulties, being reliant on other sources of social support, or not viewing their distress as necessitating professional help (Czyz et al., 2013; Nam et al., 2018; Shanmuganandapala & Khanlou, 2019). Other, more practical concerns about accessing professional intervention, such as long waitlists at post-secondary counseling centers, financial concerns, and not knowing where to access help are barriers for students (Czyz et al., 2017). This list is not an exhaustive list of barriers students may face, especially marginalized students in the Black, Indigenous, people of colour (BIPOC) communities, students in the lesbian, gay, bisexual, transgender, queer or questioning, and two-spirited (LGBTQ2S+) communities, and students with disabilities. It is imperative that PSIs not underplay the importance of ethnicity in help-seeking behaviour. Attributable to sociocultural factors, students of European decent are more likely to access mental health support on campus than BIPOC students (Herman et al., 2011; Jang & Hong, 2018). While the data I examined briefly touches on considerations for BIPOC students, much of the literature I reviewed did not fully investigate common barriers in marginalized students specific to help-seeking behaviour and this is a topic that should be further explored.

In order to support students with suicidality in an effective and timely manner, a critical first step for PSIs is to focus resources on promoting help-seeking behaviour by reducing some of the barriers discussed such as assuring confidentiality, building awareness campaigns to reduce stigma, and adjusting service hours to account for students' schedules and mitigate long wait times. Additionally, there is a need for PSIs to facilitate positive peer social support as a protective factor against suicidality in students (Guatam, 2016; Goncalves et al., 2014; Samuolis et al., 2017). Positive peer relationships and feelings of connection to campus and belonging increases the likelihood of help-seeking behaviour (Gautam, 2016; Samuolis et al., 2017), and students with suicidality are more likely to access services when a friend has encouraged them to do so (Nam et al., 2018). When PSIs increase support opportunities through peer interactions, they also increase self-efficacy and connection to campus for students expressing suicidality (Gautam, 2016; Samuolis et al., 2017). Ultimately, the "underutilization of mental health services among students at elevated risk for suicide is highly

problematic" (Czyz et al., 2013, p.398) and "it is important that colleges and universities provide the services students need [...] that promote help-seeking behaviour for mental health issues and other challenges that students may face" (Samuolis et al., 2017, p.245). In doing so, PSIs not only increase support for students at risk of suicide, but also all other students who facing a wide range of challenges in higher education.

Educational Awareness of Suicidality

Suicide education is crucial to combatting suicidality in post-secondary students. Chen et al. (2017) assert that "suicide education reduce[s] the rate of suicide in [groups] identified as being at high risk of attempted suicide" (p.1376). As such, there is a need to increase educational awareness of suicidality, its risk factors, behaviours and attitudes towards suicidality, and information on how to reach out for or connect someone to support services on post-secondary campuses (Chen et al., 2017; Jang & Hong, 2018; Nam et al., 2018). Another important component of suicide prevention is recognizing that suicidality increases in students who have low knowledge of suicidal behaviour; thus, providing education to students about identifying, assessing, and managing the risk of suicidal behaviour in oneself is equally as important as doing so for others (Chen et al., 2017). PSIs can mobilize resources already in place such as mental health awareness initiatives and campus professionals like counsellors to incorporate education and awareness of suicide.

Post-secondary health professionals play a vital role in suicide outreach and health promotion (Jang & Hong, 2018). Suicide prevention and awareness campaigns should aim to increase knowledge of the signs of suicidality and effective ways to support students who are at risk of suicidal behaviour. These messages need to be directed to both students at-risk of suicidality as well as the broader campus community including faculty and staff, friends, peers, and parents (Chen et al., 2017; Guatam, 2016; Jang & Hong, 2018; Nam et al., 2018, Harrod et al., 2014; Samuolis et al., 2017). PSIs must recognize that campus suicide prevention is a collective effort that requires the participation of everyone in the campus community.

One effective way of providing this education to the campus community is through gatekeeper training, such as safeTALK offered by LivingWorks. Gatekeeper training aims to equip individuals with "knowledge of suicide risk factors and suicide-related behavior, [reshape] their attitudes, and [boost] their confidence in being able to detect suicidal behavior [in others]"

(Chen et al., 2017, p.1381). Gatekeeper training is offered to key individuals on campuses such as faculty, staff, residence advisors, peer leaders, and parents (Guatam, 2016; Harrod, Goss, DiGuiseppi, 2014; Samuolis et al., 2017) who then help identify students who withdraw from campus activities, are socially isolated, or appear to be overwhelmed by stress in a *just-in-time* approach (Samuolis et al., 2017). By educating the campus community on recognizing the signs of suicidality, PSIs are equipping people with the skills necessary to voice their concerns about students with suicidal risk and facilitate connection to mental health services and supports on campus and in the community (Nam et al., 2018). Gatekeeper training supplements the claim that students are more likely to demonstrate help-seeking behaviour when a trusted individual or peer has encouraged them to access support services (Nam et al., 2018). Studies emphasize the effectiveness of gatekeeper training in enhancing knowledge of suicide, suicide prevention self-efficacy, and identifying and managing one's own risk of suicide (Chen et al., 2017; Harrod et al., 2014). While suicide education, such as gatekeeper training, has been recognized as improving short-term knowledge of suicide (Harrod et al., 2014), longitudinal research on the effectiveness of suicide education is an area that researchers need to further explore.

Moreover, PSIs wanting to use suicide education as a preventative measure for addressing suicidality on campuses should be aware that effective educational campaigns may result in an increase of individuals seeking help (Shanmuganandapala, & Khanlou, 2019). In order to serve these students, post-secondary institutions must aim to ensure that their support systems and services are prepared to respond to an influx of service users. Currently, many PSIs provide a disservice to their students by focusing on prevention efforts through education but not subsequently increasing availability of services (Shanmuganandapala, & Khanlou, 2019). If PSIs cannot immediately increase access to on-campus mental health services, they can opt to “[provide] access to self-help approaches with varying levels of involvement from mental health professionals” (Czyz et. al., 2013, p.404) in the community or increase campus-based peer wellness and social supports (Gautam, 2016). This can include matched peer-mentorship programs or access to other support staff on campus who can facilitate connection to community resources such as librarians, learning specialists, case managers, and advisors.

Guidelines of Practice: Policies and Procedures to Support Students with Suicidality

Improving practice guidelines in supporting students with suicidality includes addressing suicide on campus; educating the campus community about suicide; improving services for students with suicidality; and improving policies and procedures that support students expressing suicidality or are in an imminent suicidal crisis. Recently, in Canada, students have organized protests such as at the University of Toronto (Mancini & Roumeliotis, 2019) and the University of Ottawa (Casalino, 2020) demanding their PSIs re-assess the current models of mental health support, address the mental health crises on campuses, and implement change to prevent further students dying by suicide (Shanmuganandapala & Khanlou, 2019). This action from Canadian post-secondary students is a clear indication that change is needed.

A consistent theme in existing literature is that there is very limited empirical data on how to develop effective prevention and response efforts for post-secondary students expressing suicidality (Chen et al., 2017; Cunningham and Duffy, 2019; Gonzalez et al., 2009; Harrod et al., 2014; Samuolis et al., 2017). Researchers have already established that there is a prevalence of suicidality in PSIs and have identified risk factors of suicidality. The next step for researchers to develop or evaluate evidence-based programming or examine longitudinal data that PSIs can use to inform policies and procedures for preventing and responding to suicidality on campus (Chen et al., 2017; Cunningham and Duffy, 2019; Gonzalez et al., 2009; Samuolis et al., 2017). Currently, there is room for assessment of implemented suicide education programs, prevention efforts, support services, policies, and procedures at PSIs across Canada. It is critical for researchers to explore this further to provide guidance to PSIs that is based on empirical data.

Another consideration is the importance of campus climate and culture as a critical component in prevention efforts (Guatam 2016; Samuolis et al., 2017). Presently, “the relation between campus characteristics and suicide prevention has received less empirical attention” (Samuolis et al., 2017, p.239) but it is apparent that a clear need for research on campus characteristics such as climate and culture has been identified in the literature. Studies on suicidality in PSIs find that a student’s perceived sense of connection to campus contributes to the likelihood of them accessing mental health supports; therefore, post-secondary mental health professionals play a key role in promoting student engagement, outreach to services, and help-seeking behaviour (Czyz et al., 2013;

Samuolis et al., 2017) in addition to faculty members, support staff, and peers. Ultimately, a student's perceived sense of belonging can greatly impact their connection to campus, thereby making students more likely to reach out for support when needed.

Furthermore, given our increasingly diverse society, PSIs need to actively work towards ensuring that all supports, services, policies and procedures are accessible and accommodate the needs of the diverse campus community. This includes considerations for diverse learners such as students who spend less time on campus, students who commute far distances to campus or are distance students, students who require trauma-informed care, students with different abilities, and students who cannot afford mental health care (Shanmuganandapala, & Khanlou, 2019; Samuolis et al., 2017; Czyz et al., 2013). Another area PSIs can improve upon is providing culturally competent mental health care, specifically to students identifying as BIPOC and international students (Shanmuganandapala, & Khanlou, 2019). When providing care to students with suicidality, it is imperative that culturally competent mental health care that recognizes cultural collectivism, societal and familial expectations, a history of racial or sex-based discrimination, and/or intergenerational trauma is provided. From my own experiences, BIPOC students have confided in me that some mental health providers they have encountered at post-secondary approach their care from Western frameworks and use Western modalities which are not always compatible with their belief systems, worldviews, or experiences. It is also important to note that attitudes towards suicide vary greatly between cultures, where in some cultures suicide is condoned behaviour and unacceptable under any circumstance and in other cultures may be acceptable if the motive for suicide is considered noble (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). To accomplish these tasks, continual training and awareness at critical times during the academic term is needed for mental health professionals, faculty, staff, and students at post-secondary institutions, alongside the intentional hiring of professionals who come at this work with a culturally informed lens.

Conclusion

Suicidality on post-secondary campuses is not an issue that will disappear. If anything, with the rise of mental health awareness and activism from the newer generation of students, PSIs will continue to see an increase in demand for supports and services. Despite the limited research that presently exists on how to improve

guidelines of practice for PSIs to prevent suicide and support students with suicidality, it is my hope that this exploration highlights the many aspects of research that is still needed on suicidality in post-secondary institutions. There is a clear need for further research to improve supports for students in PSIs expressing suicidality. As discussed in this paper, there is also an important gap that needs to be addressed between knowledge of suicide prevalence and risk factors, and the development of effective prevention programming and response supports in PSIs. Future researchers can investigate prevention efforts, help-seeking behaviour and barriers for marginalized students, suicide education, and/or improvement of services, policies, and procedures.

In this paper, I have established that the rate of self-disclosed suicidality, as indicated through the NCHA-ACHA II (2016 & 2019) survey results, on Canadian post-secondary campuses is increasing and that risk factors for suicidality are as diverse as the students themselves. Instead of targeting supports and services to specific risk-factor groups, post-secondary institutions need to focus on increasing suicide education, sense of belonging, and help-seeking behaviour on campuses. When doing so, post-secondary institutions must remember that this may result in increased use of services, therefore they should have arrangements in place to meet the demands of students accessing help and ensure that mental health supports accommodate diverse student populations. Lastly, post-secondary institutions should improve their policies and procedures for supporting students in an imminent suicidal crisis to ensure they are assessed earlier and receive timely and adequate preventative care and follow-up support for an extended period of time.

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