



Suicide risk assessment among college students: An empirical research survey analysis

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Abstract

Adjustment to new situations and life changes like starting in colleges and universities are often stressful for most students. Since these are challenging transitions for most college youths, they are at risk for developing mental health issues. The continuous stress in the college and academic settings often precipitate the chances of mental health issues like suicidal risk, depression etc among them. Assessment of college going adolescents and students of that age are important to be done on risk factors related to mental health issues so that early intervention and required interventions can be planned. The current research was aimed at assessing suicide risk in a group of college going students using convenience sample. It comprised of 144 students. The mean age of the sample was 23.86 years. The five item Suicide Risk Assessment developed by National Institute of Mental Health. The 5 statements were related to suicidal risk and endorsing on Yes Item indicates possibility of suicidal risk and endorsing on No Item indicates absence of suicidal risk. Of the total sample 65 students endorsed on No and 80 students endorsed on Yes. The group endorsing Yes items emerged as risk factor. The amount of risk also depends on the content of the item. The paper will help in identifying at risk student population and training them to work on the identified issue. This might also help in prevention & promotive aspect of mental health.

Keywords: Suicide, suicide risk, suicidal attempt, adolescents

Conflicts of Interests: None

Competing Interests: None

Contributions:

The first author conceptualizes the study and do basic writing of the paper.

The second author contributed to adding the content in the paper.

The third and fourth author helped in data collection

The fifth author contributed in clinical input in paper writing

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Introduction:

Mental health issues have increased significantly in the current scenario. This has seen mainly in the section of college going students. One of the most common mental health issues are depression, substance abuse and suicidal behavior. Around 700,000 people die by suicide each year equivalent to one person dying every 40 second making it a leading cause of death worldwide (World Health Organization, 2019). Suicide among students have increased significantly in India. Suicide rates in India are among the highest in the world. Of the total suicide deaths in India, 7.6% are students as per National Crime Record Bureau (2023). According to this, 13,000 students die every year by suicide in India.

Suicidal ideation and suicidal behavior are different. Suicidal ideation refers to thoughts or intentions to end one's life; whereas suicidal behavior refers to self-inflicted acts intended to end one's life (Klonsky et al., 2016; Turecki et al., 2019). Suicidal ideation means proactive thoughts with a plan for suicide or passive thoughts without a plan, such as thoughts of no longer existing (Turecki et al., 2019). The core of suicidal thoughts also includes intentionality and lethality domains.

Suicide is a complicated and multifaceted occurrence that reflects a person's apparent incapacity to handle difficult life situations as well as extreme psychological pain. It is the result of a combination of biological susceptibility, mental health issues, social pressures, and environmental effects rather than a single act brought on by a single trigger.

Age, gender, culture, and social background all influence the nature of suicide. In the setting of relationships, women in particular may be at risk for suicide. Suicide techniques vary throughout the world in terms of accessibility to deadly weapons, cultural tolerance, and availability. Self-poisoning, hanging, jumping from heights, and the use of sharp objects or other physical means are general categories of approaches. Suicide is the third leading cause of death among adolescents (Anderson, 2002) with many more youth reporting thoughts of suicide as well as suicide attempts (Center for Disease Control and Prevention (CDC), 2006). College youths are at risk for perceiving problems as threatening and to often perceive the world into "all or nothing" frame. Given the earlier timing of their pubertal development, girls are most vulnerable, and indeed studies indicate that girls report more suicidal ideation and attempts than boys (McKeown et al., 1998). Completed suicide, however, continues to be less common in girls than boys during adolescence in part because, compared to boys, girls tend to use methods with lower lethality when making a suicide gesture (Gunnell, Wehner, & Frankel, 1999).

The distinctions between these suicide-related terms are important as the majority of people who experience suicidal ideation do not attempt suicide (despite it being a key risk factor), and the majority of people who attempt suicide do not die by suicide (Klonsky & May, 2014). For example, around one in three people who experience suicidal ideation attempt suicide, and around one in 21 who attempt suicide die by suicide (Nock et al., 2008; World Health Organization, 2014).

Suicide is a leading cause for mortality in mental illness (Walker et al., 2015). Numerous risk factors have been identified for the same. Furthermore, emerging research suggests

distinct genetic and epigenetic factors influence suicide vulnerability (Erlangsen et al., 2020, Jokinen et al., 2018, van Heeringen and Mann, 2014a, Yoshimasu et al., 2008) evidenced additionally by neuroimaging correlates, with potential to inform interventions (Barredo et al., 2021, John Mann and Rizk, 2020, Jollant et al., 2018). Importantly, risk factors of suicidality within and across mental illnesses (Too et al., 2019) demonstrate poor predictive validity, impeding translation to effective prevention strategies. The same is partly attributable to cross-sectional study designs, study population heterogeneity and variability in suicidality definitions used (Mendez-Bustos et al., 2013). While prior suicide attempt remains the most reliable indicator of future risk, it may not be as robust an indicator as perceived (Beghi & Rosenbaum, 2010, Ribeiro et al., 2016). The risk of first onset of suicidal ideation increases rapidly between adolescence and young adulthood, and the risk of transition from ideation to planning or attempting suicide is thought to diminish with increasing time from first onset of ideation (Borges et al., 2012).

Longitudinal studies indicate the highest risk of suicide reattempt to be within 6–24 months of index attempt (Irigoyen et al., 2019a, Owens et al., 2002) and an overall reattempt rate of 20% (Larkin et al., 2014, Suokas et al., 2001). The same found that psychosocial vulnerability contributed more than the characteristics of index episode (Larkin et al., 2014). Number of prior suicide attempts, male gender, self-reported wish to die, younger age group and cluster B personality disorder have been noted in other studies (Grendas et al., 2019; Leon et al., 1990; Martiniuk et al., 2015; Suokas et al., 2001). Challenges existing in conducting prospective studies include low absolute number of suicides/ suicide reattempts in the general population or in mental illness and the outcome being suicide or reattempt, which is not always reported (Leon et al., 1990).

Anger-prone individuals may experience frequent situational triggers. Subsequent increased anger may in turn cause them to push away social support, increase isolation, and lead to heightened negative thoughts and feelings, putting them at further risk for Suicidal Ideation. Additionally, it may be more difficult for anger-prone individuals to recover from these episodes (Tafrate et al., 2002; Wilkowski & Robinson, 2010).

Interpersonal theory of Suicide (Joiner, 2005) posits that perceived burdensomeness (feeling one is a burden on others) and thwarted belongingness (feeling a lack of connection with others) put individuals at the greatest risk for Suicidal Ideation (SI). Individuals with heightened anger may experience frequent interpersonal conflict and relationship difficulties, putting them at increased risk of feelings of thwarted belongingness and perceived burdensomeness, and therefore increased risk of SI. There is evidence of an indirect relationship between anger and SI via both of these factors (Hawkins et al., 2014; Rogers et al., 2017). When ideation transitions to suicidal behavior, Joiner's IPTS indicates an acquired capability for suicide that is garnered over the course of repeated exposure to painful stimuli. Hawkins et al. (2014) have demonstrated such a link between anger and the acquired capability for suicide through the mediation of repeated exposure to painful stimuli.

Need for the present study:

Seeing the rising increase in the mental health issues especially depression, substance abuse and suicide in the area of Delhi NCR over the recent times in college youths, it was decided to explore this and find at least basic data so that treatment, prevention and promotive aspects can be understood better and planned accordingly.

Methodology:

Aim

The aim of the present study was to examine suicide risk among college going students.

Objectives

1. To examine the following in a sample of college going students:

- (i) Suicide risk among male students and
 - (ii) Suicide risk among female students
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Sample

The sample consisted of 151 college going students from one of the Private Universities and students attending NGO for training in Delhi NCR. The convenience sampling was used to collect the data. The students were taken from different Postgraduate and Undergraduate courses (Clinical Psychology, Public Health and Computer Sciences). It consisted of 122 Postgraduate and 22 Undergraduate students. 87 students belonged to the Private University and 64 were from NGO who were coming for internship there. The cross-sectional survey data was collected during September and November Month 2025 in group. Before taking the data, permission was taken from the Universities, NGOs and the respondents. The time taken to complete the questionnaire was 5-7 minutes by each respondent.

Measures administered:

- 1) **Socio Demographic Data Sheet.** It was developed by the investigator indicating subject's sociodemographic variables like name, age, gender, and course.
- 2) **Ask Suicide- Screening Questions (ASQ, 2008).** It was developed by National Institute of Mental Health in 2008. The tool has sufficient psychometric properties. It has 5 statements which were related to suicidal risk and endorsing on *Yes Item* indicates possibility of suicidal risk and endorsing on *No Item* indicates absence of suicidal risk. The 5 items relate to suicidal ideation, death wish, history of suicidal attempt, thought that he/she has been a burden on family & thought of killing oneself right now. The amount of risk also depends on the content of the item. The presence of suicidal ideation was examined with the following question: *in the past week, have you been having thoughts about killing yourself?* The response was in *Yes* or *No*. The presence of death wish was examined with the following question: *In the past few weeks, have you wished you were dead?* The response was in *Yes* or *No*. The history of suicide attempt was examined with the following question: *Have you ever tried to kill yourself?* The response was in *Yes* or *No*

Analysis of data:

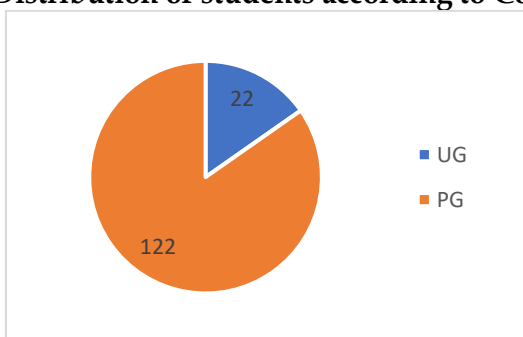
The data were analyzed using descriptive statistics like mean and SD. The other statistical measures used were frequency and percentage. Data were analyzed providing raw counts and frequencies for categorical statements.

Results

Table 1 (a): Distribution of students according to Courses (N=144)

Sl. No.	Class	Students	
		Frequency	Percent
1	Postgraduate	122	84.72 %
2	Undergraduate	22	15.28 %
	Total	144	100%

Figure 1 (a): Distribution of students according to Courses (N=144)



The postgraduate group includes the students from the streams of Clinical Psychology, Public Health and Computer Sciences. The undergraduate group includes the students from social sciences and Sciences.

Table 1 (b): Distribution of students according to Gender (N=144)

Sl. No.	Gender	Students	
		Frequency	Percent
1	Females	93	64.58 %
2	Males	51	35.42 %
	Total	144	100%

Table1©: Mean Age of the sample

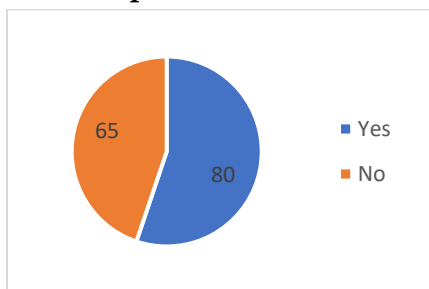
Sample	Mean
Total (N=144)	23.86 (3.54)
Females (N= 93)	25.24 (2.98)
Males (N=51)	22.83(3.06)

The sample age ranged from 21-27 years.

The seven questionnaires were incomplete so scoring was not done and included in the scoring. Of the total 144 sample ,93 were females and 51 were males. The mean age of the sample was 23.86 years and the SD was 3.54. The age range was from 21-27 years. The mean

age of females was 25.24 years while the mean age of males was found to be 22.83 years. Of the total sample, 65 students endorsed on *No* and 80 students endorsed on *Yes*. The group endorsing *Yes* items emerged as risk factor.

Figure 1 (b): Students who responded Yes & No to the Statements(N=144)



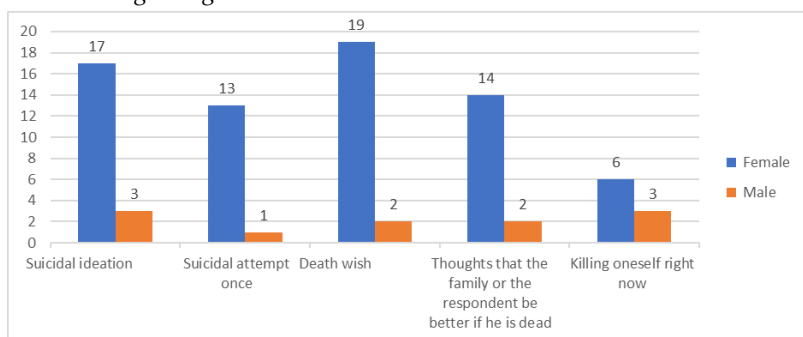
Out of 80 students, 20 (25%) reported *suicidal ideation* over the past week. Out of these 20, 17 were females and 3 were males. The *death wish* was reported by 21 students (26.25%) out of these 19 were females and 2 were males. 14 students (17.50%) reported having *past history of suicidal attempt*. Out of these 13 were females and 1 was male. Of those having reported the *history of suicidal attempt*, 9 students reported having thoughts of killing themselves during the assessment process. Of these, 6 were females and 3 were males. These emerged as the most vulnerable group of committing suicide.

16 students (20%) reported feeling *over the last few weeks that their family would better if they were dead*. Out of these, 14 were females and 2 were males.

Table 1 (d): Number of participants Endorsing the Item as “Yes” (80 in number)

In the past few weeks, have you wished you were dead?	21 (26.25%) Students	Females = 19	Males = 2
In the past few weeks, have you felt that you or your family would be better off if you were dead?	16 (20%) Students	Females = 14	Males = 2
In the past few weeks, have you been having thoughts about killing yourself?	20 (25%) Students	Females = 17	Males = 3
Have you ever tried to kill yourself? If Yes then	14 (17.50%) Students	Females = 13	Males = 1
Are you having thoughts of killing yourself right now?	9 (11.25%) Students	Females = 6	Males = 3

Figure 1 (c): Students who responded Yes & their risk responses gender wise



Discussion:

The 80 students (55.55%) out of 144 sample emerged as having potential risk for suicidal behavior in the current research. History of past suicide, having suicidal ideation, having thoughts of killing themselves during research, having death wish and reported family would be better if they were dead all were risk factors for suicide.

The current research indicated that 25% of students reported suicidal ideation. In the research by Armstrong et al (2025) conducted in 30 Indian universities, 12.3% students reported suicidal ideation. The same study by Armstrong revealed that 5.2% students reported the suicidal attempt. The current research, however, found that 17.50% of students reported the past suicidal attempt.

The research also revealed that female students were found to be more vulnerable to suicide than male students. History of past suicide, having suicidal ideation, having thoughts of killing themselves during research, having death wish and reported family would be better if they were dead all were risk factors for suicide were also reported more by female students than males. More than 70% were female students. Impulsivity, possibility of substance abuse, depression might be responsible for the presence of these in the sample of the participants.

Research and clinical evidence have shown that males are more likely to die by suicide, female report of suicidal ideation and are 3 times more likely to attempt suicide than males. The possible factors contributing to this might be socialization practices and ruminating style as coping more among them.

Depression is a highly prevalent chronic illness that is over twice as likely to occur among women than men (Brody et al., 2018; Kuehner, 2017). At its most severe, depression can result in suicide. Women experience a greater rate of suicidal ideation than men and are 3 times more likely to make a suicide attempt (Ivey-Stephenson et al., 2022). When individuals experience suicidal ideation or suicidal attempt, their level of emotional suffering is intense (Ducasse et al., 2018; Verrocchio et al., 2016) and their ability to manage daily life can be substantially impaired (Cosgrave et al., 2007). Because women typically bear major responsibilities in their nuclear and extended families as well as their work environments, adverse effects of their SI have far reached consequences for communities and society overall (Ge et al., 2022; Leupp, 2017; Sperlich and Geyer, 2015).

A large epidemiologic study and a meta-analysis of 27 studies found depression to predict suicidal ideation but not suicide attempts (May & Klonsky, 2016). In a meta-analysis of longitudinal studies, Ribeiro et al. (2018) also noted that depressive *symptoms* were a

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predictor of suicide ideation but not attempts, although a depression *diagnosis* did predict both.

Varied demographic characteristics have been associated with suicidal thoughts and behaviors, including: less than a college education, poverty, lack of partner/spouse, and younger age of women, specifically 16–44 years (CDC, 2020; Have et al., 2009; Hedegaard and Warner, 2021). Stages in a woman's reproductive cycle can also affect suicidal risk. Hormonal and neurochemical fluctuations related to the menstrual cycle have been strongly associated with both suicide attempts and deaths (Baca-García et al., 2003) with experiences of premenstrual dysphoric disorder showing particularly strong associations with suicidal ideation and attempts independent of psychiatric comorbidities (Osborn et al., 2021). Lastly, stress and adversity are central to theories of suicide. Perceived stress and exposure to stressors and stressful events have been associated with both SI and SA (Blosnich et al., 2020). Family and work stress have each been related to SI among women (Lin et al., 2020). In addition, research has consistently found a strong link between exposure to physical or sexual violence and suicidality in women.

Different psychological models can be used to explain the more reporting by females as risk for depression.

Research on the possible psychological explanation of sex differences in depression has focused on two specific kinds of coping strategies: rumination and distraction. Susan Nolen Hoeksema (1987) posits that women are more depressed than men because women ruminate about their feelings after negative events and men distract themselves. Some of the work in this area has shown that girls tend to focus more on their feelings and thoughts which explains why women have more depression than men (Sethi & Nolen Hoeksema, 1997).

Self-silencing model was propounded by Jack in 1991. The model posits that some women suppress their thoughts and opinions due to the perception that self-expression would lead to the loss of their intimate partner and relationship. Thus, self-silencing serves to maintain the relationship; however, this constant suppression of one's beliefs and opinions from the intimate partner theoretically results in depression, low self-esteem, and the loss of voice (Jack, 1991). Jack explicitly identifies self-silencing as a 'specific, cognitive schema, derived from the culture,' and not as a personality trait.

Self-objectification theory (Fredrickson & Roberts, 1997) also explains more depression in females than males. The theory posits that women as object takes away the intellectual domains of females. This increases the chances of poor self-esteem thereby more depression in them.

Conclusion:

In the current research, out of 144 sample of students, 80 students endorsed items which were related to either presence of current mental health issues like depression in them or vulnerability to depression in them. 20 students (25%) reported suicidal ideation of these 17 were females and 3 were males. The research indicated that 14 students (17.50%) reported the history of suicidal attempt of which 13 were females and 1 was male. Death wish was reported by 21 students (26.25%) of which 19 were females and 2 were males. These groups were found to be among the high-risk group for depression and vice versa.\

Strength and Limitations/ Scope for Improvement:

Brief questionnaire with very specific suicide loaded content was used in the research. Sample size was relatively adequate. The research used convenience sampling rather than a probability-based sampling. The current research would have given more meaningful insights into the area of suicidology if demographic variables would have incorporated in the research. The research did not confirm the temporal order if the suicidal thought preceded the suicidal attempt. The research relied on self-report of suicidality and related symptoms and thoughts that may be enquiring about phenomenon that carries a level of stigma. It is thus possible that the results are influenced by social desirability biases. India is a large and diverse country, so the results from this survey research may not be representative for all college students across the country. The findings are not generalizable to youth populations in India who do not attend college and who cannot speak English. Narrative analyses of at-risk group would have given clearer picture of their inner thoughts, emotions which would have wider implications. The other measures like assessment of depression and personality traits of the respondents would have added more knowledge in the area.

Implications and Future Directions:

The high-risk group can be trained in dealing with the reported mental health symptoms. Moreover, detail further screening might be useful for further evaluation and management. The research highlights the importance of focusing on mental and behavioural skills training in the college youth and detailed psychiatric evaluation. To sum up, suicide can be avoided if at risk population is identified early. The purpose of this research was to identify at risk youths. Reducing suicide and fostering mental health requires an understanding of its nature, the ability to see warning signals, and the development of responsive, supportive structures. The hiring of Clinical Psychologists and other health professionals need to be considered by the academic administration to cater mental health issues of college and university students.

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