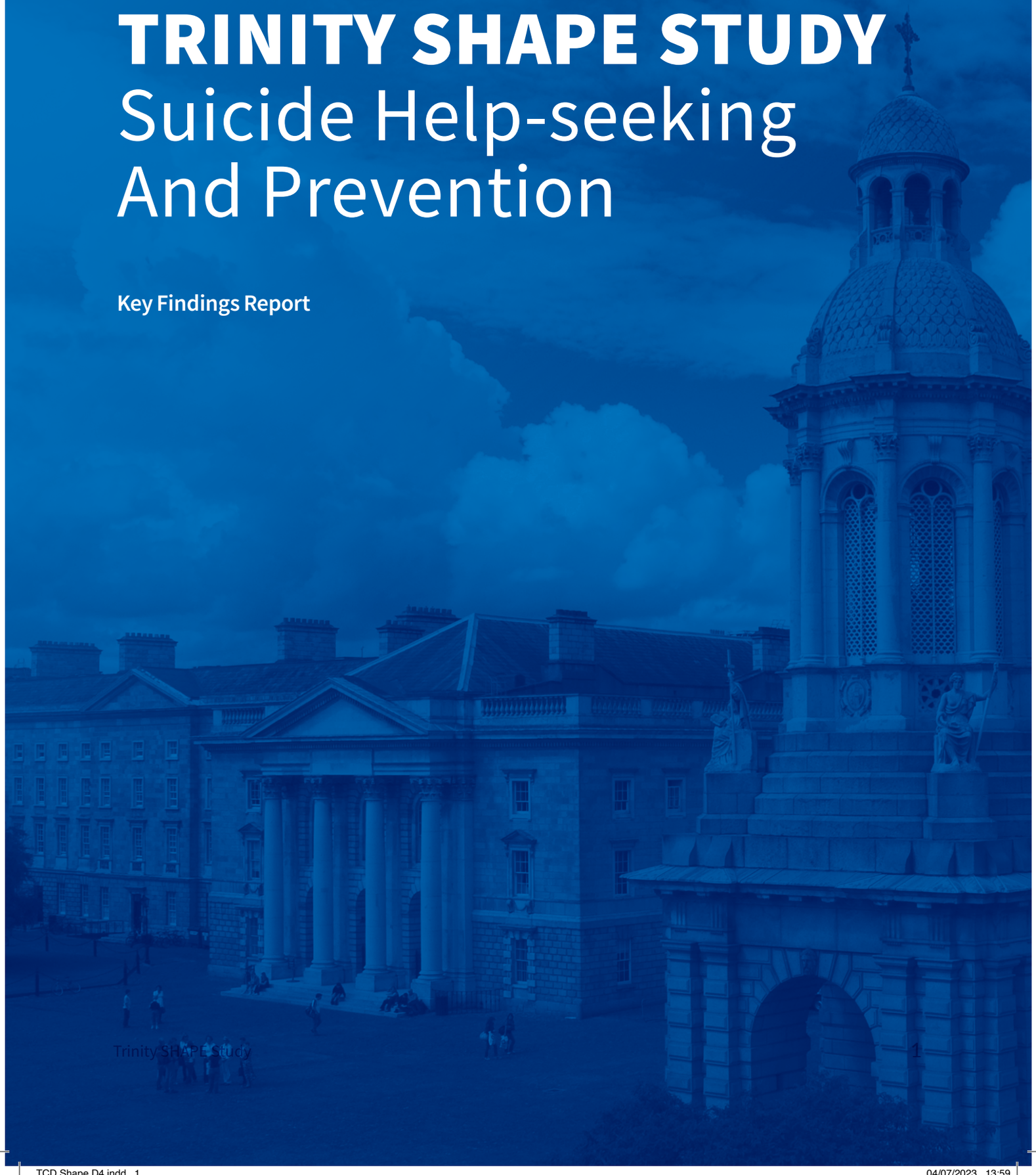
Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

TRINITY SHAPE STUDY
Suicide Help-seeking And Prevention

Key Findings Report



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Suicide Help-seeking And Prevention

Key Findings Report

Research team

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Introduction

Suicide and self-harm are major public health concerns which cause significant societal distress.

They often emerge in adolescence and peak in young people, so it is unsurprising that university students are known to have high rates of self-harm and suicidal behaviour. It is essential to provide services and support to students who experience self-harm and suicidal behaviour which are attuned to and sensitive to their needs. This study emerged following recommendations made in the National Student Mental Health and Suicide Prevention Framework (2020)[1] to engage in and utilise data collection and evaluation for improving Higher Educational Institutes' (HEIs) approaches to suicide prevention. It is particularly timely in a post-covid era which has seen students experience significant mental health challenges.

Working collaboratively, The Student Counselling Service, The School of Nursing and Midwifery, the Students' Union and the College Health Service designed a survey to ascertain the prevalence of suicidal behaviour among undergraduate and postgraduate students and to identify risk factors and vulnerable groups within the College community. In addition, the survey sought to ascertain students' help-seeking behaviours to identify strategies that may be most useful to address suicidal behaviour in a structured and planned way. This study received ethical approval from the Faculty of Health Sciences, Trinity College, Research Ethics Committee [ref 210608] and all registered students were invited to take part in the online survey which was administered in November 2022.

DEMOGRAPHICS

1,329
students fully completed the survey.

86% were between 18 and 26 years.
86%

68%
were female, 27% male.

33%
identified as LGBTQ+.

70%
were Irish, 15% were from another EU country and 15% were international students.

70% of students reported their ethnicity as White Irish.
70%

STUDENT PROFILE

76%
were undergraduates.

43% were students in Arts, Humanities and Social Sciences, 28% in STEM, and 25% in Health Sciences.
43%

50%
50% of students were satisfied/very satisfied with their academic performance, 30% were neutral, and 20% dissatisfied/very dissatisfied.

[1] Higher Education Authority (2020) National Student Mental Health and Suicide Prevention Framework https://hea.ie/assets/uploads/2020/10/HEA-NSMHS-Framework.pdf

Disability status, perceived social support, use of Trinity Student Services:

21%

21% were registered with Trinity Disability Service.

32%

32% of those who were registered with Trinity Disability Service had an enduring mental health difficulty, 21% were registered with multiple difficulties, 19% had a learning difficulty, 11% had a physical disability, with 6% identifying 'other' as their reason for attendance. The remainder preferred not to say.

52% were very satisfied/satisfied with their social support, 19% very dissatisfied/dissatisfied.

52%

72% used Trinity student services in the past year. Most commonly used were Sports Centre (32%), Tutor (29%), College Health Service (22%), Student Counselling Service (22%).

72%

Alcohol, drug use, physical activity and COVID-19:

23% did not drink alcohol, 54% drank between 1-5 drinks per week, 15% between 6-10 drinks, 8% more than 11 drinks per week.

23%

70%

70% did not find it difficult to cope without drugs or addictive substances, 23% sometimes did, 7% often/nearly always did.

61% reported their mental health had worsened or significantly worsened as a result of the COVID-19 pandemic.

61%

35%

35% exercised often, 44% sometimes, 21% almost never.

Self-esteem

Self-esteem scores on the Rosenberg Self-Esteem scale[2] were in the normal range, just above the scale mid-point of 15 (15.2, SD = 6.4).

There was a statistically significant difference in self-esteem scores for:

Gender:
with males (M = 15.9, SD = 6.5) and females (M = 15.1, SD = 6.3) scoring higher than those who identified as 'other' (M = 13.5, SD = 5.4) or preferred not to say (M = 11.3, SD = 5).

LGBTQ+:
with this population having lower self-esteem (M = 13.6, SD = 6) than those who were not (M = 16, SD = 6.4).

Self-harm:
with those who self-harmed having lower self-esteem (M = 12.8, SD = 5.7) than those who did not (M = 17.7, SD = 6).

Suicidal thoughts:
with those who had suicidal thoughts having lower self-esteem (M = 12.4, SD = 5.7) than those who did not (M = 17.8, SD = 5.8).

Suicide attempt:
with those who made a suicide attempt having lower self-esteem (M = 10.8, SD = 5.6) than those who did not (M = 16, SD = 6.2).

[2] Rosenberg, M. (1965). Society and the adolescent. Princeton, NJ: Princeton University Press.

Self-harm

50% reported having self-harmed. Of those:

21%
self-harmed
6 or more times.

53% self-harmed within the previous year.
53%

72%
72% were female, 21% were male, 5% were 'other', 2% preferred not to say.

46% were LGBTQ+.
46%

81%
81% were undergraduates.

92% were not under the influence of alcohol, and 99% not under the influence of drugs at the time.
92%

By far, the most commonly endorsed reason for self-harm was 'I wanted to get relief from a terrible state of mind' (85%), followed by 'I wanted to punish myself' (69%), 'I wanted to show how desperate I was feeling' (37%), and 'I wanted to die' (36%). Interestingly, the least commonly endorsed reasons for self-harm were those that looked to elicit responses from others for example 'I wanted to get my own back on someone' (5%), 'I wanted to know if someone really loved me' (8%), 'I wanted to frighten someone' (9%).

Self-harm appeared to be an impulsive act for most with the majority (64%) identifying that they thought about it for less than a day before they self-harmed.

Help-seeking and self-harm:

- Most of those who self-harmed did not seek help before or after the self-harm act (71%).
- Of those who did seek help, informal sources such as friends (47%) and family (43%) were the most popular sources. The most consulted formal help sources were external mental health service (40%) and external GPs (30%). 17% sought help from the Trinity Counselling Service while 5% sought help from the College Health Service.
- Of those who did not seek help, the most common reason for this was 'It wasn't too bad, I was used to feeling this way' (58%), followed by 'I wanted to manage my own feelings' (53%). The least commonly identified reason for not seeking help was that 'It was too difficult to access supports' (15%).
- For most who self-harmed, no one knew about the incident (64%), and the majority did not go to hospital for treatment of their self-harm (96%).

Statistically significant differences were found between self-harm and:

Age:

with those in the 18-26 age group more likely to self-harm than all other age groups.

Gender:

with males less likely to engage in self-harm compared to females, 'other' and 'prefer not to say'.

LGBTQ+

with those identifying as LGBTQ+ more likely to self-harm that those who did not.

Graduate status:

with undergraduates more likely to self-harm than postgraduates or those in the 'other' category.

Satisfaction with academic performance:

with those dissatisfied with their academic performance more likely to self-harm.

Disability Service registration:

with those registered with a mental health difficulty, or multiple difficulties, more likely to self-harm.

Drug use:

with those who often or nearly always find it difficult to cope without drugs more likely to self-harm.

Taking exercise:

with those who report 'almost never' exercising more likely to self-harm.

Perceived social support:

with those who were very satisfied or satisfied less likely to self-harm, and those who were neutral, dissatisfied or very dissatisfied more likely to self-harm.

Perceived impact of COVID-19 on mental health:

with those who reported the pandemic had significantly worsened their mental health more likely to self-harm.

No statistical significance:

There were no statistically significant results observed between self-harm and nationality, ethnicity, year of programme, faculty of study or alcohol consumption.

Suicidal thoughts

48% reported having seriously thought of ending their life. Of those:

67%

67% were female, 26% were male, 5% were 'other', 2% preferred not to say.

68% reported having these thoughts in the past year.

68%

46%

46% were LGBTQ+.

79% were undergraduates.

79%

Help-seeking and suicidal thoughts:

60% did not seek help for their suicidal thoughts.

Of those who did seek help, an external mental health support (48%) was the most common support followed by a family member (42%) and a friend (41%). 24% sought help from the Trinity Counselling Service while 6% sought help from the College Health Service.

Of those who did not seek help, the most common reason for this was 'It wasn't too bad, I was used to feeling this way' (51%). The least commonly identified reason for not seeking help was that 'It was too difficult to access supports' (21%).

Statistically significant differences were found between suicidal thoughts and:

Gender:

with those in the 'other' and 'prefer not to say' categories having a higher rate of suicidal thoughts than those identifying as male or female.

LGBTQ+ identification:

with those identifying as LGBTQ+ more likely to have had thoughts of suicide than those who did not.

Graduate status:

with undergraduates more likely to have suicidal thoughts than postgraduates, or those in the 'other' category.

Faculty:

with those in the Faculty of Arts, Humanities and Social Sciences more likely to have suicidal thoughts and those in the Faculty of Health Sciences less likely to have suicidal thoughts.

Academic performance:

with those dissatisfied, or very dissatisfied with their academic performance more likely to report suicidal thoughts.

Disability Service registration:

with those registered with a mental health difficulty, or multiple difficulties, more likely to report having suicidal thoughts.

Drug use:

with those who often or nearly always find it difficult to cope without drugs more likely to report having suicidal thoughts.

Taking exercise:

with those who report 'almost never' exercising more likely to have suicidal thoughts and those who often take exercise less likely to report suicidal thoughts.

Perceived social support:

with those who were very satisfied or satisfied less likely to have suicidal thoughts, and those who were neutral, dissatisfied or very dissatisfied more likely to have suicidal thoughts.

Perceived impact of COVID-19 on mental health:

with those who reported the pandemic had significantly worsened their mental health more likely to have suicidal thoughts.

No statistical significance:

There were no statistically significant results observed between suicidal thoughts and age, nationality, ethnicity, year of programme or alcohol consumption.

Suicide Attempt

14% made a suicide attempt. Of those:

25%

25% made the suicide attempt in the past year.

64% were female, 25% were male, 8% were 'other', 3% 'preferred not to say'.

64%

51%

51% were LGBTQ+.

81% were undergraduates.

81%

59%

59% had thought about it for more than a month with only 12% thinking about it for less than a day.

Help-seeking and suicide attempt

52% sought help.

Of those who did seek help, an external mental health support (51%) was the most common support followed by a family member (50%) and external GP (46%). 11% sought help from the Trinity Counselling Service while 3% sought help from the College Health Service.

Of those who did not seek help, the most common reason for this was 'I needed to keep it to myself, it was better if nobody else knew what I was going through as they might tell people' (58%), followed by 'I didn't trust the supports available or think they would help me' (54%). The least commonly identified reason for not seeking help was that 'It was too difficult to access supports' (29%).

Statistically significant differences were found between suicide attempt and:

Gender:

with those in the 'other' and 'prefer not to say' categories more likely to report a suicide attempt than those identifying as male or female.

LGBTQ+ identification:

with those identifying as LGBTQ+ more likely to have had made a suicide attempt than those who did not.

Academic performance:

with those who were dissatisfied with their academic performance more likely to report a suicide attempt.

Disability Service registration:

with those registered with a mental health difficulty, or multiple difficulties, more likely to report a suicide attempt.

Alcohol consumption:

with those who had made a suicide attempt more likely to drink more than 20 alcoholic drinks in a week.

Drug use:

with those who often or nearly always find it difficult to cope without drugs more likely to report a suicide attempt.

Perceived social support:

with those who were very satisfied or satisfied with their social support less likely to have made a suicide attempt, and those who were neutral, or very dissatisfied with their social support were more likely to have made a suicide attempt.

Perceived impact of COVID-19 on mental health:

with those who reported the pandemic had significantly worsened their mental health more likely to have made a suicide attempt.

No statistical significance:

There were no statistically significant results observed between suicide attempts and age, nationality, ethnicity, graduate status, year of programme, faculty of study or taking exercise.

A brief note on SHAPE findings compared to My World Survey 2:

The SHAPE findings on self-harm and suicide attempts in the TCD student population can be compared to those from the My Word Survey 2 (MWS-2) of 3rd level students published in 2019[3] as the same measures were used.

Both self-harm (50% v 38%) and suicide attempts (14% v 10%) were higher in the SHAPE study. There are many possible reasons for this, however one likely reason that may be extrapolated from these data is the impact that COVID-19 had on students' mental health. Findings in this study found a significant relationship between those who perceived their mental health had significantly worsened because of the pandemic with self-harm, suicidal thoughts and suicide attempts. Help-seeking rates following suicide attempt were similar for both the SHAPE and MWS-2 samples.

The prevalence of suicidal thoughts was lower in the SHAPE study (48% v 63%) however there was a difference in how these were captured with the MWS-2 study asking students if they had ever thought about taking their own life 'but would not do it', whereas the SHAPE study asked if students ever 'seriously thought' of ending their own life. The lower rate of suicidal thoughts in the TCD sample is likely explained by the fact that serious suicidal thoughts are not as common as suicidal thoughts without suicide intent.

[3] Dooley, B. O'Connor, C. Fitzgerald, A. & O'Reilly, A. (2019) My World Survey 2. University College Dublin, School of Psychology. Dublin, Ireland.

Recommendations for action

The HEA Framework cites the American non-profit JED Foundation[4] approach to university mental health promotion and suicide prevention using key action areas. The SHAPE results illuminate relevant actions for Trinity, which are grouped here by JED area:

JED Strategic Area	SHAPE Finding	Trinity Recommended Actions
Promote Social Connectedness	Students with lower perceived social support are more likely to engage in suicidal behaviour.	Work collaboratively across the entire University community to prioritise social connection and inclusion, and to remove barriers to connectedness (e.g. housing, student finance, discrimination, disability, etc.) Expand the 3SET Peer-assisted transition programme.
Identify students at-risk	Students who self-harm are more likely to seek help from peers than professional services.	Leverage the preferred help of peers by teaching students how to ask questions about suicidal thoughts/self-harm and how to signpost to services. Begin by using existing structures, e.g. training for student leaders, sports clubs, societies, S2S Peer Mentors, Global Room Ambassadors, TAP ambassadors, etc. Roll-out online Identifying & Responding to Students in Distress training for all university staff.
Encourage and Increase help-seeking behaviour	The most common reasons for not seeking help were "It wasn't too bad, I was used to feeling this way" and "I wanted to keep it to myself."	Develop a highly visible and sustained stigma reduction and service promotion campaign focusing on suicidal behaviour. Work to dispel shame surrounding suicidal behaviour and speak to the barrier of not being "bad enough" to seek help, and the belief that it's ok to keep feeling like this. Communicate with the whole student body the broad range of mental health supports available within Trinity (i.e. not just traditional one-to-one services).
Promote Mental Health Services	Help-seeking is low, and particularly formal help-seeking for self-harm. Participants who are registered with the Disability Service for enduring mental health difficulties, or multiple difficulties, more likely to engage in suicidal behaviour. Participants who are LGBTQ+ endorsed higher levels of self-harm, suicide thoughts, and suicide attempts.	Encourage and monitor the use of the range of mental health supports in Trinity. Work with academic staff in schools to locally promote messages of mental health literacy, stigma reduction, and service signposting. Streamline referral processes across student services. Reach out to and partner with LGBTQ+ students and student groups to inform inclusive mental health campaigns and services. Enhance the visibility of Trinity's student services as LGBTQ+ -friendly.

[4] https://jedfoundation.org/our-approach/

JED Strategic Area	SHAPE Finding	Trinity Recommended Actions
Develop Life Skills	There were significant correlations between: Higher drug use and both suicide thoughts & self-harm, and higher drug and alcohol use & suicide attempt. Lower physical activity and both suicide thoughts & self-harm. Poorer satisfaction with academic performance and self-harm, suicide thoughts & suicide attempt.	Expand and market programmes that get students physically active such as those provided by Trinity Sport, e.g. the Mind Body Boost programme. Widely promote online programmes for teaching skills supportive of mental health, including the Healthy Trinity Online Tool (HTOT) and the Resilience and Stress Management courses available via SCS. Continue & increase the embedding of mental health literacy and coping skills into the curriculum. Continue to increase the visibility of supports for academic success such as in Trinity Disability Service and Student Learning Development.
Ensure student access to effective mental health treatment	The most common source of formal support post suicide attempt is external mental health services.	Cooperate across Trinity's student services to streamline, align and coordinate triage & referral processes for students encountering mental health difficulties. Strengthen referral pathways to mental health service providers external to Trinity.

Research limitations and caveats:

This is not a random sample study, but a "convenience sample" study where all students were invited to opt-in by email invite. Therefore, the results cannot be generalised to all Trinity students. All Trinity students were invited to participate and approximately 6% of the student body responded. It is likely that this 6% found the topics of suicide and self-harm to be more personally relevant than those who did not. The results presented here do not mean that 50% of Trinity students engage in self-harm, that nearly 50% of Trinity students have seriously thought of suicide, or that 14% of Trinity students have made a suicide attempt.

That said, the SHAPE data do evidence a vulnerable subset of the Trinity student body, and it can be inferred that at least:

- 650 students have engaged in self-harm behaviours
- 625 students have seriously considered suicide
- 182 students have made a suicide attempt

While these numbers may be even higher for the entire student body, on their own they are a call to action.

Key Findings Summary

- Self-harm was reported by 50% of the sample, suicidal thoughts by 48% and suicide attempts by 14%.

- LGBTQ+ participants were more likely to self-harm, have suicidal thoughts, have attempted suicide, and have lower self-esteem – this is in line with findings from other national and international studies and points to a need for continued targeted interventions for this population.

- Motivations for self-harm were more consistent with a 'cry of pain' model, (inward directed, intrapersonal reasons), rather than a 'cry for help', (externally directed motives to change someone else's behaviour).

- There may be a level of impulsivity associated with self-harm with most people thinking about it for less than a day before engaging in self-harm. This has implications for prevention and intervention. Less impulsivity is associated with suicide attempts with people thinking about it for longer. These findings are consistent with international research.

- Much suicidal behaviour is hidden with the majority not seeking help for self-harm (71%) or suicidal thoughts (60%), and only 52% seeking help for a suicide attempt. The most common reason for not seeking help for both self-harm and suicidal thoughts was that people did not perceive it as too bad a problem and were used to feeling like this. For suicide attempts, the focus was more on not wanting other people to know and not trusting the help source. Promisingly the least commonly endorsed reason across the 3 suicidal behaviour outcomes was 'it was too difficult to access supports', suggesting that students are aware of how to access supports.

- Where help is sought, informal sources of help are preferred which is in line with findings from other studies. The most consulted formal help sources were an external mental health service and external GPs.

- Common factors associated with all 3 suicidal behaviour outcomes were LGBTQ+ population, gender other than male or female, dissatisfaction with academic performance, registered with disability service for enduring mental health difficulties or multiple difficulties, drug use, poor social support and a perception of significantly worsened mental health as a result of COVID-19.

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