

MINISTÈRE DE L'ÉDUCATION

Enseignement supérieur

**Suicidal Ideation and Suicide Prevention in Universities:
A Description of the Services Available to Students**

Working Paper: Third Version

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1. Context

This document describes the services offered by Québec's universities to students experiencing suicidal ideation (i.e. potentially suicidal students). Interviews were held to gather descriptive data on the subject and on the organization of services (occurrence of problems, prevention, intervention, post-intervention). The data that follow describe the state of the situation in seven of Québec's 19 university institutions.¹ In the fall of 1998, these seven institutions accounted for 67% of all full-time and part-time university-level students in Québec. Six people responsible for student services or related services,² namely Louise Careau, Sylvie Corbeil, Mélanie Drew, Joan Lachance, Hélène Mousseau and Hélène Trifiro, were interviewed between September 24 and October 14, 1999. I would like to thank them most sincerely for their willingness to participate. I also thank the staff of the Ministère's Direction des services linguistiques and the Direction de la production en langue anglaise.

The data were gathered in the following context. In 1997, the suicide of a youth centre resident led to a study by the Association des centres jeunesse du Québec, the Collège des médecins du Québec and the Ombudsman. The ensuing report, submitted in April 1999, contained 24 recommendations.³ The Québec government had already adopted a public health policy concerning suicide in 1998.⁴ However, in 1999 the Ministère du Conseil exécutif decided to form a committee to see what action could be taken as follow-up to the 24 recommendations in the report. At its first meeting on September 10, 1999, the committee decided it would be relevant to obtain more information on the services available to young people in Québec's elementary-, secondary-, college- and university-level institutions.

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1. Concordia University, Université Laval, Université de Montréal and its affiliates, Université du Québec à Montréal and Université du Québec à Trois-Rivières.
 2. In this text, the term *related services* refers to the Centre d'écoute et de référence Halte Ami, a non-profit organization that has signed a memorandum of understanding with UQAM to offer services to the university's students.
 3. Association des Centres jeunesse du Québec, Collège des médecins du Québec, Protecteur du citoyen. *Le suicide chez les usagers des Centres jeunes: il est urgent d'agir* (Québec, 1999).

The Collège des médecins published a position statement entitled *Accessibilité des soins médicaux et psychiatriques pour la clientèle des adolescents*. It is available on the Internet at: <<http://www.cmq.org/m-publi.htm>>.

4. Québec, Ministère de la Santé et des Services sociaux, *Help for Life. Québec's Strategy for Preventing Suicide* (Québec: Gouvernement du Québec, 1998).

2. Problems

2.1 Suicidal ideation⁵

Suicidal ideation is common among French-speaking university students. This has been confirmed by three different surveys. In 1987, 19.9% of all students at the Université de Montréal said they had considered committing suicide at least once in their lives, and in eight cases out of ten they had a plan for doing so.⁶ In 1995, 26% of students at the Université du Québec à Montréal (UQAM) said they had considered committing suicide at least once in their lives. In eight cases out of ten, suicidal ideation occurred before the individual went to university, i.e. during adolescence.⁷ In addition, of the 26% that admitted to suicidal ideation, half (13%) had told someone else of their intention to commit suicide. In 1997, 20.8% of students at the Université de Montréal said they had considered ending their lives. The rates of suicidal ideation in the twelve months preceding two of the three surveys were 8.3% (1987) and 7.1% (1997). These rates are comparable to the suicidal ideation rates observed in 1992-1993 in the general public health survey carried out by the Ministère de la Santé et des Services sociaux. In the 15-24 age group, in the twelve months preceding the survey, the rate of suicidal ideation was 8% overall, and was slightly higher among women (8.4%) than among men (7.5%).⁸ According to a student survey carried out in 1987, suicidal ideation could persist for a few hours (30% of cases), a few days (25%), a week (14%) or a month or more (21%).⁹

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5. According to *Québec's Strategy for Preventing Suicide*, "Suicidal ideation includes behaviours that may be directly observed or heard and that imply that a person may plan to commit suicide, or behaviours that suggest such an intention, but that have not resulted in the fatal act." *Ibid.*, 10.
 6. Monique V.G. Morval and Louise Bouchard, *Enquête sur le vécu des étudiants et les comportements suicidaires à l'Université de Montréal*, Table de prévention du suicide de l'Université de Montréal (Montréal: Université de Montréal, Département de psychologie, 1987) 24.
 7. Brian L. Mishara, and Centre d'écoute et de référence halte ami, *Les tentatives de suicide, l'idéation suicidaire et les expériences de suicide des étudiants de l'UQAM: résultats d'un sondage en 1995-1996* (Montréal: Centre de recherche et d'intervention sur le suicide et l'euthanasie, UQAM, 1996).
 8. Québec, Ministère de la Santé et des Services sociaux, Direction de la santé publique, *S'entraider pour la vie. Proposition d'une stratégie québécoise d'actions face au suicide*, Consultation Document (Québec: Gouvernement du Québec, 1998).
 9. Morval and Bouchard, *Enquête sur le vécu*, 24.

2.2 Attempted suicides¹⁰

In two universities, with samples varying in size from 658 to 1073 individuals, the following results were obtained with regard to attempted suicides. In 1987, 6.9% of students at the Université de Montréal said they had attempted suicide at least once in their lives, compared with 4% of students at UQAM in 1995. In 1997, 5.3% of students at the Université de Montréal said they had attempted suicide at least once in their lives. These rates of attempted suicides are close to that observed in the 15-24 age group in 1992-1993, which was 6% for Québec as a whole (7.6% for women and 4.5% for men).¹¹

2.3 Suicides¹²

If the university population is exposed to the same risk of suicide as the 15-29 age group, this would mean, in terms of theoretical frequency, approximately forty suicides per year in Québec's nineteen university institutions (see Table 1, page 4).

Forty hypothetical deaths by suicide among students aged 29 or under is a lot. Based on the interviews, however, it is difficult to believe that the actual frequency is as high as this. If an individual talks about his or her suicidal thoughts, there is a strong chance that he or she will hear of and learn about the support available in the universities from a range of empathic, competent resources. However, the problem of suicide is somewhat more complex than the difference between rates of ideation and actual suicide.

10. "Attempted suicide occurs when a person exhibits a behaviour that puts his life in danger, with the real or seeming intention of taking his life or making people believe he means to take his life, but does not die." *Québec's Strategy for Preventing Suicide*, 10.

11. Québec, Ministère de la Santé et des Services sociaux, Direction de la santé publique, *S'entraider pour la vie. Proposition d'une stratégie québécoise d'actions face au suicide*, Consultation Document (Québec: Gouvernement du Québec, 1998).

12. "Suicide means death through a deliberate self-destructive act." *Québec's Strategy for Preventing Suicide*, 10.

Table 1 Estimate of the theoretical number of deaths by suicide in universities if the student population is exposed to the same risks as the 15-29 age group

Estimate method	Description	Age	Women	Men
a =	Rate of mortality by suicide for 100 000 people Québec, 1993-1995 (*)	15-19	6.3	33.5
		20-24	6.9	45.4
		25-29	6.1	36.9
b =	Québec residents enrolled full time or part time in a university Fall 1997 (**)	15-19	6 184	10 018
		20-24	41 545	55 369
		25-29	18 491	21 023
c = $\frac{b \times a}{100\ 000}$	Theoretical number of deaths by suicide in universities, if the university population behaves in the same way as the young people observed in the period 1993-1995	15-19	0.4	3.4
		20-24	2.9	25.1
		25-29	1.1	7.8
Total for 15 to 29 yrs		40.7	4.4	36.3

* Québec, *Help for Life*, 16.

** Ministère de l'Éducation, Direction des Statistiques et des études quantitatives, *Statistiques de l'éducation. Enseignement primaire, secondaire, collégial universitaire*, Édition 1999 (Québec: Gouvernement du Québec 1999).

2.4 Stress and psychological distress in Québec and elsewhere

The pressure of having to achieve standards perceived as high can induce significant levels of stress in many university students. This stress, combined with other factors and personal circumstances, can generate various forms of psychological distress, including mild depression, attempted suicide, deep depression and suicide.¹³ At Harvard University,

13. STRESS: "Every time a new situation emerges, . . . every time there is frustration, . . . every time there is significant uncertainty or, at the opposite end of the scale, desperate certainty, the amounts of cortisol secreted illustrate the level of stress. . . . Lastly, social factors are a key determinant of cortisol rates." (Free translation) Jean-Didier Vincent. *Biologie des passions* (Paris: Éditions Odile Jacob, 1986, 347).

MILD DEPRESSION: "Some time ago, I treated a psychologist. *A priori*, his only reason for coming to see me was to learn the bio-energy approach to emotional problems. . . .

One day, when the therapy was well underway, he said, "I believe I have overcome my depression. . . ." This remark was a surprise to me. . . . In many respects, he seemed to live life to the full. Anyone would have considered him to be normal.

the suicide of a Chinese student enrolled in the first year of a doctoral program (GE Hailei, November 1997), followed by the highly publicized suicide of a student enrolled in the fifth year of another doctoral program (Janson D. Altom, August 1998), provoked a process of reflection on campus. Harvard University modified its policies governing the management of educational paths in its advanced cycles. The Harvard Graduate Student Council is still gathering comments from its members, with a view to improving the situation.¹⁴ Psychological distress was also observed among students by Lucie Lavoie, Ombudsman at Université Laval:

I was troubled by the number of people, especially students, grappling with sometimes alarming levels of psychological distress. The demands related to studying, the sometimes obsessive quest for exceptional performance and the newness of the environment undoubtedly explain the phenomenon to some extent. In any case, I have received far too many fragile, profoundly anxious students. . . .

Beyond the official mechanisms, however, I felt it was vital to invite the teaching staff and administrative staff to pay greater attention to the specific needs of certain students by seeking to detect indicators of greater distress.¹⁵
(Free translation)

The next section of this document provides a brief description of the services available to potentially suicidal students.

Yet, his vitality and his emotional responsiveness were dulled. Georges had a heavy heart, lacked enthusiasm, felt trapped and carried too heavy a burden on his shoulders. His depression was not severe enough to be a serious handicap, and yet it was still a depression. Indeed, this is the most common form.” (Free translation) Alexander Lowen, *La dépression nerveuse et le corps* (Montréal: Éditions France-Amérique, 1985, 25).

DEPRESSION: “The release of cortisol sanctions the individual’s inability to react immediately—his or her acceptance of defeat. . . . Does cortisol therefore have the sad privilege of signifying depression in the body? The interpretation is flawed in that depression and resignation are not always the expression of an existential loss, but simply the best way of surviving when faced with evidence of the loss or failure.” (Free translation) Jean-Didier Vincent, *Biologie des passions* (Paris: Éditions Odile Jacob, 1986) 346-347.

RELEASE OF DEPRESSION: “The release of depression does not trigger non-stop laughter or an absence of suffering, but a new vitality—in other words, the freedom to experience spontaneous feelings.” (Free translation) Alice MILLER. *Le drame de l’enfant doué. À la recherche du vrai soi* (Paris: Presses Universitaires de France, 1983) 72.

14. <<http://www.hcs.harvard.edu/~gsc/issues/advising>>

15. Lucie Lavoie, “À l’heure de la solidarité.” From the Ombudsman’s 1998-1999 annual report, *Au Fil des Événements* (Québec: Université Laval, September 9, 1999) 15.

3. Description of services available to students experiencing suicidal ideation

3.1 Emergency policies

a) Psychological counselling services

In all the universities contacted by the author, whether French-speaking or English-speaking, their psychological counselling services or related services have adopted an emergency policy that allows them to give immediate attention to individuals whose behaviour falls within the “emergency” criteria. Such policies are effective, enabling urgent cases to circumvent waiting lists and allowing other, planned interviews to go ahead normally. In the early fall of 1999, thanks to the existence of emergency policies, the psychological counselling services were able to see at least three people experiencing suicidal ideation or suicidal thoughts. Prior to the mid-term examinations, the waiting lists for appointments varied from one week for a summary needs evaluation to three weeks for an initial interview. At other times of the year (e.g. February), the waiting list can sometimes exceed seven weeks. In some cases, individuals who feel that the two-week waiting period is too long may talk to trained volunteers.

b) Security services

Three universities, in their suicide information leaflets, list a single telephone number that gives access to their own security services and the ambulance and police services. This information may be important, since the first few minutes after a violent trauma (accident, attempted suicide, etc.) are often decisive in saving the person’s life. Another university gives its own security service telephone number alongside the 911 listing.

3.2 Awareness-raising and prevention activities

a) Advertising of services

All the universities have publications describing their student services. These publications are easy to obtain, and give details of the institutions’ suicide prevention services.

b) Information counters and listening/referral services

Many information counters and travelling kiosks are set up in the universities every year, and they address a wide range of subjects, including suicide. The information distributed usually includes a complete list of the indicators of suicide (defined as a process), a list of the myths surrounding the subject of suicide, and the types of questions to ask of an individual experiencing suicidal thoughts. In addition, the literature also discusses what

not to do (e.g. agreeing to keep a potential suicide secret) and what to do when necessary (e.g. guiding a suicidal individual towards other services within the university).

In some universities where suicide prevention services have been available for more than fifteen years, information counters offer on-site listening and referral services run by specially trained volunteers. This enables them to provide follow-up to the questions generated by their awareness-raising activities.

There is also a screening project designed to detect signs of depression by means of a short questionnaire completed on a voluntary basis. The answers are interpreted in the presence of the respondent by local community service centre staff, who are then able to provide appropriate follow-up.

Two universities also offer Internet access to information on depression and suicide.¹⁶

c) Classrooms and teaching staff

With the consent of the teacher, department head or program director, the student services staff can often visit the classroom to inform students about the available resources. In some cases, basic information is given in the space of five or ten minutes to half the university's newly enrolled students, while in other cases the institution offers a three-hour seminar during class time to groups of several hundred students, giving basic training in the signs of suicidal behaviour and the questions to ask of individuals exhibiting these signs. The teachers support such initiatives, and the students appreciate them.

A survey of teachers at the Université du Montréal in the early 1990s found that 16.7% of respondents had encountered suicidal behaviour during their teaching careers. They had observed several signs of distress among their students. "The professors and researchers were struck in particular by depressive manifestations and changes in academic performance. Relationship problems with one or more teachers or with other students also attracted their attention . . . They were able to detect overstress. On many occasions they heard somatic complaints, and if our results are to be believed, 22 had been informed verbally or in writing of a student's intention to commit suicide. It is therefore clear that our respondents did in fact perceive indicators of suicide."¹⁷ (Free translation)

16. Le Centre d'écoute et de référence Halte Ami <<http://www.unites.uqam.ca/ecoute/suicide>> and Concordia University <<http://cdev.concordia.ca/CnD/psych/faq.html>>. After reaching the Concordia site, click on *Personal and Psychological Counselling*, *Most Frequently Asked Questions* and *The Student Counselling Virtual Pamphlet Collection*. The collection is updated by the University of Chicago's Psychological Counselling Service.

17. Monique V.G. Morval and Diane Petit, *Enquête sur les perceptions des professeurs de l'Université de Montréal concernant le suicide chez les étudiants* (Montréal: Université de Montréal, Département de psychologie, 1990) 27-29.

d) Student residences

In many universities, trained students (peers) living in the residences are able to intervene with potentially suicidal individuals or suicidal crises. After a special training course, such students either become volunteers or are employed on a casual basis by the institution.

e) Administrative staff

Two universities systematically list all the services available to students, along with their roles in life promotion, suicide prevention, intervention and post-intervention. This form of role planning suggests that the administrative personnel of these universities are committed and in a position to take useful action and planned action against suicide.

For example, one university lists 23 services capable of taking preventive action.¹⁸

3.3 Training activities and interventions

a) Workshops

The psychological counselling or related services offer training workshops open to all students. Some of these workshops are very popular, especially those that address self-esteem, self-confidence, interpersonal conflict resolution and ways of improving academic success.

b) Peer counselling and volunteer training

Many peer groups already exist on university campuses, usually for educational purposes (tutoring programs, for example), but often for community purposes too (promotion of physical health, peer counselling, suicide prevention).

In the latter case, volunteer training is part of a community action approach based on the values of solidarity and compassion. Suicide training provides information designed to counter the prejudices and myths surrounding the subject of suicide. Role-playing allows participants to understand how emotions can direct behaviour even after the myths have been dispelled. Training based on role-playing enhances the participants' critical

18. Services for Disabled Students, Foreign Student Office, Registrar's Office, Sexual Harassment Intervention Centre, Sports Medicine Clinic, Physiotherapy Clinic, Medical Clinic, Student Affairs Coordinator, Daycare, Ombudsman, Counselling and Development Services, Campus Ministry, Placement Service, Security and Prevention Services, Social and Cultural Activities Services, Sporting Activities Service, Student Grants and Financial Assistance Services, Residence Service, legal aid, student associations, credit union, Advocacy and Support Services, advertising.

capacities as well as their self-knowledge. Volunteers are trained to intervene in suicides and are able to provide listening and referral services. Training courses usually last fifteen hours.

c) Counselling

In universities, psychological counselling services are usually based on one of two models.

In the first case, the university offers reception, evaluation and referral services. At the initial interview the individual's needs are assessed and he or she is referred to a guidance counsellor or psychologist in private practice. The university pays part of the cost, up to a maximum of fifteen appointments. If further treatment is required at that point, ways are sought to enable the student to continue. In the second case, the university offers internal counselling services. The number of sessions varies from one to twelve or even fifteen. If further treatment is required, the university examines the possibility of continuing the process using outside resources.

If we look at the length of a university term, twelve or fifteen sessions may seem a lot. However, if we look at the length of a student's life history, this same number seems clearly insufficient. A clinical researcher also points out that it is a mistake to think that short-term approaches will solve every problem. Based on our interviews, it is clear that a large percentage of students need support over a long period. In four universities, between 2.4% and 3% of the students enrolled on a full-time and part-time basis in 1998 had undergone at least one psychological counselling session. If only full-time students are considered, the figures rise to between 3.8% and 4%.

3.4 Post-intervention activities

All the universities offer post-intervention services and assign people to be responsible for them. They deal with a variety of situations. For example, a relative may commit suicide, a support staff member may go to the site of a suicide, or a student association may ask for services following the suicide of a classmate.

From the institutional policy standpoint, there appears to be a tendency to codify the potential reactions to a death. In one of the universities studied, a service proposed a post-intervention protocol to the Security Services and Student Services, to allow for coordination of actions following a suicide or attempted suicide. In another university, the institutional policy specifically says what actions the university staff members must take following the death of a student due to illness, accident or suicide. This six-page policy states which staff members are involved and addresses subjects relevant to suicide, including post-intervention services for family members and close friends, and the documents to be submitted to the deceased's estate.

4. The universities and *Québec's Strategy for Preventing Suicide*

The data show that the university community is organized to prevent suicides. Although some students may have experienced suicidal thoughts before going to university, or may even have attempted suicide in the recent past, there is every reason to believe that the services offered by the universities will enable them to progress as they would wish with their life's projects. Given the exploratory nature of the study and its short time frame, it is useful here to give some additional information on the limits of the investigation.

First, all the universities maintain functional links with resources outside the university community (hospitals, local community service centres, suicide prevention centres and so on). We have not attempted to describe these resources here. Second, not all the universities have the same organizational culture. In some cases, protocols may be codified, while in others volunteer services are the norm. In one case, priority has been given to the development of professional services. Data collection was limited to profiling the current situation, and no attempt was made to judge the adequacy of the resources for the institution's needs, the number of programs or their results. Lastly, the student associations and teachers' federations were not approached, even though they play a role in suicide prevention in universities. A summary of the interviews by institution appears in the appendix to this document.

The data nevertheless allow us to compare the situation in the universities with that advocated in the seven objectives of *Québec's Strategy for Preventing Suicide*,¹⁹ namely:

- ◇ Provide and consolidate essential services and put an end to the isolation of caseworkers
- ◇ Increase professional skills
- ◇ Intervene with groups at risk
- ◇ Foster promotion-prevention programs among young people
- ◇ Reduce access to and minimize risks associated with the means of suicide
- ◇ Counter the image of suicide as a part of everyday life, and avoid dramatizing it
- ◇ Intensify and diversify research

Four of these seven objectives are of concern to the university community.

4.1 Providing and consolidating essential services and putting an end to the isolation of caseworkers

The data show that the universities offer a range of essential professional services through their Student Services departments. In particular, their psychological counselling or related services play a vital role in suicidal crisis situations²⁰ and post-intervention

19. Ministère de la Santé, *Help for Life*, 32.

20. The Centre d'écoute et de référence Halte Ami evaluates risks and directs individuals to outside resources where necessary.

activities. The existence and duration of waiting lists can certainly be criticized. However, this is something that affects all student services whose funding depends on a variety of related factors such as public funding for universities, student dues and insurance policies taken out by students or their parents.

In addition, in some institutions community groups composed of volunteers or peer counsellors provide prevention, listening and referral services directly related to the problem of suicide. Such services are not available in all universities, and deserve to be promoted. *Québec's Strategy for Preventing Suicide* states that "Intervention can rely on regular professional services without depending on them entirely."²¹ The Ministère de l'Éducation could provide a form of financial support for the introduction of such initiatives, based on certain conditions that will be outlined later in this document.

Lastly, and also according to the data, we know that the universities are in contact with resources in the health and social services community. For example, in one region a round table has been created, composed of university, college and suicide prevention centre representatives.²² In another region, personal contacts have been forged between a university and the emergency services of a nearby hospital. Indeed, in one case this relationship allowed the hospital emergency room to provide care that the university's own health services were unable to give. A telephone call was made, the situation was addressed immediately and the individual did not have to wait.

4.2 Increasing professional skills

The skills improvement objective is directly relevant to the universities. From an educational point of view, it involves program content, while from an organizational point of view, it involves the services available to students. In this latter respect, *Québec's Strategy for Preventing Suicide* recommends that front-line resources such as teachers "must acquire the skill necessary to detect depressive states, the disorders associated with them, and their signs."²³ University teachers are receptive to student service initiatives that use classroom time to present the services available to students. In some institutions, the members of the administrative and teaching staff are also informed explicitly of the problem of suicide. However, as pointed out by the Université Laval Ombudsman, much still remains to be done to make the administrative and teaching personnel more empathic towards individuals who are vulnerable to stress or other types of psychological distress, in terms of their willingness to listen, compassion and tolerance. The Ministère de l'Éducation could provide special financial support to promote this type of initiative.

21. Ministère de la Santé, *Help for Life*, 33.

22. The following Web site lists all Québec's suicide prevention centres, with telephone numbers: <<http://www.siec.ca/provinces/quebec.htm>>.

23. Ministère de la Santé, *Help for Life*, 37.

4.3 Fostering promotion-prevention programs among young people

Québec's Strategy for Preventing Suicide addresses this issue from two standpoints. First, schools, in their educational programs, can ensure that their students acquire personal and social skills such as “problem solving, conflict management and self-esteem.”²⁴ We saw earlier that the training seminars offered by psychological counselling services are popular among students. Similarly, university management could promote peer counselling. Such services exist to differing degrees in some but not all of Québec's universities.

4.4 Intensifying and diversifying research

Between 1991 and 1995, some \$500 000 was invested in Québec in suicide research. For the period 1998-2002, it is proposed in the *Strategy* that a further \$2 000 000, or \$400 000 per year, will be available for research. It also expresses the hope that the Conseil québécois de recherche sociale (Québec's social research centre, known by its French acronym CQRS) and the Fonds de recherche en santé du Québec (Québec's health research fund, known by its French acronym FRSQ) will harmonize the management of funding given to this type of project.

In addition to the monies invested in research, and based on the *Strategy's* initial plan, the Ministère de la Santé et des Services sociaux has invested a non-recurrent amount of \$859 000 over three years in the health and social services network²⁵ to help achieve the objectives set for the period 1998-2000. This is the equivalent of \$286 000 per year. At the same time, a recurrent annual amount of \$3.5 million is invested in front-line services, mainly in the form of telephone services that are available 24 hours a day, seven days a week, in every region of Québec. The funds are intended for the suicide prevention centres.

These data are useful in helping to establish the type of financial support the Ministère de l'Éducation could give to the universities to help them promote or enhance initiatives aimed at achieving the goals set in the *Strategy*.

4.5 Financial support available to universities from the Ministère de l'Éducation

For a period of three years, the Ministère de l'Éducation could make available a sum of between \$500 and \$7 000 to the student services department of every university. The overall amount could be calculated based on the number of full-time equivalent (FTE) students in the university. The money would be used exclusively to promote the quality of life on campus and prevent suicide, in particular by raising awareness among the teaching and administrative staff, training volunteers and offering peer counselling services. A similar amount would be paid every year for the three-year period. At the

24. Ibid., 42

25. Ibid., 50 and 57.

end of the period, the services concerned would produce and submit a report of their activities.

Given Québec's total of 19 universities and the size of its student population, the Ministère de l'Éducation would have to invest \$50 000 per year for a three-year period in order to promote the quality of life on campus and prevent different forms of psychological distress, including suicide. This amount is amply justified below. First, the need clearly exists. University psychological counselling services have long waiting lists. Students attend university for a period of between three and six years when they study to the master's level, and sometimes for a further six years when they change universities to continue their studies at the doctoral level. Awareness-raising among teaching and administrative staff, peer counselling and volunteer training are front-line resources in universities, and could be developed to a much greater degree.

The following table summarizes the financial commitments on an annualized basis.

Summary of suicide-related commitments	Annualized amount
Front-line services (annual recurrent amount)	\$3 500 000
Research (1998-2002)	\$400 000
Ministère de la Santé et des Services sociaux (1998-2000)	\$286 000
MEQ – university-level intervention (June 2000 to May 2003)	\$50 000

5. Conclusion

In the period 1987 to 1997, between 20% and 26% of students in French-speaking universities considered suicide at least once in their lives. In the twelve months preceding three surveys, two involving students and one involving the population as a whole (the 1992-1993 public health survey), a suicidal ideation rate of around 8% was observed. In this twelve-month period, the experience of French-speaking students was similar to that of the 15-24 age group in general. The percentage of students who had attempted suicide at least once varied between 4% and 6.9% in the universities, compared with 6% for the 15-24 age group as a whole in Québec. For this latter group, attempted suicides were more common among women (7.6%) than among men (4.5%). An explanatory as opposed to descriptive study would be required to establish whether the chronological decreases in the percentage of suicidal ideation in the twelve months preceding the surveys (8.3% in 1987, 8% in 1992-1993 and 7.1% in 1997) reflects a decline in the phenomenon itself, or simply a variation in the measuring instruments used (based on the characteristics of the questions and samples).

In addition, according to the data gathered in interviews, the university community is organized to prevent suicide. In particular, professional services are available for suicidal crises or actual suicides. Suicide prevention activities also exist, although to differing degrees. Peer counselling and volunteer training could be enhanced or combined with awareness-raising activities (information centres, travelling kiosks, etc.). According to the goals set out in *Québec's Strategy for Preventing Suicide*, awareness-raising for

administrative and teaching staff could be improved. Generally speaking, the existence of long waiting lists for psychological counselling services is unfortunate. However, it is a situation that exists in all students services whose funding depends on other related factors such as public funding for universities, student dues and insurance policies taken out by students or their parents.

Appendix 1 Summary of Interviews by Institution

1999 09 24 Université du Québec à Montréal
1999 10 04 Université Laval
1999 10 08 Université de Montréal and its affiliates
1999 10 12 Université du Québec à Trois-Rivières
1999 10 14 Concordia University

Each summary is spread over two pages.

<i>Services offered by the university to students experiencing suicidal ideation</i>
<p>Institution</p> <p>Université du Québec à Montréal (UQAM) 35 511 students in the 1998 fall term.</p>
<p>Services</p> <p>Centre d'écoute et de référence Halte Ami A non-profit listening and referral organization linked to UQAM by a memorandum of understanding. Six permanent part-time employees and 100 volunteers work at the Centre, which has been in operation for the last thirteen years. Its philosophy is to provide immediate assistance through a peer counselling chain.</p>
<p>Advertising of services</p> <p>In the fall of 1999, 50% of newly enrolled students at UQAM heard a four to five minute message in the classroom describing the services available at the Centre, including those related to suicide. Advertisements in the university's calendar also encourage students to use the Centre. Posters in strategic locations remind students of the services offered by the Centre.</p>
<p>Awareness-raising activities</p> <p>Every year, psychosocial prevention activities with information kiosks are held over a period of several weeks on six different themes, including suicide. These activities reach around 12 000 people.</p>
<p>Listening and intervention</p> <p>Around eight people per day use the listening service. Interviews are free and no appointment is required. Users are divided as follows: women (54%), men (46%). The Centre welcomed around 6 000 people to its offices in 1998-1999. Of these, 1 015 were interviewed (students, workers, job seekers).</p>
<p>Information and referrals</p> <p>The Centre publishes a range of information leaflets and directs students to other internal and external resources as required. Internal services include the student instructors' program, the learning assistance program, the psychological service centre, etc., while external services include Suicide-Action Montréal, the local community service centres and others.</p>

<i>Services offered by the university to students experiencing suicidal ideation UQAM (cont.)</i>	
Training	
Volunteers receive 60 hours of training in helping relationships, including 15 hours devoted to suicidal crisis interventions. The role of the volunteers is to tell the peers and friends of a potentially suicidal person how to verify the person's intentions by means of specially formulated questions, how to intervene directly with suicidal individuals, and how to direct them to the Centre's volunteers if the situation is too difficult. If necessary (life-threatening situations), the Centre calls on external resources. Information on student employment and workshops is available to students who wish to work as teachers, social workers or psychologists.	
Post-intervention	
Some student associations have asked the Centre to provide post-intervention services following student suicides. The Centre has proposed an intervention protocol for attempted suicides and suicides, and discussions are currently underway with the university's security service and student services.	
Funding	
Multiple: Regional health board, donations, UQAM, etc.	
Related Internet sites	
➤ Intervention	< http://www.unites.uqam.ca/ecoute/suicide >
➤ Research	< http://www.unites.uqam.ca/sirp/experts/10242.html >

Interview held on September 24, 1999. Resource person: H  l  ne Mousseau, head of services and prevention, Centre d'  coute et de r  f  rence Halte Ami.

Services offered by the university to students experiencing suicidal ideation

Institution

Université Laval
34 858 students in the 1998 fall term.

Services

Guidance and counselling service

The Service comprises seven psychologists, two of whom work part-time, and nine guidance counsellors. Its philosophy is to promote life, and it also offers a suicide prevention component.

Advertising of services

At the beginning of the new school year in the fall of 1999, some 16 000 people attended *Rendez-vous Laval*, where they could visit kiosks distributing information on the services available at the university. The guidance and counselling service presented three information leaflets related to suicide.

Awareness-raising activities

The suicide prevention committee was created in 1998, and is composed of two students, two employees from the guidance and counselling service, one person from the Security and Prevention Service, one person from the campus ministry, one department head, one member of the university's professional staff, one professor active in suicide research, one person responsible for helping relationships from the residential service, and one person from Québec City's Centre de prévention du suicide (suicide prevention centre). The committee covers all aspects of suicide (promotion of life, prevention, intervention and post-intervention for suicides).

Listening and intervention

The guidance and counselling service has established an emergency policy under which one of its resource people is available for a period of one hour, every weekday. For non-urgent situations, the waiting list for appointments varies from one to two weeks. Interviews are free, i.e. they are paid in advance out of student dues collected on enrollment, and from other sources of funding.

The suicide prevention committee's working plan provides for training of peer support workers ("gatekeepers"), awareness-raising activities and a telephone distress line that is available 24 hours a day, seven days a week.

***Services offered by the university to students experiencing suicidal ideation
Université Laval (cont.)***

Information and referrals

The guidance and counselling service is represented on a regional round table on suicide, which brings together several colleges from the Québec City region, as well as Université Laval and the suicide prevention centre. In the relatively near future, this service intends to maximize the use of external resources such as hospitals, local community service centres and so on.

Training

Peers receive training based on the policies adopted by the suicide prevention committee.

Post-intervention

Employees of the security and prevention service have asked for post-intervention services, and students have made similar requests. A sub-committee of the suicide prevention committee will be responsible for preparing and applying the post-intervention protocol.

Funding

Student dues and the MEQ student life subsidies.

Related Internet sites

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Intervention ➤ Research | <ul style="list-style-type: none"> <http://www.ae.vraae.ulaval.ca/sorc/sorc.html> <http://www.crsc.ulaval.ca/Bienvenu.HTM> |
|--|--|

Interview held on October 4, 1999. Resource person: Louise Careau, psychologist, guidance and counselling service.

Services offered by the university to students experiencing suicidal ideation

Institutions

Université de Montréal and its affiliates

In the 1998 fall term, 46 491 students, including 31 883 at the Université de Montréal, 9 633 at HEC and 4 975 at the École Polytechnique.

Services

Guidance and psychological counselling service (known by its French acronym SOCP)

This service has three permanent employees and 27 casual employees for psychological counselling, together with one permanent employee and ten casual employees for guidance. It offers a range of services, some related to academic success and personal skills (including self-esteem and self-confidence) and others related to suicide (counselling and post-intervention activities).

Humanitarian and community action service

This service promotes peer counselling and quality of life. It has two permanent employees and one half-time casual employee who coordinate the organization's activities, including the listening and referral service with specially trained volunteers, and the suicide prevention table created in 1983.

Suicide prevention table

The table offers awareness-raising and prevention services using specially trained volunteers. A part-time casual employee oversees operations and the table has between 20 and 60 volunteers, depending on the year. Resource people living in the student residences promote peer counselling as casual employees.

Advertising of services

The entire university community is informed of these services by means of posters and the publication *Fureteur*, available throughout the campus.

Awareness-raising activities

The suicide prevention table offers travelling kiosks from September to March, together with listening and referral services (between 1 000 and 1 500 people served). Three-hour awareness-raising workshops are also offered in the classrooms, and the teaching staff supports such initiatives (1 000 people served). The workshops provide information on the services available at the university, its peer counselling philosophy and questions to be asked of individuals who may be contemplating suicide.

<i>Services offered by the university to students experiencing suicidal ideation Université de Montréal and its affiliates (cont.)</i>	
Listening and intervention	
The SOCP has established an emergency policy which provides for one of its resource people to be on call every day. In the space of one week before the mid-term examinations, four emergencies were treated, two involving suicidal ideation. For less urgent matters, the waiting list for an appointment is three weeks. In 1998-1999, 1 100 people used the services and some 10 000 counselling sessions took place. Interviews are not free: a minimal fee of \$10 is reimbursed by the student's insurance plan.	
Information and referrals	
The suicide prevention table publishes a leaflet giving complete contact information for a range of services available inside and outside the university.	
Training	
Volunteer training lasts 15 hours.	
Post-intervention	
Post-intervention services are offered by SOCP in conjunction with the person responsible for the suicide prevention table.	
Funding	
The university budget, the MEQ student life subsidy and user fees.	
Related Internet sites	
➤ Intervention	< http://www.serdahc.uMontréal.ca/suicide.htm - ateliers >

Interview held on October 8, 1999. Resource people: Sylvie Corbeil, psychologist, suicide prevention table; Hélène Trifiro, assistant to the director, SOCP.

<i>Services offered by the university to students experiencing suicidal ideation</i>
<p>Institution</p> <p>Université du Québec à Trois-Rivières (UQTR) 9 784 students in the 1998 fall term.</p>
<p>Services</p> <p><i>Psychological counselling and educational guidance services</i> These services are dispensed by a psychologist, a guidance counsellor, two educational counsellors and two psychology trainees (part-time employees). Their goal is to receive students and make a summary assessment of their needs before directing them to outside resources (psychologists or guidance counsellors).</p>
<p>Advertising of services</p> <p>These services were introduced just three years ago. Around half of all newly enrolled students are informed of their existence in the classroom by the psychologist; the other half receive the same information from their program directors. Newly enrolled students are also informed of the services available to help them manage their educational success, as well as stress, anxiety and other forms of distress.</p>
<p>Awareness-raising activities</p> <p>The psychological counselling service does not have any specific suicide awareness-raising activities.</p>
<p>Listening and intervention</p> <p>The personnel dispensing the counselling services have set aside one hour each day for dealing with emergencies. The waiting time for a summary needs assessment is one week. When an appointment is required with an outside resource person and the student does not have insurance, the cost of the service is shared by the student and the university. Individuals with insurance pay the entire fee. The maximum fee for an interview is \$40.</p>
<p>Information and referrals</p> <p>For the psychological counselling and career guidance components, 409 evaluations led to 300 outside appointments, 210 with psychologists and 90 with guidance counsellors. There are no specific information counters for internal or external resources related to suicide.</p>

<i>Services offered by the university to students experiencing suicidal ideation UQTR (cont.)</i>	
Training	
The UQTR currently does not have a volunteer training program or a peer counselling network for suicide prevention or interventions. Priority has been given to the organization of professional services in the next three years.	
Post-intervention	
Post-intervention services are available from a specially designated person.	
Funding	
The university budget and student fees.	
Related Internet sites	
➤ Intervention	< http://www.uqtr.quebec.ca/setu/ - a08 >
➤ Research	< http://www.uqtr.quebec.ca/psycho/Les_professeurs/Labelle/c_labelle.htm >

Interview October 12, 1999. Resource person: Joan Lachance, psychologist, psychological counselling and educational guidance service.

<i>Services offered by the university to students experiencing suicidal ideation</i>
<p>Institution</p> <p>Concordia University 23 655 students in the 1998 fall term.</p>
<p>Services</p> <p>A number of services are available, under the leadership of the Campus Life Director.</p> <p><i>Counselling and Development</i> This service is provided by twelve counsellors and psychologists, who offer up to fifteen counselling sessions before directing the individual to an outside resource person. All these employees are trained to intervene in suicide-related crises.</p> <p><i>Health Services</i> This has one nurse psychotherapist and three psychiatrists (all part-time) who deal with potentially suicidal individuals. Peer counsellors living in the student residences are also trained to intervene in suicide-related crises.</p> <p><i>Centre for Native Students, Campus Ministry and the Peer Support Program</i> These units also offer listening and referral services for students. The Peer Support Program depends on the commitment of the students themselves.</p>
<p>Advertising of services</p> <p>The entire university community is informed of these services by a publication entitled <i>Explore Student Services</i>.</p>
<p>Awareness-raising activities</p> <p>Every week, Health Services sets up information kiosks on different subjects, including suicide. The Counselling and Development Service offers awareness-raising workshops, a newsletter and community activities.</p>

<i>Services offered by the university to students experiencing suicidal ideation Concordia University (cont.)</i>	
Listening and intervention	
The Counselling and Development Service has established an emergency policy to be implemented immediately in suicide-related emergencies, with appropriate follow-up for families and hospitals. The Peer Health Education Program also offers listening and intervention services. Health Service consultations are readily available and free—in other words, they are paid in advance from student dues. Peer counsellors contact the Health Services whenever they identify a potentially suicidal individual.	
Information and referrals	
Information kiosks and leaflets are occasionally available on subjects such as stress, depression and seasonal affective disorder. A list of suicide-related resources inside and outside the university is available. Health Services, in conjunction with the Counselling and Development Service, will be taking part in Depression Screening Day, an activity managed by the CLSC Métro (a local community service centre).	
Training	
Health Services has created a volunteer training program designed to ensure health and well-being on campus (Peer Health Educators). In addition, Health Services works with Suicide-Action Montréal to train peer counsellors in student residences.	
Post-intervention	
Concordia University has adopted a policy governing the action to be taken by university staff upon the death of a student due to disease, accident or suicide. The policy sets out certain guidelines that address a wide range of subjects, including the documents to be transmitted to the person's estate and the post-intervention services available to friends and family members. It is revised every year.	
Funding	
Mostly from student dues.	
Related Internet sites	
➤ Intervention	< http://www-health.concordia.ca/health/services/psyc.htm >
➤ On-line information	< http://cdev.concordia.ca/CnD/cndstart.html >

Interview held on October 14, 1999. Resource person: Mélanie Drew, Director, Health Services.

Appendix 2 Documentation Presented at the Interviews

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