



# The Ethical Dilemmas of College Student Suicide

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## Goals

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- To provide a brief overview of the kind of ethical dilemmas that arise in the context of suicidality in colleges
- Intent is to highlight the issues, not to provide a complete analysis or the “right” answers



## Why Are Responses to Suicidality Ethically Fraught?

- Interventions often pit colleges' paternalism against students' autonomy
- Interests of colleges and students may not be perfectly aligned—colleges have strong interest in preventing suicide on campus, which could conflict with doing what's best for students
- Stakes are very high for everyone concerned



## Areas of Ethical Concern - 1

- Responding to suicidality
  - Mandatory vs. voluntary interventions
  - Suicidality as grounds for suspension
  - Disclosure of students' suicidality to parents and administrators



## Areas of Ethical Concern - 2

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- Preventing suicide
  - To screen or not to screen?
  - Effects of prevention policies on college life
  - Adequacy of mental health services for students



## Responding to Suicidality

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- A paradigmatic case: Students in a dormitory report to the resident assistant that one of their colleagues appears to be depressed and stayed up all night talking vaguely about how life doesn't seem worth living. Per college policy, the dean of students is notified. What ethical issues do colleges face at this point?



## Mandatory vs. Voluntary Interventions - 1

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- In other settings, vague talk that may reflect suicidal ideation may lead to suggestions for a mental health evaluation, but some colleges now require evaluation and treatment of “suicidal” students.
- Widely heralded Univ. of Illinois program: 4 mandatory visits, if student wants to stay in school. Claims 100% success rate.



## Mandatory vs. Voluntary Interventions - 2

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- But coercing students who don't meet state criteria for involuntary commitment to talk about their problems can be viewed as a significant intrusion on their privacy and autonomy.
- Negative effects may include stigmatization within the college community (hard to keep secrets in closed community) and the creation of a mental health record.



## Mandatory vs. Voluntary Interventions - 3

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- Many of those identified as suicidal may be false positives, I.e., students whose behavior is misinterpreted as reflecting suicidality
- Do high “success” rates merely reflect low risk in this population?
- Where do colleges derive the right to lower the threshold for coercion in this way?



## Suicidality as Grounds for Suspension -1

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- Some colleges now require students who threaten or attempt suicide to take a mandatory leave of absence for at least the rest of the semester.
- Common justification is that students will benefit from removal from pressured campus environment.



## Suicidality as Grounds for Suspension -2

- But mandatory leave takes students away from their support system, and may leave them with the sense of having “failed.”
- 1968 data from Harvard indicate that 42% of suicide attempters were able to return to school after short stay in on-campus infirmary, without interruption of their studies. (Blaine and Carmen)



## Suicidality as Grounds for Suspension -3

- Moreover, threat of suspension may dissuade students from seeking help, or their fellow students from telling others.
- Some charge that colleges are less concerned with whether students commit suicide than with whether suicides occur on campus. Whose interests are served by mandatory leave policies, the student's or the college's?



## Disclosure of Students' Suicidality - 1

- When, if ever, should colleges disclose students' suicidality to parents?
  - Most students over 18, would ordinarily have the right to control release of health information, FERPA may also apply.
  - Emergencies may constitute an exception, if disclosure could be helpful
  - Do parents have a more generalized "right to know?" (e.g., Shin case)



## Disclosure of Students' Suicidality - 2

- When should mental health professionals share information with college administrators?
  - Barriers seem to have been porous in past; may be somewhat tighter now (HIPAA)
  - Disclosure may be necessary when emergency leave required
  - Informal contacts may result in pressure to talk "off the record"



## Disclosure of Students' Suicidality - 3

- Related question: What role should mental health professionals play in readmission decisions?
  - Now often asked to evaluate student on return from leave
  - Would appear to be classic dual-role situation with conflict of allegiance between college and patient
  - Probably preferable to have outside evaluation



## Preventing Suicide

- Policies, not just individual actions, can have ethical implications
- What dilemmas will administrators confront as they try to develop campus-based approaches to preventing suicides?





## To Screen or Not to Screen?

- Colleges are said to be reluctant to screen for depression/suicidality in the belief that knowing a student needs help will create a risk of liability in the event of a suicide.
- AFSP has developed anonymous web-based screening tools in response
- But do liability concerns (which may not be realistic in any event) justify inaction?



## Effects of Prevention Efforts on College Life - 1

- Some colleges now have intensive educational efforts that encourage administrators, professors, RAs, and other students to report students they believe may be suicidal.
- Fear of on-campus suicide and genuine concern about students provide incentives to keep thresholds for reporting and interventions low.



## Effects of Prevention Efforts on College Life - 2

- Do such programs shift the burden of detecting suicidality to untrained people, leaving them feeling that they have failed if a suicide occurs?
- Can programs like this inhibit open discussion of problems among students, and between students and other people on campus?



## Effects of Prevention Efforts on College Life - 3

- Colleges are complex environments that can be perturbed in unexpected ways by aggressive prevention policies
  - E.g., case example



## Adequacy of Mental Health Services for Students - 1

- Policy of providing adequate mental health services—least problematic approach from ethical perspective—is often not pursued.
- 2001 survey indicated 38% of colleges have no psychiatric services.
- Elsewhere, short-term counseling is the norm, followed by referrals out.



## Adequacy of Mental Health Services for Students - 2

- College-mandated health insurance may be inadequate to cover needed services—mental health benefits often limited.
- Access to campus-based services appears to be declining, as demand has increased.
- Often seen as financial, not ethical issue, but planning inadequate services may violate duty of fidelity to students' interests.



## Conclusions - 1

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- By highlighting ethical complexities and conflicts of interest, I don't mean to suggest that colleges deliberately ignore students' needs.
- Many caring mental health professionals and administrators are trying to do the best they can, often with limited resources, to prevent student suicides.



## Conclusions - 2

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- But we ought not to ignore the ethical issues raised even by the most well-meaning initiatives, nor the real questions about how closely students' and colleges' interests line up in this area.