International Journal of Multidisciplinary Research and Growth Evaluation.

The Pending Issue in Universities: Depression and Suicide Risk: Care proposal

Jennifer Quiroz Fragoso
Universidad Politécnica Metropolitana de Hidalgo, México

* Corresponding Author: **Jennifer Quiroz Fragoso**

Article Info

Abstract
Suicide has become a public health problem for which there is no specific factor or single explanation for why people take their own lives. In its regional report, the Pan American Health Organization notes that approximately one million people die from this cause each year, equivalent to one suicide every 40 seconds. Various cultural, social, psychological, and other factors can lead to suicidal behavior, and a process may trigger it or occur very suddenly due to shocking events. During the university stage, adolescents and young adults experience changes and experiences that impact their personal development. Since the school environment is one of the places where they spend most of their lives, the participation of educational institutions in the identification, follow-up, and recovery of adolescents with mental health problems is essential. Studies show that implementing preventive measures against suicidal behavior has a significant positive impact on increasing protective factors, reducing vulnerability to suicide.

1. Introduction
Upon arrival at Higher Education Institutions (HEIs), young people and adults find themselves in a period of psychological reorganization. The transition from secondary to higher education, necessitating the abandonment of certain activities to focus on a small group or even just one, represents necessary sacrifices for success in the early years, a period during which the student's psychological organization is put to the test. Furthermore, it can also be a period of separation from the family home, often due to the need to study in another city.

During this period, everything changes: their activities, intellectual habits, environment, and relational networks. The activities that have sustained their psychic organization until then seem to disappear, fade, or be challenged by their own choice or a choice imposed upon them. Phases of psychic isorganization may appear with varying degrees of symptoms (depression, eating disorders, drug addiction, among others), sometimes severe. In most cases, these give way to phases of reorganization before stabilization, linked to new activities, responsibilities, demands, discipline, among others.

The question of choosing a career, for example, and therefore of forgoing other options, is particularly acute today because it is combined with social/parental pressure regarding the ideal career path to have the best possible professional situation, which becomes an essential element. In the early years, university students possess an identity in times of crisis. In addition, the students' living conditions are often precarious. The vast majority do not have sufficient income to meet their needs. Some others face significant financial difficulties, which can make it impossible for them to visit and pay for a therapist to address the issues described. This program seeks to address the psychological aspects and problems of students at the Metropolitan Polytechnic University of Hidalgo. It is an opportunity to define its scope and establish the lines of action for the psychology department at the institution. The fundamental mission of psychological care is for the individual to be recognized and respected in their psychological dimension. Its activity focuses on the psychological components of individuals, considered individually or collectively, and placed in their context.

At the UPMH, psychologists refer to their code of ethics, which provides essential ethical guidelines for their role. They are involved in providing care, from counseling to diagnosis, with students, faculty, and support staff who request care.

Psychological care addresses patients and their environment individually or collectively using different therapeutic approaches (psychodynamic, psychocorporal, analytical, systemic, cognitive-behavioral, art therapy, neuropsychological, ethnopsychiatric). It is constantly concerned with adapting and creating its therapeutic tools to better meet the demands and needs of the patients it serves.

According to the 2020-2024 Education Sector Plan, the priority objective is to guarantee the right of the Mexican population to an equitable, inclusive, intercultural, and comprehensive education, with the best interests of girls, boys, adolescents, and young people as its main focus. This dependency, when unresolved in the phase of confrontation with one's ideals, can extend into a psychological problem in adolescence.

The perception of psychological difficulties and/or concerns about the student begins with the meeting with teachers and tutors. The psychologists work closely with them as well as with the administrative staff and are considered the first link in the chain of support for students with psychological difficulties. Because these difficulties often quickly translate into difficulties in their university careers, particularly learning difficulties or absenteeism, the starting point is that educational support allows for educational adaptation and therefore the prevention of difficulties. For this purpose, different types of prevention are available:

1. Primary prevention: prevention and care campaigns.
2. Secondary prevention: Therapeutic support.
3. Tertiary prevention: Referral to neurological or psychiatric services.

This document aims to inform, raise awareness, and destigmatize suicidal behavior by providing information and standardizing the action mechanisms to be implemented with a person at risk. As stakeholders involved in professional training, participation is important within our scope of practice. Likewise, it aims to mitigate suicidal attempts and the effects caused by suicidal behavior within the Metropolitan Polytechnic University of Hidalgo and its immediate surroundings through early and timely detection, treatment, support, and follow-up care for health problems.

2. Detection of students at risk
It is well known that suicidal behavior is multifactorial, so much so that it can become very complex. Despite this, certain signs can alert us when a person is thinking about suicide, and thus, implement preventive strategies. The Andalusian Health Service [3] emphasizes the importance of considering both verbal and nonverbal behaviors, as they can provide a warning.

Verbal Manifestations
In this situation, the person verbally expresses their desire to end their life, regardless of a plan or method of action. Manifestations can occur in different degrees:
- No plan of action
- With an imprecise method
- With an established method, but without a concrete plan
- Concrete plan (represents a high risk)

It is commonly thought that talking about suicide contributes to suicide, but this is not the case, and it can be an opportunity to initiate preventive actions.

Nonverbal Manifestations
When suicidal desires are not explicitly verbalized, an equally important aspect to observe is the behavior of people at risk for suicide. Some people tend to minimize the suicidal situation by smiling and saying, "Don't worry about her or him." Another observable behavior is a period of alteration followed by one of calm. This can indicate suicidal risk, as the internal conflict has been resolved in favor of ending their life. Equating can provide clues to consider. It occurs when a person compares themselves to others who have taken their own lives, for example: "I'm not going to do what my uncle did, take his own life," and even more so when it is taken out of the context of the conversation. Another way to equate oneself is to remember people who went through a similar situation and took their own lives as a result, for example: "When Luisa discovered she had HIV, she killed herself."

A person who says goodbye (by calling or visiting), begins giving away prized belongings, regularly visits uncrowded places, or ingests substances in unusual quantities can all be clues to someone at risk for suicide. As part of the characteristic linguistic elements, it is equally important to observe the feelings of people with suicidal thoughts. The most common are:
- Overcoming pain and emerging from an episode of sadness/depression.
- Thinking clearly and imagining a future without suffering.
- Controlling a situation, seeing alternatives, and making a decision.
- Finding someone who will pay attention to them and still be able to value themselves.

Risk Factors and Protective Factors
Taking into account the variety of cross-cutting factors of suicide, protective and risk factors can be identified. Given this, it is important to consider that not all of them will be present, nor will they directly determine suicidal behavior, but they are useful in identifying an individual's personal and contextual response capacity. Being aware of the common factors that put a person at risk of compromising their well-being through a suicidal act allows for greater responsiveness to these circumstances. Risk factors are all the circumstances that can lead a person to take their own life, while protective factors are ways to reduce or counteract risk factors.

Suicidal Behavior Care and Prevention
Suicide, as a complex event, can encompass diverse behaviors, which can create a sense of ambiguity. Therefore, it is important to define and understand concepts that clarify the nuances of situations involving people at risk of suicide. The WHO defines suicide as "any act by which an individual causes self-harm, regardless of the degree of lethal intent and true knowledge of the motive." This behavior is comprised of scales that can indicate the severity of the behavior [3]:

Completed suicide: Consciously ending one's life, considering one's death as an end.

Suicide attempt: Behavior carried out by a person to die, but without achieving it.

Suicide: Self-harming act whose intention is not to end one's life.

Suicidal ideation: Mental representations, desires, or thoughts that precede taking one's own life.

The Puerto Rico Department of Health (2015) proposes four variants of suicidal ideation:

1. No determined method: This is the desire to die without a specific method, for example, when asked how they would commit suicide, they respond that they don't know.
2. With an undetermined method: The desire to commit suicide is expressed using a few methods without a preference for any, for example, when asked how they would do it, they respond "anyway."
3. With a determined method: The intention to take one's own life is expressed using a specific method, but without a plan of action.
4. Planned idea: The person knows how, when, where, why, and for what purpose they will take their own life. They usually have measures in place to prevent this from being revealed.

The Andalusian Health Service (2010) helps to distinguish between the aforementioned concepts and some misperceptions regarding suicide, people at risk, and people who have taken their own lives. It is important to redefine and keep these beliefs in mind, as they can interfere with providing adequate support to individuals.

Table 1: Comparison with popular thoughts and scientific facts about suicidal behavior.

Wrong criterion	Scientific criteria
People who want to kill themselves don't say it.	For every ten people who take their own lives, nine of them expressed or made known their intentions to die to family, friends, teachers and/or close people.
If a person says it, it means he is not going to do it.	People who ended their lives expressed what was about to happen with threats, gestures, words, or changes in behavior.
If the person who has attempted to recover from a crisis, he or she is not at risk of relapsing.	Approximately half of people who have had a suicidal crisis succeed in ending their lives in the future, within the first three months after the first attempt.
People who attempt suicide will be at risk for the rest of their lives.	Between 1% and 2% of individuals who attempt to die succeed in the following year, and between 10% and 20% will complete the remainder of their lives.
Suicidal people are people diagnosed with depression.	Not everyone has this condition. Although it is frequently associated with suicide, it is not a necessary factor for suicide. However, every person at risk of suicide suffers for long or short periods of time, and considers it their only option to stop suffering.
Suicide cannot be prevented because it is done on impulse.	Before taking their own lives, people present a series of symptoms known as "pre-suicide syndrome," and if detected early, the suicide can be prevented.
If you talk about suicide with someone, you are encouraging them to commit suicide.	Talking about suicide with someone at risk has been shown to reduce the risk of suicide by providing an opportunity for reflection through communication of their intentions.
Preparation is required to approach a person at risk of suicide.	If we approach with active listening and a caring attitude, expressing our interest in finding alternatives to death, prevention will have begun. While psychiatrists are the professionals in the field, they can be valuable collaborators in prevention.

Institutional diagnosis

Strengths	Opportunities
• Competency-based professional training. • Consolidated or emerging academic bodies. • Student Services. • Updated computer systems. • METRONET • Institutional System of Academic Careers (SITA) • Institutional Tutorial Support Program • Each student has a tutor and receives two tutoring sessions per week: one group and one individual. • Psychologist. • Scholarship Programs. • Connection with more than 1,250 companies for student professional development. • Catalog of resources to support tutorial activities. • Catalog of Sustainability Talks and Workshops • Catalog of Talks and Workshops and Medical Services • Program for the prevention and treatment of risky attitudes and behaviors. • Institutional Program for Educational Inclusion • Quality Management SysteM.	• Consolidate a Psychological Care Program that provides emotional and mental health care to students. • Improve educational processes at UPMH and student care through psychological and psych pedagogical support. • Consolidate a guide that allows teachers, tutors, and support staff to know how to respond in the event of suicidal behavior.
Weaknesses	**Threats**
• There is no Psychological Care Program. • There is no protocol to identify and provide first aid for suicidal behavior.	• Increased failure rates due to the need for emotional/mental health care. • Dropouts of students with poor academic performance (psych pedagogy). • Increased dropout rates due to poor academic performance (psych pedagogy). • Educational lag (failure to continue university studies). (Psychology and psych pedagogy). • Increased educational lag. • Reduction in university budgets.

2. Results

1. **Previous suicide attempt:** A previous suicide attempt represents a significant risk of a repeat suicide, as the more frequent the attempts, the greater the risk. Implementing specific actions to support students contributes to creating protective factors that reduce suicidal behavior.

2. **Mental disorders:** Approximately 90% of adolescents who took their own lives had a mental disorder, half of whom developed one two years before their suicide [4]. Among the most common disorders associated with suicide are depression, bipolar disorder, schizophrenia, and substance use (PAHO & WHO, 2014). Therefore, it is important to prevent mental disorders, provide timely care, and provide appropriate follow-up. If you think a student is showing symptoms, it is important to refer them for evaluation.

3. **Self-harming behaviors:** Self-harming behaviors are defined as behaviors that occur when a person intentionally harms their body, but with the intent to take their own life, primarily as a way to alleviate psychological distress. These behaviors can be a precursor to a suicidal act, making them extremely important warning signs.

4. **Bullying:** We note that bullying, harassment, cyberbullying, and victimization can increase the likelihood of developing a mental disorder and, consequently, the risk of suicide. Therefore, it is important to address bullying situations.

5. **Substance use:** One of the ways adolescents commonly channel their emotional pain and discomfort is through substance use. Using substances during a depressive crisis can lead people to commit suicide, as they feel unable to cope with or resolve personal adversities.

6. **LGBTTTI+ people:** People with diverse gender identities are largely victims of violence. UNESCO (2015) states that among the most common forms of violence is homophobic bullying, which leads to poorer mental health and a higher risk of suicide.

3. Discussion

For the initial approach with the person at risk, the following steps are recommended [5]

1. Find a quiet space to talk and show interest and concern about their current situation.
2. Comment on the behaviors or alerts you have observed that caught your attention.
3. Continue the conversation by asking general questions gradually, from the most general to the most specific.
- How have you been feeling?
- Are you experiencing any difficulties or problems personally, with your family, or at school?
- How do you see things going in the future?

4. It is recommended to ask specific questions gradually to clarify the severity and define the levels of suicidal ideation:

a. Have you wished you were dead or that you could sleep and not wake up?
b. Have you had thoughts of committing suicide?
c. Have you thought about how you would carry it out?
d. Have you had any intention of carrying them out?
e. Have you worked out the details of how you would do it?
f. Do you intend to carry out the plan?
g. Have you ever prepared for or done anything to end your life?

1. Once the situation has been identified, identify the family (father, mother, brothers, sisters, etc.) and social (support groups, friends, etc.) support network.
2. The next step is to contact the family, informing them of the warning signs and need for professional care, leaving out sensitive information.
3. Refer the patient to the appropriate authority. If they refuse, emphasize the importance of this, as it is for their well-being, and that the person can count on your support.
4. Inform the appropriate higher authorities so they can contact the family and follow up with the health contact.
5. If necessary and authorized by the parents, support the referral process for professional care.
6. If the individual is not fit to return to school, the family should be contacted to discuss their removal from the school and preventive measures at home. Recommend that the individual not be left alone, remove all sharp objects and items that could be used to commit suicide, and if there is an imminent risk, go to the nearest emergency room.
7. Monitor the student, verifying that care has been provided. If the individual returns to school, be alert for new signs, monitor for support and care needs, and ask the parents how they have observed the student.

Person with a Suicide Attempt

In the case of a person who has attempted suicide, there are certain elements that educational institutions recommend implementing:

1. Contact the parents and student.
2. Express concern for the person and offer help, determining what information can be shared with teachers and students.
3. Ask if there have been any witnesses to recent attempts, while also identifying situations in the school context that may act as risk factors and should be modified.
4. Ask if professional help is available or offer assistance with the school support network.
5. Consider a person who can provide follow-up care at the school.
6. Define the parents' expectations of the school, stating what is and is not within the school's capabilities to implement.
7. Organize meetings with school staff. Inform teachers and administrators about what happened to establish a version and avoid rumors, while also maintaining confidentiality and providing support information to those affected.
8. Organize a class discussion offering information to classmates, letting them know where they can get support if they need to talk. If the family and the student allow it, inform classmates about the incident and never give details; provide general information about suicide.
9. Prepare for returning to school.

It is vitally important for the individual's recovery to be able to return to classes and normal routines. Before doing so, it is important to discuss and discuss this with parents, agreeing on the necessary support for their return.

5. Conclusion

"Talk it" is a campaign initiated at the Universidad

Politécnica Metropolitana de Hidalgo, focusing on tutorial support and mental health for higher education students. The campaign was launched as part of a broader mental health care and promotion effort, aiming to address the challenges students face during their university transit, including academic stress, self-perception issues, and potential psychopathological problems. "Talk it" provides various interventions to support the university community and foster a culture of care, responding to mental health concerns and social issues at different levels [6] the individual behind "Talk it", is also the Executive Director of the Financial Empowerment Network (FEN). Her work with FEN focuses on connecting service providers and community leaders with resources and training to support the financial well-being of people in Washington. She has a background in financial education and has previously worked as a domestic violence advocate, where she initiated her first financial wellness class. In essence, is involved in two key areas: promoting mental health within the university community through "Talk it", and supporting financial well-being through FEN.

6. Author Contributions
PhD in Social Sciences, Master of Science in Education, Teaching Specialist, Bachelor of Science in Education, Member of the National System of Researchers (SNII), collaborator of the Metropolitan Polytechnic University of Hidalgo, Mexico.
Email: jfragoso@upmh.edu.mx ORCID: https://orcid.org/0000-0003-4422-1027
All sources of funding for the study should be disclosed. Clearly indicate grants that you have received in support of your research work and if you received funds to cover publication costs. Please add: "This work received no external funding" or this work was supported by Jennifer Quiroz Fragoso.
"Informed consent was obtained from all subjects involved in the study." "The authors declare no conflict of interest."

7. References
1. Organización Mundial de la Salud. Suicidio [Internet]. Geneva: OMS; 2025 [cited 2025 Aug 14]. Available from: https://www.who.int/es/news-room/fact-sheets/detail/suicide.
2. Irarrázaval M, Martínez V, Behn A, Martínez P. Intervenciones para prevenir el suicidio adolescente en centros educacionales. Informe de resultados Licitación 757-69-L116. Santiago, Chile: Departamento de Salud Mental, MINSAL; 2016.
3. MINSAL. Orientaciones Técnicas para la atención de salud mental con Pueblos Indígenas: hacia un enfoque intercultural. Santiago, Chile: Subsecretaría de Salud Pública, Subsecretaría de Redes Asistenciales; 2016.
4. Ribeiro J, Franklin J, Fox K, Bentley K, Kleiman E, Chang B, Nock M. Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: a meta-analysis of longitudinal studies. Psychological Medicine. 2016;46(2):225-236. doi:10.1017/S0033291715001804.
5. MINSAL. Programa Nacional de Prevención del Suicidio. Orientaciones para su Implementación. Santiago, Chile: Departamento de Salud Mental, División de Prevención y Control de Enfermedades, Subsecretaría de Salud Pública; 2013.
6. Quiroz Fragoso J. Talk it: Tutorial support and mental health in higher education students. European Public & Social Innovation Review. 2024;9:1-18. doi:10.31637/epsir-2024-1479.