

Research Article

Research on the Relationship Between Negative Emotions and Suicide Attempts Among College Students and Prevention Strategies

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Abstract: Investigate the correlation between adverse emotions and suicide attempts among university students, as well as explore potential preventative methods. The research was limited to first-time college students between the ages of 17 and 25 in order to specifically target typical students. The study's sample consisted of 500 college students, aged 17 to 25, who participated in the first interview as previously outlined. Demographic Profile, Depressive Symptoms, Suicide Ideation, Parent-child Conflict, Perceived Social Support, Affective Dysregulation and Cannabis Use Disorders (Abuse or Dependence) and Alcohol Use Disorders (Abuse or Dependence) were evaluated. According to the replies on the BDI, 40 people had present suicidal thoughts, and 30 persons satisfied our criterion for having severe depressive symptoms (BDI score of 16 or above). The BDI score had a moderate correlation with suicide ideation ($r=0.34$), DI-A ($r=0.51$), and SSAS ($r=0.37$). A comparable and significant association was found between QRI-MC and QRI-FC, with a correlation coefficient of 0.41. It is crucial to acknowledge that higher scores on the SSAS scale indicate lower levels of perceived social support. This means that there is a positive link between SSAS scores and suicide thoughts, with a correlation coefficient of 0.25. Within the comprehensive model, a number of presumed primary influences exhibited statistical significance, according to traditional criteria, with p-values less than 0.05 (namely, SSAS, BDI, QRI-FC, and DI-A). However, QRI-MC, AUD, and CUD shown no statistical significance, since their p-values were all more than 0.05. This research identified many prospective objectives for suicide prevention interventions aimed at college students. Several risk variables mentioned in this study, including perceived social support and parent-child conflict, provide potential opportunities for intervention.

Keywords: Negative Emotions, Suicide, College Students

1. Introduction

Suicide ranks as the third top killer for people age 15-24, and second for college students. Compared to the national average of 15 suicides per 100,000 people, college students stand at 7.5 per 100,000. Each year, about 1,100 student lives end by suicide [1]. This happens even though suicide rates are lower for students than non-students. Yet, suicide stays a major preventable cause of death. The thought process leading to suicide is called "suicidal ideation" [1]. It's where someone toys with the idea, or even plans, their own death. It's a key psychological stage before the death from suicide. This process often hints at upcoming suicide attempts. About 60% of those thinking about suicide attempt it within a year [2]. Distressing life events can hit our mental health hard. They birth depressive moods, anxiety and other negative feelings. Many young ones find suicide a tempting escape [3]. Think of losses, failures and fights. These events, according to theories like SAMS and IMV [4], [5], often spark suicidal thoughts. Studies even suggest that bad living conditions trigger negative feelings. They birth despair, loneliness and strong fears of death - all pushing students towards suicide [7].

Our theorized conclusion is simple: Bad life situations play a significant role in sparking suicide thoughts among college students. Rumination is when we continue to think about our negative emotions internally. We often do this to help us cope. It's a common thought error that keeps us stuck in the bad feelings caused by icky life stuff. Understanding rumination is essential because it connects to high rates of distress and mental health issues. Plus, we need to know more about how folks handle tough times. Rumination also plays a big role in how stressful life events might lead to envisioning harm to self. Many studies point out that rumination isn't a great signal for predicting if someone will have harmful thoughts towards themselves. Specifically, rumination is a middleman in three connections. First, the link between awful life events and thoughts of self-harm. Second, between feelings of loneliness and dangerous thoughts. Third, between anxiety and thoughts of harm to self. Conway and others have pointed out that rumination is like a personality

trait. Those who ruminate a lot often show less ability to shift their thinking as compared to those who ruminate less.

Moreover, people who tend to ruminate more are more likely to get stuck in a damaging cycle of bad feelings and self-harming thoughts. So, to hammer it home, rumination is that middleman in these described relationships. A review of studies suggests that rumination likely plays a role in many processes that underpin thoughts of self-harm. This led us to believe that rumination can both intensify and mediate the impact of negative life experiences on harmful thoughts in college students. Being alone: Certain learners might feel quite lonely or isolated, specifically if their support sources are far away. Due to blending into campus life or creating new social friendships, or even feeling disconnected from someone, unhappy feelings might occur. The negative view of mental well-being could stop learners from seeking the necessary help for their brain-health problems. The fear of being judged or the unintended negative impact on their personal or academic life, may discourage individuals from asking for help. Money Problems: Inadequate finances affect students. They may get stressed by the costs of education, housing as well as possible debts and show signs of mental health problems.

Stress Coping: Some students resort to alcohol or drugs in order to handle stress. Nonetheless, drug use also aggravates mental illness, which leads to more suicide attempts and thoughts.

Earlier Issues: College life is usually characterized by prolonged sadness and suicidal ideation for individuals who have a record of being mentally ill.

Limited Support Access: This shortage of mental services at colleges is a major impediment to receiving help. Students do not receive much-needed support due to the absence of readily available professionals or short appointment wait times for counselling. As such, it is mandatory that we fight stigma associated with mental health conditions in order to foster openness among people regarding the same and we should end any sort of taboo associated with mental health issues.

Improve Help Services: Give money for establishing appropriately staffed help centres that can be reached easily at school premises. That

way student's immediate needs are met whenever necessary. Plan events such as seminars or courses where people can be taught how best they can manage stress, anxiety, or other negative emotions.

Craft a Supportive School Space: Lower feelings of being alone and enhance the feeling of unity by building a space that treasures unity, aid, and comprehension. Plans for Financial Aid give all-around advice and assistance for students enduring money troubles, including data on financial gifts, scholarships, and financial planning. Collaborate with other mental health organizations to advance the resources and assistance accessible to students. The tricky matter of undesirable feelings and suicide tries among college students demands teamwork between schools, students, and the wider public [6].

Having bad thoughts about ending one's life often comes from problems at home. This usually means a teen and their parents aren't getting along. Kids who grow up in a broken home often think about ending their life when they become young adults [7]. Experts don't know how college students feeling sad and arguing with their parents cause these bad thoughts. They also don't know why these problems make some students more likely to consider ending their life [7]. Another thing that may cause college students to think of ending their lives is emotional instability. People with this problem easily get irritated. They also find it hard to control their feelings. Because of this, they do things without thinking, like using illegal drugs, breaking the law, or having unprotected sex. They may even hurt others. Plattner et al. reported that these people feel many bad emotions when they're stressed, such as worry, sadness, and anger. Their fierce reaction usually comes from these mixed feelings. Many researchers have already claimed that these unpredictable emotions make people more likely to consider ending their lives [8]. Nonetheless, the main focus of prior studies on emotional imbalance was mainly centered around teens, particularly delinquents or those with health issues. This left a gap in understanding the reasons behind emotional instability in younger individuals or generally in college-going students. This study's goal was to analyse several risk elements thought to impact the rate of suicidal thoughts in college students. We aimed to: 1) Determine the extent of suicidal thoughts in a large group of incoming freshmen, 2) Determine how many students with suicidal thoughts also exhibit symptoms of significant depression, Our model will consider factors like depressive symptoms, emotional control difficulties, parental conflicts, sensed social support, and alcohol and cannabis use disorders; 3) Build a comprehensive model, shedding light on the factors influencing suicidal thoughts in college students, 4) Investigate suicidal thoughts in non-depressed students to identify specific factors connected with suicidal thoughts in this group.

2. Material and Methods

The College Life project collected information as part of a big, ongoing study of college students' health habits. They used a two-step method. In the summer of 2022, they asked new, first-year students at a large, public university to fill out a questionnaire. There was a certain age range they wanted: 17 to 25. They aimed to focus mostly on ordinary first-time college students. So, they deliberately picked students who had used illegal drugs before to be part of the sample. All of these students were picked. For those with no history of drug abuse, they selected only half. This had nothing to do with whether or not they drank alcohol. The team divided the student population into different groups based on race and gender. They did this to get a sample that looked like the whole student body. The students selected joined the study. It started with an in-depth, two-hour interview. This involved several personal surveys. More info about how this long-lasting group was selected and sought out is found elsewhere. This study included 500 college students, ages 17 to 25. They were part of the first discussion as mentioned before. The group's details were almost identical to the overall first-year student body considering gender and age. To specify, 63.60% of the folks in the group were guys, and 36.40% were girls.

2.1 Demographic Profile

The interviewer recorded the gender based on direct observation during the interview. Racial data was collected from the University's administrative databases, in accordance with the informed permission of the participants. The individuals' fundamental characteristics were examined.

2.2 Depressive Symptoms

The Beck Depression Inventory (BDI) is a quiz with 21 questions. It checks thoughts, feelings, and body signs of sadness (Beck, Rush, Shaw and others). The person taking the test uses the number "[9]". They pick

one statement out of four that shows how they've felt lately. Each statement gets a number from 0 to 3. Here, 3 means the item is very strong. The test score adds up all the item scores. The scores change between 0 to 63. Zero means no sadness, and 63 means a lot of sadness. The BDI test worked well in this sample, shown by a Cronbach's α score of .882. Our study used a BDI test with only 20 items. We took a close look at one item about thoughts of suicide. We made the study easier by making a yes/no item to show if a person has a high or low chance of feeling sad. We based this yes/no item on the total BDI score. We ignored the suicide thoughts item for this. We couldn't say for sure if the students were sad from our test. But, if their BDI score was 16 or higher, we said they may feel sadder. We said they felt less sad if their scores were between 0 to 15.

2.3 Suicide Ideation

BDI's Item 9 primarily focuses on suicidal thoughts and has been converted into a binary variable to reflect the presence or absence of recent occurrences of suicidal ideation. Based on the wording of the questionnaire item, our interpretation of suicide ideation includes the existence of thoughts about self-harm, regardless of whether one plans to act on them or has the impulse to terminate their own life. Participants who did not have any thoughts of committing suicide were classified as devoid of suicidal ideation.

2.4 Parent-child Conflict

The kids' perception of discord with their parents was evaluated using the 12-item conflict subscale of the Quality of Relationship Inventory (QRI). This self-administered questionnaire assesses the quality of people's current relationships with their mother and father, or with their respective parental figures [10]. The replies were allocated numerical values ranging from 1 to 4. The subscale scores for conflict were derived by computing the mean of the individual scores for the mother (QRI-MC) and father (QRI-FC). The reliability of both subscales in this sample was strong, with Cronbach's α values of 0.904 and 0.897 for the mother and father subscales, respectively.

2.5 Perceived Social Support

The Social Support Appraisals Scale (SSAS) is a self-administered assessment consisting of 23 items. The objective of this assessment is to analyse an individual's own assessments of the present extent of social support they get. This refers to the range of feelings that include fondness, respect, and engagement with one's relatives, companions, and acquaintances [11]. The questions are evaluated using a four-point Likert scale and then combined (with five items being reversed) to provide a cumulative score (Cronbach's $\alpha=0.916$). The ratings range from 23 to 92, with lower values indicating higher levels of perceived social support.

2.6 Affective Dysregulation

The test for emotional instability used part of the Dysregulation Inventory (DI). The DI looks at many mood traits that make someone more likely to have drug problems. People say how often each statement is true for them. Answers get 0 to 3 points, where 0 is "never true" and 3 is "always true." The emotional part had 28 items. Adding up the scores gave a total. The Cronbach's alpha number for this part was 0.884. Scores went from 0 to 84. Higher scores on the emotional part (DI-A) mean more mood swings and less control. We thought this might connect to suicidal thoughts.

2.7 Cannabis Use Disorders (Abuse or Dependence)

Students taking cannabis five times yearly underwent screening for cannabis use disorder. A questionnaire modelled national health interviews diagnosed dependence and abuse. Dependence meant facing three or more of the following in the past year: tolerance, overuse, inability to cut back, significant time spent using, dropping activities, or persisting despite problems. Abuse meant struggling at home, work, or school; repeated risk-taking; legal troubles; or strains in relationships. Those using cannabis under five times yearly were automatically disorder-free.

2.8 Alcohol Use Disorders (Abuse or Dependence)

Students who had used alcohol on five or more occasions during the previous year were evaluated for alcohol use disorders (AUD) using questions derived from the NSDUH questionnaire. As previously mentioned for CUD, students who used alcohol less than five times in the last year were excluded from this study. The definitions of dependence and abuse were identical, except that withdrawal symptoms were included as a seventh criteria for alcohol dependency.

2.9 Statistical Analyses

Initially, we analysed data to estimate suicide thought frequency. Using cross-tabulations, we examined links between suicidal thoughts, gender, and depression levels. This analysis utilized a 500-person sample. Next, correlations showed associations between suicide ideation and hypothesized components. After that, logistic regression models inspected connections between the binary suicide ideation variable and seven factors - five scale scores and two binary variables. The studies considered race, gender, and maternal education impacts. The first comprehensive model analysed suggested main and interaction effects. We hypothesized depressive symptoms would highly interact with social support, parent-conflicts, and emotional dysfunction. Additionally, parent-child conflicts and gender would have a secondary interaction. Then, a backwards elimination approach systematically removed the least significant effects, leaving a streamlined model with impacts having $p < 0.05$. Further logistic regression models focused specifically on people in the lowest three depression score quartiles to check explanatory variable influence changes.

3. RESULTS

3.1 Incidence of Suicidal Thoughts and Symptoms of Depression

Table 1 and Figure 1 provide the characteristics of the 500 students who were part of the sample. Based on the responses received on the Beck Depression Inventory (BDI), 40 individuals reported experiencing suicide thoughts, whereas 30 individuals met our criteria for having severe depression symptoms, indicated by a BDI score of 16 or above. After applying statistical weighting to account for sample bias, the prevalence estimates obtained appropriately represent the whole population of first-year students. The estimates are as follows: Around 5% of first-year students reported currently having suicide thoughts, while an additional 5% exhibited serious depressed symptoms based on their weight. Women had a somewhat greater incidence of suicidal ideation (6%wt) in comparison to males (4%wt), along with a higher frequency of significant depressive symptoms (7%wt of women, 2%wt of men). Remarkably, among the cohort of individuals harbouring suicidal ideation, a mere minority (40%wt) exhibited notable indications of depression, with males (25%wt) displaying a much lower proportion compared to females (45%wt). Out of the 460 individuals who had complete data for all subsequent analyses, the proportion of people with suicidal thoughts remained consistent, representing 8% ($n=40$).

Table 1: Basic Profile of the Participants

	Number =500	Percentage
Gender		
Male	318	63.60
Female	182	36.40
Age		
Below 18	45	9
19-20	97	19.40
21-22	289	57.80
23-25	69	13.80
Mean Age	22.81±2.57	
Degree		
Under Graduated	211	42.20
Under Post Graduate	87	17.40
Under Diploma	76	15.20
Under Certificate Course	39	7.80
Suicide Ideation		
I am not experiencing any suicidal ideation	460	92
I have suicidal ideation, but I do not have any intention of acting upon these ideas.	30	6
I have a desire to commit suicide.	3	0.6
If given the opportunity, I would take my own life.	0	0
Elevated levels of depression symptoms (BDI score of 16 or above)	25	5
Over the course of the previous year, I have not had any suicidal ideation.	120	24
Incidence of CUD during the previous year	75	15

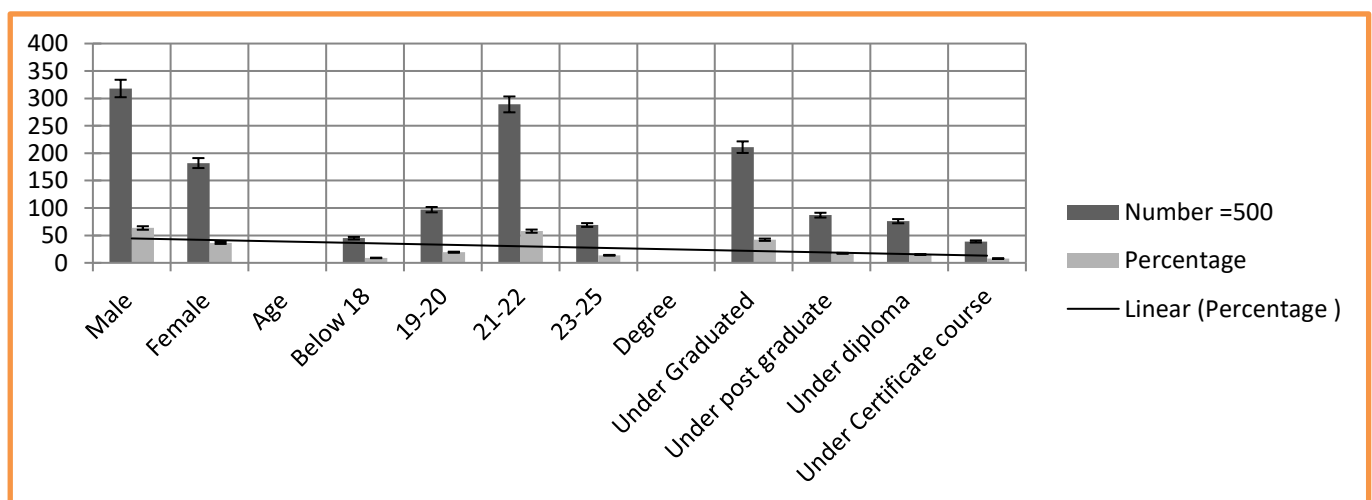


Figure 1: Basic Profile of the Participants

3.2 Factors associated with Thoughts of Suicide

Table 2 and Figure 2 provide the bivariate correlation coefficients between suicide ideation and the presumed risk factors. The BDI score had a moderate connection with suicide ideation ($r=0.34$), DI-A ($r=0.51$),

and SSAS ($r=0.37$). A strong and meaningful link was observed between QRI-MC and QRI-FC, with a correlation value of 0.41. It is essential to recognise that higher scores on the SSAS scale correspond to lower levels of perceived social support. There is a direct association between SSAS scores and suicidal ideation, as shown by a correlation value of 0.25. The inter correlations among the explanatory variables exhibited

moderate levels, although remained under the acceptable threshold for discriminant validity (all $r < 0.5$). This supports the inclusion of these variables concurrently in the logistic regression models.

Table 2: Inter Correlations among Suicide Ideation and its Hypothesized Risk Factors

	Suicide Ideation	SSAS	BDI	QRI-MC	QRI-FC	DI-A	AUD
Social Support (SSAS)	0.25						
Depressive Symptoms (BDI)	0.34	0.37					
Mother-Child Conflict (QRI-MC)	0.11	0.26	0.26				
Father-Child Conflict (QRI-FC)	0.14	0.23	0.22	0.41			
Affective Dysregulation (DI-A)	0.31	0.21	0.51	0.24	0.21		
Alcohol Use Disorder (AUD)	0.02	-0.05	0.12	0.15	0.08	0.13	
Cannabis Use Disorder (CUD)	0.03	0.02	0.09	0.11	0.08	0.11	0.31

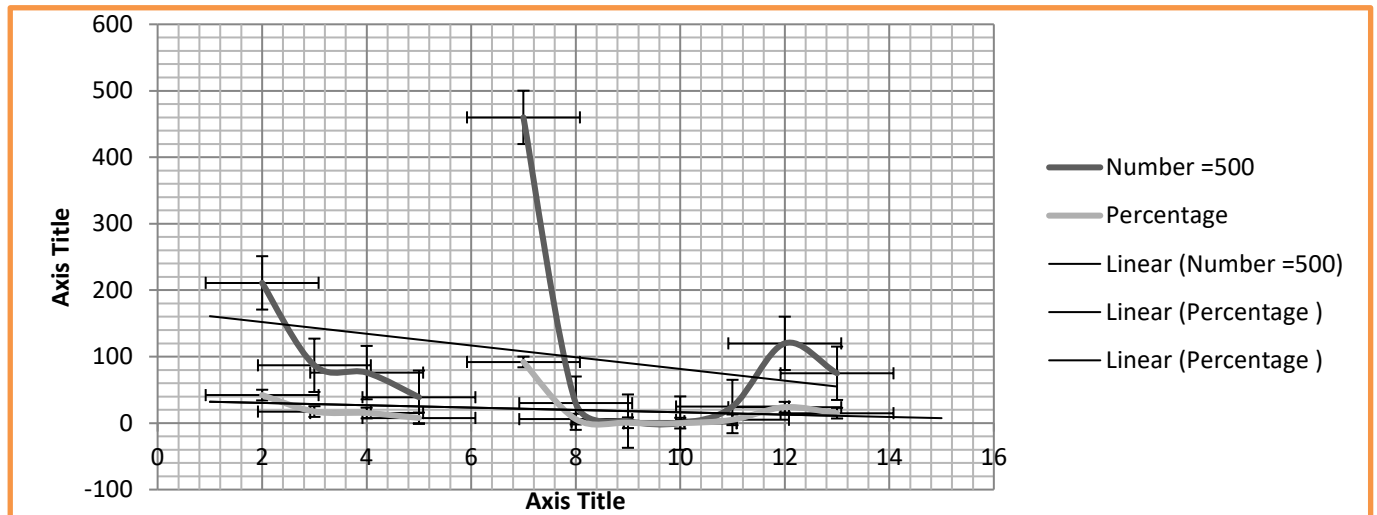


Figure 2: Suicide Ideation

3.3 Models that Analyse Several Variables to Understand and Predict Thoughts of Suicide

As indicated in Table 3, the logistic regression analysis aimed at predicting suicidal thoughts produced the following findings. The use of χ^2 values provides a consistent foundation for comparing the effects, which helps to resolve the significant differences in the size of the explanatory variables. For interaction terms, no odds ratios nor confidence intervals were given. This occurred because in order to make it easier to understand the impacts, significant interactions were tested again. With p-values below 0.05, several of the purportedly significant effects inside the whole model fulfilled the standard requirement. For example, QRI-FC, DI-A, BDI, and SSAS all have an

impact. Because their p-values were more than 0.05, the statistical analysis showed that QRI-MC, AUD, and CUD did not show any significant outcomes. Two instances of the reduced model, designated as A and B, were produced via the model reduction procedure. Simplified model A included SSAS, BDI, QRI-MC, QRI-FC, and DI-A's main effects. Furthermore, there was a significant interaction effect between the BDI and both SSAS ($\chi^2 (1) = 13.58$) and QRI-FC ($\chi^2 (1) = 3.98$). Aside from swapping out the BDI*QRI-FC interaction for the BDI*QRI-MC interaction, Model B was almost indistinguishable. After taking into consideration its interaction with the BDI, the primary result of the QRI-MC did not demonstrate statistical significance [$\chi^2 (1) = 0.7$]. There were substantial and independent connections between suicide ideation and the SSAS, BDI, QRI-FC, and DI-A, according to the simplified models.

Table 3: Multivariate Logistic Regression Models Predicting Suicide Ideation

	Full Model				Reduced Model			
	AOR	(95% CI)	χ^2	P value	AOR	(95% CI)	χ^2	P value
Social Support (SSAS)	1.33	1.01-1.85	45.85	0.001	1.45	1.14-1.99	50.52	0.001
Depressive Symptoms (BDI)	1.88	1.24-2.39	21.63	0.001	1.88	1.58-2.44	24.85	0.001
Mother-Child Conflict (QRI-MC)	1.23	1.03-2.45	0.01	0.01	0.77	0.54-1.47	6.37	0.01
Father-Child Conflict (QRI-FC)	2.33	1.78-3.05	5.85	0.01	2.45	2.14-3.69	9.25	0.001
Affective Dysregulation (DI-A)	1.44	1.07-2.65	6.38	0.01	1.22	1.02-2.99	25.81	0.001
Alcohol Use Disorder	1.02	0.89-1.99	0.01	0.01				
Cannabis Use Disorder	0.99	0.77-1.85	0.7	0.01				

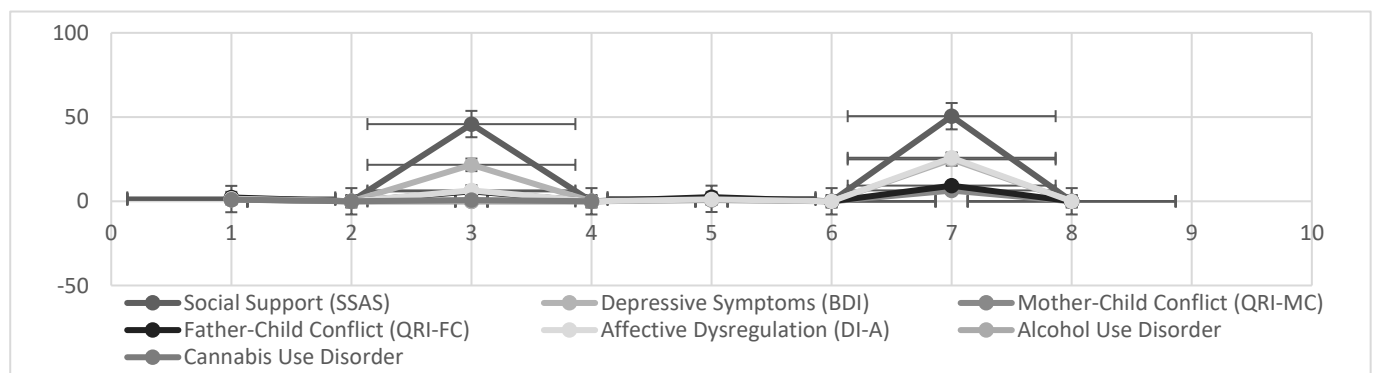


Figure 3: Multivariate Logistic Regression Models predicting Suicide Ideation

The more basic models account for a significant amount of variability ($R^2 = 0.47$). Excluding interactions, the value of R^2 decreases

marginally to 0.45. Nevertheless, we thoroughly examined the three interaction effects in further detail. The correlation between social support and suicidal ideation strengthens as the number of depression symptoms increases, but reduces as the number of symptoms decreases. In the same vein, heightened depressed symptoms intensify the connection between father-child conflict and thoughts of suicide. On the other hand, when depression levels are lower, there is a stronger correlation between more disagreement between mothers and children and a decrease in suicide ideation. This elucidates the incongruous principal impact of mother-child conflict. The range of odds ratios is between 0.7 and 1.2. Examining each interaction included analysing the changes in coefficients (pertaining to social support, father-child conflict, and mother-child conflict) while recalibrating levels of depression. We first used a "high" mean, which is the original mean plus one standard deviation, followed by a "low" mean, which is the original mean minus

one standard deviation.

A recent research investigated whether characteristics associated with suicide ideation varied among students who do not have depression. The investigation specifically targeted 460 students who had modest levels of depression, as indicated by their scores on the Beck Depression Inventory (BDI) falling within the range of 0 to 7. Within this particular cohort, there was a robust correlation between higher BDI scores and the presence of suicide ideation. In the whole group, insufficient social support and difficulty regulating emotions are linked to thoughts of suicide. Nevertheless, the overuse of alcohol was shown to be a distinct predictor of suicidal thoughts among students with lower levels of depression. In contrast to the comprehensive models, there was no significant association between parent-child conflict and suicidal thoughts when depression levels were low (both $p > 0.05$).

Table 4: Multivariate Logistic Regression Models for Suicide Ideation, without High Levels of Depressive Symptoms (BDI score of 0–7)

	Full Model		Reduced Model		P valve	Full Model		Reduced Model		P valve
	AOR	(95% CI)	χ^2	P valve		AOR	(95% CI)	χ^2	P valve	
Social Support (SSAS)	1.15	1.03-2.03	39.47	0.001	1.33	1.17-2.04	47.69	0.001		
Depressive Symptoms (BDI)	1.54	1.11-2.74	19.67	0.001	1.64	1.34-2.49	23.63	0.001		
Mother-Child Conflict (QRI-MC)	1.37	1.07-2.17	0.02	0.01	0.81	0.61-1.59	5.17	0.01		
Father-Child Conflict (QRI-FC)	2.44	1.99-3.45	6.18	0.01	2.11	2.01-3.23	7.61	0.001		
Affective Dysregulation (DI-A)	1.06	0.89-1.96	5.11	0.01	1.29	1.03-2.64	26.66	0.001		
Alcohol Use Disorder	1.21	0.79-1.88	0.02	0.01						
Cannabis Use Disorder	0.87	0.58-1.74	0.63	0.01						

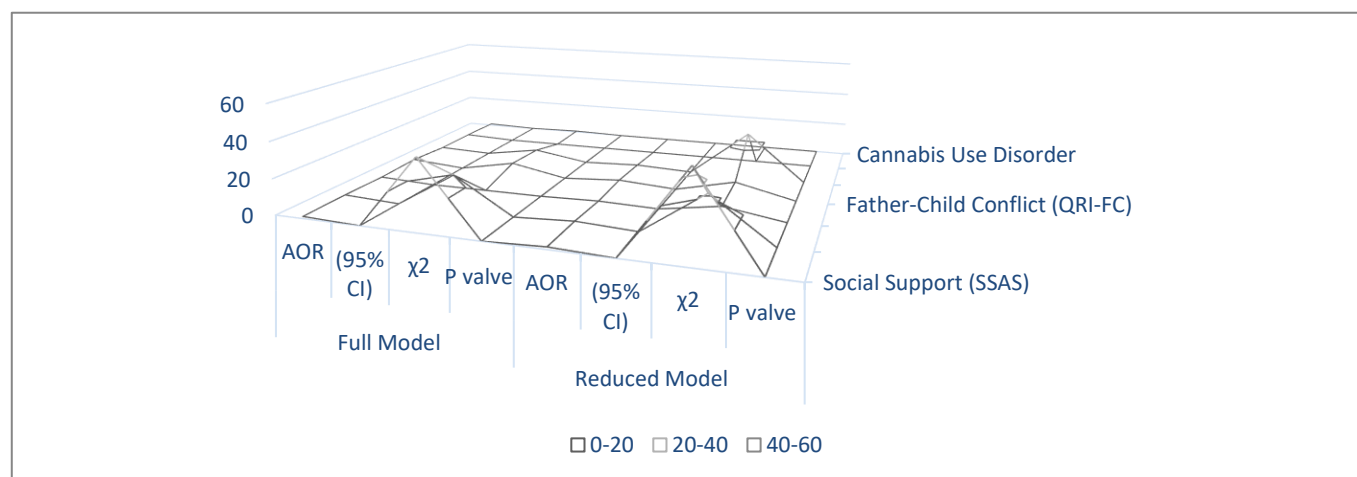


Figure 4: Multivariate Logistic Regression Models for Suicide Ideation, without High Levels of Depressive Symptoms (BDI score of 0–7)

An item-level descriptive post-hoc analysis was performed to investigate the significant relationship between suicidal thoughts and emotional dysregulation. A comparison of students with and without suicide thoughts is shown in Table 5, with particular attention paid to each item on the Affective Dysregulation subscale. Notably, all categories except three have significant differences between the groups ($p > .05$), and several items exhibit quite large variances. Teens who have suicidal thoughts are often more likely to exhibit symptoms

like mood swings or trouble controlling their emotions. On the other hand, it's possible that the three questions ("I experience heightened excitement easily," "I cannot control my laughter and giggling when I encounter something funny," and "I have difficulty falling asleep at night if I hear a noise") did not directly relate to the regulation of emotions (Table 5 and Fig 5). These questions did not, however, demonstrate significant differences between the groups.

Table 5: Scores for Affective Dysregulation Items, by absence or presence of Suicide Ideation

	Absent (n=460)	Present (n=40)	p-value
I get very angry without any valid justification..	0.27	0.48	0.0003
I get prolonged episodes of sobbing when hearing or seeing a sorrowful narrative.	0.29	0.49	0.022
I have episodes of intense anger and frustration, often known as temper tantrums.	0.32	0.52	0.001
I struggle with managing my anger.	0.35	0.63	0.004
Frequently, I get apprehension around the potential loss of emotional regulation.	0.38	0.87	0.0002
I experience intense frustration to the extent that I often feel akin to a volatile explosive device on the verge of detonation.	0.41	0.96	<0.0001
If I hear a sound, I remain awake throughout the night.	0.43	0.78	0.21
I struggle to calm myself down after experiencing fear.	0.47	0.96	0.011
I struggle to achieve a state of calmness at a quicker pace compared to the majority of others.	0.52	0.99	<0.0001
Viewing an action-packed television programme elicits such a high level of excitement inside me that the feeling persists far after the conclusion of the episode.	0.53	0.87	0.03
I am prone to experiencing fear readily.	0.57	0.96	0.005
I have unpredictable fluctuations in my mood without any discernible cause.	0.62	1.25	<0.0001
I am quite sensitive and prone to get quickly irritated.	0.69	1.36	0.007
I get insomnia due to excessive worrying.	0.71	1.45	0.0001
Occasionally, I have emotional responses without any apparent cause.	0.76	1.63	<0.0001
I forcefully close doors when I am angry.	0.79	1.19	0.003
Minor details can trigger my emotional response.	0.83	1.29	0.0007

	0.89	1.36	<0.0001
	Absent (n=460) Present (n=40)		p=value
There are occasions when I am always feeling anxious.	0.93	1.47	0.0001
When experiencing emotional distress, the duration often spans from 1 to 2 hours, even after the underlying issue has been resolved.	0.95	1.59	0.0003
When I am agitated, my heart sustains an extended period of increased beating.	1.03	1.63	<0.0001
I am prone to emotional distress when I am fatigued.	1.11	1.74	0.007
Occasionally, individuals annoy me just by their presence.	1.39	1.85	0.0003
I find it quite difficult to swiftly overcome negative situations.	1.236	1.63	0.041
An unfortunate occurrence that occurs early in the day significantly impacts my attitude for the remainder of the day.	1.280	1.74	0.052
I get intense anger when someone ridicules me.	1.303	1.69	0.177
I am prone to experiencing heightened levels of excitement with little effort.	1.474	1.96	0.032
I experience uncontrollable amusement and mirth when I encounter humorous stimuli, resulting in laughter and giggling.	1.957	1.36	<0.0001
I find it quite challenging to refrain from contemplating my anxieties and concerns.			

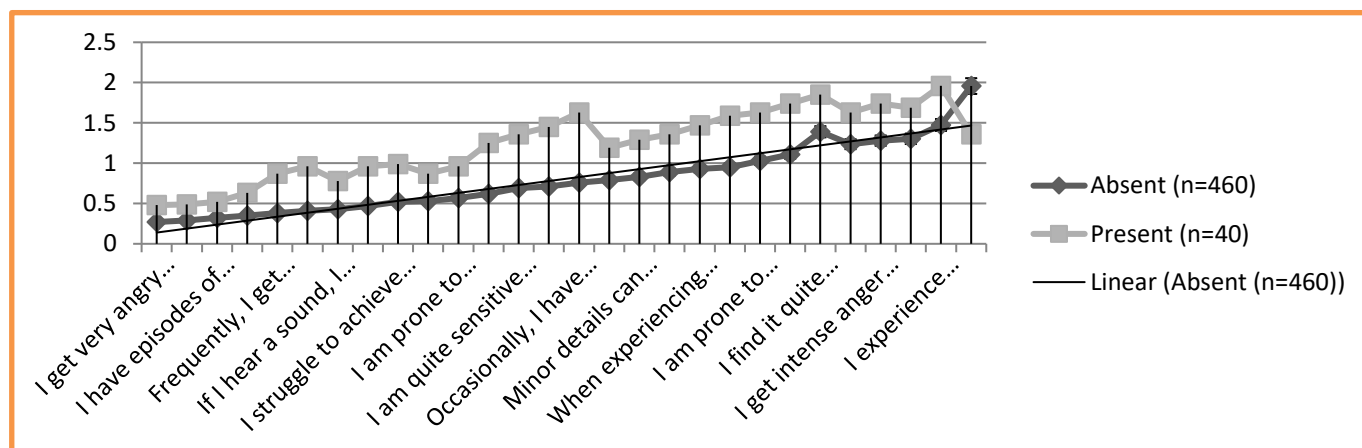


Figure 5: Scores for Affective Dysregulation Items, by absence or presence of Suicide Ideation

4. Discussion

The connection between unpleasant emotions and suicide ideation among college students is nuanced and multifaceted. Unfavourable feelings such as hopelessness, solitude, sorrow, and anxiousness significantly increase the risk of suicide thoughts and behaviours. Understanding this connection necessitates essential components: Negative emotions may manifest as psychological discomfort, which can be rather burdensome. Persistent anguish may induce despair and the perception that life's challenges are insurmountable. Majority of college students are depressed, a condition that is usually linked to suicidal tendencies. A person's outlook towards life may change if they have negative thoughts, low self-esteem or feel hopeless about their state. Increased anxiety levels regarding schoolwork, aspirations, and economics are instances of negative emotions being inflated by fear. Failure in stress management becomes more difficult. College may be a lonely and oppressive experience for those who do not connect with their peers socially. Isolation can exacerbate feelings of detachment. Insufficient Coping: There may be a deficit in appropriate coping mechanisms among students who cannot handle their negative emotions well. In the absence of effective coping skills for managing stress and upheaval, individuals may resort to detrimental behaviours such as self-harm or suicide thoughts.

Academic stress arises from the intense competition in college, the pressure to meet high standards, and the worry caused by unfulfilled expectations. These factors may worsen mental health problems and intensify negative emotions. Some people turn to drugs as an answer to emotional problems; this might lead to more cases of schizophrenia or even suicide itself. Inadequate Care Access: The limited availability of mental health resources on campuses may discourage some students from seeking assistance. If treatment is not easily accessible or therapy wait times are lengthy, students may not get enough assistance. College students may prevent suicide attempts by addressing negative emotions' root causes and cultivating a supportive climate. Useful tactics include: Increasing mental health awareness implement campaigns to reduce stigma and encourage proactive help-seeking. Improving access to services - Ensure timely, convenient availability of care. Teaching coping strategies offer programs that impart healthy mechanisms for handling stress and sadness. Promote campus understanding, empathy, and unity to decrease isolation and strengthen connections. The results of this study improve our knowledge of the variables linked to suicide ideation among college students. The following are the main findings. While depression undoubtedly plays a role in suicidal thoughts, a sizable

fraction of patients (60 percent of those with thoughts of suicide) did not meet our criteria for having severe depressive symptoms.

This finding, which suggests that among first-year college students, suicidal thoughts are prevalent even in the absence of obvious depressive symptoms, is consistent with the work of Levy and Deykin. It suggests that in order to identify students who could be at danger of suicide, staff members at campus health services shouldn't rely just on depression screening instruments [11]. In addition, the present study discovered that, independent of the presence of severe depressive symptoms, a lack of social support was a substantial risk factor for suicidal thoughts throughout the early adult years. Empirical studies support the idea that a feeling of belongingness may operate as a preventive factor against suicide by showing that college students who were involved in sororities or fraternities were less likely to report having suicidal thoughts [12]. Van Orden and colleagues suggest that concurrent changes in the social mix of college campuses and emotions of belongingness may be connected to the differences in suicide ideation over semesters (more so, summer term rates) [13]. Additionally, it was shown that parent-student interactions were particularly crucial in connection to suicide ideation, which is consistent with earlier results. The likelihood of thinking about suicide rose with higher levels of conflict with either parent; however, conflict with a mother figure only had a statistically significant effect when more severe depressive symptoms were present. It has been shown that parental monitoring, family togetherness, and quality time spent together are protective factors against suicide conduct in young people.

On the other hand, it has been shown that family dysfunction, low perceived support, low parental approbation, and inadequate communication between parents and children are risk factors for suicidal thoughts. Regardless of the existence of depression, two large investigations on teens have shown a substantial association between higher parent-child conflict and a raised propensity to consider suicide. This correlation is especially strong in the female population. Suicide ideation has been linked to many characteristics in samples of college students, such as higher levels of family conflict, a worse feeling of security in the students' current parental relationships, higher levels of emotional unavailability from both parents, and a lower sense of family unity. Furthermore, irrespective of depressive symptoms, social support, or other variables, there exists a correlation between college students' suicidal ideation and their challenges in regulating their emotions. There are several implications of these findings for the development of more inclusive screening and evaluation methods for assessing suicide risk. Mood dysregulation is one form of externalised behaviour, which appears

as anger or rage, while suicidality is often associated with internalized behaviours such as sadness. Therefore, the fact that suicidal thoughts relate to both dysregulation and amplified depressive symptoms implies that many different underlying processes affect suicide ideation developing [14].

Further analysis showed that even without any significant depression indicators and regardless of emotional regulation and social support, suicidal thoughts were still linked to AUD (alcohol use disorder). When comparing this discovery to earlier researches on two categories of people who practice suicide: those dominated by depression and those that are characterized by impulsivity and aggression, it can be defined as thought-provoking. This finding suggests that AUD (alcohol use disorder) could be a secondary sign in a few suicide attempters who lack depression even though there was no assessment of impulsivity nor aggression in this research. [15]. There are a number of limitations to take into account when evaluating the research's results. The proportion of students who had suicide thoughts and significant degrees of depression was rather minimal, even with the huge sample size. This hindered our ability to use our analysis to find statistically significant differences between these groups. The results may not apply to students attending smaller, private institutions or those enrolled in schools in other parts of the country due to the limited scope of our sample, which was limited to students from one public university. Suicide rates are influenced by geographic location; however, it is unclear whether suicidal ideation rates similarly fluctuate with geography.

Although we made an attempt to build a multivariate model with a broad variety of variables, we left out several characteristics that might improve our comprehension of suicidal thoughts. To be more precise, we neglected to include stressful life events like broken relationships, family problems (other than disputes between parents), unemployment, and other personal, professional, and educational experiences that have been linked in the past to suicidal and depressive thoughts. Furthermore, we failed to take into account the possibility of mental illnesses outside sadness, such anxiety, which has been connected to suicide. Additionally, the fact that our study only evaluated current depressive symptoms and ignored prior depression might have resulted in an underestimate of the sample's total prevalence of depression [16]. Cross-sectional research is the source of the linkages discussed in this paper. The metrics used to evaluate parent-child conflict and social support were predicated on the kids' subjective impressions. It is conceivable that students who are contemplating suicide might have a more unfavourable perception of their social support systems or exaggerate the amount of tension in their relationships with their parents. Moreover, there are times when a student's mental health problems make conflict in their relationships with parents and/or peers worse. Later studies using this cohort will examine how long suicidal ideas persist throughout time. Important college life events like graduation or academic failure will also be closely examined to see if they have any bearing on suicide thoughts or depression. Making route models that show the mediating and moderating relationships between the several risk variables will be another essential field of research [17]. Lastly, our evaluation of suicide ideation stemmed from a single inquiry about the last few days. Therefore, it is conceivable that a few of the students in our sample who were labelled as "non-suicidal" may have really had suicidal thoughts in the previous few weeks or months. It is impossible to assess how this bias could affect the available data. However, we expect that further studies including this population will provide opportunities to investigate suicide thoughts in more detail.

5. Conclusions

Numerous potential goals for college student-focused suicide prevention interventions were discovered by this study. Potential chances for intervention are presented by a number of risk factors listed in this research, such as perceived social support and parent-child conflict. To determine if it is feasible to effectively adjust these risk variables in order to reduce suicidal thoughts, additional study is necessary. The existence of suicide thoughts and behaviours among college students presents unique challenges for researchers and professionals. The shift from late adolescence to early adulthood is often accompanied by high stress levels because of the difficulties of adjusting to a new social environment and meeting higher academic demands. Moreover, throughout college, social support networks undergo substantial changes. Even though they may still be a part of a student's social support network, some students may find it stressful to live far away from their parents. While moving away from home may initially be exciting for some students, it may also cause stress as they struggle with issues of self-reliance and financial stability. The present findings highlight the complex relationships that exist between suicidal thoughts

and stress, depression, social support, and parent-child conflict. They also point to several areas that may be targeted for intervention during the early stages of suicidal inclinations. Should these findings be replicated, they may point to viable and successful suicide prevention strategies? Initiatives to prevent suicide on campuses should target more than just despondent individuals. Programmes aimed at bolstering student social support networks, increasing public knowledge of suicide ideation symptoms (including AUD), and instructing parents on how best to assist students who may be at danger of acting suicidal should all be included. According to earlier research, most college students are unaware of the suicide prevention initiatives on campus and indicate a need for both individualised treatment plans and suicide education resources.

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