

## Attempted Suicide and Suicide Among Oxford University Students

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**SUMMARY** A lower incidence of attempted suicide was found for Oxford University students than for other persons of the same age in Oxford City. This may be due to social class differences. Characteristics of the student attempters are reported. On the other hand, the rates for completed suicides of students, over a recent ten-year period, were in excess of those for the rest of their age group.

### Introduction

Student suicide rates have previously been shown to be high, especially for Oxford and Cambridge Universities (Parnell, 1951; Parnell and Skottowe, 1957; Rook, 1959). It is commonly assumed that rates for attempted suicide are also high for this population although there is little evidence to support this assumption (Finlay, 1968).

In this study of Oxford University students we have, (i) investigated the recent rates for suicide, (ii) measured the rates for attempted suicide and compared them with those for persons of the same age in Oxford City (two one-year periods were studied to take account of chance fluctuations), (iii) identified characteristics of student attempters, including the problems they face.

### Method

#### *Suicides*

The Oxford City coroner was asked to furnish names and basic demographic data on all University students whose deaths had been recorded by him as suicides during the period October 1966 to June 1976. Only students who died while in the City could thus be identified.

#### *Attempted suicide*

The term 'attempted suicide' is used to describe cases of deliberate self-poisoning or self-injury. The suicidal intent of such behaviour is often unclear or lacking.

For two one-year periods, which both included three University terms (1972–3 and 1975–6), information was collected on all identified cases of attempted suicide involving Oxford University students. In 1972–3 this was part of a general-hospital-based survey of self-poisoning and self-injuring behaviour in the Oxford area. Full details of the study area, definition of cases and method of data collection are reported elsewhere (Bancroft *et al*, 1975). During this survey, general practitioners agreed to report all cases not referred to hospital, using a 24-hour recording service. During the second study period, each college general practitioner was telephoned every three months by a research assistant to check on any non-referred attempts.

For all students identified we recorded a variety of demographic and clinical information. Nearly all those in the second period were interviewed, enabling us to obtain an assessment of the extent to which they had wanted to die, a

score on the Beck suicide intent scale (Beck *et al.*, 1974), a record of any previous psychiatric contact or previous attempt, a list of the problems they were facing, and the date of their next examination.

The calculation of rates for students presents problems. Those studying in Oxford are likely to be away during vacation. Students also show a wide age range. For these reasons we have calculated the rates for University students during term-time only (ie 24 weeks of the year) and compared them with the rates for the age group 15 to 24 (excluding University students) living in Oxford City during the same 24 week periods. University population figures were obtained from the University Gazette; the 15 to 24 age group rates for Oxford City were calculated with the help of the Oxford Research and Intelligence Department, who provided the relevant population figures. It is also extremely difficult to establish the social class distribution of a student population, so that control for social class variables has not been possible.

## Results

### *Suicides*

Between October 1966 and June 1976 twelve verdicts of suicide (9 men and 3 women) were recorded for Oxford University students by the City of Oxford coroner. The annual rate per 100,000 for males was 10 and for females 13. In 1971 (middle of study period) the annual rates for suicide reported by the Registrar General for all persons aged 15 to 24 in England and Wales were 5.1 for males and 2.6 for females, and for those aged 25 to 34 were 9.5 for males and 5.1 for females. Four of the student suicides were in the latter age range. Carpenter (1959) has suggested that the age group 20 to 24 is the appropriate group for comparison of University suicide rates with those for the general population. However, with the cessation of National Service and the consequent lowering of the mean age of the student population this is no longer so, and we have therefore presented figures for the 15 to 24 age group.

Five students died from self-poisoning with medicinal drugs, three from ingestion of laboratory poisons, two from hanging and two from self-stabbing. Five suicides occurred in the

Trinity (summer) term. Only two of the students were known to have been married. Four were studying Arts and four Science subjects, but for the rest the information was not available.

### *Attempted suicide*

During the 1972–3 period 22 students (10 males and 12 females) made 28 attempts, and during the 1975–6 period 14 students (9 males and 5 females) made 17 attempts. These figures include attempts occurring both in and out of term-time in Oxford. Nine students, all females, made repeat attempts in the two years. The mean age for male student attempters was 20.8 (range 18–27) and for females 22.1 (range 19–30).

In Table I are shown the rates of attempted suicide *during term-time only* for the University students and for the age group 15 to 24 (excluding University students) in Oxford City, during the two study periods. Both the male and female student rates were considerably lower than for other persons of their age group in Oxford City.

Of all the University students identified in the two periods, 6 were in their first year, 12 in their second, and 8 in their third, and 10 were postgraduates. Seven of the term-time attempts occurred in Michaelmas term, 5 in Hilary term and 13 (52 per cent) in Trinity (summer) term.

Thirty-eight (84 per cent) of all the student attempts involved self-poisoning and eight (18 per cent) self-injury (one involved both methods). Self-injury was more common among the students than in a general population sample of a similar age group ( $\chi^2 = 6.53$ , d.f. = 1,  $P < .02$ ).

Analysis of the type of drugs used in the student overdoses indicated that they were typical of their age group; half used non-opiate analgesics (aspirin, paracetamol etc.) and a third minor tranquillizers and sedatives.

In 1975–6 there were 16 attempts for which information about intent was available; it was considered that in 11 of these there had been no suicidal intent and in 4 a degree of intent with marked ambivalence; in only one was it felt that the individual had definitely wanted to die. For 13 attempts the Beck Suicide Intent Scale score was obtained, yielding a mean score of 8.6 (range 2 to 15) compared with mean scores of

TABLE I

*Attempted suicide rates per 100,000 for Oxford University students and for age group 15–24 in Oxford City other than University students during University Terms 1972–3 and 1975–6 (i.e. rates are for equivalent periods for both populations)*

University terms	Male			Female		
	Population at risk	N	Rate per 100,000 during University terms	Population at risk	N	Rate per 100,000 during University terms
<i>University students</i>						
1972–3	8,923	7	78	2,235	8	358
1975–6	8,858	7	79	2,689	3	112
<i>All persons aged 15–24 other than University students (Oxford City)</i>						
1972–3	6,255	12	192	6,553	46	702
1975–6	6,647	22	331	6,631	50	754

University students v all other persons aged 15–24 in Oxford City.

1972–3 Males,  $\chi^2 = 5.98$ ,  $P < .01$ ; Females,  $\chi^2 = 3.8$ ,  $P < .10$ .

1975–6 Males,  $\chi^2 = 17.03$ ,  $P < .001$ ; Females,  $\chi^2 = 14.87$ ,  $P < .001$ .

9.9 (range 0 to 26) for a consecutive series of attempted suicide patients (Pierce, 1977) and 9.3 (range 0 to 23) for a randomly selected group of self-poisoners in Oxford (unpublished). Thus student attempts do not appear to be more serious than others in their degree of suicidal intent.

Of the student attempters in the second study period, 9 were thought to have work problems, although only 2 were specifically worried about examinations and 4 had examinations pending in the three months following their attempt. Seven students were studying Arts subjects and six Science (the information was unavailable for one). (For the University as a whole the ratio of students studying Arts to those studying Science is almost two to one). Only 4 students were experiencing difficulties due to social isolation.

The students did not differ markedly from other attempters of their age group in terms of the proportion who had made previous attempts (47 per cent), who had a past history of psychiatric treatment (43 per cent) and who were thought to need psychiatric help after the attempt.

## Discussion

In the absence of control for social class it is not possible to conclude that Oxford University students have a lower attempted suicide rate or a higher completed suicide rate than other people of the same age and social class, but we can conclude that such students as a group have a lower incidence of attempts and a higher incidence of completed suicides than their age group in general.

The possibility that student 'attempts' are more likely to be failed suicides than those of other young people is not supported by our findings. Not only did they appear to be contending with similar types of problems, predominantly interpersonal, but the degree of suicidal intent was very similar. Although several students were experiencing a work problem, this rarely appeared to have been a primary reason for an attempt. Typically the student attempt was precipitated by difficulties in a relationship with a boy/girlfriend. In addition the student may have been experiencing feelings of social inadequacy and/or depression. Social isolation, previously suggested as a major cause of student suicides (Rooke, 1959);

Lyman, 1961) was not characteristic of this group of attempters.

The annual rates for completed suicides of both male and female Oxford University students are considerably lower than those reported for earlier periods for Cambridge University (Rooke, 1959) and Oxford University (Parnell, 1951). This may reflect the fact that we were only recording suicides that occurred within Oxford City. In the earlier studies some, although by no means complete, information was available on deaths occurring outside the University towns. Several open verdicts on student deaths were identified in this study, two or three of which could well have been suicides, but presumably the other studies were also subject to a similar limitation. However, the apparent fall may also be related to the introduction of student counselling services and to the reduction in the student male to female ratio—the former higher ratio having previously been suggested as contributing to the suicide problem of male students in Oxford and Cambridge (Cresswell and Smith, 1968).

#### Acknowledgements

This research was carried out as part of a wider research programme supported by a grant from the Department of

Health and Social Security. We are grateful to Professor Michael Gelder and Dr Norman Kreitman for their helpful comments.

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(Received 31 August 1977; revised 9 November 1977)