SURVEY OF SUICIDE COUNSELING AVAILABLE TO STUDENTS IN METROPOLITAN RICHMOND

Peggy Jean Johnson, Eve B. Tucker, Betty A. Bradbury, R.N., M.Ed., and F. J. Spencer, M.B., B.S., M.P.H.

SUICIDE as a cause of mortality in the United States in the age group 15 to 24 years increased from 4.5 cases per 100,000 population in 1950 to 6 per 100,000 in 1964 (*1*). In actual numbers, some 1,800 persons in this age group commit suicide in the United States each year. Many of these victims are high school and college students. According to a recent news report (*2*), the "college age group runs a 50 percent higher suicidal risk than nonstudents in a similar age group." The demographic and other variables associated with suicide among young persons were recently reviewed (*3*). It is disturbing, however, that of two recently published texts in school and college health administration, each devotes one-half page to the problems of suicide (*4, 5*). It is also disturbing that reviews of general educational guidance and counseling texts indicate that emphasis has been placed upon academic and vocational counseling rather than upon the counseling of students with a potential for suicide. Practically no data are available on facilities aimed at the prevention of suicides by high school and college students.

Methodolgy

A survey of counseling, with emphasis on suicide and attempted suicides, was conducted in 12 high schools and six colleges in the Richmond Standard Metropolitan Statistical Area (City of Richmond and counties of Henrico and Chesterfield) by senior students of the School of Nursing, Medical College of Virginia, Richmond. Three of the high schools were private; four were urban, five suburban, and three rural in location. Student enrollments ranged from 132 in one private school to 2,054 in a public school, with a median of 1,319. In three schools, the students were all nonwhite. In the remainder, 5 percent or less were nonwhite except for one private school in which 33 percent of the students were nonwhite. Two private schools were church affiliated and restricted to men.

Three of the six colleges surveyed were private, and three were State financed. Four colleges were coeducational; one Presbyterian and one Methodist institution were restricted to male students.

Four senior students, who worked in pairs, were assigned to the project. One pair surveyed each school and conducted interviews with its chief counselor, who was defined as the person "designated by the institution to counsel students concerning psychosocial and emotional problems." The majority of the counselors in the high schools were trained guidance counselors, but the colleges used psychologists, a chaplain, a psychiatric social worker, and administrators for counseling. The questions the nursing students asked in the survey pertained to the counselors' qualifications, facilities for counseling, percentage of time counselors spent on emotional problems, their experiences with suicide and attempted suicide, and their opinions of suicide prevention centers. In addition, basic data on school enrollment and counselor to student ratios were obtained.

Results

High schools. Eleven high schools had formal counseling programs; all facilities were centrally located. The counselor to student ratios

Mrs. Johnson and Miss Tucker are senior students and Miss Bradbury is an instructor in public health nursing, School of Nursing, Medical College of Virginia, Richmond. Dr. Spencer is professor and chairman of the department of preventive medicine of the college. Two other School of Nursing students, Patricia Curles and Virginia White, participated in the survey of counseling.

ranged from 1 to 13 to 1 to 573, with a median of 1 to 404, the lower ratios being in urban private schools with a white student body. All schools had an open door policy for counseling during school hours except for one public and one private school which required appointments. Estimates of the time counselors spent working with students' emotional problems ranged from "some time" to 75 percent, with most counselors quoting 5 to 10 percent of their time.

Three counselors knew of one suicide of a student from their school, and four others reported at least one suicide attempt. Seven counselors stated that they had seen one or more potentially suicidal students. All counselors interviewed endorsed the formation of a local suicide prevention center but were uncertain whether it would be of direct benefit to their programs.

Colleges. The counseling programs in colleges differed from those in the high schools by being separate from the academic or vocational advisory programs; most college counselors had doctoral degrees. All kept their facilities open during class hours. The counselor to student ratios ranged from 1 to 135 in a private college to 1 to 1,666 in a State institution. All counselors devoted at least 40 percent of their time to students' emotional problems. One counselor reported one suicide, and all counselors said they knew of from one to several attempted suicides per year. Five counselors were enthusiastic about forming a suicide prevention center in Richmond.

Discussion

A subjective impression of the interviewers was that the high school counselors were most interested in strictly academic and vocational counseling. This view was reinforced by the estimated percentage of time that they reported spending in counseling for emotional problems. These counselors' lack of understanding of the psychodynamics of suicide and attempted suicide lend weight to observations made in texts on counseling that, in the education of counselors, the aspect of emotional support is neglected. Several counselors voiced the opinion that "If someone really wants to commit suicide, there isn't anything you can do to stop them." Others commented that persons attempting suicide "just wanted attention" and asked whether it wasn't true that "people who are really going to commit suicide don't give any warning." It is unfortunate that these fallacies, common in the minds of the lay public, seem not to have been erased by the counselors' formal education.

The colleges were more varied than the high schools in their counseling personnel, facilities, and techniques. The college counselors were more aware of suicide and attempted suicide than their high school counterparts. They were also more active and aggressive in promoting suicide prevention. This aggressiveness, of course, may reflect the greater difficulty college counselors have in consulting with parents and their consequent greater reliance on intrainstitutional methods of dealing with students' emotional problems.

Unquestionably, a better understanding of suicide and its prevention is needed in educational institutions, especially in high schools. This understanding will not be achieved, however, until the education of counselors is somewhat reoriented so as to include more emphasis upon emotional, rather than academic and vocational problems. In colleges, perhaps the most necessary reform would be to divorce counseling services from academic programs and place them within an overall health service. The stigma attached to separate psychological counseling is a deterrent to students who need it. Another barrier to adequate counseling in mental health is the reluctance of colleges with a religious affiliation to separate counseling from denominational policies. This mixture is particularly repugnant to students who are of other religious denominations or who profess no particular faith. In private church high schools, students are usually of the same religious faith as the counselor.

From 1963 to 1967, 26 suicides occurred in the study area in the 15–24 year age group. A survey performed by another group of nursing students revealed that the police had investigated 77 attempted suicides in Richmond in 1966 in the same age group. These 103 events, although not all involving high school or college students, indicate the magnitude of the problem and the necessity of having well-trained counselors to deal with potentially suicidal students.

A suicide prevention center would benefit stu-

dents in two ways, we believe. School counselors, many of whom are apparently unacquainted with methods of handling suicidal students, could use such a center both for emergency services and educational programs. Moreover, as members of the general public, students themselves could use the center. Focusing of suicide prevention at a central point would facilitate the handling of potential suicides in student populations.

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Survey of A.A. Members

Sixty percent of the 11,355 men and women questioned at 466 meetings of Alcoholics Anonymous throughout the United States and Canada said that they had been without a drink for a year or more.

Dr. John L. Norris, chairman of A.A.'s General Service Board, reported on the findings of a broad-based survey taken in summer 1968 among A.A. members.

The survey, first of its kind ever made among a wide range of A.A. groups, queried members on their length of sobriety, how long it had taken them to stop drinking after coming to A.A., and primary factors responsible for attendance at their first meeting.

Forty-one percent of the members questioned reported that they had not had a drink of alcohol since their first meeting. Another 23 percent stopped within a year or less after their first meeting, and 18 percent within 2 to 5 years.

Norris said that there are estimated to be more than 400,000 A.A. members in 14,000 groups in 90 countries throughout the world. At the same time he noted that there are estimated to be at least 5 million active alcoholics in the United States.

Norris also noted that the survey, undertaken in various types of A.A. groups in North America, revealed that three-fourths of the respondents were men. Nearly 60 percent were between the ages of 30 and 50. Of the remainder, 7 percent were under 30 and 34 percent over 50 years of age. The survey also showed that 38 percent of the 11,355 members had been sober less than 1 year, 35 percent sober from 1 to 5 years, and 25 percent without a drink for more than 5 years. Ninety percent of the total attend at least one A.A. meeting a week.

One of the reasons for undertaking the survey was to obtain more accurate data about A.A. and its effectiveness to the growing number of professional people—physicians, psychiatrists, social workers, law enforcement officials, and others—who work in this field.

The survey, Norris pointed out, indicates that physicians are playing an increasingly important role in getting alcoholics to their first A.A. meeting. Of those who joined A.A. at least 20 years ago, only 12 percent were influenced by physicians. Today 19 percent report being sent by physicians, an increase of more than 50 percent. For those under 18 years old, the social worker plays a key role, with 28 percent stating that they came to A.A. through a social worker, as compared to less than 1 percent for the total sample.

Fifty-five percent of the respondents stated that another A.A. member was responsible for their first attendance at a meeting; 34 percent indicated that some member of the family was most responsible; 12 percent cited news media, with other members giving credit to clergymen, 7 percent; counseling agencies, 4 percent; and hospitals, 2 percent.