

Suicidal Ideation in Undergraduate Students of Social Work: A Quantitative Study

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ABSTRACT

There is a social and cultural problem related to suicide in advanced societies. From a professional point of view, social workers intervene to achieve social welfare and health for the people with whom they work without being exempt from suffering suicidal ideation themselves. The present research aims to analyze suicidal ideation in undergraduate students of Social Work. Through a quantitative methodology, this phenomenon is analyzed in a large sample of students belonging to Spanish universities (n=1005). In the statistical study, a frequency analysis, a cross-table analysis, and a binary logistic regression are developed, taking as reference the dependent variable: the risk of suicidal ideation. The predictor variables of suicidal risk are: sex, type of social relationships, bullying in previous stages, consumption of antidepressant medication, increased anxiety after COVID-19, and economic difficulties in continuing studies. Universities should not be oblivious to the problems of their students but should incorporate specific programs for the treatment and prevention of suicidal risk, promoting quality education about the U.N. Sustainable Development Goals.



Received 2023-05-31

Revised 2023-06-15

Accepted 2023-06-19

Published 2023-07-15

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DOI <https://doi.org/10.7821/naer.2023.7.1481>

Pages: 360-377

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Keywords SOCIAL WORK STUDENTS, SUICIDAL IDEATION, SUICIDAL RISK, UNIVERSITIES, ANXIETY, BULLYING

1 INTRODUCTION

1.1 Suicide: Social and Cultural Perspective

Suicide as a social phenomenon is related to self-deprivation in life. (Durkheim, 2005a) considers kinds of alienated suicides: manic, produced by hallucinations; melancholic; obsessive, which has its genesis in the fixed idea of death; and impulsive or automatic. In contrast to suicide, their suicidal behavior is defined as the "act through which the individual causes himself an injury, whatever the degree of lethal intent and whatever the level of knowledge of

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his authentic motivations” (Markina & Diez, 2020; Santos & Camacho, 2019; WHO, 2004)

Currently, globally, the age-standardized suicide rate is 2.3 times higher in men than women. The ratio was slightly more than 3 in high-income countries (2.9) and lowered in low-income (1.8) and middle-income (2.6) countries (WHO, 2021). In Spain, in 2020, suicide remains the main cause of external death compared to accidents, diving, falling, attack and murder, with a total of 3,941 deaths (2,930 men and 1,011 women), being 7.4% more than in 2019 Fonseca-Pedrero, Al-Halabí, Pérez-Albéniz, and Debbané (2022). According to the National Institute of Statistics, August (approximately 34.0%) and February (approximately 28.2%) were the most significant years in which the number of suicides increased most significantly INE (2021).

These alarming figures show the need to intervene from different levels to try to reduce them, and it is already an issue that is part of the 2030 Agenda of the United Nations (2015). These goals are established in the third Sustainable Development Goal (SDG) of the United Nations. This Health and Well-being goal is determinant to solving both target 3.4, which aims to achieve by 2030, to reduce premature mortality by one third from non-communicable diseases by prevention and treatment, and promote mental health and well-being, and target 3.5, which the Pan American Health Organization, links to the reduction of the rate of suicide and suicidal behaviors (PAHO, 2018). The achievement of these goals is connected to the countries' health care and social protection systems.

It is important to note that suicidal ideation is the prelude to attempted and completed suicide. From this perspective and with prevention as the main objective, it is necessary to know the definition of suicidal ideation, which is "thoughts about the will to take one's own life, with or without planning or method. The suicidal threat is the verbal or nonverbal expression, which manifests the possibility of suicidal behavior soon" (Vázquez Alonso & Manassero-Más, 2012).

From a clinical point of view, according to the Guidelines for the primary care of patients with suicidal ideation or attempt (Universidad Industrial de Santander, 2014), "after suicidal ideation and/or behavior, it is always recommended to perform an adequate psychopathological and social assessment that includes the psychological and contextual characteristics of the patient, as well as an assessment of the risk and protective factors of suicidal ideation and/or behavior" (Universidad Industrial de Santander, p. 8).

Suicide occurs with greater or lesser social repercussions in specific population sectors. The elderly group is the most vulnerable, especially among men over 65, with the characteristic of not showing warning signs and generally succeeding in their first attempt (Marson, 2022). This author uses Durkheim's theory in the description of the types of suicides (fatalistic, anomic, selfish, and altruistic) (Zhao, 2014) and the evaluation of such behavior through Durkheim Suicide Assessment (DSA) (Marson, Hong, & Bullard, 2017), helping to identify the circumstances and social factors that figure in the social history. It is an assessment that helps to prevent and determine a strategy for intervention against suicide based on the social environment (Marson, 2022). This is characterized by selfish dominance, social isolation, and lack of role expectations, which generate a situation with few satisfactory out-

comes. In this sense, it is essential to know the factors that can determine suicidal ideation in people with disabilities (Nagraj & Omar, 2017), cultural differences (Eskin et al., 2021), chosen sexual option (Meyer, Russell, Hammack, Frost, & Wilson, 2021), or ascription to religious minorities (Saiz, Ayllón-Alonso, Sánchez-Iglesias, Chopra, & Mills, 2021). In the Spanish adolescent population, the prevalence of suicide ideation is 30%, and the prevalence of suicide attempts is virtually 4% (Fonseca-Pedrero & Albéniz, 2020). The risk of suicidal ideation in the 19th century was located in the age range between 41 and 50 years, with 164.4 suicides per million inhabitants (Durkheim, 2005a, p.167).

1.2 Suicide, Education and Social Work

Different studies point out that many university students have experienced traumatic events (Banyard & Cantor, 2004; Goodman, Corcoran, Turner, Yuan, & Green, 1998), among which the COVID-19 pandemic stands out (Muyor-Rodríguez, Caravaca-Sánchez, & Fernández-Prados, 2021). Therefore, the acquisition of social-emotional competencies (SEC) is necessary, as well as the benefits they confer (Azim Majumder, Ojeh, Rahman, & Sa, 2020).

The profession of social worker is an academic discipline that promotes the development of social change, the social cohesion and the empowerment and liberation of people (Manchester, 2015; Smith, 2018). Social work students, as future professionals, need to be aware of the possibilities of their intervention in Mental Health contexts, especially in treating people with suicidal behaviors at different stages of the life cycle and especially with minorities in situations of exclusion (Joe & Niedermeier, 2008). Their intervention challenges social workers seeking to practice critically and offer social expertise to dominant psychiatric assessment and treatment models (Macfarlane, 2009; Manchester, 2015; Morley & Bree, 2021; Morley & Stenhouse, 2021). These circumstances create some uncertainty in the realization of the professional's social support and achievement of social justice as the mission and values of the profession (Renouf & Bland, 2005).

The social work profession is characterized by its ability to treat the whole person (Joe & Niedermeier, 2008) in stressful situations (elderly, disabilities, dependency, minor protection, sick). So they must develop, from the university stage, skills such as empathy that can contain suicidal ideation. And that allows them to face their difficulties without wanting to resort to suicide attempts and, at the same time to know the vulnerability of their users to prevent unwanted outcomes.

Other research, including Bjørlykhaug, Karlsson, Hesook, and Kleppe (2021), has linked mental health to the social support received both at the individual level (Beauregard, Marchand, and Blanc (2011); Leigh-Hunt et al. (2017); Tol et al. (2011) and the group level (McDonald, 2018; Tough, Siegrist, & Fekete, 2017). Social support provided by social workers can be (a) emotional, having someone to talk to whom the person feels cared for through empathy used by social workers (Yang et al., 2022), (b) instrumental, aiming to address needs (Baiden, Dunnen, & Fallon, 2017) (c) informational, and (d) evaluative (Langford, Bowsler, Maloney, & Lillis, 1997; Sarason, Sarason, Shearin, & Pierce, 1987). WHO points to the existence of psychological, social, biological, cultural,

and environmental factors (Hawton & Heeringer, 2009) and the need for surveillance of suicide and suicide attempts as one of the necessary strategies for the prevention of suicide attempts and self-harm (World Health Organization, 2004; Crosby et al., 2011). This strategy is linked to a public health model or system which contemplates suicide prevention (Bille-Brahe & Leo, 2004) as a central component of national suicide prevention strategies.

Primary interventions by universities would be concerning situation analysis, multi-sectoral collaboration with existing social-health services, awareness raising, capacity building through training courses (Kourgiantakis et al., 2019), funding, surveillance, and monitoring and evaluation. Intervention in suicidal ideation can help stop the pace followed by those students of suicide attempts and complete suicides (Harris & Barraclough, 1997).

The preventive activity requires the coordination and collaboration of various sectors of society, including health, education, employment, agriculture and livestock, commerce, justice, law, law enforcement, politics, and the media. These activities must be comprehensive and holistic, as no single approach can address such a complex issue. The intervention will be directed at the person with suicidal ideation and their family.

In this sense, because suicide is the leading cause of death in Spanish youth aged 15-34 years (Fonseca-Pedrero & Albéniz, 2020), together with previous research indicating high levels of suicidal ideation in university students (Reina-Aguilar, Díaz-Jiménez, & Caravaca-Sánchez, 2022), we have considered the study of this social phenomenon in students of the Degree of Social Work, as well as what are its predictors.

2 METHODS

The main objective of this research has two focuses. On the one hand, we tried to know the levels of suicidal ideation in university students; and, on the other, to determine if there are predictive factors in suicidal ideation in this group. Fieldwork was conducted in 2022. The study has been endorsed by the University of Murcia Ethics Committee and IE:4153/2022. It is part of a large study project on suicidal ideation in the university world (Lázaro-Pérez, Munuera Gómez, Martínez-López, & Gómez-Galán, 2023).

The questionnaire was distributed online through a specific survey platform managed by the University of Murcia to facilitate the completion of the questionnaire, reach a larger number of students and allow for greater confidentiality of the responses. The survey was distributed in all Spanish universities where the degree in Social Work is taught, through simple random sampling, since the collaboration of the faculties was required to distribute the survey among their students.

The dependent variable object of the research is the level of suicidal risk on the part of university students in Social Work. For this purpose, the Plutchick, Van Praag, H., Conte, and Picard (1989) suicidal ideation scale was used. This scale consists of 15 questions with dichotomous response options (Yes/No). If the respondents obtain a level of affirmative answers of 6 or more, the suicidal risk is considered to exist. This scale evaluates self-harm attempts before the administration of the scale, the intensity of suicidal ideation at present,

depression, hopelessness, and other feelings related to suicide attempts.

This scale was included in a questionnaire together with questions related to the independent variables: a) sociodemographic profile, b) structure and composition of the family unit, c) social relations inside and outside the university,

The participation of the students was n=1005 university students distributed among all the Spanish universities that offer a degree in Social Work. Table 1 displays the profile of the participants.

Table 1 Profile of research participants

	Frequency	%
Gender		
Woman	884	88,0
Male	109	10,8
Non-binary		1,2
Age		
Up to 19		27.9
20-22	431	42.9
23-25		12.5
26-30	52	5.2
≥31		11.5
Marital Status		
Single	852	84.9
Married	52	5.2
Unmarried Partner	91	9.1
Divorced		0.8
Nationality		
Spanish	951	95.7
Foreign	43	4.3

Regarding the statistical analysis, first, a descriptive analysis of the most representative variables, including the answers to Plutchik’s suicidal ideation scale, was developed. Subsequently, a cross-table study was designed, considering the dependent variable (risk of suicidal ideation: Yes/No).

Finally, to determine the predictive variables of suicidal ideation in university students, a binary logistic regression was performed using the Wald method, taking suicidal ideation as the reference and dependent variable through the SPSS v. 28 computer program.

3 RESULTS

First, Table 2 shows the results of Plutchik’s suicidal ideation scale. The result of applying the risk of suicidal ideation in university students of Social Work is 31.8%.

Table 2 Values of the Plutchik Scale items.

	n	%
Do you often take any medications, such as aspirin or sleeping pills?		
No	889	88.5
Yes		11.5
Do you have difficulty falling asleep?		
No	560	55.7
Yes	445	44.3
Do you occasionally feel that you might lose control over yourself?		
No	589	58.6
Yes	416	41.4
Do you have slight interest in relating to people?		
No	740	73.6
Yes	265	26.4
Do you perceive your future with more pessimism than optimism?		
No	699	69.6
Yes	306	30.4
Have you ever felt useless or worthless?		
No	233	23.2
Yes	772	76.8
Do you see your future as hopeless?		
No	919	91.4
Yes	86	8.6
Have you ever felt so bad that you just needed to crawl into bed and forget about everything?		
No	319	31.7
Yes	686	68.3
Are you depressed now?		
No	830	82.6
Yes		17.4
Are you separated, divorced, or widowed?		
No	983	97.8
Yes		2.2
Do you know if anybody in your family has ever attempted suicide?		
No	709	70.5
Yes		29.5
Have you ever felt so enraged that you would have been able to kill someone?		
No	900	89.6
Yes		10.4
Have you ever thought of committing suicide?		
No	645	64.2
Yes		35.8
Have you ever told anyone that you needed to commit suicide?		
No	786	78.2
Yes	219	21.8
Have you ever intended to take your own life?		
No	909	90.4
Yes		9.6
The Suicidal Ideation Scale score		
No	685	68.2

Continued on next page

Table 2 continued

	n	%
Yes	320	31.8

The three items with the highest values are a) Have ever felt useless or worthless (76.8%), b) Have you ever felt so bad that you just needed to crawl into bed and forget about everything? (68.3%), c) Have difficulty falling asleep (44.3%). In addition, it is noteworthy that 35.8% of the respondents stated that they have ever thought of committing suicide and that 9.6% of them have attempted suicide at some time.

Subsequently, a chi-square analysis was applied to the study variables, taking the risk of suicidal ideation as the reference and dependent variable. The results are shown in Table 3.

Table 3 Descriptive and cross-table analysis.

Variable	Category	%	Risk of Suicidal Ideation	Chi-Square
Gender	Female (884)	88.0	31.9	<.001
	Male (109)	10.8	25.5	
	Non-binary (12)	1.2	83.3	
Age	Up to 19 (280)	27.9	28.2	.096
	20-22 (431)	42.9	31.6	
	23-25 (126)	12.5	38.9	
	26-30 (52)	5.2	46.2	
	31-40 (69)	6.9	26.1	
	41-50 (32)	3.2	31.3	
	51 and over (15)	1.5	26.7	
Marital Status	Married (52)	5.2	23.1	.274
	Single (852)	84.9	31.7	
	Domestic Partnership (91)	9.1	36.3	
	Divorced (8)	0.8	50.0	
Nationality	Spanish (951)	95.7	30.7	.029
	Foreign (43)	4.3	46.5	
Coexistence	Family home (718)	71.6	32.2	.038
	University Residence (10)	1.0	40.0	
	Shared apartment (198)	19.7	25.3	
	Solo (37)	3.7	40.5	
	Other (40)	4.0	47.5	
Type of social relations	Non-existent (37)	3.7	64.9	<.001
	Satisfactory (866)	86.3	27.1	
	Indifferent (100)	10.0	60.0	
Classroom environment	Non-existent (103)	10.4	49.5	<.001
	Satisfactory (541)	54.4	25.1	
	Indifferent (351)	37.0	37.0	
Suffered bullying in previous stages	No (664)	66.2	22.6	<.001
	Yes (339)	33.8	49.9	
Antidepressant medication	No (939)	93.6	28.4	<.001
	Yes (11)	1.1	72.7	
Your anxiety level has increased after COVID-19	No (454)	45.2	20.7	<.001
	Yes (550)	54.8	40.9	
He has financial difficulties continuing his studies	No (685)	68.6	26.0	<.001
	Yes (313)	31.1	44.4	

Of all the variables introduced in the analysis, only age and marital status do not show a representative result according to the chi-square test. Looking more deeply into each variable, we observe very relevant results. Firstly, gender is a determining variable ($\chi^2 < .001$), especially the "non-binary" option; in fact, 83.3% of those who identify themselves in this way suffer from suicidal ideation. Being a foreigner ($\chi^2 = .029$) also increases the risk of suicidal ideation (46.5%) concerning Spanish nationals, up to +16%. Regarding cohabitation ($\chi^2 = .038$), living in a shared apartment or a family home reduces the possibility of suffering suicidal ideation. Those who reach higher values are the other option (47.5%), alone (40.5%) and university residence (40.0%).

On the other hand, the type of social and classroom relationships also show significant data ($\chi^2 < .001$), and the probability of suffering suicidal ideation increases to the extent to which these relationships are unsatisfactory. Those with non-existent or deficient social relationships show percentages of suicidal ideation of 64.9% and 60.0%, respectively. Considering the type of relationships established within the classroom, the categories offer similar data to the previous case, although with lower levels. Those with non-existent social relationships within the classroom show a risk of suicidal ideation of 49.5%, 37.0% when they are indifferent, and 25.1% when they are satisfactory. In this sense, and within the educational environment, suffering suicidal ideation is also closely correlated with having suffered bullying in lower educational stages ($\chi^2 < .001$), reaching a percentage of 49.9% of the people surveyed who considered that they had suffered this type of harassment previously.

Another of the most outstanding categories with suicidal ideation is taking psychotropic drugs ($\chi^2 < .001$), raising the probability of suffering suicidal ideation to over 72%. Furthermore, 40.9% of people who have seen their anxiety increase after COVID-19 show suicidal ideation, as do 44.4% of the people who have financial difficulties in continuing their studies. In both cases, they register an $\chi^2 < .001$.

Finally, the binary logistic regression technique was used, taking the risk of suicidal ideation as the dependent variable and those shown in Table 4 as the independent variables.

The logistic regression model was statistically significant, $X^2 = 226.452$, $p < .001$. The model explained 29.4% (Nagelkerke's R^2) of the variance in the dependent variable of risk of suicidal ideation and properly classified 76.3% of the cases. The Hosmer-Lemeshow test presented no significant difference between the observed and predicted results in this model with a $p = 0.394$.

Based on these results, minor significant variables were eliminated using the automatic method "Wald: stepwise progress." Of the set of independent variables introduced in the binary logistic regression, those that showed predictive capacity were the following: a) Gender (Non-binary), b) Social relationships (Indifferent/Non-existent), c) Bullying in previous stages of schooling (Yes), d) Taking antidepressant medication (For less than two months/Since more than two months ago), e) Has increased his level of anxiety in his studies after COVID-19 (Yes), f) Has economic difficulties to continue his studies (Yes).

Regarding the first of the predictive categories: gender, people who define themselves as "non-binary" present an OR = 14.152, $IC_{95\%} [2.394-85.570]$, $p = 0.003$. Therefore, in the case of

Table 4 Variables used in Binary Logistic Regression

1. Gender	5. Has suffered bullying in previous educational stages
Ref. Male	Ref. No.
(1) Female	(1) Yes
(2) Non-binary	14. Takes antidepressant medication
2. Coexistence	Ref. No.
Ref. Family home	(1) Yes, less than two months ago
(1) University residence	(2) Yes, more than two months ago
(2) Shared apartment	16. Your anxiety level has augmented as a result of COVID-19.
(3) Only	Ref. No.
(4) Other	(1) Yes
Type of social relations	17. You have financial difficulties paying for university studies
Satisfactory Ref.	Ref. No.
(1) Indifferent or non-existent	(1) Yes
4. Classroom Environment	
Ref. Satisfactory	
(1) Indifferent or non-existent	

Table 5 Logistic Regression Results

	B	Sig.	Exp(B)	95% C.I. for Exp(B)	
				Inferior	Superior
Gender: Non-binary	2.650	.003	14.152	2.397	85.570
Social Relationships: Indifferent/Non-existent	1.187	<.001	3.277	2.150	4.995
Bullying previous stages of schooling: Yes	1.074	<.001	2.626	2.132	4.015
Antidepressant medication: since less than two months	2.108	.005	8.229	1.893	35.769
Taking antidepressant medication: since more than two months	2.198	<.001	9.007	4.256	19.061
Has your level of anxiety increased in your studies after COVID-19: Yes	1.001	<.001	2.720	1.954	3.786
Do you have financial difficulties continuing your studies: Yes	.512	.002	1.668	1.203	2.313
Constant	-	<0.01	.081		
	2.515				

”non-binary” people, their risk of suffering suicidal ideation is 14 times higher concerning men.

About the type of social relationships, the data show $OR = 3.277$, $95\%CI[2.150-4.995]$, $p<0.001$. This means that people who consider their social connections to be ”non-existent/indifferent” risk suffering suicidal ideation three times higher than those who define their social relationships as satisfactory.

In third place, those who have suffered bullying in lower educational stages, shows an $OR = 2.626$, $IC95\% [2.132 - 4.015]$, $p<0.001$; therefore, they have a 2.6 times more risk of suicidal ideation than the rest of the university students.

Taking psychotropic drugs is another predictor of suicidal ideation in university students. In the first place, those who responded that ”they have been taking antidepressant medication for less than two months” presented an $OR = 8.299$, $IC95\%[1.893-35.769]$, $p=0.005$. Therefore, these people are up to 8.2 more likely to suffer suicidal ideation than people who

do not take antidepressant medication. These values are even higher for people who "have been taking antidepressant medication for more than two months," who have an $OR = 9.007$, $95\%CI[4.256-19.061]$, $p < .001$. Thus, these people are nine times more likely to suffer suicidal ideation than those who do not. Therefore, the longer the time of consumption of this type of medication, the greater the possibility of suffering suicidal risk.

Numerous studies show the incidence of COVID-19 in acute mental illness processes. Those who stated that they have "increased their anxiety after COVID-19" have an $OR = 2.720$, $IC95\%[1.954-3.786]$, $p < 0.001$. These data show that students in Social Work have 2.7 times more risk of suffering suicidal risk than those who did not increase their anxiety level after the outbreak of COVID-19.

The last of the predictive variables are "economic difficulties" to continue their university studies" with an $OR = 1.668$, $IC95\%[1.203-2.313]$, $p = 0.002$. Thus, in the case of these students, they are 1.6 times more likely to suffer suicidal risk than those who do not have economic difficulties.

4 DISCUSSION

In the research conducted by (Blasco et al., 2019) on 2118 from different areas of knowledge showed a prevalence of suicidal thoughts and behaviors in 12 months of 9.9%; 5.6% had a suicidal plan, and 0.6% attempted suicide. The data in our study are much higher since suicidal ideation reaches 9.6% of the students enrolled in the Degree in Social Work, and 9.6% have attempted suicide at some time.

Young people are highly vulnerable to suicidal ideation. Therefore, it is necessary to advance suicide risk prevention and promote mental health treatment services. Recent studies showed that after Covid-19, the suicide risk was 6% in New Zealand, with the 18-36 year-old population, the youngest adults, showing the highest records (Every-Palmer et al., 2020). Other findings underscore the need for suicide risk screening and access to mental health services following Covid-19 to prevent suicide risk (Ammerman, Burke, Jacobucci, & McClure, 2021).

One of the most relevant data in our study is that people who define themselves as "non-binary" are up to 14 times more likely to suffer suicidal risk concerning the reference variable (men). This category is novel and responds to the social and cultural changes currently occurring in Spain and other countries. From a gender perspective, (Blasco et al., 2016) conducted an research to assess whether gender is a factor that can be related to the risk/protection of suicidal thoughts and behaviors (STS) and the Prevalence of Suicidal Thoughts and Behaviors (STB). Reina-Aguilar et al. (2022) recently showed that factors influencing suicidal ideation in Social Work students are related to depressive symptomatology and planning and imminent risk of suicide, partly in line with part of our findings, lower perceived social support and lower life satisfaction. The results obtained indicate the prevalence of the risk of suicidal ideation, planning, and imminent risk of suicide among Social Work students in Spanish universities, and the findings of this study have specific implications for the university community of Social Work and governmental, academic, and university agencies in

general.

Taking psychotropic drugs is a determining factor in suicidal ideation, whether they have been taking them for less than two months or longer; however, in both cases, it is a determining factor for suicidal ideation, increasing their risk by 8 and 9 times, respectively. [Gail Horton, Diaz, and Green \(2009\)](#), in a descriptive cross-sectional study conducted in 2006 in 68 undergraduate and graduate social work students at the public Atlantic University, Florida (USA), found an increase in depressive disorders, substance abuse, trauma and suicidal ideation ([Constantine & Chen, 1997](#); [Heppner et al., 1994](#)). Recent studies on adolescents also point out how the incidence of drugs, together with other variables such as affective variables, emotional intelligence or attachment can increase the risk of suicide in the young population, especially in vulnerable populations after Covid-19 ([Hermosillo-De-La-Torre et al., 2021](#)). And at this point, we cannot forget that one of the most prominent addictions among university students is their addiction to social networks ([Gómez-Galán, Lázaro-Pérez, & Martínez-López, 2021a](#)).

[Westefeld and Furr \(1987\)](#) studied 962 students from three institutions on depression and suicide. The results indicated that 81% of the respondents experienced what they identified as "depression" while in college, with grade problems, relationship problems, loneliness, and money. Problems most frequently cited as contributing factors. Thirty-two percent of students stated that they had thought about suicide, and 1% reported having attempted suicide while in college. Attempters were significantly more likely to report hopelessness, helplessness, loneliness, and depression ([Furr, Westefeld, McConnell, & Jenkins, 2001](#)).

However, little previous research has focused specifically on the mental health of social work students. The study by [Gail Horton et al. \(2009\)](#) aimed to identify and describe the mental health characteristics of a sample of social work students attending a public university in Florida. In this study, twenty-five students (36.8%) reported having had suicidal ideation at some point in their lives; 11.8% had attempted suicide, and an alarming 4.4% said having thought about it lately. Of the students, 65% reported having received help at some point in their lives from a mental health professional, while 16.2% reported having attended a mental health treatment program ([Gail Horton et al., 2009](#)). [Martínez-Martín and Lozano-Martín \(2021\)](#) conducted a study compared with other degrees and highlighted the low level of conflict presented by social work students about the different degrees studied.

[Schwartz and Whitaker \(1990\)](#) study of college student suicide rates over 60 years (1928-1988) at 12 colleges and universities established that the suicide rate among college students was about half that of the nonstudent group.

Non-existent or indifferent social relationships or having suffered bullying in earlier stages also increases the risk of suicidal ideation by two times. Bullying at university, although less studied than in other educational stages, is a serious problem that should be taken into account by university authorities [Gómez-Galán, Lázaro-Pérez, and Martínez-López \(2021b\)](#).

Related to mood, COVID-19 also influences the self-esteem of university students and is also a predictive variable of suicidal ideation by 2.7 times more than people who have not been affected by the pandemic. For their part, [Miranda-Mendizabal et al. \(2019\)](#) point out as the main factor favoring suicidal ideation was: mood disorder through life, which we could say is in line with a factor identified in our study (Taking antidepressant medication for more than two months). From a gender perspective, in females, exposure to parental violence, anxiety disorder, and alcohol/substance intake stand out as predictive factors. The predictive factors for suicidal ideation, in the case of males, that the study showed were: physical/child abuse, having deceased parents, and hopelessness. These data are consistent with all university students, regardless of their studies and chosen profession ([Lázaro-Pérez et al., 2023](#)).

Family, family support, and peer support were associated with a lower risk of suicidal ideation among women. In the case of Spain, university education is co-financed, and there are scholarships for students, but they do not cover all the economic needs that students may have. In fact, in our research, financial difficulties in continuing university studies can act as a stressor, and in these, university students with a Degree in Social Work show 1.7 times more possibility of suffering suicidal ideation.

A study of U.K. social work students on attitudes, mental health, self-criticism, self-compassion, and role identity confirmed that students felt that their community perceived mental health problems negatively. At the same time, they indicated that their self-criticism, self-compassion, and role identity were related to their poor mental health. These findings must be considered to deepen understanding of mental health symptoms and identify better solutions for social work students ([Kotera, Green, & Sheffield, 2019](#)). Training holistically involves equipping them with technical and emotional competencies (SEC) for personal well-being and work success ([Rosa, Riberas, Navarro-Segura, & Vilar, 2015](#)). Concerning unique benefits, some studies have reported better stress management ([Carvalho, Guerrero, & Chambel, 2018](#)) and mental health ([Seligman, 2002](#)).

5 CONCLUSION

Society and the university, in particular, should strive to improve social environments to achieve the U.N. Sustainable Development Goals. The achievement of these objectives will favor healthier social environments, thus suppressing the circumstances that tend to certain types of suicides pointed out by [Durkheim \(2005b\)](#). Therefore, the university should work on the factors contributing to their reduction. Existing expectations in society determine certain behaviors that generate prejudices and generate processes that increase the stress of university students.

The results of this research have numerous implications for the care of students in the Bachelor of Social Work. Some students have suicidal ideation, suicide attempts, dissociation, substance abuse, and other mental health problems that could recur during their stay at the university. Therefore, the teaching staff should be trained ([Kourgiantakis et al., 2019](#)) and know the preventive measures to follow given the high probability.

The university must create the necessary services for care and coordination with mental health centers and personnel for such counseling. These services should be accessible and have short waiting lists (Furr et al., 2001). The lack of mental health support resources in Spain and the excess of medicalization cause specific depressive processes not to evolve nicely, leaving the person without resources and professionals to help them solve. Therefore, it is needed to take care of students' mental health so that they receive more intervention and less medication.

Social Work students should receive training in mental health that will help them to know the differences in the behavior of suicidal behavior and the importance of providing social support to implement the quality of the social environment for individuals and families in this situation (Kourgiantakis et al., 2019). Students, as future professionals, should know how to identify early, assess, manage, and monitoring of any person affected by suicidal behaviors. And collaborate in achieving the goals set out in the U.N. Sustainable Development Goals.

Students who think about suicide seek to stop suffering, so it is crucial to analyze the social risk factors for suicide that meet the people served by social workers in their social histories (Marson, 2022). One of the ways of prevention is to encourage the acquisition of socioemotional skills to cope positively with life's difficulties from adolescence. The characteristics of the professional relationship and the emotionally charged nature determine the need to prevent suicidal ideation and thus avoid suicidal risk.

Finally, one of the main limitations of our study is the quantitative nature of the research. Therefore, in the future, this object of study should be approached from a qualitative perspective involving both university students and the rest of the university community, and especially the services responsible for mental health.

6 AUTHOR'S CONTRIBUTIONS

Conceptualization, P.M.G., C.L.-P., J.Á.M.-L. and J.G.-G.; validation, P.M.G., C.L.-P., J.Á.M.-L. and J.G.-G.; formal analysis, P.M.G., J.Á.M.-L., C.L.-P. and J.G.-G.; investigation, P.M.G., J.Á.M.-L., C.L.-P. and J.G.-G.; data curation, J.Á.M.-L. and J.G.-G.; writing—original draft, P.M.G., C.L.-P., J.Á.M.-L. and J.G.-G.; writing—review and editing, J.Á.M.-L. and J.G.-G.; supervision, J.Á.M.-L., C.L.-P. and J.G.-G.; project administration, C.L.-P., P.M.G. and J.Á.M.-L.

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