Academic/Research Article

Assessing and Managing Suicide Risk among Ireland's Third-Level Students and Young Adults

By Hayley O'Gorman

Introduction

Identifying vulnerable clients and suicide risk is arguably amongst the most important responsibilities of mental health clinicians (Lotito & Cook, 2015). While this is no easy task, counsellors are uniquely placed to identify and assess such risk (Roush et al., 2018). The author of this paper clinically practices in the University of Limerick, a large internationally-focused university. Thus, this paper explores suicidality in general and then particularly amongst third-level students in Ireland. In this context, both the method and administration of suicide risk assessment applied is critical. While the precise risk assessment tools used by counsellors are intrinsic to determining and understanding the client context of suicidality, focused research on therapists' experiences of working with such tools with suicidal clients is conspicuously limited (Pritchard, 1995; Firestone, 1997, cited in Kalsi, 2021; Picard & Rosenfield, 2021). Research conducted by the author in this area is therefore also summarised, with the Collaborative Assessment and Management of Suicidality (CAMS) (Jobes, 2016) risk assessment framework featuring prominently.

A Global Phenomenon

As the act of killing oneself intentionally (Joiner, 2005), suicide is a complex, multifaceted, and contextual phenomenon (Hjelmeland & Loa Knizek, 2020) which falls among the top 20 leading causes of death worldwide (World Health Organisation [WHO], 2019), claiming the lives of over 700,000 people each year (WHO, 2021). However, the worrying extent of this public health issue is underestimated given the fact that for every suicide, there are approximately 20 suicide attempts (WHO, 2014).

As the second leading cause of death among college students (Moskow, Lipson & Tompson, 2022), suicide accounts for 6% of deaths in young people globally (Rufino et al., 2021). Indeed, a meta-analysis of 36 college samples worldwide reaching 634,662 students, confirmed that almost 1 in 4 students had experienced suicide ideation of which 40-45% had engaged in suicide planning and 20%. had made suicide attempts (Mortier et al., 2018).

The 'WHO World Mental Health International College Student' initiative purports that the transition from second- to third-level education conflates with a period of heightened emotional sensitivity, at which time mental disorder is often prevalent (Cuijpers et al., 2019). In fact, at least one mental health disorder was detected in 35% of first-year students globally (WHO, 2018). Furthermore, the literature consistently identifies a history of depression, suicidal ideation, suicidal behaviour, suicidal attempts, suicide planning, and hopelessness as significant risk factors for suicide in college students (Chelmardi, Rashid, Dadfar & Lester, 2021; Dhingra et al.,

2019; Hayes et al., 2020; Wu et al., 2021). While risk factors may play a lesser role in counsellors' suicide predictions (Sommers-Flanaghan & Shaw, 2017), they help to address underlying suicidal "drivers" with clients (Jobes, 2016) via exploration of the clients' experience in conjunction with a suicide risk assessment (Reeves, 2017). Thus, it is imperative that counsellors are appropriately trained to effectively assess risk and support this cohort.

An Irish Phenomenon

From a national perspective, the 2021 Report of Psychological Counsellors in Higher Education Ireland (PCHEI) stated that 7% (approx. 16,500) of the overall Higher Education Institution (HEI) student population has sought the support of Student Counselling Services: a notable rise from 4% (3,863) in the 2007/2008 academic year (Howard et al., 2021). Horgan and colleagues' (2018) study of 220 first-year undergraduate students in Ireland found that 28.5% reported suicidal ideation: a figure which exceeds international norms. In fact, the Department of Health Connecting for Life (Ireland's National Strategy to Reduce Suicide) (HSE, 2020) report that Ireland has the fourth highest suicide rate of 31 European countries for the 15-19 age group.

Citing data from the National Suicide Research Foundation (2019), the Higher Education Authority's (HEA) National Student Mental Health and Suicide Prevention Framework (NSMHSPF) (2020) indicates an alarming 29% increase in self-harm among individuals aged 10 to 24 over the last 10 years (Fox, Byrne & Surdey, 2020). Moreover, a direct framework comparison with the 'My World Survey-1' (2012) and the 'My World Survey-2' (2019) demonstrates a rise in respondents who reported suicide attempts and thoughts that life was not worth living. Accordingly, in 2020 the HEA developed Ireland's first national suicide prevention framework, the NSMHSPF (Fox et al., 2020), in efforts to meet the Connecting for Life strategy to develop a national policy for suicide prevention in Higher Education (Surdey, Byrne & Fox, 2022). The strategy asserts that third-level institutions should provide robust assessment and intervention methods (Lipson et al., 2022) for proper assessment, management, and treatment of suicidality. Student Counselling Service clinicians are certainly in a key position to appropriately screen and/or assess suicide risk (Roush et al., 2017) among this population. Thus, they should ideally do so using evidence-based suicide-specific assessment and management strategies (Fox et al., 2020).

> *Data indicates an alarming increase in self-harm among individuals aged 10 to 24 over the last 10 years*
>
> *(Fox, Byrne & Surdey, 2020)*

Theories of Suicidality

While there is a dearth of empirically supported theories to explain the prevalence of student suicidality (Prinstein, 2008; Lester, 2013), the Interpersonal Theory of Suicide (IPTS) (Joiner, 2005), later expanded by Van Orden and colleagues (2010), made significant advances by investigating the transition from suicidal ideation to suicidal action and yielding insights into the etiology of suicide and a lens through which counsellors could observe suicidality. As a pioneer in the ideation-to-action framework of suicide, the IPTS influenced the development of subsequent configurations of this paradigm, such as the Integrated Motivational-Volitional (IMV) model of suicidal behaviour (O'Connor, 2011; O'Connor & Kirtley, 2018), and Klonsky and May's (2015) Three-Step Theory (3-ST) of suicide. Despite substantive differences, the theories concur that hopelessness is a significant factor in suicidality. The IPTS states that 'perceived burdensomeness' or 'thwarted belongingness' alone may trigger passive suicidal ideation, but both combined with hopelessness motivates active suicidal ideation. The 3-ST posits that ideation begins with the combination of high 'psychological pain' and hopelessness, whereas the IMV proposes that 'defeat' and 'entrapment' rests on an entrenched sense of hopelessness. The theories also agree that the 'capacity to suicide' (fearlessness of death/pain) distinguishes suicide 'ideators' and suicide 'attempters'.

Risk Assessment and Management

Large et al.'s (2016) meta-analysis concludes that suicide prediction accuracy has not significantly increased in the last 40 years despite broad research agreement that counsellors play a key role in screening and assessing suicide risk. In light of this, the use of validated screening instruments (Ryan & Oquendo, 2020) and/or evidence-based suicide risk assessment practice (Roush et al., 2018) is clearly vital. One such example is CAMS. This is a suicide-specific, evidence-based, and psychotherapeutically informed assessment, treatment, and intervention framework (Galavan, 2017; Jobes, 2016), specifically devised to understand a client's suicidality from a phenomenological perspective (Jobes, 2016) and prioritises the therapeutic alliance as the means of fostering a 'relational' space (Jobes, 2012). An integral part of CAMS is the Suicide Status Form (SSF) that serves

as a multipurpose assessment, treatment planning, tracking, and outcome tool through the course of treatment (Jobes, 2016). Another example is the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): a pragmatic multidimensional assessment tool which rates stressful life events, current/past suicidality, motivation for suicide, risk factors, and protective factors (Fowler, 2012; Ryan & Oquendo, 2020).

Suicide screening tools are helpful indicators of suicide risk and psychological distress. For instance, the 'Counselling Center Assessment of Psychological Symptoms' (CCAPS) measures psychological symptoms and distress as well as suicidal ideation in college students (CCMH, 2023). Similarly, the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) (Evan et al., 2000) evaluates wellbeing, psychological distress, functioning, and risk, pre- and post-therapy (CORE-34) and pre-session (CORE-10) (Almyroudi, Baban & Sidhu, 2021). However, in order to capture significant contextualised detail of client self-reported responses, dialogue is necessary to clarify interpretations of these measures. Nonetheless, the 2018 Suicide and Mental Health Task Force Recommendation Report note the lack of any currently available risk screening/assessment methods that can reliably identify who will or will not die by suicide. Clearly, continuing research into this issue is essential.

More about CAMS

CAMS is an ethical and therapeutic framework that can accommodate a variety of theoretical orientations and techniques (Jobes, 2016; McCutchan et al., 2022). Moreover, it provides qualitative and quantitative data that has evolved over 35 years of clinical research (Jobes, 2012). The CAMS approach

CAMS is an ethical and therapeutic framework that can accommodate a variety of theoretical orientations and techniques

(Jobes, 2016; McCutchan et al., 2022)

capitalises on the constructs and targets from the ideation-to-action theories of suicide by tapping into direct/indirect 'drivers' of suicide (Jobes, 2016). These include belongingness and burdensomeness (IPTS), psychological pain and hopelessness (3-ST), and impulsivity, shame, and access to lethal means (IMV). While such factors cannot provide insight to predictions of future suicide (Reeves, 2017), they nonetheless assist the counsellor to maximise the elicitation of relevant information. Furthermore, a separate pilot study, and a randomised control trial both of 62 college students (Pistorello et al., 2018; Pistorello et al., 2021) respectively assigned to either 'treatment as usual' or CAMS, provides strong positive evidence that CAMS can be used effectively within a short-term module suitable to Student Counselling Services.

CAMS in Practice

Kene et al. (2019) cite Wachter's (2006) research study which found that 30% of college counsellors felt that they did not receive adequate suicide training and maintain that many practitioners continue to rely on ineffective risk assessments/interventions, resulting in fear, and the complexities of assessing suicidality. These sentiments are echoed in literature that delineate how lack of such training instils anxiety and feelings of professional incompetency (Lund et al., 2020; Monahan, et al., 2020). This issue was directly addressed by the HEA support of 300 HEI counsellors' completion of CAMS training (Surdey et al., 2022).

The highly diverse student population at the University of Limerick, comprising individuals from a wide spectrum of nationalities, ethnicities, religions, ages, and socio-cultural backgrounds, present to the Student Counselling Service with various difficulties. Since students require flexible yet robust services in order to meet their unique needs (BACP, 2019), the provision of a client-centred approach is integral to engendering the collaborative and supportive relationship which corresponds to client "attitudes, beliefs, expectations, and preferences" (McLeod, 2012, p.21). As such, the author pluralistically utilises CAMS in terms of flexible, pragmatic, and ethical practice. Indeed, integrating CAMS while maintaining fidelity to the model, ensuring the claim of being evidence-based, has been accomplished through the collaboration of the Student Counselling Service team of management and counsellors who agree that students who present with 'suicide risk' or are identified as 'at risk' shall proceed to the CAMS framework. Moreover, while the Suicide Status Form is completed in its entirety, it is not approached systematically. Rather the counsellor begins more organically, at the point the clients' story commences in the room.

The value of the collaborative nature of the CAMS' process is that it inherently promotes student engagement and strengthens the therapeutic alliance by addressing suicidal drivers through meta-communication. Indeed, the initial CAMS session centres around collaboration between the client and therapist who openly discuss suicidality, lethal means, safety/stabilisation plan, potential cultural

resources, and goals for therapy. In line with the pluralistic stance in which the author is qualified, the entire treatment framework is elicited through client/therapist dialogue and thus can be tailored to the client's needs (McLeod, 2018; Cooper & McLeod, 2012) in a safe and ethical manner. Additionally, the pluralistic viewpoint that "attunement to client goals is paramount" (Finnerty, Kearns & O'Regan, 2018, p. 14) is captured in the goal setting section of CAMS. This is applied at every CAMS 'tracking session' to carve out the space to revise goals as necessary for the client to meet their own self-determined goals (Reeves, 2015) and to assist in change. To this end, while a pluralistic specific approach is not explored in literature in terms of assessment and prevention of suicide, it clearly lends itself to CAMS.

Author's Research

The author has conducted her own research on this subject as part of a masters' thesis, which is overviewed here. Her qualitative design utilised semi-structured interviews with six fully accredited counsellors currently practising in Student Counselling Services across five different HEIs in the Republic of Ireland. Clinical experience specifically in student counselling ranged from one to 18 years, and the racial profile of all participants was Caucasian.

The research examined what training had been undertaken by the counsellors to assist in assessing/managing suicidality, and the perceived adequacy by the counsellors of this training. It enquired about the strategies used to assess risk or to support students who present with risk. It assessed the uniformity of the risk assessment strategy and the challenges experienced with the approaches used. Finally, it explored positive outcomes experienced with these approaches. The semi-structured interviews were conducted with each participant via Microsoft Teams. Full ethical considerations were given at each stage and rigour applied to robust selection and data analysis methodologies. Five major themes emerged.

One participant discussed the Suicide Prevention and Self-harm Mitigation Training for the assessment and management of suicidality in young people, noting that risk can be mitigated but not eliminated

Theme 1: Suicide Training

Participants reflected on various non-clinical suicide-informed training undertaken over the course of their careers, with the most common being the HSE Safe Talk, Applied Suicide Intervention Skills Training (ASIST), and START Suicide Prevention training. These approaches assist in identifying people at risk of suicide, explain how to enquire about suicide clearly and confidently, and provide additional signposting. Two participants reported that a theoretical perspective of suicide was explored as part of their counsellor training. In terms of clinical suicide training, one participant discussed the Suicide Prevention and Self-harm Mitigation Training for the assessment and management of suicidality in young people, noting that risk can be mitigated but not eliminated. All participants cited CAMS in their responses, and most had engaged in CAMS training. For one participant, CAMS provides a common language and common approach for colleagues and was praised for its safety. Views on whether the counsellors were adequately suicide-specific trained were mixed. Furthermore, clinical experience was cited as instilling confidence to ask the direct questions around suicidality, such as current and past self-harm, suicidal thoughts, plans, intent etc.

Theme 2: Suicide Screening and Suicide Risk Assessment

All participants expressed enthusiasm for their clinical work with students and acknowledged the importance of appropriately screening, assessing, and managing suicide risk. One counsellor described CCAPS-34 as a robust screening tool to determine suicidality and risk and therefore uses it at every third session to enable the client and counsellor to review a map of the client progress/deterioration. One participant was adamant that he was not an 'assessor' but rather the screener, the therapist, and the sign-poster. He further warned that "If we go too quickly into "I'm assessing suicidality", we'll lose all the therapeutic". The same person regards CORE-34 as a "very useful tool" which separates personal distress and risk and therefore flags a conversation with the student when both factors are high, while the CORE-10 provides the opportunity to see objectively the subjective experience of the week.

While CAMS is used across all services, participants reported using it at different levels, some in its purest form and some to prompt particular questions such as access to lethal means. In one service, CAMS is implemented as a "second strategy" if the CORE risk scores are high. The service finds it impractical for both students and counsellors to automatically "default to CAMS" when risk emerges. Whereas three participants stated that their respective services move straight to CAMS where a high level of risk emerges, at intake or during

sessions, however, , they can tailor their approach to individual client needs as advised by Jobes and Chalker's (2019) "one size does not fit all". Some differentiated between risk management and therapy, prioritising them in that order. One claimed that the "succinct questions" in CAMS are helpful in "distilling down what the drivers are for suicidality, but it helps them {students} do that".

All participants deem clinical judgement and flexibility in their approach as essential aspects of clinical practice regardless of the suicide assessment or management approach they use. One counsellor welcomes the flexibility of CAMS acknowledging she will "go by what feels right for the client" rather than applying it uniformly for every client, whilst "maintaining the integrity" of the framework. Another asserted that while the CAMS framework is less suitable for the short-term student counselling model, he acknowledged that Section A and the Stabilisation Plan of CAMS are "definitely very good for a good assessment".

Theme 3: Collaboration

A collaborative approach emerged from the participants in terms of the client-therapist relationship and support within their services. It is evident that all participants hold their student-clients at the centre of the therapeutic process. Likewise, in all cases, it is clear that collaboration and the therapeutic alliance is axiomatic to practitioners' efficacy in suicide screening, assessment, and treatment as each participant stresses that risk exploration is a meaningful way to listen to client's experience of suicide (Leenaars, 1994): simply hearing their story and working collaboratively helps to keep the client's narrative in sight (Reeves, 2017). Thus, experiences of how counsellors and clients collaboratively work through a suicide-specific approach or simply use other therapeutic or relational strategies were very evident. One participant highlighted the use of the "core conditions" and holding a "very deep respect of phenomenological inquiry", which promotes an "authentic" and "congruent" relationship, "but not in a way that is attempting in any way to be disruptive". Another claimed that students "tend to be quite honest" once there's a good connection and therapeutic alliance. Most participants also referred to strong support within their respective Student Counselling Service, including weekly team meetings which allow space for discussions on clinical caseloads and difficult situations. One participant specifically cited the implementation of CAMS and how helpful it has been to "come together" at team meetings or group supervision to discuss individual experiences.

The inevitable limits of short-term therapy associated with student counselling was a determining factor for some participants in their decision not to fully integrate CAMS into their practice, while others found that it worked well

Theme 4: Intervention Strategies

Each participant placed significant emphasis on the stabilisation plan, which emerged as the most common intervention strategy. Several participants identified psychoeducational methods as helpful in engaging clients in the process of hope and in understanding where suicidality fits into their life, and indeed how suicidality does not comprise the whole of a person.

Other participants attributed the 'reasons for living' section of CAMS as a powerful tool to provide clarity to clients and in many cases, hope, without undermining where a client is at. All participants demonstrated awareness of the onward referrals to specialist services which occur when a student's mental health needs, or suicidality exceed the scope of practice for a short-term Student Counselling Service model. All participants acknowledged the initial imperative to obtain next of kin or emergency contact details for every student-client.

Theme 5: Challenges

While the emotive and challenging nature of the phenomenon of suicidality for the research participants is all too apparent, the positivity and genuine care for students shines through. This theme demonstrated diverse responses across all participants in terms of how they assess and manage suicidality among the student-client population. One counsellor stated that working with suicidality "weighs heavily on clinicians". As such, less experienced counsellors may raise the alarm more often that those with greater experience. However, she "would much prefer that happen than…the underreporting of it happen".

One alluded to the practical challenges she and colleagues faced when initially implementing CAMS in terms of time allocation for the initial session which encompasses a lot of information, while another wondered whose agenda does it become. The inevitable limits of short-term therapy associated with student counselling was a determining factor for some participants in their decision not to fully integrate CAMS into their practice, while others found that it worked well. Another participant found "more positives than…challenges" referring to CAMS, owing it to its "flexibility…

room for clinical judgement and… clear kind of treatment plan".

An ethical dilemma is identified for one participant, who respects his HEI policy around contacting a clients' emergency contact when concern arises but privileges the therapeutic alliance with the client. Other participants find safety in the informed consent obtained at intake stage which grants permission to contact the 'next of kin' within certain limitations of confidentiality. Participants who use CAMS maintained that its safety planning and treatment procedures fostered a collaborative effort to keep the client safe, which involved considering the people that the client or indeed the therapist could contact in the event of 'risk'.

Doubtless, challenges face counsellors when supporting client suicidality. Some participants were mindful of potential burnout, both personally and among team members, and sought to remain attuned to the pitfalls of working with high level risk cases. They also observe it unwise for counsellors to exclusively work with such client cases, with one participant succinctly asking, "How many CAMS clients would be inappropriate in the caseload?".

Author's Research Conclusion

The study afforded insight into six HEI counsellors' experience of screening, assessing, and managing suicidality among 'at risk' students. Although no single suicide screening or assessment tool can predict whether a person will ultimately suicide, the findings of this study indicate that counselling professionals can certainly maximise their efforts in promoting client safety and reducing suicide behaviours by utilising robust evidence-based mechanisms. However, the lack of perceived clinical training in suicide-specific evidence-based approaches could pose as a barrier for therapists. While participants revere the privilege of working with clients in crisis, others acknowledge the weighty responsibility of such work. While it is not always possible to predict what may emerge in the therapeutic space, clear HEI policies around counsellors 'at risk' client caseload could also inform important ethical responsibilities. Lastly, given how well received CAMS was among participants, further training on a national level in other evidence-based practices could further enhance how HEI counsellors work with students in distress. This study further indicates that a client-centred approach is integral to cultivating a collaborative and supportive relationship that accommodates students' unique needs and interpersonal challenges.

Assessing and managing suicidality among clients can cause stress and anxiety, particularly when the client is in crisis

Implications for Practice

Students require increasingly flexible yet robust services in order to meet their unique mental health needs (BACP, 2019). In light of this, the provision of a client-centred approach is integral to fostering the collaborative and supportive relationship corresponding to client's interpersonal challenges. In addition, effective suicide risk assessment strategies should routinely include the exploration of history and current status of mental health, suicidality, access to lethal means (Jobes, 2016), and hopelessness (Picard & Rosenfeld, 2021). While counsellors cannot determine whether a client will ultimately die by suicide, they can nonetheless use their assessment expertise to learn about the client's story and discern how suicide fits in to their life. To this end, it is crucial that counsellors can draw upon a combination of lived experience, clinical judgement, flexibility, and suicide training knowledge to properly screen, assess, and manage student suicidality.

Assessing and managing suicidality among clients can cause stress and anxiety, particularly when the client is in crisis. This echoes Leenaars' proposition that unless a clinician's caseload is delimited, they inevitably experience burnout (1994), emotional detachment and/or disillusion (Moore & Donohue, 2016) from the demands of the work. Indeed, the need to ensure that therapists working in suicide management are well supported is highly evident. As such, the author asserts that introducing evidence-based suicide-specific therapeutic models into professional training programmes for counsellors should be an ethical responsibility in education in order to better equip graduates for such an important phenomenon.

Hayley O'Gorman MIACP

Hayley is a Senior Counsellor in the Student Counselling and Wellbeing Service in the University of Limerick. Her thesis for the Master of Science in Pluralistic Counselling and Psychotherapy at IICP (supervisor Delores Crerar) focused on the Exploration of Counsellors' Experience of Assessing and Managing Suicidality Among Students in Third-Level Institutions in Ireland. She has also written on how CAMS Fits within a Pluralistic Paradigm and Vice Versa. This paper combines both works.

Contact details:
hmogcounselling@gmail.com

REFERENCES

Almyroudi, A., Baban, A., & Sidhu, S. (2021). A quality improvement project to increase patient feedback in the psychotherapy department, Tavistock Clinic. *BJPsych Open, 7*(S1), S170–S171. https://doi.org/10.1192/bjo.2021.471

British Association for Counselling and Psychotherapy (2019). A pluralistic approach to student counselling: University and College Counselling. Retrieved from: A pluralistic approach to student counselling (bacp.co.uk)

Center for Collegiate Mental Health (CCHM) (2023). Counseling Center Assessment of Psychological Symptoms (CCAPS) Instruments. Retrieved from CCAPS (psu.edu)

Chelmardi, A.K., Rashid, S., Dadfar, M., & Lester, D. (2021). Understanding suicidal behavior using a comprehensive approach. *Illness, Crisis, and Loss*, 105413732110510–. https://doi.org/10.1177/10541373211051058

Cooper, M. & McLeod, J. (2012). From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy. *European journal of psychotherapy & counselling: Pluralism: Developments and challenges, 14*(1), 5–17.

Cuijpers, P., Auerbach, R. P., Benjet, C., Bruffaerts, R., Ebert, D., Karyotaki, E., & Kessler, R. C. (2019). Introduction to the special issue: The WHO world mental health international college student (WMH-ICS) initiative. *International journal of methods in psychiatric research, 28*(2), e1762. https://doi.org/10.1002/mpr.1762

Dhingra, K., Boduszek, D., & O'Connor, R. C. (2016). A structural test of the integrated motivational-volitional model of suicidal behaviour. *Psychiatry Research, 239*, 169–178. https://doi.org/10.1016/j.psychres.2016.03.023

Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J., & McGrath, G. (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health (Abingdon, England), 9*(3), 247–255. https://doi.org/10.1080/713680250

Finnerty, M., Kearns, C. & O'Regan, D. (2018). Pluralism: An ethical commitment to dialogue and collaboration. *Irish association for counselling and psychotherapy, 18*(3), 13-20. Retrieved from https://iacp.ie/files/UserFiles/IJCP-Articles/IJCP-Articles-2018/Pluralism-An-ethical-commitment-to-dialogue-and-collaboration-by-Dr.M.Finnerty-Caitriona-Kearns-and-David-ORegan.pdf

Fowler. J.C. (2012). Suicide Risk Assessment in Clinical Practice: Pragmatic guidelines for imperfect assessments. *Psychotherapy (Chicago, Ill.), 49*(1), 81–90. https://doi.org/10.1037/a0026148

Fox T, Byrne D, Surdey J (2020). National student mental health and suicide prevention framework. Retrieved from: HEA – National Student Mental Health and Suicide Prevention Framework Accessed 22 January 2023.

Fox, N. (2009). Using interviews in a research project. *The NIHR RDS for the East Midlands/Yorkshire & the Humber, 26*.

Galavan. E. (2017). The collaborative assessment and management of suicide (CAMS): an important model for mental health services to consider. *Irish Journal of Psychological Medicine, 34*(3), 153–156. https://doi.org/10.1017/ipm.2017.1

Hayes, J.A., Petrovich, J., Janis, R. A., Yang, Y., Castonguay, L. G., & Locke, B. D. (2020). Suicide among college students in psychotherapy: Individual Predictors and Latent Classes. *Journal of Counseling Psychology, 67*(1), 104–114. https://doi.org/10.1037/cou0000384

Health Service Executive. (2020). Connecting for Life. Implementation plan 2020-2022. Retrieved from:https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cfl-implementation-plan-dec-2020.pdf

Hjelmeland, H. & Loa Knizek, B. (2020). The emperor's new clothes? A critical look at the interpersonal theory of suicide. *Death Studies, 44*(3), 168–178. https://doi.org/10.1080/07481187.2018.1527796

Horgan, A., Kelly, P., Goodwin, J., & Behan, L. (2018). Depressive symptoms and suicidal ideation among Irish undergraduate college students. *Issues in Mental Health Nursing, 39*(7), 575–584.

Howard, E., Tayer Farahani, Z., Rashleigh, C., & Dooley, B. (2021). Developing a national database for higher education student counselling services: the importance of collaborations. *Irish Journal of Psychological Medicine*, 1–7. https://doi.org/10.1017/ipm.2021.78

Jobes, D.A. & Chalker, S. A. (2019). One size does not fit all: A comprehensive clinical approach to reducing suicidal ideation, attempts, and deaths. *International Journal of Environmental Research and Public Health, 16*(19), 3606–. https://doi.org/10.3390/ijerph16193606

Jobes, D.A. (2016). *Managing suicidal risk: A collective approach* (2nd ed.). Guilford Press.

Jobes. D.A. (2012). The collaborative assessment and management of suicidality (CAMS): An evolving evidence-based clinical approach to suicidal risk. *Suicide & Life-Threatening Behavior, 42*(6), 640–653.

Joiner, T.E. (2005). *Why people die by suicide*. Cambridge, Harvard University Press

Kalsi, S. 2021. A difficult tightrope to walk: Experiences of working with suicidality in higher education. *University and College Counselling*, November 2021. Retrieved: A difficult tightrope to walk: Experiences of working with suicidality in higher education (bacp.co.uk)

Kene, P., Yee, E. T., & Gimmestad, K. D. (2019). Suicide assessment and treatment: Gaps between theory, research, and practice. *Death Studies*, *43*(3), 164–172.

Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy, 8*, 114–129. doi:10.1521/ijct.2015.8.2.114

Klonsky, E.D., Saffer, B. Y., & Bryan, C. J. (2018). Ideation-to-action theories of suicide: a conceptual and empirical update. *Current Opinion in Psychology, 22*, 38–43. https://doi.org/10.1016/j.copsyc.2017.07.020

Large, M., Kaneson, M., Myles, N., Myles, H., Gunaratne, P., & Ryan, C. (2016). Meta-analysis of longitudinal cohort studies of suicide risk assessment among psychiatric patients: Heterogeneity in results and lack of improvement over time. *PloS One, 11*(6), e0156322–e0156322. https://doi.org/10.1371/journal.pone.0156322

Leenaars. A. A. (1994). Crisis intervention with highly lethal suicidal people. *Death Studies*, *18*(4), 341–360. https://doi.org/10.1080/07481189408252682

Lester. D. (2013). Depression and suicidal ideation in college students: A preliminary study of campus variables. *Psychological Reports, 112*(1), 106–108. https://doi.org/10.2466/12.02.10.PR0.112.1.106-108

Lipson, S.K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders*, *306*, 138–147. https://doi.org/10.1016/j.jad.2022.03.038

Lotito, M. & Cook, E. (2015). A review of suicide risk assessment instruments and approaches. The Mental Health Clinician, 5(5), 216–223.

Lund, E.M., Schultz, J. C., Thomas, K. B., Nadorff, M. R., Chowdhury, D., & Galbraith, K. (2020). "It's Awful When We Get It Wrong": An exploratory qualitative study of vocational rehabilitation counselors' perspectives on suicide. *Omega: Journal of Death and Dying*, *81*(4), 551–566. https://doi.org/10.1177/0030222818783933

McCutchan, P.K., Yates, B. T., Jobes, D. A., Kerbrat, A. H., & Comtois, K. A. (2022). Costs, benefits, and cost-benefit of collaborative assessment and management of suicidality versus enhanced treatment as usual. *PloS One*, *17*(2), e0262592–e0262592.

McLeod, J. (2018). *Pluralistic therapy: distinctive features*. Routledge, Taylor & Francis Group.

McLeod. J. (2012). What do clients want from therapy? A practice-friendly review of research into client preferences. *European Journal of Psychotherapy & Counselling, 14*(1), 19-32.

Monahan, M. F., Crowley, K. J., Arnkoff, D. B., Glass, C. R., & Jobes, D. A. (2020). Understanding therapists' work with suicidal patients: An examination of qualitative data. *OMEGA-Journal of death and dying, 81*(2), 330-346

Moore, H. & Donohue, G. (2016). The impact of suicide prevention on experienced Irish clinicians. *Counselling and Psychotherapy Research, 16*(1), 24–34. https://doi.org/10.1002/capr.12060

Mortier, P., Cuijpers, P., Kiekens, G., Auerbach, R. P., Demyttenaere, K., Green, J. G., Kessler, R. C., Nock, M. K., & Bruffaerts, R. (2018). The prevalence of suicidal thoughts and behaviours among college students: a meta-analysis. *Psychological Medicine*, *48*(4), 554–565.

Moskow, D.M., Lipson, S. K., & Tompson, M. C. (2022). Anxiety and suicidality in the college student population. *Journal of American College Health, ahead-of-print*(ahead-of-print), 1–8.

O'Connor, & Kirtley, O. J. (2018). The integrated motivational–volitional model of suicidal behaviour. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *373*(1754), 20170268–20170268.

O'Connor RC. (2011). Towards an integrated motivational–volitional model of suicidal behaviour. In O'Connor, R.C., Platt, S., Gordan, J. (Eds). *Int. handbook of suicide prevention: research, policy and practice*, pp. 181–198. Wiley

Picard, E.H. & Rosenfeld, B. (2021). How clinicians incorporate suicide risk factors into suicide risk assessment. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *42*(2), 100–106. https://doi.org/10.1027/0227-5910/a000694

Pistorello, J., Jobes, D. A., Compton, S. N., Locey, N. S., Walloch, J. C., Gallop, R., Au, J. S., Noose, S. K., Young, M., Johnson, J., Dickens, Y., Chatham, P., Jeffcoat, T., Dalto, G., & Goswami, S. (2018). Developing adaptive treatment strategies to address suicidal risk in college students: a pilot sequential, multiple assignment, randomized trial (SMART). *Archives of Suicide Research*, *22*(4), 644–664. https://doi.org/10.1080/13811118.2017.1392915

Pistorello, J., Jobes, D. A., Gallop, R., Compton, S. N., Locey, N. S., Au, J. S., Noose, S. K., Walloch, J. C., Johnson, J., Young, M., Dickens, Y., Chatham, P., & Jeffcoat, T. (2021). A randomized controlled trial of the collaborative assessment and management of suicidality (CAMS) versus treatment as usual (TAU) for suicidal college students. *Archives of Suicide Research, 25*(4), 765–789.

Prinstein. M.J. (2008). Introduction to the special Section on suicide and nonsuicidal self-injury: A review of unique challenges and important directions for self-injury science. *Journal of Consulting and Clinical Psychology, 76*(1), 1–8. https://doi.org/10.1037/0022-006X.76.1.1

Reeves, A. (2015). Helping clients who are suicidal or self-injuring. *The Handbook of Pluralistic Counselling and Psychotherapy*, ed. by Cooper, M. & Dryden, W. Sage.

Reeves. (2017). In a search for meaning: Challenging the accepted know-how of working with suicide risk. *British Journal of Guidance & Counselling*, *45*(5), 606–609.

Roush, J.F., Brown, S. L., Jahn, D. R., Mitchell, S. M., Taylor, N. J., Quinnett, P., & Ries, R. (2018). Mental health professionals' Suicide risk assessment and management practices. *Crisis : the Journal of Crisis Intervention and Suicide Prevention*, *39*(1), 55–64.

Rufino, N.C., Fidalgo, T. M., Dos Santos, J. P., Tardelli, V. S., Lima, M. G., Frick, L. P., Mirkovic, B., da Silveira, D. X., & Cohen, D. (2021). Treatment compliance and risk and protective factors for suicide ideation to completed suicide in adolescents: A systematic review. *Revista Brasileira de Psiquiatria*, *43*(5), 550–558.

Ryan, E. P., & Oquendo, M. A. (2020). Suicide risk assessment and prevention: Challenges and opportunities. *Focus (American Psychiatric Publishing), 18*(2), 88–99.

Sommers-Flanagan, J., & Shaw, S. L. (2017). Suicide risk assessment: What psychologists should know. *Professional Psychology: Research and Practice*, *48*(2), 98.

Suicide and mental health task force recommendation report (2018). Retrieved from Suicide and Mental Health Task Force Recommendation Report (pchei.ie)

Surdey, J., Byrne, D., & Fox, T. (2022). Developing Ireland's first national student mental health and suicide prevention framework for higher education. *Irish Journal of Psychological Medicine*, 1–5. https://doi.org/10.1017/ipm.2022.10

Van Orden, K.A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review, 117*(2), 575–600.

World Health Organization. (2019). Suicide in the world. Global health estimates. Licence: CC BY-NC-SA 3.0 IGO. Retrieved: WHO-MSD-MER-19.3-eng.pdf

World Health Organization. (June 2021). Suicide worldwide in 2019: Global health estimates. Geneva: Licence: CC BY-NC-SA 3.0 IGO. Retrieved: Suicide worldwide in 2019 (who.int)

World-Health-Organization. (2014). *Preventing suicide: A global imperative*. Retrieved: Preventing suicide: A global imperative (who.int)

Wu, R., Zhu, H., Wang, Z.-J., & Jiang, C.-L. (2021). A large sample survey of suicide risk among university students in China. *BMC Psychiatry, 21*(1), 1–474. https://doi.org/10.1186/s12888-021-03480-z