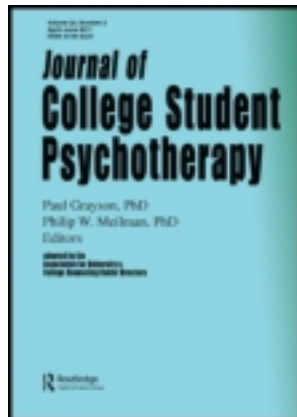


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ARTICLES

College Students' Reasons for Concealing Suicidal Ideation

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Self-reported reasons for concealing suicidal ideation were explored using data from a national survey of undergraduate and graduate students: 558 students indicated that they seriously considered attempting suicide during the previous year and did not tell anyone about their suicidal thoughts. Content analysis of students' qualitative responses to the question "Why did you choose not to tell anyone about these thoughts?" generated nine reasons: (a) perceived low risk, (b) concern for others, (c) dispositional privacy, (d) pointlessness of help-seeking, (e) others' negative reactions, (f) personal negative reactions, (g) repercussions, (h) interference, and (i) perceived isolation. Implications for campus suicide prevention are discussed.

KEYWORDS college students, concealment, help seeking, suicidal ideation, suicide prevention

Lack of knowledge about how best to protect students against suicidal thoughts and behaviors poses a significant problem for college mental health providers, administrators, and other university stakeholders. It is becoming apparent that colleges can no longer rely solely on the crisis intervention model that relegates suicide prevention to the purview of counseling centers and relies on identification and treatment of students already at high risk for suicide (Drum, Brownson, Burton Denmark, & Smith, 2009). Overreliance on counseling services is problematic given that the majority of students who

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contemplate suicide do not seek professional help and nearly 80% of students who die by suicide never receive services at their campus counseling center (Drum et al., 2009; Gallagher, 2006; Kisch, Leino, & Silverman, 2005; Schwartz, 2006a). Instead, suicide is increasingly conceptualized as a public health issue that demands a comprehensive, prevention-oriented response (Knox, Conwell, & Caine, 2004; Mann, et al., 2005). However, developing effective campus suicide prevention strategies requires knowledge about the unique dynamics of suicidal thoughts and behaviors on college campuses. In particular, research that elicits students' perspectives on their experiences and help seeking decisions during a time of suicidal crisis can inform prevention strategies and increase opportunities to support students who seriously consider attempting suicide.

An understudied but promising area of research is the process of informal support seeking by suicidal college students. Young people contemplating suicide are more likely to confide in informal sources, such as friends and family, than to confide in professional helpers, and among their informal sources of support they show the greatest preference for confiding in peers (Barnes, Ikeda, & Kresnow, 2001; Cauce et al., 2002; Drum et al., 2009; Molock et al., 2007). In one study, friends and family were consulted by nearly half of individuals who later attempted suicide, suggesting that improving responses by informal help sources has great potential for saving lives (Barnes et al., 2001). Additionally, it is vital to understand the reasons that inhibited the other 50% of attempters from seeking informal help.

Avoidance of informal sources of help may be related to the concept of *self-concealment*, which is defined as the "predisposition to actively conceal from others personal information that one perceives as distressing or negative" (Larson & Chastain, 1990, p. 440). Among college students, higher levels of self-concealment have been found to correlate significantly with self-reported anxiety, emotional distress, depression, shyness, and low self-esteem (Kawamura & Frost, 2004; Potoczniak, Aldea, & DeBlaere, 2007; Wismeijer, van Assen, Sijtsma, & Vingerhoets, 2009). Furthermore, self-concealment is associated with both reduced help seeking and intensification of emotional distress (Morgan, Ness, & Robinson, 2003; Omori, 2007).

Although the aforementioned studies indicate important emotional and behavioral consequences of self-concealment, they do not illuminate reasons for concealing one's suicidal thoughts. In a community sample of young adults in New Zealand, one third of self-harmers who avoided formal or informal help reported attitudinal barriers, such as belief that they should be strong enough to handle the problem alone, belief that the problem would resolve itself, belief that no one could help, and feelings of embarrassment (Nada-Raja, Morrison, & Skegg, 2003). A study of American Indian youth with histories of suicide ideation or attempts found that stigma was identified as a barrier by almost one third of those who avoided either formal or informal help; other reasons given for avoiding help were feelings of isolation and fear of potential consequences such as involuntary

hospitalization (Freedenthal & Stiffman, 2007). Although the results of these studies are informative, they may be of limited generalizability to college students in the United States.

No research to date has explored college students' self-reported reasons for concealing their suicide ideation. Understanding the factors that influence students' decisions to conceal their suicidal thoughts is of particular importance for both clinical treatment and prevention programming. This knowledge may identify targets for prevention programming in order to reduce barriers to formal and informal help seeking and bolster the student population against the development of suicidal thoughts and behaviors.

METHODS

The current study is an analysis of archival data from a larger study conducted by the National Research Consortium of Counseling Centers in Higher Education. The original survey was administered online in order to provide complete anonymity for the participants and to obtain the largest and most geographically diverse sample possible. Randomly selected students at each participating institution were sent an e-mail invitation from their local campus counseling center containing information about the study and a link to the survey. When participants declined to participate or exited the survey at any point, including completion, they were provided with information about their campus' counseling center services and other local mental health and emergency contact information. For further information about the consortium and the original study, see Drum et al. (2009).

Participants

A stratified random sample of approximately 108,500 undergraduate and graduate students across 70 participating U.S. colleges and universities was selected to receive an invitation to participate in the online survey. The size of the participating institutions ranged from 820 to 58,156 students. Thirty-eight percent of the colleges and universities were private institutions, and 72% were public institutions. The majority of institutions enrolled both graduate and undergraduate students, with four schools enrolling undergraduates only. The sample was geographically diverse, with 20% of the schools located in the Northeast, 20% in the West, 30% in the Midwest and 30% in the South. For the 58 campuses with 5,000 or more undergraduates, 1,000 students were randomly selected, while for the 12 campuses with 500 to 4,999 undergraduates 500 students were randomly selected. The same sample size guidelines were used to select graduate students. The undergraduate and graduate student response rates were 24% (15,010/62,000) and 25% (11,441/46,536), respectively, resulting in a combined sample size of 26,451 students who responded to the survey.

The present study analyzes data provided by a subgroup of the total sample. These 558 students, referred to as the *Concealer* sample, met these criteria: (a) they indicated that they had seriously considered attempting suicide in the previous twelve months, (b) they indicated that they did not tell anyone about their suicidal thoughts, and (c) they responded to an open-ended question asking why they chose not to tell anyone about the suicidal thoughts. The demographic characteristics of both the total sample and the *Concealer* sample, provided in Table 1, suggest that the concealers were similar in terms of gender and race/ethnicity but had a higher percentage of undergraduate students and a somewhat higher percentage of students who endorsed an LGBTQ sexual orientation.

Measures

The original survey included 89 items, the majority focused on college students' experiences with suicidal thoughts and behaviors. All participants in this study indicated that they had experienced a recent suicidal crisis by responding "Yes" to the question, "In the past 12 months, did you seriously consider attempting suicide?" Those who answered "Yes" were then asked whether they told others about their suicidal thoughts: "In times of suicidal crisis, people sometimes turn to others for support. After first recognizing that you were seriously considering attempting suicide, how many people

TABLE 1 Sample Demographics

Demographic	Total sample N = 26, 451	Concealer sample N = 558
Student Status		
Undergraduate	56.7%	68.7%
Sex		
Female	61.1%	60.4%
Race/Ethnicity/International		
Student Status		
African American/Black	4.0%	4.1%
Alaska Native/American Indian	0.4%	0.9%
Asian American	5.3%	5.4%
Caucasian	76.0%	77.8%
Hispanic/Latino(a)	4.8%	3.4%
International/Foreign	5.7%	2.7%
Multiple categories selected	3.8%	5.6%
Sexual Orientation		
Bisexual	2.2%	4.8%
Heterosexual	94.6%	87%
Homosexual	2.2%	3.9%
Questioning	1.0%	4.1%
Average Age	25 years	24 years

did you tell about these thoughts?" Participants were required to choose one of the following options: "One," "Two," "Three or more," and "I did not tell anyone." Participants who selected the response option "I did not tell anyone" were then asked "Why did you decide not to tell anyone about your thoughts?" Participants responded to this item by typing their response into a text box. The current study is a qualitative analysis of these text responses, which varied in length from a single word to two paragraphs.

Data Analysis Procedures

In order to thematically categorize the text responses, a coding protocol was developed according to the principles of representational thematic text analysis, in which the themes are intended to emerge directly from the data rather than according to predetermined categories (Roberts, 2001). To extract the themes from the text responses, a team consisting of the primary investigator and two graduate research assistants with expertise in the field of college student suicide independently read through the qualitative responses for overall meaning and recorded recurring themes.

When multiple themes appeared to be present within a single response, team members demarcated distinct thematic units. Incoherent responses or those that could not be grouped with at least one other response were coded as "other." The team met after independently categorizing 30% of the data to achieve consensus regarding thematic demarcation and categorization. The team met twice more, after independently coding another 30% and then the remaining 40% of the responses. At each meeting the category labels and rules for inclusion and exclusion were clarified and consensus regarding any coding disagreements was reached.

The explicit goal set forth by the coders was to keep interpretations as close to the literal text as possible. Multiple themes within responses were only considered if the secondary theme was clearly distinct from the first theme. After the coding was completed, the primary investigator formalized a coding schema with detailed coding procedures, descriptions of each category, rules for decision-making, and three representative quotes for each category. The coding schema was then reviewed by the graduate assistants as well as by two auditors with expertise in college student suicide.

Two counseling psychology graduate students without prior research experience in the field of college student suicide were then recruited for the purpose of reliability coding. Each coder read through one half of the responses and assigned text responses to the categories established by the coding team. The coders' responses were then compared to the consensus codes of the team that developed the coding schema. Reliability was assessed with both Cohen's kappa (k) and Krippendorff's alpha (α). Levels of acceptable reliability were pre-established at .80 (Krippendorff, 2004) and

were determined to be good ($k = .872$, $a = .8725$) and consistent across the two measures.

RESULTS

Characteristics of the Qualitative Responses

Of the 594 students who reported that they did not tell anyone about their suicidal thoughts, 558 students (94%) provided a response to the open-ended question, “*Why did you decide not to tell anyone about your thoughts?*” Of those 558 responses, 68% expressed a single reason for concealing suicidal ideation. Among the responses with multiple themes, the majority (73%) contained two distinct themes, and only a single response contained as many as five themes. Across the 558 responses, 769 separate thematic units were recorded, which were then categorized into nine content categories and one “other” category. The distribution of the 769 thematic units within the resulting content categories and examples that typify each category are presented in Table 2.

Category Descriptions

The most common reason students gave for concealing their suicidal ideation was that they perceived themselves to be at low risk for attempting suicide. These responses either stated or implied that because the student did not anticipate acting on the suicidal thoughts, he or she did not think it was necessary to tell anyone. Many of the responses in this category described the suicidal thoughts as lacking seriousness or intensity. Others anticipated that the suicidal thoughts would pass; this perception was frequently informed by the student’s prior experiences with recurrent suicidal thoughts. Another type of response in the Low-Risk category indicated that, irrespective of the strength of the suicidal thoughts, the student had made a decision not to act on their thoughts. These students often referenced their desire to live, moral or religious convictions, or lessons learned from previous suicide attempts as informing their current resistance to attempting suicide.

Solicitude for the emotional well-being of others and concern for the potential negative impact that the disclosure of suicidal thoughts might have on others was the second most prevalent reason students gave for concealing their suicidal thoughts. Most of the responses in the Solicitude category indicated that the student believed that others would feel burdened or overwhelmed if they knew about the suicidal thoughts. Students also expressed concern that the disclosure of suicidal thoughts would cause the confidant to feel afraid, hurt, guilty, or upset. A third type of response in the Solicitude category indicated that the student wished to spare others any

TABLE 2 Frequencies and Examples of Reasons for Concealing Suicidal Thoughts

Theme and Examples	Frequency	Percent
Low Risk	139	18%
“I hoped that they would just go away on their own as they have in the past.”		
“I know I would never commit suicide. It is inherently and morally ingrained in me that there’s more to live for.”		
Solicitude	122	16%
“Too much of a burden.”		
“I didn’t want to alarm people unnecessarily.”		
Privacy	118	15%
“It was a personal issue and I prefer to deal with personal things as privately as possible.”		
“I choose to keep my feelings to myself, always have, always will.”		
Pointless	102	13%
“Didn’t think anyone would care, or that they wouldn’t take me seriously.”		
“I don’t think anyone could really help.”		
Stigma	102	13%
“Didn’t want to appear weak, out of control, crazy”		
“I was pretty sure if I told anyone, they would belittle me for considering this as an option, and tell me they expected better of me.”		
Shame	56	7%
“I was ashamed that I would take the easy way out of life.”		
“I felt guilty because maybe my life isn’t so bad as I think it is sometimes.”		
Repercussions	54	7%
“I was afraid of the consequences that maybe I would be pulled out of school or placed in the hospital.”		
“They would take my children away from the family.”		
Interference	51	7%
“If you want to kill yourself, why tell someone who will try to stop you?”		
“I thought they would tell someone or try to talk me out of it. I wanted to be in control of what happened and not have others interfere.”		
Perceived Lack of Confidants	25	3%
“There wasn’t anyone around I could talk to that knew me well enough.”		
“I didn’t trust anyone enough to tell them, including my therapist.”		
Other	13	1%
“Because I thought no one ca” [sic]		

Note. *N* = 769.

feelings of guilt or responsibility that could result from having known about the student’s suicidal thoughts in advance of his or her death.

Responses in the Privacy category expressed the student’s sense of himself or herself as a fundamentally private and self-sufficient person. These responses indicated that the student habitually maintains a self-protective

boundary around personal thoughts and feelings. Some responses expressed the student's inability to tolerate the discomfort of talking about feelings, having others know about them, or receiving attention or sympathy from others. Another type of response in this category focused on the student's sense of pride in solving personal problems without help from other people.

Responses in the Pointless category indicated that the student did not think that telling others would be helpful. In addition to thinking that others would not be able to provide useful help, many students expressed the belief that other people would not care, understand, or take them seriously. For some students, the expectation that talking to people about their suicidal thoughts would be pointless was based on prior, unsuccessful experiences of seeking help.

The Stigma category captured the student's belief that disclosing suicidal thoughts would cause others to negatively evaluate him or her. These responses focused on the thoughts, feelings, and behavioral reactions that others might have toward the student regarding the disclosure of suicidal thoughts. In addition to fears of being stigmatized for having mental health problems, responses mentioned a range of anticipated negative reactions from others such as rejecting, fearing, blaming, judging, or otherwise treating the student differently. Many students expected to encounter hostility or disdain for contemplating suicide. Some students expressed the desire to maintain a public image that would be jeopardized if others knew that they were struggling with depression or suicidal thoughts.

The primary difference between the Shame and Stigma categories is that responses in the Shame category focused on the student's personal, internalized negative evaluation of considering suicide, rather than on the anticipated reactions of others. Responses in the Shame category expressed the student's personal belief that contemplating suicide is somehow weak or wrong. This category also captured the student's feelings of embarrassment, shame, or guilt in response to having suicidal thoughts.

Responses in the Repercussions category focused on the tangible consequences that were expected to result from disclosing the suicidal thoughts. The anticipated repercussions included forced mental health treatment, academic setbacks or disciplinary action, loss of employment opportunities, threats to important relationships, and loss of privacy or autonomy. The most commonly mentioned concerns were that students believed that they would be forcibly hospitalized or expelled from their college or university if they told someone about their suicidal thoughts.

Responses in the Interference category expressed the student's desire to preserve his or her autonomy regarding the decision to attempt suicide. These students indicated that they did not want any type of help and they wanted to avoid any potential for interference with a suicide attempt. Although some of the responses indicated that the student had definitively resolved to attempt suicide, other responses expressed the student's desire

to maintain the freedom to attempt, without implying that an attempt was imminent.

Responses categorized as Perceived Lack of Confidants reflected the student's perception that no one was available to confide in regarding the suicidal thoughts. Although some responses expressed a sense of genuine isolation, others acknowledged that there were people in the student's life who could have served as potential confidants. However, these people were rejected due to lack of trust, proximity, comfort, or perceived availability. In contrast with the trait secrecy expressed in the Privacy category, many of these responses implied that if an appropriate confidant had been available, the student might have disclosed the suicidal thoughts.

In addition to the nine content categories, an Other coding category was created for responses that either did not answer the question or could not be interpreted due to incompleteness or unclear language.

DISCUSSION

Suicide prevention researchers are increasingly attending to the importance of informal support seeking by suicidal youth and college students (Barnes et al., 2001; Cauce et al., 2002; Drum et al., 2009; Molock et al., 2007). The reasons students conceal their suicidal thoughts, whether from informal supports or from formal supports such as residence life staff or the college counseling center, have implications for campus-wide prevention programming. These implications will be briefly explored as they pertain to each reason for concealment identified in the current study and then integrated into a hypothetical campus suicide prevention program.

The fact that the most common reason given for concealing suicidal thoughts was that the student perceived himself or herself as being at low risk for attempting suicide suggests that interventions to reduce emotional pain and distress in the student population may decrease future likelihood of suicidal thoughts, attempts, and completions. Both clinical and population-focused interventions that reach students at a point of reduced risk for attempting suicide are more likely to be successful than those that occur after the student has progressed further along the risk continuum (Carlton & Deane, 2000; Deane, Wilson & Ciarrochi, 2001). If reached, students who endorsed Low Risk as a reason for concealment could learn strategies for coping with suicidal thoughts that would provide protection against future progression along the continuum of suicidality. Campaigns that seek to reduce stigma by normalizing thoughts about suicide must therefore be careful not to contribute to a belief that such thoughts are not a problem. Rather, it is important to normalize this experience while simultaneously emphasizing the seriousness of contemplating suicide and the value of seeking help regardless of whether one is likely to act on the thoughts. Students in this

group may be responsive to messages that help is available to them so that they do not need to continue living with the level of pain and distress that is concomitant with having thoughts about suicide.

Concern about burdening or harming others was the second most commonly endorsed reason for concealment, suggesting that interventions targeting this motivation could potentially increase rates of disclosure by suicidal students. This finding aligns with theory and research that identifies perceived burdensomeness as a key component of the desire for death and recommendations for interventions with suicidal individuals that include directly challenging the client's perception that he or she is a burden on others (Joiner, 2005; Joiner et al., 2002; Joiner, Van Orden, Witte & Rudd, 2009). Similarly, the belief that disclosing one's suicidal thoughts would be an unwanted burden on others could be challenged through targeted suicide prevention education. Informal support seeking may be encouraged by messages that emphasize reciprocity in relationships and challenge the belief that sharing personal struggles places a burden on others.

The barrier to help seeking caused by a personal orientation toward privacy and self-sufficiency is not likely to be easily overcome and may be best accomplished through a shift in institutional culture. Students who have internalized the message that personal problems should be kept to oneself may be responsive to messages that emphasize the strength and courage it takes to share one's struggles with others. Messages that reinforce the importance of "joining forces" may help alter social norms regarding self-reliance within campus communities. Because many students who endorsed Privacy as a reason for concealment will likely remain resistant to seeking help in person, it is also important that universities provide and promote awareness of anonymous support sources, such as online forums and telephone counseling.

Students who believed that others would not care or understand if they shared their struggles with suicidal thoughts would likely benefit from initiatives aimed at building campus cohesion and social connectedness. Exposure to narratives of peers who sought help for similar issues and found it useful may also help students overcome this barrier. An important component of changing students' perception of help seeking as pointless will likely involve a more pervasive cultural shift in the way that suicide is portrayed in the media and discussed in casual conversation. Some students found that when they tried to communicate their suicidal thoughts, they were not taken seriously because their peers casually use figures of speech such as "I could just kill myself." It is therefore important that all students receive information to counteract misperceptions of suicidal expressions as trivial or melodramatic. Suicide education programs could explore the unintended impact of casual "suicide speak" and emphasize that having suicidal thoughts is indicative of real emotional pain and should be responded to seriously. This reason for concealment also highlights the fact that increasing rates of

peer-to-peer disclosure will not be helpful and could even be harmful if the students who become confidants of suicidal peers have not been taught how to respond appropriately.

The most consistent theme in the literature on barriers to seeking both formal and informal help is the role of stigma surrounding suicidal thoughts and behaviors (Broadhurst, 2003; Carlton & Deane, 2000; Freedenthal & Stiffman, 2007). The Substance Abuse and Mental Health Services Administration has published a guide for developing stigma reduction initiatives (U.S. Department of Health and Human Services, SAMHSA, 2006), which on college campuses primarily focuses on raising awareness of the prevalence of mental health issues and emphasizing that recovery is possible. This approach may be more effective for reducing the salience of the Shame dimension of students' negative evaluations of mental health than for changing their expectations of how others will react. A student could personally believe that there is no shame in having suicidal thoughts and yet still avoid seeking help due to the negative reactions expected from others. It may be helpful to supplement the individual narratives common to stigma-reducing campaigns with group narratives featuring the individual student who has struggled with suicidal thoughts in the company of friends expressing their support.

The Repercussions reason for concealment is the most clearly linked with institutional policies regarding suicidal students, and it raises complex issues of confidentiality, safety, and forced-leave policies. Schools have an ethical duty to both the individual student and the student population to ensure that suicidal students receive appropriate treatment, which in some cases may be best accomplished through a leave of absence. However, leaving school is not ideal for the majority of students with suicidal thinking, and may instead deprive students of valuable sources of social support and reasons for living (Drum et al., 2009; Pavela, 2006). Blanket policies that mandate a leave of absence for any student who manifests suicidal ideation tend to be reactionary in nature and do not represent good legal or public relations practice; in fact, universities enacting such policies are more likely to be sued for discrimination than to avoid liability for a student's suicide (Appelbaum, 2006; Gray, 2007). Instead, decisions about medical leave or withdrawal should be made on a case-by-case basis, with careful deliberation, and be treated as a medical rather than a disciplinary concern (Pavela, 2006). The findings of the current study suggest that universities may consider increasing their transparency regarding such policies, given that students are already aware that being forced to leave school is a potential outcome of disclosing their suicidal thoughts. Because policies vary between schools, lack of transparency may increase the likelihood of students acting on misperceptions that a disclosure of suicidal thoughts will automatically result in medical leave or other disciplinary action.

The group of students who endorsed Interference underscores the importance of universal prevention strategies, such as limiting access to potentially lethal means. Many of these students may have been prevented from taking their lives due to protective measures such as barriers around rooftops, restricted access to potentially lethal drugs and chemicals, and most importantly, campus bans on firearms (Haas, Hendin, & Mann, 2003; Schwartz, 2006a; Schwartz, 2006b). It is also important to acknowledge that a subset of students will not be responsive to interventions meant to increase help seeking. This reason for concealment underscores the importance of population-based interventions intended to decrease the overall distress among students and reduce numbers of students who reach this level of crisis.

The Perceived Lack of Confidants category highlights the importance of increasing social connectedness on campus, which has been promoted as a key strategy for national suicide prevention efforts (Suicide Prevention Resource Center [SPRC], 2004; U.S. Department of Health and Human Services, CDC, 2008). These efforts must go beyond simply urging students to get involved and should provide opportunities to develop meaningful and caring social relationships. Many campuses are developing programs such as Freshman Interest Groups (FIGs) and Living-Learning Communities (LLCs) to increase academic and social engagement by fostering relationships among students and between students and faculty members (Purdie, 2008). Programs for incoming 1st-year and transfer students are particularly important, as many of these students have few pre-existing social supports on campus. Findings from the current study suggest that enhancing the quality of students' campus and classroom relationships would not only bolster students against emotional distress and suicide, but also increase the likelihood that students who do become overwhelmed and suicidal will be able to identify potential confidants and avenues to receiving help.

Knowledge of students' reasons for concealing their suicidal ideation could guide a variety of intervention strategies. For example, training peers to respond to their friend's emotional or suicidal distress offers one promising approach, given that friends are the primary source of support sought by students who do disclose their suicidal thoughts (Drum et al., 2009). These peers are essentially on the "front lines" when it comes to responding to other students in distress but may not be prepared to respond to serious problems such as suicidality (Sharkin, Plageman, & Mangold, 2003, p. 691). Such training programs could incorporate messages that directly target reasons for concealment. For example, the fact that both stigma and perceived low risk are prominent reasons why students do not disclose their ideation suggests that it is critical to balance information regarding how common suicidal thoughts are among students, thus combating shame and stigma reasons, with the message that such thoughts should be taken seriously and

help sought, thus contradicting students' belief that they do not need help if they are not planning to act on the suicidal thoughts.

Additionally, understanding students' reasons for concealment has implications for the value of universal peer-response training to facilitate help-seeking across the university, such as has been advocated for inclusion in first-year orientation (Sharkin et al., 2003). Exposing all incoming students to training focused on helping peers in distress has benefits of communicating both explicit messages, such as the promotion of counseling resources on campus, and implicit messages about the appropriateness and usefulness of reaching out for help. For example, if students know that their classmates have undergone the same mental health training they have, they may perceive their peers to be better prepared to handle a disclosure of suicidal thinking instead of assuming that they would be overwhelmed or burdened. Knowing that peers have been trained could also convey implicitly that a disclosure of suicidal thoughts is more likely to be acknowledged and responded to helpfully by others, thus combating the perception of help seeking as pointless and reducing students' expectations of being belittled or stigmatized for having suicidal thoughts.

Another benefit of having every entering student experience this training concurrently would be to emphasize that they are now members of an interdependent community and are thus responsible for supporting and looking out for one another. Strengthening students' sense of belongingness and social connectedness is expected not only to increase help seeking by students in distress but also to reduce the numbers of students who will reach suicidal levels of distress. Understanding why students choose to conceal their struggles with suicidal thoughts can therefore help campus preventionists develop programs aligned with recommendations (e.g., Drum et al., 2009; Silverman & Felner, 1995; SPRC, 2004) that campus suicide prevention programming be aimed at changing institutions and enhancing the well-being of the entire population.

Limitations

This study addresses many of the limitations of previous research by using data from a nonclinical population and exploring barriers to informal as well as formal help seeking. Although two smaller studies have explored the motivations of suicidal or self-harming youth who avoided seeking help from peers or family members (Freedenthal & Stiffman, 2007; Nada-Raja et al., 2003), this is the first study to explore this phenomenon among college students. Nonetheless, several important limitations should be noted. Although the sample demographics were similar to other concurrent large-scale surveys of 4-year colleges (American College Health Association-National College Health Assessment, 2006), Caucasian students were overrepresented compared to ethnic minority students. It is also possible that the students

who elected to respond to the survey were in some way different from those who did not.

Another study limitation is that these data are retrospective. Self-reports collected after the suicidal crisis has resolved may be influenced by a more positive subsequent mood state (Beck & Weishaar, 1990). The validity of these findings depends upon the accuracy of participants' recollections of their reasoning during a period in which they seriously contemplated attempting suicide, which may have occurred as many as 12 months prior. Finally, the study was exploratory in nature, and was guided by overall research questions rather than *a priori* hypotheses or established theory. It would be beneficial to have future research test the reasons for concealment categories derived through content analysis to ensure that they accurately and comprehensively capture students' motivations for avoiding formal or informal help.

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