Student Suicide on Campus

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Abstract:

Recent legal cases regarding student suicide or suicidal ideation demonstrates the variance in actions taken by student development professionals on college campuses around the country. The response by administrators has resulted in law suits and brings into question the timing and manner in which the decision to notify the parents of a suicidal student may occur. Disclosure of a student’s physical or mental condition must be weighed against the protection of their privacy, as well as the overall well-being of the campus community. Successfully balancing the rights and needs of all students on a college campus, with special attention to those who may threaten its safety, presents a legal and ethical dilemma which continues to leave room for interpretation in the courts.

Students with suicidal ideation or who attempt suicide present difficult issues for student development professionals. Presently, the legal landscape within higher education as it relates to issues of student suicide is structured in a way that produces discordant results in regards to legal and ethical responses by student development professionals. Restrictions on the depth, manner, and timing in which college and university officials may share the private details of students’ physical and mental status with parents impedes their response as they determine the extent to which they will function in loco parentis as well as work to uphold the confidentiality of the student.

Recent case law regarding student suicide in colleges and universities reveals the dilemma that student development professionals face as they respond to a crisis. Working within the legal framework by upholding the rights of students according the Family Educational Rights and Privacy Act of 1974 (FERPA) has produced an ethical gap which may occur following a decision by administrators to delay or refrain from informing the parents of a student with suicidal ideation or who has committed suicide. A system of notice following a student’s suicide attempt should demonstrate “concern for the welfare of [all] students” (ACPA, 2006), which places administrators into a legal gray area since there continues to be no clear precedent. This paper reviews recent legal cases regarding student suicide in colleges and universities and provides a brief overview of the growing and changing health needs of college students. Additionally, issues pertaining to the confidentiality of students are outlined and policy recommendations will be suggested.

Before delving into the important case law surrounding the issue of student suicide on college campuses, it is necessary to point out the concerns expressed by many student development professionals about the changing mental health needs of college students. The study conducted by Gallagher, Gill, and Sysko in 2001, a national survey of counseling center directors representing 274 institutions, found an increase in “severe” psychological problems during the last five years, most notably an increase in self-injury incidents at 51% (as cited in Kitzrow, 2003, p. 169). A longitudinal study conducted by Kansas State University researchers found the number of students at risk for depression doubled, from 21 to almost 41 percent (Kadison & DiGeronimo, 2004). Levine and Cureton pointed to students being “overwhelmed and more damaged than those of previous year” (as cited in Kitzrow, 2003, p. 169). Kadison (2004) highlighted environmental stresses such as feeling more academic pressure, rising college costs, earlier age of sexual intimacy, and living in a post-911 world as all possible contributors that lead students to feel depressed. Given that students are coming to college with a marked increase in mental health issues, university counseling services across the country have experienced an increase in the demand for counseling services (Kitzrow, 2003).
Treating students with serious psychological issues also raises ethical concerns for college and university personnel and counselors. Kadison and DiGeronimo (2004) pointed out that colleges and universities are prevented from inquiring about mental health and medical information during the admissions process. When students begin college with a known mental health concern, it is usually up to the student to inform the institution of their condition, which can be done by seeking accommodations through a disability specialist or by going to a counseling center. Chisolm stated that for many students who suffer from mental health issues, it is not until they reach a traditional college age of 18 to 25 that many conditions begin to show up in the behavior of the student, such as depression, bipolar disorder, and schizophrenia (as cited in Kitzrow, 2003, p. 171). Further, Kadison and DiGeronimo (2004) pointed out that the use of psychotropic medications increased 200 to 300 percent from 1987 to 1996. Gallagher, Gill and Sysko added that the effectiveness of these medications has made it possible for students with serious mental health issues to attend college (as cited in Kitzrow, 2003, p. 171). Therefore, the advances in psychotropic drugs that have made it possible for students to manage their conditions successfully enough to enter college correspondingly place a burden on college counseling centers across the country which are then faced with a population of students that have more complex mental health needs.

The abundance of students with serious mental health issues generates a number of ethical dilemmas for college counselors. Gilbert (1992) suggested that the barrage of students who seek services from their institution’s counseling center, along with the resources available to the counselors, may cause ethically unsound practice by “providing intensive, long-term rehabilitative psychotherapy to severely disturbed individuals” (p. 698). Since college counseling centers are usually the primary means for helping students with mental health conditions, resources are then in danger of being devoted to the students with the most acute needs. Stone and Archer pointed out that counseling center staff should avoid trying to be “all things to all people” and Kitzrow (2003) asserted that many counseling centers have been forced to follow a crisis-oriented model to serve the students now seeking services (as cited in Gilbert, 1992, p. 698). Given the growing and changing mental health needs of today’s college students, counseling center staff must decide how they will work to meet the needs of these students, while at the same time, maintain ethical standards of care. It was recommended by Gilbert (1992) that college counseling centers recognize and work within their limitations and resources. The legal cases that will be discussed show examples of student development professionals and college counselors who treated students with severe psychological problems which resulted in holding the institution and its officials in some way responsible due to the manner in which they responded.

The important lawsuits that center on student suicide make up the backdrop for the legal landscape in which student affairs professionals must operate. It is their job not only to uphold the mission of the institution, but also to set forth policies that work to ensure the safety of students’ well-being. One case that worked to reinforce the importance of campus safety as it related to the possible threats of mentally ill students is illustrated in Tarasoff v. Regents of University of California (1976). In this case, Prosenjit Poddar, graduate student attending the University of California, met and became fixated with Tatiana Tarasoff. Poddar sought counseling after Tarasoff left the country and had rebuffed his romantic advances. During his counseling sessions, Poddar admitted he intended to kill Tatiana when she returned from studying abroad in Brazil. His counselor asked campus police to pick up Poddar, stating he was a danger to others and was an “acute and severe paranoid schizophrenic” (VandeCreek & Knapp, 1993, p. 3). Finding Poddar to be rational, the campus police didn’t arrest him.

Eventually, Tatiana moved back from Brazil, at which point Poddar went to her house, shot her with a pellet gun and then stabbed her with a kitchen knife. The California Supreme Court found the defendants (the Regents, psychologists, psychiatrists, and police officers) not liable for not committing Poddar, but they were liable for not warning Tarasoff of the possibility of violence against her. Pavela (1985) noted the court’s findings that mental health professionals do not have a “general duty to warn of each threat.” Instead, liability would be imposed only if the victim is ‘the known and specifically foreseeable and identifiable target of the
patient’s threats” (p. 31). As a result of this case, many institutions now use a “Tarasoff warning” to uphold a duty to warn students who are deemed as serious potential targets of violence by other dangerous students. Kaplin and Lee (1997) pointed to the possibility of claims of negligence for failing to warn potential victims, as well as possible FERPA violations (p. 337). Although this case does not involve a student suicide, it does establish the protocol which student development professionals should follow to ensure the safety of students on campus, and to carry out a duty to warn in specific instances once they are made aware of them.

A more recent case of student suicide brought forth by the parents of an MIT student who committed suicide by lighting herself on fire Shin v. MIT (2005). One of the claims made in this case was the failure by the student development professionals and others involved to effectively intervene and prevent the suicide of Elizabeth despite warnings by students and teachers. The case recently settled out of court, despite the much anticipated guidance it would have given for student development professionals in terms of their legal responsibility towards students that, at the very least, are known to have a history of suicidal ideation (Hoover, 2006). The parents of Ms. Shin also claimed that discussions they had with MIT officials gave them the impression that they would be informed about their daughter’s mental health status. In addition, their suit claimed the written materials in the MIT medical brochures constituted a contract, which was dismissed when it was found not to promise anything specific about its services (Shin v. MIT).

The Shin case raises difficult concerns for student development professionals because the suit and others like it (Jain v. State of Iowa, 2000; and Schieszler v. Ferrum, 2002) put forth that notifying the family after becoming aware of a suicide attempt might have prevented the later act of suicide (Baker, 2005). It is not without careful consideration that student development professionals take the step to inform parents about the mental state of their child. Students over the age of 18 are protected by FERPA, which is intended to protect their privacy (Kaplin & Lee, 1997). An exception to the FERPA regulations may allow student development professionals to break confidentiality in a health emergency and release information to “appropriate parties where knowledge of the information is necessary to protect the health or safety of the student or other individuals” (Baker, 2005). It should be noted, however, that college officials are not required to inform parents following a suicide or suicide attempt. Baker (2005) pointed out that even health care workers do not carry a duty to inform “the relatives of a suicidal adult” (p. 519). Therefore, the decision to notify the parents of a student over the age of 18 represents a gray area for administrators who must interpret the exceptions to FERPA rules as they relate to students with suicidal ideation or who attempt to end their own life.

Although they are not legally required to notify parents following a suicide attempt, White v. University of Wyoming (1998) illustrates the possible liability issues that may follow a student suicide attempt. Chauncey White, an eighteen year old student, was arrested in his residence hall because he was highly intoxicated. Upon his release later that night, his hall director became aware that he had attempted to hurt himself and a counselor was brought in to assess his risk for committing suicide. His parents were not called and the assessment ended. White killed himself two years later, prompting his parents to file suit because the university and its officials had failed “to adequately monitor, treat, counsel, or give notice to the Whites in response to their son’s December 1990 suicide attempt” (White v. University of Wyoming, 1998). The court ruled that the defendants were not health care workers, which meant that they could not be held to medical malpractice law (White v. University of Wyoming, 1998; and Baker, 2005, p. 519). Hoover (2006) pointed to Jain v. State of Iowa (2000) which also recently found that non-therapist personnel at the University of Iowa did not have a duty to notify parents prior to his suicide to inform them of his state of “impending danger.” Together, these suits are both examples of decisions by the courts to uphold the decisions made by student development professionals not to inform the parents of suicidal students, which were made to protect the privacy of the student.

Another reason that student development professionals might choose not to inform the parents following an episode of suicidal ideation or an attempt is because it then sets a precedent should subsequent
Foley

incidents occur. In the Shin case, the Dean of students notified Shin’s parents after her first hospitalization, but failed to keep her parents informed of the incidents that followed and especially leading up to her death. Since the college officials had informed the parents of Ms. Shin following her first hospitalization, it gave the impression that they would continue to inform the parents of subsequent incidents, which they did not. Perhaps Ms. Shin’s situation would not have ended in the same manner if the college officials had insisted that she seek more intensive counseling off-campus. None the less, they chose to allow her to continue her studies, despite her serious mental health challenges.

An alternative approach taken by student development professionals in their response to a suicidal student can be seen in Schieszler v. Ferrum College (2000), in which a special relationship was created between the student and an official of the college following the revelation that the student was suicidal. Kaplin and Lee stated:

A ‘special relationship’ in the postsecondary setting means that a distinctive set of circumstances has arisen that operates to place a legal obligation upon the university to undertake reasonable actions designed to protect the student from foreseeable harm (as cited in Baker, 2005, p. 521).

After reports by his girlfriend and other students that he was threatening to hurt himself, Michael Frentzel was asked to sign a written “no harm agreement” by the Dean of Student Affairs at Ferrum. He killed himself two days later. The judge stated that “in assuming control of the situation [the] defendants…assumed a special relationship vis-à-vis Michael that was custodial in nature [which] increased the risk of harm to Michael by assuming control of the situation…” (Schieszler v. Ferrum, 2000). This case eventually settled out of court, but a federal court in Virginia found that Ferrum officials “had a legal duty to ensure the safety of the deceased student, Michael Frentzel, because they knew of the ‘imminent probability’ that he would try to harm himself” (Hoover, 2006). Schieszler (2000) is an example of how this college official overly involved himself in trying to help a student by having him sign a written agreement not to harm himself, which was unreasonable because he did not have the resources to make sure that the student would be safe at all times.

An opposing approach that student development professionals have taken after becoming aware of a suicidal student can be seen in Nott v. GWU (2006) in which a student was dismissed after he checked himself into the hospital because he felt depressed. Once in the hospital, Nott received several official letters from administrators at George Washington University which informed him that he had to obtain clearance to return to his residence hall under the university’s Residential Community Conduct Guideline. One of the letters alleged that Nott had violated the university’s “Code of Student Conduct” which stated “Behavior of any kind that imperils or jeopardizes the health or safety of any person or persons is prohibited. This includes any actions that are endangering to self or to others” (Nott v. GWU, 2006). Nott filed suit claiming discrimination on the basis of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act after the university prevented him from returning to campus and attending classes, despite the fact that he had not attempted suicide, but instead had only sought treatment. The suit settled out of court in October 2006 under confidential terms and GWU is currently reviewing its policies regarding student mental health (De Vise, 2006, p. B05).

This case is an example of an institution with a very strict policy that outlines how college officials should respond to a suicidal student. It is in complete contrast to Shin, Jain, Schieszler, and White in that none of the students in the cases were suspended from their institution. In both Shin and Schieszler, the students involved might have benefited from being removed from their institution rather than being allowed to pursue their education. Gilbert called this practice “enabling psychotherapy,” wherein students are given “periodic bursts of ‘therapy’ over the years as he or she careens from crisis to crisis…Possibly, it is of more service to help this individual ‘get well’ rather than ‘get a degree,’ even if pursuit of the former temporarily interrupts pursuit of the latter” (1992, p. 697). By reviewing the cases with this view in mind, perhaps more of the students would have benefited from, at the very least, the option to take a medical leave. It is the view of this
author that while students have demonstrated or stated that they intend to hurt themselves, they are, at least temporarily unable to pursue their education or participate in campus life.

Student development professionals following the ethical guidelines that are set forth by College Student Educators International (ACPA) should demonstrate concern for the welfare of all students; while at the same time promote the mission and goals of the institution. Francis (2003) pointed out that “when a student interferes in another student’s education through overt or covert acts of self-destruction, he or she is inadvertently disrupting the general goal of the college” (p. 117). The legal cases presented here represent different interpretations in the way that student development professionals have responded to students with suicidal ideation or who attempt to harm themselves. Some have taken an \textit{in loco parentis} stance, as seen in the \textit{Schieszler v. Ferrum} (2002). Asking the student in this case to sign a “Do no harm” statement placed the dean in a special relationship by assuming more responsibility for the well-being of the student than he was able to undertake. The \textit{Nott} case illustrates the other end of the spectrum, where the student was removed from the educational setting after begin deemed “psychologically distress[ed]” (Hoover, 2006). Since most of the cases outlined here ended in suicide, there is room to consider how student development professionals can balance protecting the rights of students as outlined in FERPA, while at the same time “report[ing] to the appropriate authority any condition that is likely to harm their clients and/or others” (ACPA, 2006). Disclosure of a student’s physical or mental condition to parents must be weighed against the protection of their privacy, as well as the overall well-being of the student community.

Parents of students who exhibit suicidal ideation or who attempt suicide should always be notified following Kadison and DiGeronimo’s suggestion that working with parents will, most of the time, benefit students by reinforcing their support system. It illustrates a demonstrated concern for students by making the assumption that notifying student’s parents will aid them rather than respecting their privacy as adults and withholding the information from parents. (This stance also assumes that bringing parents into the situation will be beneficial to the student by assuming that the student-parent relationship is good). If the student is deemed too severely distraught to attend classes, then he or she should be encouraged to temporarily withdraw from classes via a medical withdrawal or to take incompletes in coursework, which would allow them the opportunity to return at a later time. Using a suspension (as it was utilized in \textit{Nott}) as opposed to a temporary medical withdrawal, sends the message that students seeking treatment for depression could be punished and even kicked out of school.

Since several of the most recent cases involving student suicide have settled out of court, particularly \textit{Shin, Schieszler}, and \textit{Nott}, there is still no clear precedent for student development professionals to follow when responding to suicidal students and their subsequent actions. Baker (2005) suggested that a return of \textit{in loco parentis} is taking hold over standards of confidentiality, but this author maintains that a balance between the protection of students’ rights and the overall health and safety of the entire campus community must be pursued. The death of a student is always a tragedy and student development professionals should do everything in their power to prevent it from happening. Allowing for more exceptions to FERPA in instances that present obvious danger to the well-being of a student is currently the best way to bring together the ethical guidelines with the legal conditions that relate to issues of student suicide on campus.
References


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