This week, I wrote about the pressures college students face and the related risk for depression and suicide. The article, “Suicide on Campus and the Pressure for Perfection,” generated numerous comments, and readers also raised important questions about other aspects of mental health.

Here is a selection from the many questions I received, and my answers.

Q. Your story seemed to focus on women. Do boys and men experience the same kinds of pressure?

A. Yes, male college students experience the same kind of pressure and commit suicide at significantly higher rates than their female counterparts. The rate of suicide among 15 to 24-year-old males in the United States was 17.3 per 100,000 in 2013, compared with 4.5 among females of the same age, according to the Centers for Disease Control and Prevention. In fact, men of all ages are far more likely to commit suicide than women.

Q. If men are more likely to commit suicide, why did the story focus on a female student?

A. There is still tremendous stigma surrounding mental illness, and not everyone who experiences depression is willing to talk about it. The young
woman I profiled, Kathryn DeWitt, offered a rare opportunity to hear from someone who had gone all the way down to the depths of despair but — thankfully — was still alive to talk about it (and could do so articulately). Male depression is a significant concern, and a topic I have written about in the past. More information and resources are available from The National Alliance on Mental Illness.

Q.
Why didn’t you talk about high rates of suicide among Asian-American students?

A.
While suicide among Asian-American students is a significant concern, data from the C.D.C. shows the racial/ethnic group with the highest suicide rate is actually American-Indian/Alaskan Native. According to the C.D.C, the rate of suicide in that group for 15 to 24-year-olds is 9.4 for females and a staggering 29.1 for males.

Q.
Are parents to blame for suicide?

A.
The cause of any individual suicide is complex, and it would be a mistake to assume parents are to blame if a child attempts suicide. Gregory Eels, the director of Counseling and Psychological Services at Cornell, who has worked in higher education for 20 years and says he has seen “too many” student deaths, describes it this way: “The causes of a completed suicide are never a single thing. It’s a combination of thousands of things.”

Q.
Isn’t the underlying cause clinical depression, and not external pressure?

A.
Depression is a significant risk-factor, but it is only one. Environmental factors such as stressful life events, access to firearms and others play a role. You can learn more about the risk factors for suicide and warning signs of suicide from the American Foundation for Suicide Prevention.

Q.
Are there more suicides at elite universities?
A.

There is no data indicating that suicide is more prevalent at elite institutions than at two-year or four-year colleges. In fact, college of any kind seems to be a form of protection against suicide, according to Dr. Victor Schwartz, the medical director of The Jed Foundation, an advocacy group devoted to preventing suicide among college and university students. Several analyses have found that rates of completed suicide among noncollege students aged 18-24 are higher than those of college students. One study by Allan J. Schwartz, an associate professor of clinical psychiatry at the University of Rochester, which was published in The Journal of College Student Psychotherapy in 2013 found that being a student did not meaningfully affect the relative risk of suicide among females aged 18-24, and it significantly lessened the risk for 18–24 year-old males.

Q.

Does social media exacerbate the anxiety of not measuring up?

A.

Ethan Kross, who founded the Emotion & Self Control Laboratory at University of Michigan, studies how the use of online social networks affects people’s emotional lives. While his work is ongoing, he says it’s a mistake for people to conclude that social media is toxic.

“What we’re talking about is a relatively new form of social interaction in the history of human communication,” said Dr. Kross. “It would be overly simplistic to assume it’s just good or just bad. It has got to be a lot more nuanced. The way to figure it out in my mind is to test how different ways of using these technologies impact how people feel.”

In one study, for example, Dr. Kross and his colleagues found that use of Facebook had a benign emotional effect on people who actively post updates, but a negative effect on those who passively monitor the newsfeed to see what other people are doing without posting. Passive consumption, in other words, enhanced “feelings of envy and jealousy,” said Dr. Kross, while active posting resulted in no significant emotional changes.

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