

6-2019

COMMON SOURCES OF ANXIETY FOR STUDENTS WHO EXPERIENCE SUICIDAL IDEATION

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COMMON SOURCES OF ANXIETY FOR STUDENTS
WHO EXPERIENCE SUICIDAL IDEATION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Austin Nystrom
Fabian Ortiz
June 2019

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ABSTRACT

This study was conducted to identify what sources of anxiety are most closely associated with experiencing SI among students in a school district in Southern California. Anxiety and suicide rates in youth continue to grow and a need for preventative services is a must. The research design consists of qualitative, biopsychosocial assessments, and qualitative, utilizing the collected data. MSW interns at the district site conducted the assessments and the writers analyzed and reviewed the data to draw out an answer to the research question. Implications for social work practice include gaining a better understanding on the common sources of anxiety as well as other precipitating factors that youth with SI experience. By identifying stressors and common factors social workers will be able to recognize red-flags and provide faster, more targeted preventative services to youth suffering from SI.

ACKNOWLEDGMENTS

We would like to thank Antonio for his guidance, patience, and his remarkable supervision. Thank you guiding and working with us through this project. Antonio, you have been an exceptional role model for the both of us and we hope to make you proud through the work we will soon embark on. We are grateful for the MSW interns who allowed us to review their documentation for this research. As well as putting time aside for any questions or concerns we would have. Thank you, Dr. Barragan for providing your undivided attention and support throughout this project, we truly value this opportunity.

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CHAPTER ONE

PROBLEM FORMULATION

The National Institute of Mental Health (2016) reported that suicide had become the second leading cause of death in the United States among youth and young adults. The World Health Organization's records show an astounding 32% increase in suicide rates across all age groups in the U.S. from the years 2000 to 2015 (World Health Organization, 2016). This crisis is a significant concern for the mental health professional community and has created a more considerable demand for clinicians that can effectively respond to the growing need. There is also a growing demand for practical training in suicide prevention for school personnel who work directly with students. However, there is a lack in evidence-based research that can help provide direction to school staff in assessing suicidal ideation (S.I.) (Kreuze, Stecker, and Ruggiero, 2018).

Adolescent students spend most of their time at a school-setting which provides school staff an important opportunity to intercept with students who exhibit S.I. and direct them to the proper mental health care (American Foundation for Suicide Prevention, 2016) (Taras, 2004). In Manfredi's (2018) research teacher's in this school district expressed concerns about identifying what behavior or red-flags to look for in students with SI. There is a need to establish best practice regarding suicidal risk assessment and prevention. Currently, there is no national standard or requirement for secondary school staff

to receive best practice training for suicide prevention. As of 2016, there were only ten states that had taken the initiative to require mandated annual training for secondary school staff. California did pass assembly bill AB 2246 in February of 2018 which does not require secondary school staff to receive suicide prevention training although it did require Local Education Agencies, such as school district, counties, and other education administration entities to adopt a student suicide prevention policy before the beginning of the 2017-18 school year. AB 2246 did not include requirements for school staff to receive training (AB-2246 Pupil suicide prevention policies, 2016).

A study conducted by Sareen et al. (2005) found there to be a significant association between the presence of anxiety disorders and the development of S.I. In a systematic review by Bertolote and Fleischmann (2002) studied a total of 15,629 cases of suicide between 1959 to 2001. 98% of the individuals who committed suicide met the criteria for a mental disorder. The most common mental health disorder suffered by those that commit suicide is depression which according to Anxiety and Depression Association of America (2016), is diagnosed in combination with anxiety disorders roughly 50% of the time. The American Foundation for Suicide Prevention (2018) lists behaviors indicative of anxiety as a warning sign of S.I.

Purpose of the Study

The purpose of this research study is to explore what sources of anxiety are most closely associated with experiencing SI among students receiving treatment in a local school district's Department of Mental Health. The U.S. has seen a marked increase in suicidality among school-aged children in recent years (Wunderlich, Bronisch, Wittchen, and Carter, 2001). As discussed previously, recent research takes into consideration anxiety and its relationship with suicide. The aim is to contribute to the research and understand the correlation between anxiety and SI in youth.

The overall research method that used in this research study is a hybrid between exploratory and descriptive quantitative designs. This research design was chosen due to the availability of data gathered by the biopsychosocial assessment. The assessment gathers information on student demographics, mental health background, and assesses for risk of abuse, suicidal ideation, and self-harm. In addition, the writers included two questions that assist in assessing levels and sources of anxiety expressed by students. This information assisted in identifying if common sources of anxiety in students who experience SI exist.

Through the partnership with this school district's Department of Behavioral and Mental health and CSUSB's School of Social Work the researchers had access to more than 100 biopsychosocial assessments with the relevant information. Access to this quantity of assessments and information

afforded the researchers the opportunity to establish themes and trends relevant to the issue.

Significance of the Study

Implications for social work practice include the need to understand the common precipitating factors including anxiety that youth with SI experience. Knowledge of common themes will assist social workers in and out of school-settings to effectively recognize warning signs in youth and assist in preparing prevention and intervention strategies. This school district implements the same biopsychosocial as a neighboring school district, Ontario-Montclair School District. The biopsychosocial assessment that is utilized currently does not have a method of assessing anxiety and anxiety triggers in students. Without a more thorough understanding of significant sources of anxiety mental health clinicians could very well do effective interventions geared towards reducing anxiety surrounding specific triggers; however, they may not be targeted effectively at the causes that contribute to suicidality.

The implications of the findings of this research project can help mental health clinicians assess more effectively for these common anxiety triggers and understand more clearly the causes of S.I. also, develop earlier and more effective treatment plans accordingly. This research aims to add to the body of knowledge of causes and predictors of suicidality in youth to better help school social workers and other school mental health providers recognize early

predictors of suicidality in students. Currently, there is a gap in evidence-based research that can guide school staff in the assessment of S.I. (Kreuze, Stecker, and Ruggiero, 2018) this research aims to address this critical deficit. There is a need to help streamline the process of identifying students that might be struggling with anxiety issues that run the risk of causing or aggravating suicidal ideation.

This research could help social workers and other mental health services providers spot warning signs and offer care before suicidal ideation escalates. In the current evaluation systems, many providers only assess for suicidal ideation when a student mentions suicidal ideation explicitly. The findings of this research could arm professionals with key indicators for earlier and more effective S.I. assessment.

To stress the importance of this research, Education Code Section 215 added by Assembly Bill 2246, mandates local educational agency (LEA) to adopt a policy on public suicide prevention, intervention, and postvention (AB-2246 Pupil suicide prevention policies, 2016). However, research on suicidal ideation and its relationship with anxiety symptoms is new. The research question, what are the most common sources of anxiety for adolescent students (6-12) who experience S.I ? contributes to the understanding of the significant factors that contribute to the connection of anxiety symptoms and S.I. in the adolescent student population at this school district.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines research relevant to the topic of anxiety and suicidality in teens. There is growing support in the research literature in a correlation between anxiety disorders and suicidal ideation, though this is still currently an under-researched area (Thompson, 2011). A Netherlands Mental Health study (2005) finding demonstrated a pre-existing anxiety disorder is an independent risk factor for subsequent onset of suicidal ideation attempts, and that comorbid anxiety disorders significantly increase the risk of suicide attempts in individuals with existing mood disorders. According to Abbo et al., (2013) one in three children and adolescents with an anxiety disorder tend to meet criteria for two or more anxiety disorders. Besides possible comorbidity of more than one anxiety disorder, the prevalence of comorbid depression and anxiety is at 30% to 75%. Comorbidity is associated with higher risk of suicidality (Abbo et al., 2011). Studies justify the link of diagnosed anxiety disorders in adolescent suicide attempters and victims (Thompson, 2011).

Anxiety Disorder

The prevalence of diagnosed anxiety disorders in adolescents is higher than any other psychiatric diagnosis (Bakhla et al., 2013). Anxiety also occurs specifier of other common disorders such as depressive disorders and

adjustment disorders. Sareen et al.'s (2001) research found anxiety disorders occurring without a co-occurring diagnosis to be an independent risk factor for suicidal behaviors (e.g., S.I and suicide attempts). Their study found the group of anxiety disorders to have a significant association with suicidal ideation and suicide attempts, even after adjusting for socio-demographics, other mental disorders. In Cogle et al.'s (2009) study found that social anxiety disorder (SAD), post-traumatic stress disorder (PTSD) which in the DSM-IV fell under anxiety, generalized anxiety disorder (GAD) and panic disorder (PD) to all be predictors of SI. However, only SAD, PTSD, and GAD were predictors of suicide attempts.

Panic Disorder

Panic Disorder is a disorder that falls under the umbrella of Anxiety Disorders; research on PD and its effects on suicidality exist, however, their relationship remains inconsistent (Cougale, 2008). PD alone does not contribute to suicidality, however, when paired with a comorbid disorder PD can lead to a high risk of suicidal behavior (Cougale, 2008). Warshaw et al. (2000) found there to be no increased risk of non-comorbid panic disorder indicating a likelihood of development of suicidal ideation and attempts. The same study, however, found there to be a significantly increased risk when comorbid with other disorders such as depressive disorders and highlighted the need to assess clients with panic disorders for other risk factors.

Comorbidity

Sareen et al., (2001) conducted a study that found anxiety disorders in combination with a mood disorder to lead to higher probability of suicidal ideation and attempts at suicide than mood disorders, such as depression, occurring without a co-occurring anxiety disorder. King et al. (2001) found there to be a substantial link between the presence of a current mood or anxiety disorder and an individual's risk of experiencing S.I or suicide attempts. Cogle et al., (2009) reinforced that there is a higher risk factor for suicide attempts with anxiety disorder with comorbid mood disorder versus mood disorder alone. Abbo et al., (2011) reported that comorbidity of anxiety disorders with depression in youth ranged from 30% to 75% and was associated with greater suicidality.

Lewinsohn's (1995) research found comorbidity to be a risk factor for suicidal attempts and found comorbidity with anxiety disorders to produce the highest risk. Depression and anxiety comorbidity tend to be much more common in girls. In O'Neil's (2012) study, after controlling for depression in youth, the relationship between anxiety symptoms and suicidal ideation was not significant. However, an independent association between anxiety and suicidality exist.

Gender

Typically, in Western countries, adolescent girls report experiencing more excessive worry, separation anxiety, generalized anxiety than their male counterparts. (Bakhla et al., 2013) Suicide predictors vary by gender, in Cogle et al., (2009) study found that SAD, PTSD, GAD, and PD were all predictive of SI

among adult women. However, only PTSD and PD were significant risk factors for adult men. Research done on Korean adolescents found there to be a higher correlation between perceived stress, depression, abuse of substances, and suicidality for Korean female adolescents than for males (Jeon, Choi, and Cho, 2008). Males and females experience an early onset (age 14) of psychiatric disorders increase the risk for S.I. (Reinherz, 1995). O'Neil's (2012) study found there to be, at least in their specific setting, no sex difference in suicidal ideation in anxious youth.

Socio-economic Status

Low socio-economic status appears to be a universal risk factor for suicidality though the occurrence of anxiety disorders is not necessarily more prevalent universally in adolescents with lower socio-economic status (SES) (Meel, 2009). We will take a survey here to see how socioeconomic status effects anxiety and suicidality across cultures around the globe.

In New Zealand Robinson et al., (2017) found there to be a direct correlation between lower SES and higher levels of depression, anxiety, and self-injuring behaviors in New Zealand youth. In Switzerland, amongst adults, a decrease in household income increased the risk for anxiety disorders as well as depression disorders (Mwinyi et al., 2017). In India, however, Deb, Chatterjee, and Walsh (2010) found that between adolescents from lower, middle, and higher SES, adolescents from the middle class had the highest prevalence of high anxiety. These findings might indicate that SES informs an individual's

levels of anxiety differently based on culture. While differences in which SES experience more anxiety may vary based on culture, Vijayakumar et al., (2005) claim that low socioeconomic status should be looked at as a universal risk factor for suicidality across cultures.

Culture

The U.S. Census Bureau projects by 2060, the population will be 44 percent White making the U.S. the world's first country made up of majority minorities (Colby and Ortman, 2015). Mental health workers and school personnel in the U.S. will inevitably encounter students from diverse cultural backgrounds and would do well to take into account cultural influences on their client's experience of anxiety and suicidality. Bakhla et al. 's, (2013) research seem to indicate that mental health phenomenon that might seem to be global might be contingent on culture. Worldwide girls are most commonly at a higher risk for anxiety. However, boys in India experience a higher prevalence of high anxiety than girls, 20.1% compared to 17.9 respectively (Deb, Chatterjee, and Walsh, 2010). Bakhla et al., (2013) hypothesize that this phenomenon seems to be attributable to the differing culturally informed gender roles and the fact that each culture places different pressures on each gender than the next. Another example of this is the fact that stressful life events put adolescents at risk for suicidality across cultures, though, the types of life events that an individual experience as more or less stressful differs from culture to culture. As Vijayakumar, John, Pirkis, and Whiteford (2005) explain, social change may be

the type of stressful life event that puts adolescents at higher risk for suicidality in developing countries than in developed countries. Culture even informs access to means of suicide, for instance, in more agriculture-based developing countries access to pesticides is a more relevant risk factor than in developed countries. (Vijayakumar, John, Pirkis, and Whiteford 2005). Cash (2010) presents data from the National Survey of American life that showed how having a psychiatric disorder, especially an anxiety disorder was strongly associated with S.I and attempts among African American and Caribbean black adolescents in the U.S.

Age

Strauss et al., (2000) found adolescent females to be more at risk for anxiety than males and females of other age demographics. Wunderlich, Bronisch, Wittchen, and Carter (2001) encountered results that showed similar findings, which females suffer from anxiety disorders more frequently than their male counterparts. Girls that attempt suicide and experience S.I. do so more frequently and at younger ages than boys. A hypothesis Wunderlich, Bronisch, Wittchen, and Carter (2001) posit is that this phenomenon might, in part, be more common in girls due to the increased likelihood of them experiencing sexual trauma earlier in childhood compared to boys.

Previous Trauma

Previous trauma is a significant risk factor for the development of anxiety disorders, especially in females (Ayazi, Lien, Eide, Swartz, and Hauff, 2014) (De Jong JTV et al., 2001). Wunderlich et al., (2001) found there to be a higher rate

of anxiety in female suicide attempters and concluded their study that this phenomenon was likely due to the young females having a higher risk for sexual abuse than young males. This dynamic, in turn, makes girls more vulnerable than boys to attempt suicide during adolescence.

Theories Guiding Conceptualization

The theoretical perspective that has guided past research including this study is System's Theory and the ecological perspective. System's theory recognizes individuals, families, organizations, and communities as systems that are interrelated and influence each other (Turner, 2011). An ecological perspective approach looks into the effects of the transactional relationship an individual has with their environment (Domitrovich, 2010). Both theories take into consideration biological, psychological and environmental factors that affect an individual's life experiences. A biopsychosocial assessment is a tool that considers these factors and was used to gather data in this study.

In addition, research and literature highlight the importance of the intersectionality of race, culture, age, gender, SES, experience of trauma, social support, comorbid conditions, and these factors these factors influences anxiety and mental health. Recognizing the roles that these systems and subsystems play in a student's life can assist mental health professionals in comprehending common underlying factors causing anxiety, other precipitating factors and how they relate to S.I. in youth. Utilizing the common themes of anxiety and other

precipitating factors found here, social workers and school personnel will be better equipped to provide early-intervention to their students. School-based prevention programs have the potential to have a crucial impact on the social, emotional and behavioral outcomes in a student's life (Domitrovich, 2010).

Summary

The literature indicates that anxiety disorders, especially when comorbid with other disorders, such as depression, increase the risk of suicidality. Age, gender, culture, socioeconomic status, previous trauma are all critical factors to also consider when researching anxiety. Anxiety and its direct influence on S.I remains ambiguous. Research that can demonstrate the common themes and factors influencing anxiety and S.I is essential to aiding effective provision of early intervention, crisis intervention and mental health care in school settings. Knowledge of common sources of anxiety can assist mental health and school personnel in identifying risk for suicidal ideation before it becomes a crisis. Further research is needed to support and to understand their relationship better.

CHAPTER THREE

METHODS

Introduction

The following chapter provides subsections with an overview of the study design and the description of the sampling method. Additional subsections include an explanation of the data collection, instruments used, detailed account of the procedures and how the protection of human subjects was established. To conclude the chapter includes a description of the data analysis and a summary.

Study Design

The purpose of this study was to explore and define what precipitating factors of S.I., in particular the common causes of anxiety that the students with S.I. experience in this local school district. This study is a combination of exploratory and descriptive study aimed to better understand factors that are contributing to S.I in youth. Exploring common factors assists clinicians and the master level social work students working at the district's Department of Mental Health. The results of this study aim to contribute to the growing evidence between the relation of anxiety and its comorbidity with suicidal ideation (Anxiety and Depression Association of America, 2016). The study is a quantitative data coalesced from qualitative biopsychosocial assessments administered to adolescent students. The qualitative data aspect of the study was collected by

Master's of Social Work students interning at this local school district's Department of Mental Health. The writers of this project gleaned the qualitative aspect by analyzing the biopsychosocial assessments that have the new worry questions.

This research design presents methodological strengths and limitations. The methodological limitations are that the anxiety questions are not sufficient to provide a full assessment and diagnosis of anxiety. Furthermore, in some cases students might not have felt comfortable enough to answer questions in an authentic and vulnerable way as the biopsychosocial assessment takes place during the first-time contact is being made between clinician and student and rapport is just beginning to be built. In addition, the level of experience and therapeutic skill of the clinicians conducting the assessment might impact how the student genuinely and authentically the student's answer the questions. Methodological strengths of this project include the 22 MSW Department of Mental Health interns, who provided the opportunity to collect enough data. The sheer quantity of available biopsychosocial assessments available to be analyzed enabled the researchers to have a sufficiently large sample size for this project. An additional strength is the access to assessments from different grade levels and school sites located all throughout the district. This is counted as a strength due to the fact that this increased the diversity of the sample selection.

Sampling

The school district has a student population of 23,561 students (Education Data Partnership, 2018). Students from this population that are recognized as having behavioral, mental, or emotional health issues are candidates for referral to receive care from this school district's Department of Mental Health. These students can be referred by teachers, school counselor's, administrative staff, and parents of students. All of the students that receive care from this department undergo a thorough biopsychosocial assessment. The researchers had access to all the biopsychosocial assessments performed by the MSW intern's during the 2018-19 school year at the time of research. The data sample size includes 100 biopsychosocial assessments selected from this those biopsychosocial performed. The criteria filters utilized included the presence of sufficient data within a biopsychosocial. Some assessments, a minority, were missing data or were incomplete. Some assessments performed at the very beginning of the school year did not include the new questions added to assess for expressed level of student anxiety and sources of anxiety.

Data collection

This project is a quantitative study that has elements of both exploratory and descriptive research using quantitative data coalesced from qualitative biopsychosocial assessments administered to adolescent students. The researchers received access to archived K-12 biopsychosocial assessments

conducted by mental health intern MSW students working at this district's Mental Health Services Department. The researchers took most interest in adolescent student's assessments, but included all students for comparison and thoroughness. The biopsychosocial assessments contain SI questions that enabled the writers to develop a sample and control group.

The independent variable is "Students" with a value of "Report experiencing Suicidal Ideation: Yes or No" with a Nominal-Dichotomous Level of Measurement. The researchers also had access to information gathered from the biopsychosocial and the student's cumulative file. This information gives insight into other variables such as age, gender, previous treatment, family history, history of abuse, socioeconomic status, the legal history of the family, grade history, previous traumatic loss, and more. To gather data specific to sources of anxiety for adolescents, the researchers added two questions to the biopsychosocial assessment. The researchers arrived at these two questions after comparing the Zung Self-Rating Anxiety Scale, Spence Children's Anxiety Scale. Dunstan, Scott, and Todd (2017) found the Zung Self-Rating Anxiety Scale to have good internal consistency (Cronbach's alpha of .82) and fair concurrent validity (Dunstan, Scott, and Todd, 2017). Ahlen, Vigerland, and Ghaderi (2018) found the Spence Children's Anxiety scale to have acceptable validity and reliability with a Cronbach's alpha of .88, acceptable inter-rater reliability of ($\kappa = .71$) and an Omega, "an estimate of the reliability of the scores

when all sources of common variance are taken into account" ($\omega = .93$) (Ahlen, Vigerland, and Ghaderi, 2018).

The two questions added are "Would you say you sometimes worry, often, always or never?" and "What sort of things do you worry about most often?" The first dependent variable is "Worry" with a value of "Never, Sometimes, Often, Always" with an ordinal level of measurement. The second dependent variable is "Sources of Worry". Strengths of the instrument include that the anxiety assessment question was synthesized from several different clinical anxiety measures. Another strength is the fact that it was administered to a large number of students who are already be receiving treatment for mental and behavioral health issues. It was administered by mental health clinicians trained in assessment and student engagement. It included open-ended questions that gave students the ability to answer in a way that is true to their experience of anxiety and suicidal ideation. The weaknesses include the fact that there are only be two questions aimed at assessing students' experience of anxiety. Another weakness is that the terms "worry" and "anxiety" can be misunderstood by students and required in some instances that the clinician performing the assessment clarify or explain in a way that is more accessible to the student.

Procedures

The writers of this project retrieved data from the school district's Department of Behavioral and Mental Health services database in both paper

and electronic. The data was collected over the span of 5 months from fall to spring quarter. The writers kept track of their data on an excel sheet. The data was first collected by the MSW interns who are providing services. Once enough assessments were completed, the writers analyzed the data to answer the thesis project question.

Protection of Human Subjects

The confidentiality and anonymity of the participants are protected through the collection of de-identified data. All of the collected data was kept confidential and in a secured location. Electronic data collected was stored in password encrypted electronic storage. Paper records are stored in a locked file cabinet at the school district's office of mental health. A debriefing statement was not being needed because the writers did not collect data directly from the participants.

Summary

This chapter discussed the research methods that were used and provided information on how the study were conducted. The study is both exploratory and descriptive as it attempts to better understand the relationship between present anxiety and S.I. In addition, it explores and compares common themes of anxiety between students who experience S.I and those that do not. This chapter also addressed the procedures that were used to collect the data and what measures were taken to ensure that confidentiality is protected.

CHAPTER FOUR

RESULTS

Descriptive Statistics

The study had a sample size of 104 students, 53 males and 51 females. Their ages ranged from 6-18 with a mean range of 12 years. The students' grade levels ranged from first grade to 12th grade. 10.6% elementary, 43.3% middle school, and 46.1% high school students.

The sample size ethnic backgrounds consisted of 59.0% Latino, 4.5% White, 1.9% Black, and 1.3% of Asian/Pacific Islander. English was the primary language for 48 students and Spanish for 56 students. 58 students never experienced SI. Twenty-two students experienced SI in the past. Twenty-one experienced SI currently and in the past and 2 have currently experience it. Thirty-six students answered yes to self-injurious behaviors (12 male, 24 female). Sixty-seven students answered no to self-injurious behaviors (41 male, 26 female).

Statistical Analysis

Quantitative procedures were utilized to analyze and collect data. A chi-square for independence test indicated a significant association between SI (past, current, none, or both) and bullying, $X^2(3, n = 99) = 11.860, p = .008$. A second chi-square for independent test indicated a significant association between SI (past, current, none, or both) and uncertainty about the future, $X^2(3,$

n = 99) = 15.316, p = .002. Writers conducted further testing, a third chi-square was conducted and indicated a significant association between self-injurious behaviors and religion, $X^2(1, n = 100) = 5.031, p = .025$. A fourth chi-square was conducted and indicated a significant association between self-injurious behaviors and gender, $X^2(1, n = 103) = 6.204, p = .013$.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the results of the research, their relation to the research question and the current literature. Limitations of the study will be acknowledged before making suggestions for future research in this area. In conclusion, this chapter will discuss the implications of the research for the issue in question and for the practice of social work on a micro as well as macro level.

Discussion

The chi-square tests these researchers performed comparing suicidal ideation, past, present, both, or none, with sources of worry were mostly insignificant except for two. The two categories of worry that were found to be significant in connection with suicidal ideation were “worries about bullying” and “worry surrounding uncertainty about the future”. These two sources are clearly not the only factors at play when students are experiencing suicidality, however, they can be red flags that signal mental health clinicians that a student is in need of increased support.

The research findings provide an answer to the question “are there common sources of anxiety for students that experience SI?”. Students that expressed experiencing bullying as a source of anxiety were found to be at a

higher risk for SI in this project than those that did not. While they do not look at the issue through the lens of anxiety the The National Center for Injury Prevention and Control Division of Violence Prevention (2014) supports this finding by pointing out that youth involved in bullying behavior are at a higher risk for suicidal-behavior.

The research question was also answered with finding significance in the correlation between anxiety due to uncertainty about the future and suicidal ideation. Students with anxiety sourced in uncertainty about the future were 2.09 times more likely to experience suicidal ideation. Student responses that were gathered in into this category were responses that had to do with students' anxiety due to issues such as uncertainty about living arrangements and housing stability, uncertainty about family relationships, uncertainty about peer relationships, uncertainty related to issues of safety at school and in their communities, and other similar issues of uncertainty. This finding is supported by the findings of Benson, Gibson, Boden, and Owen (2016) who stated that “[the ability] to accommodate uncertainty in relationships and in thinking about the future, is lacking in suicidal people”. Stated another way, those with a lower threshold for tolerating anxiety surrounding uncertainty experience high levels of suicidal ideation.

These researchers found there to be a strong correlation between engagement in self-harming behaviors and suicidal ideation. Students engaging in self-harming behaviors reported that they experience suicidal ideation at a rate

of 1.7 times compared to those who did not engage in self-harm. It is important to note that self-injury and suicidality are not one in the same and there is not a 1:1 ratio. Students engaging in self-harm, however are at a higher risk for suicidal ideation.

A finding is tangential to the initial research question yet important has to do with the importance of religion for the student according to the caretaker. Those students who were stated to not value religion and/or spirituality as important were 1.93 times more likely to engage in self-injurious behavior. This could be due to the social support students find in religious community, the values taught in their religious tradition, the hope that is offered within the tradition, or a combination of these factors and more. The bottom line, however is that valuing religion presents a protective factor against self-harm for students. An equally tangential yet important finding has to do with gender in relation to suicide attempts and self-harm.

Limitations

Limitations to this research included the fact that the researchers were not able to submit their changes to the biopsychosocial template in order to start collecting the necessary data until after their IRB approval had been processed. This resulted in a number of the assessments that the researchers accessed having insufficient data for this research. Another factor that led to the researchers encountering assessments with insufficient data was the variable of human error presented by the MSW interns that were conducting the

assessments. There were several instances in which the assessments were incomplete or were missing meaningful responses to questions in the assessment. In these instances, the researchers used their discretion to decide when they could extrapolate a response from what was provided, even if not thorough, and when it was most appropriate to discard an assessment entirely.

Another limitation is that the assessment incorporated a question assessing for body image concerns in students, which these researchers included as a source of anxiety. This question, however, was posed only in the caregiver portion of the assessment, and not in the student section, therefore this piece of data represents the parents' perspective on their students' sources of anxiety and not necessarily the students' own perspective.

Another limitation is that every "Source of Anxiety" category utilized in this analysis was converted into a "Yes or No" dichotomous format from the qualitative responses that the students provided to the question "What sort of things do you worry about most often?", with "Body image concerns" being the exception as it was already posed as a "Yes or No" nominal dichotomous question. After reading all the qualitative responses provided in the assessments these authors used their discretion to create the categories that the responses would then fall into. The difficulty posed here is that the qualitative responses from students were frequently imprecise and required these writers to take some liberties in defining what responses corresponded to what categories. For instance, if a student responded to the question "What sort of things do you worry

about most often?” that “I am worried about where they would live during college” these authors deemed that response as able to fall into multiple categories of sources of anxiety including “Anxiety about college” “Anxiety about housing” and “Anxiety about uncertainty of the future”. As a result, the number of concerns would be listed as 3 based on the response “I am worried about where I will live during college” even though the student only responded with one concept. This presents an issue in the One Way Anova Test with Multiple Groups in which “Number of Concerns” (Concerns should be understood as sources of anxiety here) and “Suicidal Ideation; Past, Present, Both, or None” were being compared the “Number of Concerns”. The “Number of Concerns” category then runs the risk of being a subjective number that is not a completely accurate representation of the number of concerns expressed by the students but rather a potentially fallible interpretation of their responses.

The question “Importance of religion/spirituality for client: [] Important [] Not Important” was posed only to parents so the assessment of importance of religion for the client is according only to the caretaker. This presents a challenge in that it primarily tells us about what the value and believe that their student values and believes is important. When these researchers discuss the importance of religion in correlation with self-injurious behavior they can really only discuss the importance of religion from the caretaker’s perspective in correlation with self-injurious behavior.

The term anxiety utilized in this project is not meant to refer to the clinical diagnosis of an anxiety disorder but rather the lived experience and understanding of anxiety of each student. The responses then depend on each student's understanding of the term and its connection to their own experience. The students respond, then in a subjective way based on their understanding, experience and ability to articulate that experience but also based on their comfort level with the MSW intern that happened to be interviewing them in this process. It is likely that students' responses were affected by how comfortable they were with the interviewer based on the engagement and rapport building skills of the interview, but also based on characteristics of the interviewer that are potentially out of the interviewers control such as race, ethnicity, age, gender, and the students own comfort level with the interviewer based on those characteristics.

Recommendation for Social Work Practice, Policy, and Research

The significant association between the students who experience SI and bullying adds to the current research of bullying and its effects on SI. Students who participate in bullying, are bullied, or witness are more likely to report SI than students with no involvement (Center for Disease Control, 2014).

As the National Center for Injury Prevention and Control Division of Violence Prevention (2014) points out students involved bullying others are likely doing so in reaction to stress, abuse, or other issues at school or home. Mental

health clinicians and school personnel would do well to not only focus on students experiencing bullying but also the students involved in the bullying behavior. This social-emotional learning approach seeks to offer solutions to the bullying problem that will be beneficial to both the aggressors and victims rather than simply picking up the pieces when the damage has been done. Davis and Nixon (2010) notes that youth who experience bully noted access to support from others made a positive difference. In addition, students reported teachers who listened, created check-ins, and gave student advice was the most beneficial. Students also reported interventions that caused a negative impact such as leaving the student to solve the situation on their own, telling the student to act differently, or ignoring the bullying.

Clinicians would do well to be a part of creating school cultures where students who are bullying others are offered mental health services rather than simply punishment and stigmatization that discourages seeking treatment. In addition, creating, promoting, and enhancing student's support systems.

This will require the need to further educate school personnel, students, families and the district as a whole about the detrimental impacts on bullying. School social workers and interns can continue and enhance advocacy for trainings, practice, and policies that can influence positive and safe environments in schools.

Recognizing the significant association in uncertainty about the future and SI will assist mental health professionals and school personnel to further explore

with student their concerns with uncertainties. Processing concerns of uncertainty can be conducted through evidence-based treatments such as cognitive behavioral therapy (CBT). Two out of three children who receive CBT treatment can expect to be free of their symptoms of diagnoses such as depression and anxiety. These researchers recommend that future research be done to find methods of therapy that are effective equipping students at risk for SI with skills and tools to reduce anxiety about matters outside of adolescents' control such.

Conclusions

This research project was successful at answering the question "Are there common sources of anxiety for students who experience SI?" This project found that anxiety due to bullying and uncertainty about the future were significant common sources of anxiety for students experiencing anxiety receiving treatment by this district's Department of Mental Health. In addition, gender and religion were factors that were found significant to students who engage in self-injurious behaviors.

APPENDIX A
DATA COLLECTION GUIDE

DATA COLLECTION GUIDE

English version (Pg.8)

“Would you say you: sometimes worry often worry always worry
never worry ”

“What sort of things do you worry about most often?”

Spanish version (pg.7):

“Qué seguido te preocupas: a veces seguido siempre nunca

“Qué es lo que más te preocupa?”

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Austin Nyström, Fabian Ortiz, & Armando Barragan Jr.
Proposal Title Common Causes of Anxiety for Students Who Experience Suicidal Ideation in CJUSD
501919

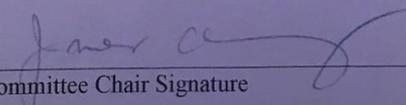
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

 _____
Committee Chair Signature Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated equally throughout.

1. Data Collection

Equal Collaboration: Austin Nystrom and Fabian Ortiz

2. Data Entry and Analysis

Equal Collaboration: Austin Nystrom and Fabian Ortiz

3. Writing Report and Presentation Findings

Equal Collaboration: Austin Nystrom and Fabian Ortiz

- b. Methods

Equal Collaboration: Austin Nystrom and Fabian Ortiz

- c. Results

Equal Collaboration: Austin Nystrom and Fabian Ortiz

- d. Discussion

Equal Collaboration: Austin Nystrom and Fabian Ortiz