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SPECIAL PAPER

Suicide among Ugandan university students: evidence from media reports for 2010–2020

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University students are in transition to adulthood and face multiple challenges that may lead to suicide. They are reported to have a higher risk of suicide by the World Health Organization. As there is no national suicide database in Uganda, we analysed student suicide using the press/media reports of suicides published between 2010 and 2020. A total of deaths by 23 suicide were identified: 19 were males, relationship problems were the main suicide reason (*n* = 6) and hanging was the most frequently used suicide method (*n* = 7). A strategic intervention to tackle suicide risk among university students is warranted.

Suicide is a global health concern, with 79% of the annual incidence occurring in low- and middle-income countries.[1] However, suicide remains illegal in many African countries, including Uganda, and no suicide attempter would dare not to complete it for fear of the repercussions attached.[2] Although suicide rates in Uganda decreased from 15.91 per 100 000 population in 2000 to 9.9 per 100 000 in 2017,[3] the rates remained highest among the youth (approximately 700 000 are university students). University students are transitioning from adolescence to adulthood, a stage associated with many stressors (physical, psychological, social and spiritual) that overpower many, leading to suicide. Previous studies have demonstrated high numbers of suicides among university students.[4–6] The year 2020 came with multiple unexpected challenges due to the COVID-19 pandemic that may have put many at risk of dying by suicide.[7] Looking at past suicide cases may give us an insight into what to expect for better preparation and interventions. With no central database for suicide in Uganda, literature about suicide among university students is limited. This paper describes a study of press/media reports about suicide, its risk factors and the commonly used methods among university students in Uganda. We adopted an approach used by countries without suicide databases.[5]

Method

Data collected were from various Ugandan media reports of university students who completed

and Technology, Uganda; and
African Centre for Suicide
Prevention and Research,
Uganda.

suicide from 1 January 2010 to 31 December 2020. Our search used the keywords of suicide, 'Yese', suicide, university students, youth, students and *obutwa*. Records with the same date of death, name, age, gender and university were considered duplicates and one entry retained (Fig. 1). Only 23 reports were identified.

No ethical approval was required since the study had no direct contact with participants.

Results

All 23 individuals were undergraduate students, aged 19–25 years, and only 4 of them were female (Table 1). The majority ($n = 10/21$) were doing business-related programmes; the next most common programmes were in computer science ($n = 3$). The majority ($n = 9/20$) were in their second year of study; 7 were in their final year (the 3rd, 4th or and 5th year of study, depending on the programme offered).

The majority of the students took their lives at night ($n = 11/14$). The most common methods were hanging ($n = 7/18$) and poisoning ($n = 5$). These incidents most commonly occurred in hostels ($n = 13/20$) and rentals near the universities ($n = 5$). The most commonly reported reasons for suicide were break-up of a romantic relationship ($n = 6/21$), family problems ($n = 5$) and betting/gambling ($n = 5$); academic failure was reported as a reason for only 1 student. Five students were reported to have had a mental illness at the time of the suicide, mainly depression ($n = 3$). None of the students was reported to have been using any substance of addiction.

Discussion

Risks associated with suicide

Gender

Completed suicide is consistently more common in males, but females attempt more;[2,8] we attributed this to the culturally better coping skills of women, who grow up with their mothers as role models and learn from them how to handle most stressful situations. Additionally, most female students in Uganda are engaged with religious and spiritual groups/communities, which highly condemn suicidality and guide them.[8,9] On the other hand, men are left alone because their primary role models (fathers) are busy and occupied with work and looking for money rather than mentoring their sons. Culturally, men are more determined not to fail; a failure makes them 'less of a man'. So, when it comes to suicide, men use more lethal methods and make sure they complete. Some reports also attribute the high rates of suicide among men to their high-risk lifestyle of being involved in gambling and addictive substance use and being emotionally fragile.

Challenges/disappointments

Studies have found university students commonly to take their lives towards the end of their programmes;[5,6] our investigation also found that only four students took their lives during their first year. This is possibly attributable to the compounding pressure as one progresses in school due to the various challenges that interplay. When it comes to students, academic disappointment may top the list of risk factors for suicide,
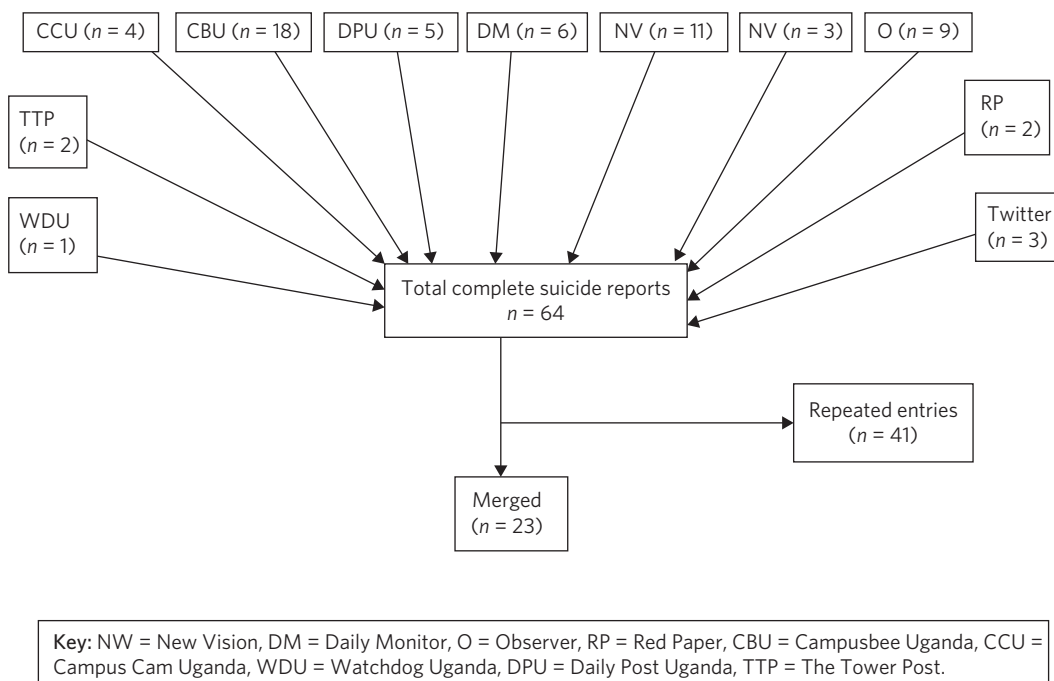

Fig. 1

Flow diagram of case identification from the different media websites.

Table 1

Characteristics of the participants

Year and month	Time	Gender	Age, years	College/course/programme	Year of study	Mode of suicide	Reason for suicide	Location of suicide
2010 November	Night	Male	–	Business and management sciences	3	Burning	End of a relationship	Hostel
2010 November	Night	Female	–	Business and management sciences	3	–	–	Hostel
2011 April	Night	Male	23	Humanities and social sciences	3	Jumping from a height	Family problems	Hostel
2012 October	Night	Male	22	Business and management sciences	2	Hanging	Misused tuition by betting	Rental
2012 November	Night	Male	–	Education and external studies	2	Jumping from a height	Family problems	Hostel
2012 November	–	Male	–	Computing and information science	2	Jumping from a height	–	Hostel
2013	–	Female	–	Business and management sciences	–	Hanging	Academic failure	Rental
2013	Day	Female	21	–	1	Burning	Family problems	Home
2014	–	Male	19	Business and management sciences	1	Hanging	HIV positive	Rental
2014 May	Night	Male	–	Education and external studies	2	–	Betting	–
2016	–	Male	–	Medicine	5	Poison ingestion	End of a relationship	–
2016 September	Day	Male	–	Business and management sciences	1	–	End of a relationship	Hostel
2016 August	–	Male	23	Engineering, designing, art and technology	2	Poison ingestion	Betting	Rental
2017	Night	Male	–	Business and management sciences	3	Hanging	Family problems	Hostel
2018 October	Night	Female	25	Computing and information science	–	Hanging	Loss of laptop	Rental
2018 March	–	Male	23	Law	1	–	End of a relationship	–
2018 September	Night	Male	–	Forestry	4	Poison ingestion	End of a relationship	Hostel
2019 March	Night	Male	–	Business and management sciences	–	–	End of a relationship	Hostel
2019 September	Day	Male	22	Radiology	4	Hanging	Bitcoin internet scam	Hostel
2020 February	Night	Male	–	Computing and information science	2	Stab in the chest	Family problems	Hostel
2020 March	–	Male	–	Business and management sciences	2	Poison ingestion	Betting	Hostel
2020 September	–	Male	–	Business and management sciences	2	Hanging	Being arrested	Police cell
2020	–	Male	–	–	2	Poison ingestion	Betting	Hostel

but in our investigation, only one student was reported to have ended her life for this reason. Romantic problems are a frequent cause of suicide among Ugandan university students, with 6 out of 21 in our sample reported as having had such a challenge. These findings are consistent with previous studies among students.[5,6,8] Throughout a student's education, mental preparation for academic challenges occurs, with exams at every step of academia. This is not the case for romantic relationship challenges. The transition to adulthood comes with many social expectations, and no student would want to fail in maintaining an emotional attachment that they have personally chosen. The bond formed with most individuals' first love is so strong and

we believe that some individuals cannot view their life without that person, and at times, some may opt for suicide. A break-up is one of the major and sometimes the first disappointment in these students' lives. The exploratory nature of this stage of life makes many students try out numerous risks, such as betting/gambling. These easy schemes of money harvesting have made many students prey to systems owned by master tricksters. Many students in other parts of the world have taken their lives because of gambling.[10,11]

Substance use

Studies report use of addictive substances among university students as an etiological factor for

suicide completion,[12] attributing it to the psychotic symptoms experienced during intoxication or withdrawal.[2,12] However, substance use was not identified in this study, and we attribute this mainly to the study design of using press/media houses, which rarely report such information in Uganda. For this same reason, mental illness, especially depression, a common cause of suicide, was not reported in most cases. Most media houses lack the expertise to deductively report the cause of suicide but do a great job in notifying the community about what is happening to the students.

The aftermath of student suicide

The majority of the suicides occurred in hostels, rentals or the home – places where students feel comfortable. Suicide is a signal or message to individuals important to the person,[13] thus causing most people to carry out the act at home to inform an individual or the community about their stress. For this reason, some individuals leave a suicide note with specific messages, addressed to an individual. With the advancement in technology, communication is via social media; and the trend or tradition of written suicide notes is changing to social media posts or messaging to the target group.[14]

Despite advanced technology, some aspects of suicide may take long to change, such as the method used. As in other studies, hanging was the most commonly used method by the students.[5,6] Despite many alternatives, many individuals still find this the best method of ending their lives. We suggest that this might be attributed to the unintentional advertisement of this method by showing a rope as a sign of suicide or social media emoji that communicate suicide with a rope sign.

The way forward

Despite all universities in Uganda employing qualified psychologists and counsellors to improve students' well-being, students are still dying by suicide, leaving us questioning their effectiveness. Do we need a new approach? For a generation so absorbed in their gadgets, would the use of technology rather than human beings sitting in offices be a more acceptable – and more successful – way of improving mental well-being? We believe that, if possible, all the counselling services should be made anonymous, not face to face with a therapist, to increase their uptake by this generation of students. Many countries have opted for machine learning in an attempt to identify individuals at risk of suicide.[15] Maybe this is the approach universities should employ to cut the suicide rate.

Strength and limitations

Owing to the lack of an official database, the use of press reports was the best available approach to tracking suicide among university students. The study had limitations: the press may not have reported all student suicides and the number of cases identified was too few to make any generalisations.

Data availability

The data that support the findings of this study are available from the corresponding author, M.M.K., upon reasonable request.

Author contributions

M.M.K. and S.M.N. conceived the study; M.M.K., G.Z.R. and E.N. designed the concept and protocol; I.A., M.K., S.M.N., M.M.K., J.K. and M.M. did the literature search; and M.M.K. and E.N. drafted the initial manuscript. All authors contributed to critical revision for the intellectual content of the manuscript.

Declaration of interest

None.

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Triage of referrals in a child and adolescent mental health service in Qatar: reducing waiting times and promoting needs-based prioritisation*

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This paper summarises the impact of a new triage process on referral prioritisation and waiting times in a community specialist child and adolescent mental health service (CAMHS) in Qatar. The process involves initial review of referrals by a CAMHS nurse to ensure that there is adequate clinical information, obtaining additional information from patients/families and referring clinicians by the psychiatric triage team, when necessary, followed by prioritisation and allocation of accepted referrals. The new process reduced the acceptance of inappropriate referrals, ensured prioritisation of referrals and significantly improved the service's compliance with waiting-time deadlines.

A seminal moment in the transformation of Qatar's healthcare system was the launch of the National Health Strategy 2018–2022 under the theme 'Our Health, Our Future' in 2018. One purpose of this drive was to further improve the capacity and performance of the healthcare system through efficient use of available resources. The initiative described in this paper was taken, among many others, to support Qatar's National Health Strategy.

Background

Most healthcare services face the challenging task of reducing waiting times to comply with their specified time frames. A long waiting time is associated with a higher rate of non-attendance in out-patient clinics.[1] It is not uncommon for out-patient child and adolescent mental health services (CAMHS) to have long waiting lists, which can become a source of significant distress for children, young people and their families. A number of initiatives have been described to reduce waiting times and improve attendance at CAMHS out-patient clinics.[2–4]

Triage of referrals is the most common entry point into a healthcare service and is considered a crucial component in the care pathway. When adopted effectively, the process of triage cuts waiting times significantly and ensures that the needs of patients and their families are met safely and appropriately. A UK study showed that triage for CAMHS is feasible and that it resulted in reduced waiting times for a first appointment.[5] Referral quality is also crucial to efficient patient flow and it should therefore be necessary, appropriate, timely and well communicated.[6]

The CAMHS of Hamad Medical Corporation in Qatar is a community-based out-patient service providing help and support to children and young people with mental and behavioural disorders and their families. The CAMHS team has adopted the multidisciplinary way of working to ensure that the needs of patients and families are addressed holistically. It comprises psychiatrists, psychologists, psychiatric nurses, occupational therapists, speech and language therapists, dietitians and social workers. The service received 912 new referrals during 2018 and it was anticipated that, owing to rising demand, this number would increase further in the following years. The challenge of meeting the waiting times, both for routine and urgent appointments, was consequently growing considerably.

Historical practice and creation of triage team

The need to develop an effective triage team within the CAMHS was identified in early 2019 to ensure the suitability of accepted referrals, needs-based prioritisation and compliance with waiting times. A broad consensus was reached regarding the need to shift from the historical