Resolution or Recovery?
Mental Health in Students with a Recent, Lifetime, or No History of Suicidal Ideation
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**Research Question**
Are there differences in mental health between young adults with no history of suicidal ideation, resolved ideation (lifetime, not in the past year), and recent suicidal ideation (past-year)?

**Key Findings**
- Students with “resolved” suicidal ideation demonstrate greater wellbeing than students with recent (past-year) suicidal ideation
- Students with “resolved” ideation continue to experience poorer mental health, relative to students who have never experienced suicidal ideation

**Background**
- “Recovery” is an elusive concept in regards to suicidality
- Little is known about patterns of psychological functioning after suicidal thoughts have dissipated
- Resolution of suicidal ideation is associated with improved mental health (Bryan et al., 2019)
- History of suicidal ideation is a risk factor for future suicidality, relative to having no history of suicidal thoughts (Franklin et al., 2017)
- It is unknown if other mental health difficulties persist after suicidal thoughts have stopped

**Methods**
Participants: 637 first-year university students (73% female, M_{age} = 18)
- 62% with No history of ideation
- 17% with “Resolved” ideation (not in the past year)
- 21% with Recent ideation (past-year)

Measures:
- Depression, Anxiety, and Stress Scale (Luborsky & Luborsky, 1995)
- Short Defeat and Entrapment Scale (Griffiths et al., 2015)
- Self-Rating Scale (Heal, Ho, Stater, & Locklin, 2002)
- Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004)

Analyses:
- Kruskal-Wallis and Dunn’s pairwise comparisons

**Results**

<table>
<thead>
<tr>
<th></th>
<th>Kruskal-Wallis H(2)</th>
<th>Never vs Resolved</th>
<th>Never vs Recent</th>
<th>Resolved vs Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>80.85**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
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<tr>
<td>Anxiety</td>
<td>68.22**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p = .04</td>
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<tr>
<td>Stress</td>
<td>47.93**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p = .01</td>
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<tr>
<td>Self-Criticism</td>
<td>101.05**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
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<tr>
<td>Defeat/Entrapment</td>
<td>118.28**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td>82.31**</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
</tr>
</tbody>
</table>

**Implications**
- Students who are no longer experiencing suicidal ideation may continue to experience mental health difficulties
- Although the resolution of suicidal ideation may suggest an improvement in wellbeing, resolution of ideation is not necessarily indicative of a total holistic recovery
- Future research should investigate these findings longitudinally, rather than cross-sectionally

**References**

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