REPORT ON STUDENT DEATHS THAT OCCURRED ON CAMPUS FOR THE PERIOD 2014 TO 2017

Introduction

This report focuses on student deaths that occurred on campus at the University of Cape Town (UCT), for the period 2014 to 2017. The report does not include deaths of students where such deaths occurred elsewhere off campus, beyond the bounds of the university.

Background

Recent student protests during 2015 and 2016 sharply highlighted the student demands for a better resourced mental health service and one which can be better accessed through an outreach service beyond the single service site. Added to this were the student deaths that occurred on campus from alleged suspected suicide which is the focus of this report. As a starting point, it is helpful to have a common understanding of key terms such as death due to natural and unnatural cause, suicide, attempted suicide and self-mutilation which is also referred to as self-harm. Each of these concepts are briefly explained.

Statistical suicide trends – global, national, sectoral and institutional:

The World Health Organisation (WHO) in its 2016 report[i] on mental health trends showed that the SADC region had a regional average of 7.4 suicides per 100 000 population. South Africa's national average was higher at 11.6 per 100 000 population. When the WHO surveyed countries to see if each country had in place mental health legislation, a mental health policy and a mental health plan, South Africa had all three in place. However resourcing capacity challenges remain in the form of mental health bed facilities and staffing levels.

The WHO statistics indicated that there were around 800 000 deaths from suicide worldwide, with an average rate of 10.5 suicides per 100,00 population. In comparison, Africa's rate is 7.4 suicides per 100 000 population, whilst South Africa's rate is 11.6 per 100 000 population.

When one considers the South African national suicide rate by race, the Medical Research Council's 2012 report on the Burden of Disease[ii] indicated its suicide statistics as being highest amongst white South African males at a rate of 30 suicides by white men per 100 000 population, which is 2.5 times higher than South Africa's national suicide rate of 12 per 100 000 population (for the 2010 year), and which was 1.4 times higher than the national suicide rate for males. In addition, the male to female suicide trend showed a higher incidence of suicide amongst men which is also in keeping with the WHO trend.

Translated to numbers, the 2012 statistics reflected that there were 6133 suicides according to death certificates studied by the MRC at the Home Affairs Department (of South Africa). The deaths from suicide, by gender, reflected a higher figure for male to female comparison, which is in keeping with the with the global trend for this indicator. In 2012, 5095 men of all ages died due to suicide, which means that 14 men die from suicide each day, translating to a death rate for men at 21 male deaths by suicide per 100 000 population. This is 5 times higher than the female death rate by suicide. Suicide was also identified as the fourth leading cause of death in young people aged between 15 to 24 years, resulting in 1 665 deaths by suicide in this age group. Oher death related statistics following closely is deaths from AIDS related illnesses, followed by deaths due to violence and by deaths due to injuries from road accidents.

At a sectoral level, there is no known information on suicides, attempted suicides or self-harm information from research studies across the higher education sector and this is seen as a gap that needs to be researched given the vulnerability by age, to draw on insights that can inform interventions for all students across the HEI landscape given the cohort of young people at universities are identified as one of the vulnerable cohorts for age, gender, and life experiences. It is also not clear to what extent doe individual HEI's have researched the student deaths on campus and the interventions in place to counter suicides.

Suicide contagion

Research on suicide has shown that there exists a link between media reports on suicide and imitative behaviour among people who are vulnerable and may cause one to see a spike in suicide trends if suicide reporting is sensationalised in the public domain. As part of an overall suicide prevention and containment strategy, reporting of suicides should strike a balance in tone and message to reflect responsible and balanced reporting. Where details are provided about the method of suicide used or where a suicide is sensationalised with personalised commentary, this has been shown to have an undesired impact to imitate such behaviour which may not have occurred to be an option and is referred to as the impact of social contagion[iii]. Risk averting behaviours can be better assisted through advocacy interventions that promote self-help seeking behaviours and to ensure that media reports are responsibly framed. For this reason, responsible reporting guidelines are necessary and is distinct from the right to report information more formally for forensic or other legal reasons.

Methodology

A retrospective descriptive study was conducted, informed by administrative information on the students who died whilst on campus during the period 2014 to 2017. The information for this study was gained from the Campus Protection Service (CPS) of UCT to whom such incidents are reported. This report excludes personally identifying information, in addition to forensic post mortem investigations and the opinion and conclusions given in such investigations. To be clear, this report is informed by the limited administrative data provided by the CPS.

Study population

This study is limited to reporting on student deaths that occurred on campus **between** 2014 to 2017. On campus deaths refers to when a student dies whilst on the premises of the university. Off campus deaths is referred to when a student dies off campus i.e. either at hospital or at home or any place that is not a space identified as part of the University of Cape Town.

Boundaries of this study

The registration status of a student, and the location of where death occurred are all factors that inform the data collection and statistic analysis. For example, a student may be registered as a UCT student for the current year, but may have died in hospital, or a student may have been deregistered from UCT or is on a leave of absence (LoA) from UCT and may have died off campus, at home, or at any place other than UCT. All these factors determined the data collection and analysis for this study.

Terminology of death by natural or unnatural cause such as suicide

Death – natural cause

[iv]Death is defined as the cessation of all vital functions of the body inclusive of the pulse, brain activity (including the brain stem), and breathing, all of which are assessed clinically by a medical practitioner. Deaths can occur from natural causes such as a life-threatening illness or from unnatural causes of death such as those resulting from an accident with fatal consequences or from murder, including death because of suicide where a person acts to cause their own death[v].

Death due to a natural cause is usually due to acute or chronic illnesses, or due to fatal physiological conditions such as severe heart defects or invasive cancer with dire consequences.

Suspected suicide

the term 'suspected suicide' refers to death that occurs as a result of action a person to end their own life. The term 'suspected suicide' is used in the absence of a known confirmed cause of death informed by an objective forensic and judicial confirmation on the cause of death. In instances where a crime is suspected, the SAPS will formally investigate the matter and bring about charges where there is alleged wrong-doing.

Death – unnatural cause

The [vi]Collins Medical Dictionary describes death resulting from an external cause, as resulting from intentional injury such as homicide or suicide, or death occurring from an unintentional injury such as in an accident.

[vii]McGraw-Hill (2002) describe an unnatural death as death that is *'…caused by external cause…. injury or poisoning…* which includes death*… due to intentional injury such as homicide or suicide, and death caused by unintentional injury in an accidental manner.'*

Self-mutilation and suicide

Self-harm is commonly mistaken for attempted suicide and can falsely inflate attempted suicide statistics if not properly assessed and categorised. Self-mutilation, also known as self-harm occurs when a person harms their own body, usually without intention to commit suicide as a way of providing relief from deep psychological pain.[viii] Self-mutilation usually occurs when there is a borderline personality disorder (BPD) and the self-harm usually takes the form of cutting, biting, burning, bruising, or head banging to relive tension from anxiety or deeply embedded psychological pain.

Date collection on suicide studies

Data collection for studies on suicide requires collaboration with many agencies and persons, a study of documents and information gathered to gain key information by studying the Death Register (held by the Ministry of Home Affairs through its Department of Home Affairs) on the cause of death, through police and forensic reports, and death certificates and under controlled ethical medical and legal provisions for medical research study. In addition, the gathering of information from the immediate family and other significant persons with express consent to determine common underlying trends such as psychiatric indicators, particularly the presence of depression, anxiety, attempted suicides, childhood trauma as well as more traumatic life experiences (or example (at home, school and at work), misuse of alcohol and substances, social relation etc. In other words, a composite case history in each case must be considered and assessed for the range of possible trigger factors on the possible underlying factors that may have led to the decision to commit suicide.

Practice protocol when a student death occurs on campus

In the case of unnatural deaths, the SAPS must be immediately notified, and in turn the forensic pathologist and the SAPS detective are notified by SAPS to come on site. Both parties conduct their independent investigations, and present reports to the judiciary through the magistrate, who after considering all the evidence, either calls for a court inquest to determine the cause of death, or if no inquest is required, the magistrate makes a ruling on the cause of death which may be for example, a no-fault ruling e.g. in the case of drowning or fatal injury. The magistrates ruling informs the state which oversees registering the cause of death appropriately in the state register. The university is not informed about the formal determination on the cause of death, unless it is found to be at fault and if so, participate in the court proceedings once requested to do so.

Review period – 2014 to 2017

For the period under review, there was a total of six deaths that occurred on campus during the period 2014 to 2017. Table 1 below refers.

Table 1: Student Deaths that occurred on campus during 2014 to 2017

Year	Number of student deaths reported on campus	Nationality and Race	Gender		Age	Years spent at UCT as a student
			Female	Male		
2014	0	-	-	-	-	-
2015	1	SA/ Black	0	1	20	2 years
2016	2	SA/ Black	1	1	23; 21;	2; 3;
2017	3	SA/ Black	2	1	21; 20; 21;	4; 3; 1;
Total No. of Deaths Summary	**6**	**All – SA All – Black**	**3**	**3**	**Aged between 20 to 23 years**	**Years at UCT 1 to 4 years**

Notes:

1. Table 1 above shows that a total of 6 students died on campus at UCT for the period 2014 to 2017.
2. All the students were Black, South African nationals.
3. The gender distribution was the same for female students (3) and male students (3).
4. The age distribution for the 6 six students was between 20 to 23 years.
5. In terms of academic years at UCT per student, only one of the six students were in the first year of study whilst the remainder five students had spent between 2, 3 and 4 years of study at UCT.
6. In all instances, the deaths are alleged to be from unnatural causes, due to suspected suicide.

Support to students

A range of additional interventions has been put into place to support students as a way of countering the risk of suicide and attempted suicide. The interventions are summarised.

- The provision of mental and medical health care through the Department of Student Affairs'(DSA) Student Wellness Service (SWS) is aligned the DSA's mandate for a Primary Health Care level of service provision to students.
- To increase access to services by students, several outreach services was implemented since 2017, to enable students to have wider access to the services which are located around the University with the main clinic at Mowbray, outreach service sites at Upper Campus, Middle Campus, Lower Campus, Hiddingh Campus and at service nodes located at the Faculties of Law, Science, Health Sciences.
- A 24-hour telephonic counselling service is provided through SADAG, since 2016.
- Since 2016, a psychiatric nursing team provides emergency mental health support nightly, including during weekends and public holidays for students living in UCT owned residences.
- An emergency ambulance service through ER24 is available upon call out to assist with students experiencing mental health emergencies during the past few years.
- Between 2016 to 2018, additional key staff were appointed to increase the support base to students, through clinical consultations, student advocacy and the promotion of self-help seeking behaviours.
- The recent Council approved mental health policy in 2018 is being rolled out for implementation by SWS and other key role players.
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Conclusion

Whilst many interventions have been put into place for vulnerable students at UCT, understandably this is not sufficient. Enhanced learnings could be gained through a national comparative and descriptive retrospective research case study across the HEI sector to gauge ways in which student deaths through suspected suicide can be overcome, earl warning systems developed and linkages between key academic / other indicators and student wellbeing are also brought into focus for any role these may play in negating student's wellbeing and risk status.

REFERENCES

World Health Organisation Report. 2016. Regions.

[1] Medical Research Council. 2012. Burden of Disease Report. 2012.

[1] **Media Contagion and Suicide Among the Young.** Madelyn Gould, **,** Patrick Jamieson, **,** Daniel Romer, **First Published May 1, 2003. Research Article. https://doi.org/10.1177/0002764202250670**

[1] Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

[1] Quick Reference Concise Medical Dictionary. Medicine and health. 2015. 9th Edition. Oxford University Press.

[1] Collins English Dictionary. Copyright © HarperCollins Publishers. 12th Edition.

[1] McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.

[1] Oumaya M**[1],** Friedman S**,** Pham A**,** Abou Abdallah T**,** Guelfi JD**,** Rouillon F**. 2007. [Borderline personality disorder, self- mutilation and suicide: literature review].[Article in French]. Clinique des maladies mentales et de l'encéphale, centre hospitalier de Sainte-Anne, université Paris-V-René-Descartes, 100, rue de la santé, 75674 Paris cedex 14, France.**

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