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Original

Psychological Predictors of Suicide Risk in Emerging Adults: A Study of University Students in Spain

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A B S T R A C T

Emerging adulthood is a vulnerable period characterized by challenges, including anxiety, depression, stress, and the risk of suicide. The transition to university represents a significant milestone for youth, profoundly influencing their identity development and psychological well-being. This study aims to examine the relationships among the psychological variables in emerging adults, to identify the primary predictors of suicide risk in them. 1228 participants, aged 18 to 29 years (M = 20.15, Me = 20, SD = 2.12), from four Spanish universities. We evaluated sociodemographic variables, psychological variables (self-esteem, resilience, and emotional regulation), clinical variables (depression, anxiety, stress, and suicide risk), and academic variables (field of study and knowledge related to suicide). Students from various academic disciplines: Psychology, Medicine, other health-related disciplines, sociosanitary, education legal-criminological and communication and public relations disciplines. Findings highlight anxiety, depression, age, and a family history of suicidal behavior as primary predictors of suicide risk during emerging adulthood. Notably, significant emotional psychopathology was observed among emerging adults, particularly in the field of education, where higher risk and limited knowledge about suicide were found compared to other academic disciplines. This study provides valuable evidence on suicide risk and protective factors among university students.

Ppredictores psicológicos del riesgo de suicidio en adultos emergentes: un estudio de estudiantes universitarios en España

Palabras clave:
Suicidio
Adultos emergentes
Factor de riesgo y protector
Autoestima
Resiliencia
Regulación emocional
Salud mental
Estigma

R E S U M E N

La edad adulta emergente es un periodo vulnerable caracterizado por retos como la ansiedad, la depresión, el estrés y el riesgo de suicidio. La transición a la universidad representa un hito significativo para los jóvenes, que influye profundamente en el desarrollo de su identidad y en su bienestar psicológico. Este estudio pretende examinar las relaciones entre las variables psicológicas en adultos emergentes, para identificar los principales predictores del riesgo de suicidio en ellos. 1228 participantes, con edades comprendidas entre 18 y 29 años (M = 20,15, Me = 20, DE = 2,12), procedentes de cuatro universidades españolas. Se evaluaron variables sociodemográficas, psicológicas (autoestima, resiliencia y regulación emocional), clínicas (depresión, ansiedad, estrés y riesgo de suicidio) y académicas (campo de estudio y conocimientos relacionados con el suicidio). Estudiantes de diversas disciplinas académicas: Psicología, Medicina, otras disciplinas relacionadas con la salud, sociosanitarias, educación jurídico-criminológica y disciplinas de comunicación y relaciones públicas. Los resultados destacan la ansiedad, la depresión, la edad y los antecedentes familiares de comportamiento suicida como principales predictores del riesgo de suicidio durante la edad adulta emergente. En particular, se observó una psicopatología emocional significativa entre los adultos emergentes, especialmente en el campo de la educación, donde se encontró un mayor riesgo y un conocimiento limitado sobre el suicidio en comparación con otras disciplinas académicas. Este estudio proporciona pruebas valiosas sobre el riesgo de suicidio y los factores de protección entre los estudiantes universitarios.

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Introduction

Emerging adulthood: A brief review of the developmental stage

Emerging adulthood represents a distinct developmental stage that acts as a bridge between adolescence and adulthood. Typically, this phase spans from 18 to 25 years of age, however, it may extend up to 29 years due to significant milestones characterizing this period (Arnett, 2004). The growing recognition of emerging adulthood in recent decades reflects sociocultural changes observed in developed countries. Primarily encompassing young individuals pursuing higher education, this stage often involves delayed economic independence and challenges in assuming adult roles, influencing their sense of belonging to the adult stage (Kohutova et al., 2021).

During this transitional stage, emerging adults pursue employment to attain economic autonomy while experiencing a progression from the sexual awakening of adolescence to the pursuit of intimate and enduring romantic relationships (Chatterjee et al., 2021). Despite physical maturity, emerging adults have not fully developed the cognitive, social, emotional, and behavioral characteristics associated with adulthood (Hochberg & Konner, 2020).

Arnett (2004) identified several key characteristics of emerging adulthood, including identity exploration, instability, self-focus, a sense of transition between stages, and many opportunities. Throughout this phase, young individuals navigate a dynamic and transient period, utilizing their cognitive resources to integrate information about their identity across various contexts, ultimately differentiating themselves from others (Naudé, 2022).

Emerging adulthood and the importance of psychological symptomatology

Stress is an active process of adapting to stressors, which can be physical, environmental, or psychological (Renna et al., 2020). While stress is an allostatic mechanism that aids survival, prolonged exposure to stressors can result in physical and psychological difficulties (Renna et al., 2020). A nationwide study conducted in Canada in 2019 revealed that a significant proportion of university students, 88%, reported experiencing stress, with 52% confirming symptoms of depression that impaired their functioning (Boyne & Hamza, 2022). These findings align with previous research examining depression and anxiety among individuals aged 18 to 25, indicating that symptoms were highest at age 18, coinciding with the transition to university (Taylor et al., 2014).

Young university students appear to experience higher levels of psychological distress than the general population, with elevated rates of depression and anxiety (Taylor et al., 2014). Variations have been observed across professional disciplines, with students in the health field demonstrating a particularly high prevalence of depression, anxiety, and stress (Nayak & Sahu, 2022). The impact of this emotional burden appears to extend beyond the completion of studies, which could hinder future professional development and the quality of care and safety provided to patients. For instance, research indicates that students in Psychology programs experience more mental health problems, such as panic disorder and social anxiety, than students in other disciplines (McLafferty et al., 2022).

Effectively responding to the changing environment of emerging adulthood necessitates skills that facilitate adaptive and secure responses, including emotional regulation. According to Gross & John (2003) emotional regulation enables individuals to manage their emotions, even in an anticipatory manner. Among the extensively studied strategies in this domain are cognitive reappraisal (reducing emotional impact through reframing the situation) and emotional suppression (regulating response by inhibiting emotional expression). Cognitive reappraisal is associated with greater well-being and stress management, while emotional suppression is positively associated with psychopathological conditions, such as depression. The emotional instability present in adolescence extends into emerging adulthood, and the expression of anger gradually decreases until adulthood. Young adults typically require more social support and display more adaptive emotional regulation than adolescents (Zimmermann & Iwanski, 2014).

Resilience refers to the capacity to recover and achieve positive outcomes in the face of adversity. Recent research suggests that using adaptive strategies for emotional regulation, such as cognitive reappraisal, can contribute to greater resilience even among individuals experiencing symptoms of anxiety and depression (Mestre et al., 2017). In addition, resilience has been found to positively influence self-esteem and self-efficacy, factors that play crucial roles in individuals' overall well-being (Malak-Akgün et al., 2022).

Self-esteem, defined as an individual's self-evaluation and attitude toward oneself, is an important psychological construct that impacts various aspects of one's life. Individuals with higher levels of self-esteem tend to have a clearer understanding of their personality traits, contributing to a stronger sense of identity and self-worth. Extensive research has consistently shown a negative association between emotional suppression and both self-esteem and resilience. Emotional suppression, the tendency to inhibit the expression of one's emotions, can hinder adaptive coping and hinder the development of resilience (Sünbül & Güneri, 2019).

The transition to university represents a significant life change for emerging young adults, impacting their self-esteem and self-evaluation. This period often involves navigating new roles, increasing academic and financial responsibilities, and forming new social connections. The subjective perceptions of success or failure during this transition can profoundly influence individuals' self-esteem. Given that this phase can be a significant source of stress, reinforcing self-esteem becomes particularly important in supporting young adults' psychological well-being and adaptation to their new environment (Pérez-Marín, 2024).

Emerging adulthood and suicide: Conceptualization and epidemiology

Globally, suicide claims the lives of approximately 703,000 individuals each year (World Health Organization [WHO], 2021). In Spain, the reported number of suicides in 2023 reached 4.116, with 364 individuals under 30 and 354 falling within the age range of 15 to 30 (National Institute of Statistics [INE], 2024). These figures indicate a troubling increase compared to 2020, suggesting a rise in suicide risk following the COVID-19 pandemic (Fuller-Rowell et al., 2021). The magnitude of this issue is further highlighted by the Aid Foundation for At-Risk Children and Adolescents (ANAR), which reported responding to 251,118 help requests from minors in Spain in 2021 alone. Moreover, consultations related to suicidal ideation, suicide attempts, and self-harm among children and adolescents have alarmingly increased by a factor of 18.80 in recent years (ANAR, 2022).

Within the population of emerging adult university students, research estimates that 22.30% have experienced suicidal ideation, 6.10% have made suicide plans, and 3.20% have attempted suicide at some point (Mortier et al., 2018).

Emerging adulthood, characterized by significant life transitions, poses a heightened vulnerability to mental health problems, including stress, anxiety, and depression, making it a critical developmental period associated with an increased risk of suicidal ideation and behavior (Duffy et al., 2019; Mortier et al., 2018).

When examining the conceptualization of suicide, it is important to consider multiple components, including affective, cognitive, physiological, and motor aspects (Lacomba-Trejo et al., 2022). Regarding the behavioral component, a distinction should be made between suicide and non-suicidal self-injury. The conceptualization of suicidal behavior, encompasses three universal elements: self-initiation of the action, though not necessarily self-inflicted; an intention to die, distinguishing it from other self-harming behaviors motivated by different factors, and resulting in death or having the potential for lethal consequences.

In terms of the affective component, individuals with suicidal ideation or behavior often experience feelings of hopelessness, loneliness, and psychological distress (Akpinar et al., 2020; Lew et al., 2020).

When considering the cognitive aspect, suicidal ideation encompasses thoughts, ideas, or reflections related to the possibility of ending one's life, ranging from believing that one would be better off dead to formulating detailed suicide plans. Suicidal ideation is a powerful predictor of suicide attempts, surpassing the influence of previous attempts (Layrón et al., 2022; Liu et al., 2020). These thoughts may sometimes become chronic.

Emerging adulthood and suicide: Risk and protective factors

Suicidal behavior is influenced by several risk factors. Firstly, the most significant factor is age. Suicide is the third leading cause of death worldwide among people aged 15-29 years (World Health Organization [WHO], 2025). The rate of suicide and completed suicides peak between the ages of 50 and 59, declining after age 60 (National Institute of Statistics [INE], 2022).

Gender, and differences in gender, are also relevant in terms of suicide risk. Female students face a higher risk (Bantjes et al., 2022), whereas males tend to seek less professional help, which increases the risk of completed suicide (Bantjes et al., 2020).

Belonging to minority social groups, meaning race or sexual orientation, also present an elevated risk of suicide, often related to discrimination suffered because of this condition (Albuquerque et al., 2020).

On the other hand, factors associated with disadvantaged socioeconomic conditions and the presence of serious health problems are elements that increase the vulnerability and risk of suicide according to studies (Grasdalsmoen et al., 2020; Pillay, 2021).

On the other hand, the presence of mental health problems, which affect many young students, increases the risk of suicidal ideation and self-injurious behaviors. Especially, here the literature points out the comorbidity between anxiety and depression, together with the existence of a greater expression of anger and emotional dysfunction (Lew et al., 2020). Also, from a clinical psychological point of view, several factors have been identified that increase the risk of suicide attempts, such as dissatisfaction with life, high levels of rumination of negative thoughts, low self-esteem (Akpinar et al., 2020; Gselamu & Ha, 2020; Hasking et al., 2019; Rosiek et al., 2016; Taylor et al., 2020). In addition, having a family history of psychopathology or suicidal behaviors also increases the risk of suicide among young people (Ursul et al., 2022). Finally, the presence of major traumatic life events are key elements noted by the literature as triggers for suicide attempts (Pillay, 2021).

On the other hand, other risk factors include acquired capacity for suicide, related to the tendency of students to perceive emotional pain as more unbearable than physical pain, which increases their vulnerability to self-injurious and suicidal behaviors (Albuquerque et al., 2020; Pillay, 2021), as well as social isolation and lack of support (Grasdalsmoen et al., 2020).

Finally, there are protective factors, such as high self-esteem, which can prevent suicidal ideation and self-injurious behaviors (Hasking et al., 2019). Positive self-esteem is also associated with lower levels of stress, anxiety, and depression. In addition, emotional stability and resilience decrease suicidal ideation (Bruns & Letcher, 2018).

Based on the above, the *main objective* of the present study is to examine the relationships among the psychological variables in emerging adults, in order to identify the primary predictors of suicide risk in them. By evaluating a population of university students in Spain from diverse professional disciplines, this study aims to develop a comprehensive psychological profile that can shed light on the protective and risk roles of the variables under investigation and facilitate predicting suicide risk.

Hypothesis 1: Emerging adults will exhibit significant psychological symptomatology (anxiety, depression, stress, suicide risk, low resilience and self-esteem, misinformation about suicide prevention and suicide risk), differing by gender (women will exhibit greater psychological symptomatology and suicide risk), academic discipline (health and social-health students will exhibit greater risk) and previous training in suicide (emerging adults who had more training in mental health and suicide will exhibit lower risk).

Hypothesis 2: Suicide risk in emerging adults will be predicted by gender (female), older age, a family history of suicide or suicidal behavior, anxiety, depression, stress, maladaptive emotional regulation, low self-esteem, and low resilience.

Method

Participants

The participant inclusion criteria for this study were as follows: a) being currently enrolled as students at a university in Spain at the time of assessment; b) pursuing a degree or postgraduate program within the disciplines included in the study; c) being between the ages of 18 and 29 at the time of assessment.

The research sample comprised a total of 1228 participants who were university students in Spain. Their ages ranged from 18 to 29 years (M=20.15; Med=20; SD=2.12). Among the participants, 966 were female (78.70%), 1187 were undergraduate students (96.70%), and 41 were postgraduate students (3.30%), and 92.90% held Spanish nationality. Regarding educational level, 96.70% were enrolled as undergraduate students, while 3.30% were pursuing postgraduate degrees. The sample represented four universities in Spain: Universitat de València (UV), Universidad Miguel Hernández (UMH), Universidad Rey Juan Carlos de Madrid (URJC), and Escuela Superior de Ingenieros Comerciales (ESIC). The academic disciplines included in the study were diverse, encompassing fields such as health (12.20%) and healthcare-related disciplines (74.30%), education (7.50%), legal-criminological studies (2.30%), and communication-public relations (3.60%). The discipline with the highest representation in the sample was Psychology, accounting for 44.58% of the participants.

Variables and instruments

An ad hoc questionnaire was developed to collect relevant *sociodemographic, clinical, and academic* variables, as well as

to assess students' cognitive appraisal of a list of *suicide myths* (World Health Organization [WHO], 2021; Pan American Health Organization [PAHO], 2020). The questionnaire comprised 16 items, each representing a statement related to suicide myths. Respondents had two response options for each question: true/mostly agree or false/mostly disagree. The internal consistency reliability of the ad hoc questionnaire in the study was 0.448.

Anxiety, depression, and stress levels were assessed using the Depression Anxiety Stress Scales (DASS-21), a validated abbreviated version for Spanish university students (Bados, Solana & Andres, 2005). It is an instrument composed of 21 items, 7 for each subscale, with a Likert-type rating from 0 to 3 points. An example of an item is *'I have found it difficult to relax'*. The DASS scale provides distinct score ranges for different subscales, reflecting varying levels of psychopathology. In terms of the anxiety subscale, scores indicate normal anxiety levels (0-7 points), mild anxiety (8-9), moderate anxiety (10-14), severe anxiety (15-19), and extremely severe anxiety (>19). Similarly, the depression subscale scores represent normal depression levels (0-9 points), mild depression (10-13), moderate depression (14-20), severe depression (21-27), and extremely severe depression (>27). Lastly, the stress subscale scores denote normal stress levels (0-14 points), mild stress (15-18), moderate stress (19-25), severe stress (26-33), and extremely severe stress (>33). In this study, the overall internal consistency reliability of the scale was 0.929, with reliability coefficients of 0.862 for the Anxiety subscale (DAS-A), 0.877 for the Depression subscale (DAS-D), and 0.844 for the Stress subscale (DAS-S).

Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965). The scale assesses attitude towards the self by means of 10 4-point Likert-type items. The scale score is obtained with the sum of the scores of each item. A score of 30 or more indicates high self-esteem, between 26 and 29 medium and 25 or less indicates low self-esteem (Atienza et al., 2000). An example of an item is *'I am generally inclined to think of myself as a failure'*. The internal consistency reliability coefficient for this scale was 0.89.

Resilience was assessed using The Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). This scale assesses resilience to aversive events by means of 10 5-point Likert-type items. The scale score is obtained by adding the scores of the items, so the higher the score, the greater the resilience. An example of an item is *'I can adapt to change'*. The internal consistency reliability coefficient was 0.83.

Emotional regulation was measured using the Emotion Regulation Questionnaire (ERQ) (adapted into Spanish by Cabello, Fernández-Berrocal, and Gross (2012)). The questionnaire consists of 10 7-item Likert-type items and evaluates two dimensions of emotional regulation: *emotional suppression* and *cognitive reappraisal.* The first factor assesses the ability to create new meanings to events or emotions that have been processed negatively. The second factor refers to the containment of the emotional response, mainly in negatively punctuated ones (Cabello et al., 2013; Gross & John, 2003). The scale score is obtained by summing the scores of the items in each dimension. An example item is *'When I want to increase my positive emotions (e.g., joy, fun), I change the topic I am thinking about'*. The internal consistency reliability coefficient for the overall scale was 0.70, with reliability coefficients of 0.764 for the *cognitive* reappraisal subscale and 0.806 for the *emotional* suppression subscale.

Suicide risk was evaluated using the abbreviated version of the SENTIA-Brief Suicide Behavior Risk Scale, which has been validated for the Spanish population (Díez-Gómez et al., 2021). This 5-item dichotomous scale (yes/no) version of the questionnaire is useful as a screening tool to detect subjects at risk of suicide. The scale score is obtained by adding the scores of the items, so the higher the score, the higher the risk. An example of an item is *'Have you ever felt that life is not worth living?'*. The internal consistency reliability coefficient for this scale was 0.788.

Procedure

Using a non-probabilistic sampling method, specifically intentional or convenience sampling, university professors from participating academic institutions, undergraduate and postgraduate programs, and disciplines informed their students about the present research and requested their voluntary and anonymous participation. The study employed a descriptive-correlational cross-sectional design, conducted in a single assessment session at a specific point in time.

A computerized questionnaire was developed using the described measurement instruments and implemented through LimeSurvey, an online assessment platform provided by the Universitat de València. The survey was distributed from October 24, 2022, to May 5, 2023.

To access the online questionnaire, students had to read the project information sheet and provide informed consent, which explained the nature of the research, the main conditions for participation, and the approximate time needed to complete the questionnaire (approximately 15 minutes). Students were also informed about the confidential and solely research-related use of the data and the anonymity of their responses.

The research was conducted following international ethical criteria outlined in the Declaration of Helsinki (World Medical Association, 2013), and personal data were handled in compliance with the General Data Protection Regulation (EU) 2016/679.

Analyses

The statistical analyses were conducted using SPSS version 25.0 for Windows. The following analyses were conducted: reliability analyses, descriptive statistics, between-subjects analyses (t-test, one-way ANOVA), effect size estimation using Cohen's d, partial eta-squared, Pearson correlation, and hierarchical linear regression.

For the final analyses, within the health-related disciplines, specific categories were created to examine the Psychology degree (which included the Master's in General Health Psychology and the Master's in Sociosanitary Attention to Dependence) and the Medicine degree separately due to the substantial number of participants from these fields. Additionally, other categories were formed to analyze other health-related disciplines (including Nutrition and the Double Degree in Nutrition and Pharmacy), sociosanitary disciplines (comprising Dentistry, Physiotherapy, and the Master's in Psychogerontology), education disciplines (including Teaching, Early Childhood Education, Social Education, Pedagogy, and the Master's in Psychopedagogy), legal-criminological disciplines (incorporating the Double Degree in Law and Criminology and the Double Degree in Criminology and Psychology), and communication-public relations disciplines (including Communication and Public Relations, Advertising, Social Work, Tourism, and the Double Degree in Communication and Marketing).

Results

Hypothesis 1: preliminary results

Descriptive analyses

The mean scores of the participants on self-esteem (M = 28.88; Med=29; SD = 5.85) and resilience (M = 24.86; Med=25; SD = 6.10)

Table 1.
Mean differences in emerging adults

Questionnaire	Variable	Suicide Education		*t*	*p*	*d*
		Yes M (SD)	No M (SD)			
RSE	Self-esteem	29.38 (5.94)	28.63 (5.80)	-2.13	.02	.13
DASS	Anxiety	7.70 (7.81)	8.13 (7.94)	-0.91	.18	.06
	Depression	9.81 (8.72)	10.06 (8.74)	-0.48	.32	.03
	Stress	18.50 (8.39)	18.92 (8.75)	-0.81	.21	.05
CD-RISC	Resilience	25.82 (5.87)	24.37 (6.16)	3.97	.00	.24
ERQ	Cognitive reappraisal	28.75 (6.24)	28.30 (6.46)	1.15	.16	.07
	Emotional suppression	13.52 (5.96)	14.23 (5.88)	-1.99	.03	.12
Myths	Suicide ignorance	2.73 (1.89)	3.32 (1.96)	-5.05	.00	.31
SENTIA-Br	Suicide risk	1.15 (1.53)	1.05 (1.42)	1.18	.24	.07
		Gender		*t*	*p*	*d*
		Females M (SD)	Males M (SD)			
RSE	Self-esteem	28.51 (5.80)	30.39 (5.77)	-4.57	.00	.32
DASS	Anxiety	8.58 (8.11)	5.52 (6.39)	6.36	.00	.39
	Depression	10.31 (8.88)	8.40 (7.74)	3.37	.00	.22
	Stress	19.56 (8.52)	15.67 (8.19)	6.47	.00	.46
CD-RISC	Resilience	24.29 (5.98)	27.06 (5.92)	-6.53	.00	.46
ERQ	Cognitive reappraisal	28.42 (6.52)	28.56 (5.79)	-0.31	.38	.02
	Emotional suppression	13.52 (5.91)	15.89 (5.59)	-5.70	.00	.41
Myths	Suicide ignorance	3.03 (1.94)	3.54 (1.91)	-3.75	.00	.27
SENTIA-Br	Suicide risk	1.10 (1.46)	0.96 (1.41)	1.41	.16	.10

		Disciplines									
		PS M (SD)	ME M (SD)	H M (SD)	SS M (SD)	E M (SD)	LC M (SD)	CPR M (SD)	F	p	η^2
RSE	Self-esteem	**29.43 (5.81)**	**28.92 (6.05)**	27.95 (5.59)	**29.51 (5.87)**	**26.15 (5.35)**	28.39 (6.15)	28.95 (5.14)	5.18	.00	.03
DASS	Anxiety	**7.59 (7.63)**	**7.66 (8.02)**	**7.50 (7.38)**	**7.69 (7.60)**	**11.87 (9.39)**	7.33 (7.78)	9.02 (8.11)	4.35	.00	.02
	Depression	**9.44 (8.76)**	**9.34 (8.43)**	10.46 (8.00)	**9.51 (8.71)**	**13.32 (8.96)**	13.69 (11.67)	10.14 (8.29)	3.82	.001	.02
	Stress	**18.04 (8.72)**	18.53 (8.86)	18.85 (8.37)	19.34 (7.97)	**21.46 (8.08)**	21.25 (10.08)	20.09 (8.04)	2.86	.01	.01
CD-RISC	Resilience	**25.37 (5.87)**	**25.05 (6.25)**	**23.50 (6.15)**	**25.17 (6.18)**	**22.32 (5.72)**	**26.50 (7.14)**	24.70 (6.00)	5.08	.00	.02
ERQ	Cognitive reappraisal	28.77 (6.03)	28.87 (6.39)	27.79 (6.01)	28.39 (6.88)	26.92 (7.10)	29.25 (8.44)	27.14 (6.36)	1.93	.07	.01
	Emotional suppression	**12.75 (5.66)**	**14.75 (5.99)**	**15.53 (5.35)**	14.96 (6.30)	14.53 (6.15)	15.54 (5.80)	14.55 (5.78)	7.72	.00	.04
Myths	Suicide ignorance	**2.32 (1.64)**	**3.51 (1.86)**	**4.10 (2.02)**	**4.26 (1.90)**	**3.04 (2.02)**	**3.86 (2.09)**	**3.77 (1.49)**	38.49	.00	.16
SENTIA-Br	Suicide risk	**1.17 (1.52)**	**1.02 (1.39)**	**0.78 (1.24)**	**0.86 (1.32)**	**1.76 (1.65)**	1.07 (1.72)	**0.70 (1.09)**	5.97	.00	.03

Note. M= mean; SD= standard deviation; Cohen's d= Small effect size ≈ 0.20; Moderate effect ≈ 0.50; Large effect ≈ 0.80
PS=Psychology; ME=Medicine; H=Health Discipline; SS=Sociosanitary Discipline; E=Education Discipline; LC=Legal-Criminological Discipline; CPR=Communication and Public Relations Discipline; η^2=Partial Eta squared: Small effect size ≈ 0.02; Medium effect size ≈ between 0.15 and 0.3; Large effect size ≈ 0.3. Bold indicates significant differences in one-way ANOVA between groups

were moderate. Furthermore, the use of emotional regulation strategies, such as cognitive reappraisal (M = 28.45; Med=29; SD = 6.39) and emotional suppression (M = 13.99; Med=14; SD = 5.97), was also moderate. With regard to emotional distress, mild levels of anxiety (M = 7.99; Med=4.67 SD = 7.98) and depression (M = 9.98; Med= 7; SD = 8.73) were observed, and moderate levels of stress (M = 18.78; Med= 17.50; SD = 8.62) were also noted. With regard to suicide-related variables, the mean knowledge about suicide risk and prevention score was found to be 3.13 (Med= 3; SD = 1.95), suggesting a low knowledge about. Furthermore, the mean suicidal risk score was 1.07 (Med= 0; SD = 1.46), which is approaching the cut-off point for clinical risk (Table 2).

Mean comparison analyses

Mean comparisons analyses were conducted, along with their respective effect size tests. Normality assumptions were not calculated since the sample size exceeded 30 subjects.

A comparison of means according to gender revealed significant differences between women and men on several variables. Specifically, women exhibited lower self-esteem, resilience, anxiety, depression, stress, emotional suppression, and misinformation about suicide compared to men. However, no significant differences were observed in cognitive reappraisal and suicidal risk.

A further comparison of means according to educational discipline revealed that education students exhibited the most

Table 2.
Descriptive statistics based on gender and correlations between psychological variables and age in emerging adults

	Female *M* (*SD*)	Male *M* (*SD*)	1	2	3	4	5	6	7	8	9	10
Age	20.11 (2.08)	20.22 (2.23)	1									
Self-esteem	28.51 (5.80)	30.39 (5.77)	.015	1								
Anxiety	8.58 (8.11)	5.52 (6.39)	.010	-.463**	1							
Depression	10.31 (8.88)	8.40 (7.74)	.033	-.666**	.663**	1						
Stress	19.56 (8.52)	15.67 (8.19)	-.005	-.446**	.582**	.618**	1					
Resilience	24.29 (5.98)	27.06 (5.92)	.074**	.629**	-.369**	-.467**	-.392**	1				
Cognitive Reappraisal	28.42 (6.52)	28.56 (5.79)	.020	.253**	-.161**	-.223**	-.154**	.351**	1			
Emotional Suppression	13.52 (5.91)	15.89 (5.59)	-.079**	-.294**	.171**	.277**	.156**	-.137**	.019	1		
Suicide Ignorance	3.03 (1.94)	3.54 (1.92)	-.142**	.053	-.095**	-.050	.007	.078**	.038	.126**	1	
Suicide Risk	1.10 (1.46)	0.96 (1.41)	.108**	-.442**	.443**	.553**	.336**	-.282**	-.171**	.118**	-.114**	1

Note. M = Mean; *SD* = Standard Deviation. Correlations: $p \leq .05$ (*), $p \leq .01$ (**).

unfavourable indicators. They demonstrated lower self-esteem (M = 27.78), resilience, anxiety, depression, stress, a lack of knowledge about suicide, and higher suicide risk. In contrast, students majoring in psychology exhibited reduced emotional suppression and augmented knowledge regarding suicide.

A comparison of means according to previous suicide training showed that individuals with previous training in suicide exhibited higher self-esteem, higher resilience, lower anxiety, less emotional suppression and higher knowledge about suicide compared to those with no previous training. However, no significant differences were observed in depression, stress, cognitive reappraisal, or suicidal risk (Table 1).

Hypothesis 2: Correlations and predictive linear model of suicide risk among emerging adults

Correlation analysis

Linear and statistically significant associations were observed between most of the variables studied. Correlation analyses indicated that suicide risk showed positive associations with age, anxiety, depression, stress, and emotional suppression and negative associations with self-esteem, resilience, cognitive reappraisal, and knowledge about suicide. Furthermore, age correlated with resilience, emotional suppression, and knowledge about suicide, indicating that older age was linked to higher resilience, lower emotional suppression, and higher knowledge about suicide risk and prevention (Table 2).

Hypothesis 2: correlations and predictive linear model of suicide risk among emerging adults

To examine the predictive power of the variables studied on suicide risk, a hierarchical linear regression model was conducted. The model consisted of five sequential steps. First, sociodemographic variables of age and gender were included. Second, the presence of a family history of suicide or suicidal behavior in close relatives or significant others was added. Third, emotional symptomatology variables (anxiety, depression, and stress) were incorporated. Fourth, emotional regulation variables were introduced. Finally, self-esteem and resilience variables were included.

The regression analysis yielded significant results at each step. In the initial step, age and gender significantly contributed to the explained variance ($\Delta R^2 = .01$, $p = .002$). In the second step, the variables related to family history significantly increased the explained variance ($\Delta R^2 = .02$, $p \leq .001$). The inclusion of anxiety, depression, and self-esteem variables in the third step significantly improved the model's explanatory power ($\Delta R^2 = .30$, $p \leq .001$). The fourth step, which involved emotional regulation variables, resulted in a significant increase in explained variance ($\Delta R^2 = .003$, $p = .05$). Finally, the inclusion of self-esteem and resilience variables in the last step significantly enhanced the model's explanatory ability ($\Delta R^2 = .01$, $p \leq .001$).

The regression analysis revealed that, in the final step, age ($\beta = .08$, $p = .001$), gender ($\beta = .05$, $p = .05$), family history of suicidal behavior ($\beta = -.07$, $p = .003$), anxiety ($\beta = .15$, $p \leq .001$), depression ($\beta = .39$, $p \leq .001$), and self-esteem ($\beta = -.16$, $p \leq .001$) collectively accounted for 35% of the variance in suicide risk (Table 3).

Discussion and Conclusions

Emerging adulthood is a developmental stage characterized by an increased risk of emotional psychopathology and mental health issues, including self-harm behaviors and suicidal thoughts (Mortier et al., 2018). The transition to university represents a critical period in the psychological development of young individuals. Therefore, investigating potential risk and protective factors related to emotional symptoms and suicide risk during this stage is crucial. While previous studies have examined significant emotional symptoms and potential suicide risk among emerging adult university students, few have compared the risk across different academic disciplines to identify professional domains with a higher prevalence of psychopathology and a greater risk of suicide. Therefore, this study aims to expand knowledge about the relationships between the psychological variables of emerging adults, taking into account the academic disciplines to which they belong, and to identify the main predictors of suicide risk.

Consistent with the existing literature, it was hypothesized that emerging adults would demonstrate significant psychological symptoms, including anxiety, depression, stress, and suicide risk, as well as lower levels of resilience, self-esteem, and knowledge about suicide prevention and risk (Boyne & Hamza, 2022; Reina-Aguilar et al., 2022; Taylor et al., 2014; Yang et al., 2020). Specifically, it was hypothesized that females, students in health-related and sociosanitary fields and individuals with lower mental health and suicide-related knowledge would exhibit a higher suicide risk and greater mental health problems (Bantjes et al., 2022; INE, 2024; Nayak & Sahu, 2022). Descriptive results revealed that participants had mild levels of anxiety and depression, moderate levels of stress and a significant suicidal risk, close to the clinical cut-off point. These symptoms were more prevalent among women, who also presented lower self-esteem, lower resilience and greater emotional

Table 3.
Hierarchical regression model for predicting suicide risk in emerging adults

Predictor	Suicide risk				
	R^2_{adj}	ΔR^2	ΔF	β	*t*
Step 1	.01**	.01	6.23		
Age				.10**	3.53
Gender				-.01	-0.21
Step 2	.03**	.02	15.30		
Age				.09**	3.15
Gender				-.004	-0.15
Suicide of close ones				-.05	-1.89
Suicidal conduct of close ones				-.14**	-5.003
Step 3					
Age	.33**	.30	180.71	0.79**	3.36
Gender				.04	1.50
Suicide of close ones				-.017	-0.72
Suicidal conduct of close ones				-.08**	-3.33
Anxiery				.15**	4.63
Depression				.47**	13.78
Stress				-.05	-1.42
Step 4					
Age	.34**	.003	3.07	.08**	3.30
Gender				.04	1.61
Suicide of close ones				-.02	-0.62
Suicidal conduct of close ones				-.08**	-3.33
Anxiery				.15**	4.61
Depression				.47**	13.24
Stress				-.05	-1.46
Cognitive reappraisal				-.05*	-2.15
Emotional suppression				-.03	-1.03
Step 5					
Age	.35**	.01	9.78	.08**	3.37
Gender				.05*	2.02
Suicide of close ones				-.01	-0.55
Suicidal conduct of close ones				-.07**	-2.96
Anxiery				.15**	4.62
Depression				.39**	9.86
Stress				-.05	-1.51
Cognitive reappraisal				-.04	-1.61
Emotional suppression				-.05	-1.86
Self-esteem				-.16**	-4.26
Resilience				.03	0.90

Note. R2adj= Adjusted R^2; ΔR2= Change in R2; ΔF= Change in F; ß= Regression coefficient; t= t-statistic value;
*$p \leq 0{,}05$. **$p \leq 0{,}01$

distress, in line with previous studies. In terms of knowledge about suicide, the results revealed that young individuals demonstrated more functional knowledge and beliefs, which may be attributed to the substantial portion of Psychology students in the sample, who receive comprehensive education about suicide within their curriculum compared to students in other disciplines. Furthermore, relevant differences in psychological symptomatology and suicide risk were observed according to academic area: students in the field of Education presented higher levels of psychopathology and suicidal risk, as well as more dysfunctional beliefs about suicide, compared to other areas such as Psychology or Medicine. Those with previous training in suicide prevention showed higher levels of self-esteem and resilience, and lower levels of anxiety and emotional suppression, suggesting the possible protective effect of psychoemotional education.

Secondly, it was expected to find correlations between socio-demographic, psychological and suicide risk variables of emerging adults. Specifically, it was hypothesized that being female, older, having a family history of suicide or suicidal behavior in relatives or close individuals, experiencing anxiety, depression, and stress, having maladaptive emotional regulation, low self-esteem, and low resilience would predict suicide risk (Akpinar et al., 2020; Bantjes et al., 2022; Bruns & Letcher, 2018; Lew et al., 2020). At the correlational level, in line with previous studies, suicide risk was positively associated with anxiety, depression, stress and emotional suppression, and negatively associated with self-esteem, resilience, cognitive reframing and knowledge about suicide. Age was also found to be related to higher resilience and lower emotional suppression, suggesting a maturational effect on emotional coping. On the other hand, the linear regression model revealed that

anxiety, self-esteem, depression, age, and a family history of suicidal behavior in relatives or close individuals were significant predictors, respectively. Thus, emerging adults with elevated levels of anxiety and depression, low self-esteem, older age, and a family history of suicidal behavior are at a higher risk of suicide, consistent with the existing scientific literature.

In a multivariate analysis, such as multiple regression, it is possible to explore how emotional and psychological factors (e.g. anxiety, depression, emotional regulation, resilience, and self-esteem) interact with each other to influence the risk of suicide. While these factors can be examined separately to ascertain their individual impact, it is imperative to consider their joint interaction, as the variables do not act independently but influence each other. Consequently, this multiple regression model provides a more precise perspective on how each factor, in conjunction with the others, contributes to the overall risk. The separation of variables in the text is for explanatory purposes, and the multivariate analysis ultimately amalgamates all these variables to provide a comprehensive perspective on the issue.

While this research provides important insights, it is not without limitations. The study's cross-sectional design limits the ability to track the evolution of psychological variables over academic years and implement potential interventions during critical periods. Additionally, the lack of representation across various academic disciplines and the scarcity of participants from diverse nationalities hinder the generalizability of the findings. Furthermore, relying exclusively on a university sample restricts information on psychological variables and suicide risk among emerging adults with different characteristics.

Future research can address these limitations by recruiting a more extensive and diverse sample from the disciplines under study, including a broader range of undergraduate and postgraduate programs. Controlling for cultural differences and incorporating other risk factors, such as sexual orientation and variables related to interpersonal interactions and social support, would enhance the generalizability of future findings.

In conclusion, this study significantly contributes to the existing evidence base by expanding our understanding of factors influencing suicide risk among emerging adults, with a specific focus on university students and an analysis of variations across different specialization fields. The findings provide valuable insights into the predictors of suicide risk and related variables, adding to the current knowledge in this field.

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Declaration of Interest/Disclosure statement

The authors have no conflicts of interest.

Data availability statement

The database is not available; it may be requested to the corresponding author for a reasonable reason.

Ethics

The research was conducted following international ethical criteria outlined in the Declaration of Helsinki (World Medical Association, 2013), and personal data were handled in compliance with the General Data Protection Regulation (EU) 2016/679.

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