

Addressing and Preventing Suicide Among Post-Secondary Students

CONTENT WARNING: The following article may be troubling for some, as information presented includes mentions of suicidal thoughts, self-injury, and death. If you or someone you know is struggling with suicidal thoughts, find and contact the helpline associated with your location through [Befrienders Worldwide](#) or [Find A Helpline](#). For those in the United States, contact the [National Suicide Prevention Lifeline](#) at 988, or text HOME to 741741 to contact the [Crisis Text Line](#).

According to [Suicide Awareness Voices of Education](#) (SAVE), suicide is the world's second leading cause of death for people between the ages of 15-24, disproportionately impacting students enrolled in higher education, as a survey conducted by the American College Health Association revealed that roughly [one in four](#) post-secondary students in the US contemplated suicide in 2021, while approximately [1,100 suicides](#) take place on campuses across the US each year.

As the global recession and the [worsening climate crisis](#) continue to push students into a perpetual state of uncertainty, despair, and anxiety—coalescing with the trauma that many students have had to endure as a result of one or a combination of these circumstances—institutions across the world are sounding the alarm on what is being referred to as a [student mental health crisis](#), as rates of suicide among post-secondary students continued to rise during the Spring 2022 semester, leaving educators concerned for the incoming academic year.

While global crises are responsible for a rise in suicide across all college and university campuses, some institutions are struggling more than others as they experience clusters of suicide that take place within very short spans of time. This has been a notable issue for institutions like [Stanford University](#) and [Worcester Polytechnic Institute](#), as the former lost four students to suicide in 13 months while the latter lost five in a single year. For other institutions, the time between incidents is even shorter, as Princeton University lost two students to suicide [within the same week](#) back in May of this year, while two students died by suicide [within 48 hours](#) at University of North Carolina at Chapel Hill (UNC).

According to an [NPR article](#) published shortly after the two incidents at UNC, these clusters of student deaths are a result of “suicide contagion”—a [scientific concept](#) that posits that suicidal behavior is contagious, placing students at higher risk of suicide following [exposure](#) to the death of their peers or members of their campus community. As institutions weather rising rates of mental health issues and suicidality among their student populations, this added threat to students' health, wellbeing, and overall safety calls on campus leaders to design and execute comprehensive suicide prevention

campaigns and fortify their commitment to student mental health as students return to campus more stressed and uncertain than ever.

To do so, it is imperative that campus leaders educate themselves on the causes and risk factors associated with suicide, learn how to recognize the warning signs of suicidality within their students, and familiarize themselves with various suicide prevention strategies to determine what the best course of action is to meet their students' specific needs.

Before causes, risk factors and warning signs are dissected, it is important to note the nuances between the three categories:

- **Causes** are the events, conditions, or characteristics that are directly responsible for a student's attempt or death by suicide, without which the incident would not have occurred.¹
- **Risk factors** are the events, situations, or conditions present in a student's life that may indicate that the student is at an increased risk for suicide, but do not imply that the student is at immediate risk of suicidal ideation, attempt, or death, or that the student has a prior history with suicide.
- **Warning signs** are the conditions, behaviors, and characteristics which indicate that a student is at imminent risk of suicide, requiring immediate intervention.

What Causes Suicide

- **Depression.** As one of the [most common mental disorders](#) in the world, depression is considered to be a major predictor of suicide in students, but misconceptions prevail around how this mood disorder manifests and impacts students' wellbeing. While depression is often associated with feelings of sadness, despair, and gloom, the symptoms that have been associated with suicide include feelings of detachment, disconnection, discomfort, fatigue, irritability, and intense feelings of distress which can influence negative decisions and push students towards [self-harming behaviors](#). While it is estimated that [nearly half](#) of all people who die by suicide suffer from major depression, the [Centers for Disease Control and Prevention](#) (CDC) reports that 54 percent of people who die by suicide do not have a known mental health disorder.
- **Distress.** With that said, a better predictor of suicide among post-secondary students is overwhelming, unmanageable psychological distress, including academic, financial, environmental, and social stress, which affect a wider range of students. While data from the [2021 Healthy Minds Network study](#) revealed that about a third of surveyed students had an anxiety disorder, while about 40 percent

had depression, the [Fall 2021 National College Health Assessment](#) released by the ACHA revealed that nearly two-thirds of the students surveyed (73 percent) reported moderate or serious symptoms of psychological distress. Factors contributing to psychological distress include mental health issues such as anxiety, depression, psychosis, and other disorders; academic stressors such as overwhelming workloads, poor school-life balance, high demands, a lack of understanding of course materials or topics, and poor grades; financial stressors including [student loan debts](#), day-to-day finances such as food, utilities, and housing, tuition costs, inflation, and medical expenses; and social stressors including social isolation, discrimination, harassment, sexual assault, and bullying.²

- **Grief and bereavement.** Research has shown that [losses or life-changing events](#), including the loss of a loved one; the loss of a pet; a break-up of a relationship; the loss of employment or income; the loss of housing or moving out of one's community; and the deterioration of one's mental or physical health are associated with an increased risk of depression, anxiety, and [suicide](#).
- **Loneliness and isolation.** As research has found that the effects of isolation and loneliness are equivalent to [smoking 15 cigarettes a day](#), contributing to a host of health consequences including sleep disruptions, cognitive decline, and depression and anxiety, these conditions have been recognized as major predictors of suicidal ideation across all age groups, including post-secondary students.³ Without strong social ties or a strong support system, students are less likely to reach out for help, are likely to perceive problems to be more challenging than they actually are, and are unlikely to be able to manage stress and feelings of helplessness, hopelessness, and worthlessness.
- **Perfectionism.** According to a new study conducted among South Korean post-secondary students, maladaptive perfectionism, which manifests as feelings of inadequacy, perceived deficiency and incompetence, and hopelessness, and are associated with a higher risk of suicide. Students exhibiting traits of maladaptive perfectionism are likely to set unrealistic expectations for themselves, which causes great distress when those expectations cannot be met, and the intense pressure that students place on themselves contributes to higher incidents of mental disorders, including depression and anxiety, amplifying their risk of suicide.⁴
- **Issues with impulsivity or addiction.**
 - – **Drug and alcohol use:** A recent study conducted among higher education students in Spain revealed that students who used tobacco were twice as likely to be at risk for suicide than those who did not, while the risk was three

times greater for students who used cannabis.⁵ Similarly, research has found that alcohol addiction or misuse is associated with a suicide risk that is [10 times higher](#) than that of the general population.

- – **Social media use:** According to a new 10-year longitudinal study—[the longest study to date](#) on the link between social media usage and suicidality—teen girls who exhibited high levels of social media usage at the start of the study were at a significantly higher risk for suicide by the time they reached adulthood.⁶ Similarly, a recent study conducted among Chinese post-secondary students reported that excessive social media use, translating to an average screentime of at least five hours, was associated with a higher risk of suicidal ideation.⁷
- – **Impulsivity-Related Traits:** A 2021 study conducted among Argentinian post-secondary students during the COVID-19 pandemic found that traits akin to impulsiveness, such as sensation-seeking, lack of premeditation, lack of perseverance, and negative urgency, were associated with an increased risk for suicide.⁸
- **Difficulties with adaptation.** Adaptation difficulties, such as being uncomfortable in a new environment, especially with settling into urban areas; being able to make friends and attain a strong support system; struggling to stay away from home, deal with separation from family, friends, and one’s community back home; and trouble adjusting to the transition from a secondary school environment to campus living, have all been associated with an increased risk for suicide attempts.⁹

Risk Factors that Increase Students’ Risk of Suicide

- **A previous attempt.** According to the [World Health Organization](#) (WHO), a prior suicide attempt is the most significant risk factor for suicide among the general population, while SAVE reports that for every suicide death, there are an estimated 25 suicide attempts.
- **Family history of mental or substance abuse disorders, and suicide attempts or deaths.**
- **Personal history or experience with psychiatric or substance abuse disorders.**
- **A history of family violence, abuse, assault; childhood trauma.**
- **Gender and sexuality.**

– According to the American Foundation for Suicide Prevention (ASFP), men are nearly [4 times more likely](#) to die by suicide than women, as new data suggests that men account for [75 percent](#) of all suicides, although women are [twice as likely](#) to attempt suicide. These statistics are reflected throughout studies conducted among post-secondary students, including a [new study](#) conducted among five public universities in Bangladesh which reported that while male students were more likely to commit suicide, female students made more attempts than their male peers.

– According to a [2021 report](#) released by the Trevor Project, LGBTQIA+ youth are at a significantly increased risk of suicide compared to their straight and cisgender peers and are four times more likely to attempt suicide, with at least one attempting suicide [every 45 seconds](#) in the US. Key findings from its [2022 National Survey on LGBTQ Youth Mental Health](#) revealed that nearly half of LGBTQIA+ youth seriously considered attempting suicide in the past year, while one in five transgender and nonbinary youth attempted suicide in 2021.

- **Race and ethnicity.** Over the last decade, research has shown that both subtle forms of racial and ethnic discrimination, including microaggressions, biases and stereotyping, bullying, and social exclusion, and systematic forms of discrimination, including forced acculturation, loss of values, culture, and identity, inadequate access to health and psychiatric care, segregation and historical displacement, political disempowerment, racial profiling and patterning of incarceration, and discriminatory obstacles to economic resources, opportunities, and growth, are all major contributors to racial and ethnic disparities among rates of mental illness and suicide in young adults.¹⁰⁻¹² Consequently, Indigenous, Black, and Hispanic students are reported to be at [highest risk](#) for past-year suicide related thoughts and past-year attempts.
- **Socioeconomic background.** Research has shown that low income, unemployment, debt, and other financial difficulties are all risk factors for suicidal behaviors. A recent literature review of studies conducted among higher education students in South Korea reported that students with a low socioeconomic status (SES) are nearly 70 times more at risk of attempting suicide than students with high subjective (SES).¹³
- **A recent attempt or death by suicide on campus.** As the theory of suicide contagion explains, the risk of suicide among students is increased by [exposure to suicide or suicidal behaviors](#) within one's family, among one's peers, within one's community, or through reports from the media. A key finding from the study conducted among higher education students in Bangladesh was that students were

more likely to attempt or commit suicide after witnessing their peers' deaths by suicide, motivated by the belief that the deceased students' pain had ended or that their problems had been resolved through their deaths.

Warning Signs of Suicidality in Students

According to [SAVE](#) and the [Suicide Prevention Resource Center](#), the following behaviors and traits may indicate that a person is at immediate risk for suicide; specifically, these are signs that peers, faculty, staff, and campus leaders will be able to perceive, while other warning signs provided on each of these lists may not be as overt in class and campus settings, such as giving away prized possessions, increasing the use of drugs and alcohol, and sleeping too much or too little. Signs that will be more perceivable within campus settings include:

- **Lack of concern or care for one's appearance, behaviors, and demeanor.**
- **Having experienced several accidents that resulted in injuries.**
- **Poor academic performance; attendance.**
- **Lack of concern for one's academic performance; apathy toward one's education.**
- **Statements of hopelessness, helplessness, or worthlessness.** I.e. "I have no future;" "I want to give up;" "I'll never get better;" or "My situation will never get better;" "It's too late for me;" "Nothing matters;" "I don't matter;" "I'm a waste of space;" etc.¹⁴
- **Talking or joking about suicide, self-injury, or death.** Jokes about killing or harming oneself are usually a cry for help. Studies have found that up to [80 percent of suicidal people](#) signal their intentions to others. This includes making jokes or comments about it during class discussions, or even within [essays and papers](#).
- **Statements threatening to harm, injure, or kill oneself.**
- **Extreme mood swings.**
- **Social withdrawal or self-enforced isolation from peers.**

Protective Factors Against Suicide Risk

According to the [theory of self-determination](#), an individual's sense of volition, motivation, and engagement—and thus their wellbeing—are driven by three key needs: control, connection, and competence; when any of these needs go unmet or unfulfilled within a social context, such as at school, this places the individual's wellbeing at risk, as

demonstrated by highlighted risk factors including academic, financial, and social distress; loneliness and isolation; and feelings of inadequacy. Conversely, however, research has shown that self-determination can serve as a buffer against suicidal ideation, underscoring the importance of ensuring that students feel like they have control over their lives, belong on campus and to their various communities, and can overcome mental health challenges.¹⁵

According to the [CDC](#), factors that can improve students' perceived sense of control, connection, and competence and reduce students' risk for suicide include:

- **A strong support system; establishing bonds with peers, mentors, staff, and faculty on campus.**
- **A strong sense of identity; self-acceptance.**
- **Effective coping skills.**
- **Access to healthcare and wellness services.**
- **Mental health literacy.**

What Institutions Can Do to Reduce Students' Risk for Suicide

- **Implement comprehensive suicide screening tools.** As stated, students who are experiencing or exhibiting symptoms of depression are not the only students at high risk for suicide; rather, students who exhibit no signs of distress, who may not have any known mental health disorders, and who may not have previously contacted or utilized on-campus mental health services, can be at an equivalent risk. As research has indicated that oftentimes, students who attempt or die by suicide do not seek professional help before doing so, it is imperative that institutions design and execute effective campus-wide screenings that target less overt signs and risk factors of suicidality. In its [guideline](#) for suicide prevention on college campuses, the California Community Colleges Student Mental Health Program (CCC SMHP) recommends that institutions prioritize the implementation of such screenings outside of campus health centers, conducting them as part of first-year orientation, during mental health awareness campaigns on campus, at the start of each semester through course syllabi, and through other campus events such as club meetings, fundraisers, and socials.

A potential screening tool that campus leaders can administer or use to model their own screenings after is the [Durham Risk Score \(DRS\)](#), a new suicide screening tool developed by researchers from [Duke Health](#) in collaboration with the Department of Veterans Affairs, whose [23-point checklist](#) targets risk factors such as past suicide attempts, current or

previous psychiatric or substance abuse disorders and hospitalizations, personality and stress disorders, eating disorders, history of abuse, financial status, and sexual and gender identity. The tool, which prompts students to answer simply ‘yes,’ ‘no,’ or ‘not sure’ to each question, is easy to use in a wider context, perfect for screening broader student populations who may not have previously been targeted for mental health screening.

- **Offer a robust mental health education to students.** According to a [report](#) released by the U.S. Department of Education released this past December, one of the major reasons why students do not seek professional care when they are struggling with suicidal thoughts or other mental health challenges is the perception of public stigma surrounding mental health. But growing research has shown that negative perceptions of mental health and help-seeking can be reduced by strengthening students’ mental health literacy (MHL).¹⁶⁻¹⁷ Approaches to MHL have been categorized into four main components: improving students’ sense of self-efficacy, health behaviors, coping skills, and mental health care; raising students’ awareness of mental health disorders—their causes, risk factors, warning signs, symptoms and treatment; deconstructing stereotypes, misconceptions, myths, and reducing stigma related to mental health disorders and help-seeking; and enhancing students’ help-seeking behaviors by educating them on both on- and off-campus resources and services, where to locate them, and when and how to use them.¹⁸

According to [Michael Huseby](#), the CEO of Barnes and Noble Education, one way that institutions can provide better mental health education to students is by offering free mental health courses for first-year and transfer students to take, while other institutions have begun to offer [free courses](#) for all students to take on various mental health topics. Additionally, campus leaders can collaborate with faculty, staff, and student leaders on mental health presentations, infographics, packets, and fact sheets to be distributed during the first week of each semester to students, highlighting relevant misconceptions and facts related to mental health that may be more unique or prevalent to students. For example, professors, club leaders, and orientation leaders, may consider presenting [short awareness videos](#) at the start of the semester on the connection between suicidality and [binge drinking](#) among college students, encouraging them to be more mindful as first-year students make the transition to college, participate in Greek life recruitment, or as transfer and returning students continue to engage in this aspect of campus culture.

- **Organize an anti-stigma campaign.** In addition to educating students on the causes and risk factors of suicide and other mental health disorders, institutions should aim to reduce stigma that persists on campus around talking about mental health—specifically suicide—and seeking professional care. The CCC SMHP’s

guideline notes that a good way that institutions can achieve this is by hosting speakers who can share personal experiences, especially speakers who may be particularly admirable to students, including their own campus leaders. As a [majority](#) of college and university presidents have begun to recognize the mental health crisis growing across their campuses, many have begun to step into the role of being a mental health advocate and leading by example, including Santo Ono, president of the University of British Columbia and president-elect of the University of Michigan, who—in response to rising rates of depression, anxiety, and suicide among post-secondary students in Canada—has [spoken openly](#) about his own experience with his mental health issues, including struggles with depression, bipolar disorder, and feelings of shame and inadequacy created by [cultural stigma](#), which led to two suicide attempts during his term at Johns Hopkins University. By opening up about one's own mental health experiences, campus leaders can help normalize struggles with suicide and mental illness, painting a realistic picture of mental health for students to connect with, and encourage students to start speaking up and seeking help for their own mental health.

Other ways that leaders can effectively reduce mental health stigma is by increasing student's exposure to it by hosting awareness weeks, hosting campus-wide events, distributing or selling merchandise, clothing, or gifts that promote mental health awareness or advertise mental health services, and hanging posters up across campus, especially in areas such as the library, lounges, study rooms, hall lobbies, classrooms, and health and fitness facilities, that break down mental health myths and misconceptions or direct students to mental health services on campus. Leaders should be mindful to divert resources to minority groups on campus, including LGBTQIA+ and BIPOC students, who are at a greater risk for suicide due to cultural stigma surrounding mental health compounded with stigma, discrimination, and prejudice that they experience on campus. This may include hosting online or in-person seminars, or showing awareness videos educating students on harmful stereotypes, such as the [model minority myth](#), and how they impact minority students' mental health.

- **Provide rigorous DEI, mental health training for faculty, staff, and on-campus clinicians.** In tandem with efforts to reduce stigma among students on campus, institutions should seek to provide stronger diversity, equity, and inclusion (DEI) training and a more comprehensive mental health training to faculty, staff, and clinicians of the college or university. As stated, minority student groups, including BIPOC students and LGBTQIA+ students, face unique mental health challenges and barriers to accessing care which place them at a disproportionate risk for suicide; challenges that include systemic racism, violence, harassment, and sexual assault,

toxic cultural norms, family life, and living situations, [medical misdiagnoses and malpractice](#), mistrust of professional care, social isolation, and lack of social support. Conversely, however, in its report, the Trevor Project revealed that receiving acceptance and support from at least one adult can reduce the risk of suicide among LGBTQIA+ students by 40 percent, making it imperative that institutional staff and mental health professionals are adequately trained to recognize, empathize with, and respond to these students' unique circumstances and needs in a culturally sensitive and affirming way. This may include training staff on the mental health implications of deadnaming or misgendering students, or minimizing the health concerns of BIPOC students, in addition to educating them on the hesitancy of many minority students to access mental health treatment and offering suggestions on how to inspire confidence, trust, and willpower among these students.

Another misconception regarding suicide that bars both minority students and the general student population's access to mental health care is the belief that suicidal students will exhibit signs and symptoms of depression, or that all students who attempt or die by suicide do so because of depression. Increasing faculty, staff, and clinicians' awareness of how more common and overlooked traits such as impulsivity, perfectionism, and [openness](#) can lead to suicide will help them to better identify students who are at an increased risk, and help them to recognize and respond to less overt warning signs of suicidality both in the classroom and during appointments at the health center. By dismantling the stigma around the causes of suicide, institutions may be able to train staff to effectively intervene before a student's struggle with suicidality reaches a crisis level.

- **Prioritize student engagement and input.** Another crucial way to help students feel more accepted, understood, and supported on campus is by prioritizing their involvement in all suicide prevention and mental health initiatives. Not only does this reinforce students' sense of belonging and connectedness with staff, faculty, and their peers, but it also allows campus leaders to connect with students and learn what their various mental health needs are directly from them in order to develop and implement effective mental health services and programs. These initiatives may include hosting student-led panel discussions, such as [Mel's Mind](#), a discussion about mental health stigma led by a senior at Johnson C. Smith University (JSCU)—a small HBCU in North Carolina—in which the counseling services director, Tierra Parsons, served as one of the panelists; or forming student organizations focused on mental health goals, such as the Ohio State University's [Buckeye Campaign Against Suicide](#) (BCAS), a student group formed to

educate their peers about the warning signs of suicide and how to prevent it, and reduce the stigma surrounding suicide and mental health on campus.

Another way to strengthen students' social connections with peers while also promoting better help-seeking and health-protective behaviors is to train students with lived experience of mental illness or suicidality to become [peer mental health advocates](#) (PMHAs), who can provide peer counseling, emotional support, and referrals to campus resources and services to their peers, in addition to demonstrating help-seeking behaviors and exhibit a positive attitude about mental health and seeking treatment. These students may also serve as a first point of contact for their peers who may be more hesitant to seek professional care, and can help students practice self-advocacy and guide them through the process of self-care and accessing mental health services.¹⁹ Leaders can also establish peer support groups or [affinity groups](#) among students who share similar identities or mental health experiences who can talk about their various experiences on campus, develop shared and individual wellness goals, receive emotional support and reassurance, and gain coping skills necessary to manage distress and suicidal thoughts.

- **Broaden the scope of current mental health services.** While most mental health services on campus help with issues including depression, anxiety, substance abuse, eating disorders, and transitional distress such as homesickness and career uncertainty, fewer health centers cover conditions like bipolar disorder, obsessive-compulsive disorder (OCD), or borderline personality disorder (BPD), which are attributed to a greater risk of suicide, as students with bipolar disorder are reported to be at a risk 17-20 times higher than the general population, students with [OCD](#) at a risk 10 times greater, while roughly 10 percent of individuals living with [BPD](#) will die by suicide with a staggering [73 percent](#) expected to make at least three attempts in their lifetime. To expand the reach of mental health services, institutions may consider developing [dialectical behavior therapy](#) (DBT), to help students exhibiting signs or symptoms of BPD, OCD, and other impulsive behaviors develop skills to manage distress and overwhelming emotions; and [cognitive behavioral therapy](#) (CBT), to help students with bipolar disorder and other affective disorders recognize and prepare for mood changes, help students with anxiety and other related disorders [work through fears](#), avoidance behaviors, and impulses, and develop healthier ways to respond to stress.

Institutions should also consider implementing programs and services that can help a wider range of students struggle with difficult emotions and stressful events, who may not fit the criteria for mental disorders or syndromes. This may include providing treatment for perfectionism, insomnia or problems with sleeping, loneliness, and individual or group counseling for [grief and bereavement](#); more specifically, institutions should seek to arrange

these services for students, staff, and faculty affected by suicides on campus, as research from the Suicide Prevention and Exposure Lab at the University of Kentucky, found that every suicide affects [135 people](#) on average. Doubly important is arranging follow-up care for survivors of attempted suicide, to ensure that they have the support needed to heal and recover, readjust to campus life, and prevent adverse mental health conditions or any future attempts.

- **Design and execute resiliency, stress-management, and work-life balance programs.** In addition to clinical services, leaders should aim to develop wellness workshops, seminars, and programs that allow students to cultivate better coping skills and resiliency against stress, anxiety, depression, suicidality, and other overwhelming and negative feelings and situations. This can include yoga and meditation programs, or virtual [desk yoga](#) sessions; workshops on body positivity, sleep techniques, nutrition, work-life balance, and drug and alcohol use awareness, such as the [Healthy Hokie Workshops](#) provided by Virginia Tech; and workshops, events, and mentors for [financial wellness](#) and [mindfulness](#), which can all reduce students' risks of suicide. Additionally, institutions can design workshops, interactive online events, and role-playing exercises specifically for marginalized or more at-risk student groups including LGBTQIA+ and BIPOC students on topics such as [self- and community-care](#), allowing students to form positive social bonds with each other, foster a safe, confidential, and inclusive space on campus, and restore their sense of agency and empowerment essential for students to manage stressful situations such as incidents of discrimination, exclusion, and bullying.

Institutions can also design free courses or workshops that teach students how to help peers with mental health challenges or struggles with suicidality, which can in turn empower them to reach out to their peers or staff on campus about their own issues. By prioritizing team-building, peer-bonding, and role-playing exercises, institutions can promote a campus climate that is accepting, understanding, and beneficial for students struggling with mental health issues or suicidality, breaking down stigma surrounding help-seeking, demonstrating how students can be supportive of their peers, and reminding students that they are not alone and that help is available to them.

- **Expand students' rights and benefits to offer better practical support.** While social conditions such as loneliness, isolation, weak social ties, poor family life, and alienation are commonly associated with an increased risk of suicide, and are important to mitigate by strengthening students' connections with peers, staff, and faculty on campus, students' legal, financial, and housing situations also greatly contribute to students' risk of suicide, as a recent study among US adults revealed that respondents who endorsed variables of financial strain including debt,

unemployment, past homelessness, and low-income status were 20 times more likely to attempt suicide compared to respondents who did not endorse any of these variables, while a recent study conducted among community college students found that students experiencing homelessness had a 20 percent likelihood of suicidal ideation, plan, or attempt while students experiencing food insecurity had an 18 percent probability, making it imperative that institutions include practical support as part of their suicide prevention initiatives.²⁰⁻²¹

Some ways that institutions can offer practical support to students struggling with financial strain and economic uncertainty include providing emergency aid grants, [dining hall vouchers and access to food pantries and SNAP benefits](#), and scholarships designed to alleviate stress and strengthen students' ability to juggle and manage academic, social, and personal obligations on top of their own wellbeing. A [recent report](#) from the Jed Foundation (JED) in partnership with Ascend at the Aspen Institute also highlighted the benefits of offering on-site childcare services to support student parents struggling to maintain work-life balance, placing them at a disproportionate risk of mental illness and suicide. Institutions may also consider providing scholarships and financial aid to [bereaved students](#), such as students who have lost one or both of their parents; students who have lost loved ones to traumatic events, or to students who have been impacted by traumatic events, such as [gun violence](#); and to students who have been afflicted by suicide. By offering financial support to students—especially as a way to recognize these experiences—institutions can signal to students that they are valued on campus, fostering resiliency against suicidality and inspiring them to seek help from their institutions in the face of mental health issues.

- **Address incidents of student deaths by suicide immediately and conscientiously.** In its article about the dangers of suicide contagion and how it spreads, NPR warned that delaying the release of public statements acknowledging the death of a student by suicide can negatively affect students and faculties' mental health—especially those who had a connection with the student who passed; who have a history of suicide in their families; or who may have experienced the loss of a relative, loved one, friend, peer, coworker, or acquaintance in the past. After the first suicide at UNC back in October, NPR revealed that it took the university a day and a half before releasing a [public statement](#). As a result, rumors about the case began to spread around campus and on social media, in addition to sentiments that the university did not care about the state of students' mental health or their mental health concerns, which is a common risk factor among adolescents and young adults.

While it can be difficult to disseminate communications regarding an incident of suicide in a timely manner due to potential factors such as private investigations, family of the deceased's concerns for privacy, and the concern for students' safety and wellbeing due to the sensitivity of the subject matter, it is imperative that institutions promptly release statements that display support for a campus struggling with grief, anxiety, depression, and potentially their own thoughts of suicide. To work around some of these barriers, institutions can be sure not to include any [specific details](#) about the method of suicide—as research shows that this also [increases the chance of suicide contagion](#), as it can trigger students who are currently struggling with thoughts of suicide, or other adverse mental health conditions such as depression, hopelessness, mood swings, apathy, anxiety, and psychosis, and students who have previously attempted or have past experience with suicide or self-injury. Instead, institutions can release an immediate statement providing information regarding services, resources, programs, and hotlines that students have access to if they are struggling with grief, suicidal thoughts of their own, or other risk factors.

For information regarding external resources that institutions can refer students to, including the new 988 Suicide & Crisis Lifeline and the Crisis Text Line which offer 24/7 confidential support to anyone struggling with suicidal thoughts or distress, campus leaders can review the [Resources for Suicide Prevention](#) page on SAMHSA's website. For more information on how to release statements about suicide and how to use appropriate language when doing so, leaders may also consider enrolling in the [Responsible Reporting on Suicide for Journalists](#) course offered by the Johns Hopkins University, which is free to join and takes about seven hours to complete.

While the effects of suicide can touch every student demographic, it is possible to mitigate and limit its prevalence on campus by developing a systemic approach to student mental health that can recognize warning signs and aims to alleviate inequities and conditions that serve as risk factors, provide prompt and robust mental health support to students struggling with suicidal ideation or grief, and deliver mindful yet serviceable campus-wide messages of support that refer direct students and faculty to mental health resources and treatment options available to them.