State Laws: Suicide Prevention on University and College Campuses

Overview: According to the latest (2019) data from the Centers for Disease Control and Prevention, suicide is the second leading cause of death for youth and young adults aged 10-34 (CDC, 2021). Suicide is also the second leading cause of death among college students (Jed Foundation, 2016). Mental health conditions often first appear during this time, between the ages of 18 and 24 (Jed Foundation, 2016). In addition to those students that die by suicide, 8.0% of full-time college students have had suicidal thoughts or have seriously considered suicide, 2.4% have made a suicide plan, and 0.9% has made a suicide attempt (CDC, 2015). Many students suffer in silence. Untreated or undiagnosed mental health conditions have considerable impact on college students’ academic and personal functioning. In fact, 73% of students with a behavioral health condition may experience a mental health crisis on campus, and 64% of students that leave college do so for behavioral health related reasons (De Luca et al., 2016). Mental health is central to student success and wellbeing; it is imperative that institutions of higher education make efforts to identify students at risk and provide access to appropriate and effective resources for these individuals.

Over the past decade, colleges and universities have made considerable efforts to promote how and where students can get help for mental health problems both on and off campus. Yet even when students know where to go for help, some remain hesitant to reach out, afraid to admit or acknowledge that they are struggling with mental health concerns. Often students’ beliefs about suicide and mental health affect their attitudes and perceptions about help-seeking and their intentions towards pursuing available resources. According to one study on help-seeking and access to mental health care in a university student population, 49% of students said that they would know where to go for mental health care while enrolled and 59% of students were aware of free counseling services on campus. However, only 36% of students who screened positive for major depression received either medication or therapy in the past year (Eisenberg, Golberstein, & Gollust, 2007). Furthermore, less than 20% of students who died by suicide used their school’s counseling center as a resource (Gallagher, 2014). This suggests that colleges and universities need to make students more aware of available resources and services, and they should also take steps to change the culture and attitudes around the topics of suicide and mental health so that more students feel comfortable and empowered to seek help when in distress.

Gatekeeper training: Since students battling mental health challenges might not always recognize when help is needed, admit to needing help, or be inclined to seek out help on their own, it is essential that students’ peers, community members, and college or university personnel are able to recognize the behaviors or symptoms associated with suicide risk and mental health conditions so they can then encourage students exhibiting those signs to seek help. Gatekeeper training programs equip participants with the knowledge and skills to identify and respond appropriately to the warning signs for suicide, which includes referring students...
implementing gatekeeper training programs, in particular audience-specific programs in which the content is tailored to specific roles within the community and which include an experiential component involving behavioral rehearsal of learned skills, has provided significant and influential results. Students, faculty, and staff who have taken part in this type of training have reported an increase in knowledge about suicide and risk factors for college students, an increase in their comfort in intervening with students in distress, and greater awareness of available resources and intervention methods (Cimini et al., 2014). Taking a community-wide approach that provides roles and intervention methods for a variety of different members on a college campus, whether it be friend, peer, faculty or staff, or counselor, and equips more than just professionals in the field with the skills and confidence to respond appropriately, can greatly increase the chances that a student at-risk will be identified and encouraged to seek help.

**Online screening:** Studies regarding the use of voluntary web-based mental health screenings show considerable promise for encouraging previously untreated, at-risk college students to get help (Haas et al., 2008). The American Foundation for Suicide Prevention developed an Interactive Screening Program (ISP) that has yielded beneficial results in reaching out to at-risk students on college and university campuses. Through the ISP, the student anonymously completes a Stress & Depression Questionnaire that incorporates survey questions that screen for depression and related mood or anxiety problems, suicidal ideation and attempts, symptoms of eating disorders, and alcohol and drug abuse. Following the questionnaire, the student receives personalized feedback from a campus counselor that includes opportunities and options for follow-up treatment, resources, or support services. As currently implemented by colleges and universities, ISP intervenes at many different levels that have been recommended to be addressed as part of a comprehensive paradigm for preventing suicide among college and university students (Haas, 2010). Specifically, ISP contributes to primary prevention by encouraging students to think about mental health issues before specific needs for services arise and letting them know that help is available, if needed. For students who are beginning to feel disconnected from campus life or experience difficulties, ISP provides a message of caring and concern and a proactive offer of assistance. Further, the program facilitates early intervention by identifying many student problems at a stage when they can be helped through peer support and non-clinical student services. The use of an online screening program can be adapted to any college or university and “creates a culture that recognizes that stress and depression are common and treatable problems in today’s world” (AFSP, 2016).

On most campuses, no single approach or program is sufficient to address the problem of campus suicide. Rather, the complexity of the problem suggests the need for a comprehensive strategy that includes awareness and educational activities that highlight and encourage reduction of suicide risk factors; early identification of at-risk students; counseling services for students at varying levels of risk; and clear policies and procedures for handling student risk behaviors, supporting at-risk students and restricting access to lethal means and methods. Implementation of these programs and trainings can be key components to creating effective outreach and awareness of resources for college and university students experiencing mental health difficulties or suicidal ideation, as well as for changing the culture and perceptions around help-seeking and mental health on campuses.
Current State Laws:

Arizona ARS § 15-1899. (SB 1446, 2020). Institutions of higher education that issue student ID cards must include on each card at least one of the following: (1) the telephone number for a national suicide prevention hotline; (2) the telephone number for a national network of local crisis centers; (3) a statement describing how to access a text-based emotional support service; or (4) the telephone number for a local suicide prevention hotline. Click here for full text.

Arkansas § 6-60-111. Information on mental health and suicide prevention services. Institution of higher education must provide to each entering full-time undergraduate, graduate, or professional student, including transfer students, information about available mental health and suicide prevention services and early warning signs for a person who may be considering suicide. The information may be provided through a live presentation or a format that allows for student interaction, including an online program or video, and may not be provided in a paper format only. Click here for full text.

Arkansas HB 1770 (Act 1069, 2021). To require that certain information be included on student identification cards or identification badges. Requires state supported 2-year and 4-year institutes of higher education to print the number for a national suicide prevention hotline on student ID cards, among other hotlines. Click here for full text.

California Education Code § 215.5 (SB 972, 2018). Institutes of higher education that issue student ID cards are required to print the number for the National Suicide Prevention Lifeline (1-800-273-8255) on either side of the card. They may also include telephone numbers for campus police or security, a local suicide prevention hotline, or the Crisis Text Line (741-741). Click here for full text.

Illinois HB 3404 (2019). All of the state’s universities and public community college districts must make information on all the mental health and suicide prevention resources they provide available to their students. Click here for full text.

Illinois § 110 ILCS 58/. “Mental Health Early Action on Campus Act.” (HB 2152, 2019). To address gaps in mental health services on campuses, each public college or university must address (1) awareness by implementing an annual student orientation session, mental health awareness curricula, a webpage with resources, and an online screening tool; (2) training by developing procedures that advise students, faculty, and staff on how to address mental health needs and requiring Mental Health First Aid or other training for resident assistants; (3) peer support by developing and implementing a program utilizing student peers to support individuals living with mental health conditions on campus; and (4) local partnerships formed with community service providers; through a combination of on-campus capacity, off-campus linkage agreements with providers, and contracted telehealth therapy services, each must maintain a ratio of 1 clinical staff member to 1,250 students.

The Board of Higher Education must establish a Technical Assistance Center to develop standard policies for student mental-health-related medical leave, provide support to colleges and universities, and disseminate best practices around training, peer support, and partnership programs.
Each public college or university must evaluate awareness and training programs, peer support programs, and local partnership programs for effectiveness and quality.

Click here for full text.

**Indiana § 21-48. Suicide prevention resources.** Postsecondary educational institutions must adopt a policy to increase awareness of suicide prevention resources available to students and staff, including crisis intervention resources and suicide prevention hotlines, available mental health programs, programs or resources offering information on crisis hotlines and suicide warning signs, educational and outreach activities related to suicide prevention, postintervention plans and information on effective communication following a suicide death, and mental health and other support services, including student organizations. Links to the aforementioned information and resources must be posted online. Click here for full text.

**Kentucky § 164.2815. (SB 42, 2020).** Each public and private postsecondary education institution, vocational school, or any other institution that offers a postsecondary degree, certificate, or licensure, must print the contact information for a national suicide prevention hotline and other crisis services on all ID badges issued to students. Click here for full text.

**Maryland SB 405 (2021) Higher Education - Student Identification Cards - Required Information.** Requires each institution of higher education to print the telephone number of Maryland's Helpline on student identification cards and authorizes institutions to also include telephone numbers of other mental health crisis hotlines. Click here for full text.

**Missouri § 173.1200.** Each public institution of higher education must develop and implement, and post online, a policy to advise students and staff of suicide prevention programs, both on and off campus, to include crisis intervention access and suicide prevention hotlines, mental health program access, multimedia application access, student communication and outreach plans, and postvention plans. Such policies must also advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior and must provide for training, where appropriate. Institutions must also provide all incoming students with information about depression and suicide prevention resources available to students, including available mental health services, student-run organizations, and other supports. Institutions must also establish and maintain methods of anonymous reporting concerning unsafe, potentially harmful, dangerous, violent, or criminal activities or the threat of such activities. Click here for full text.

**Missouri §§ 191.594 to 191.596. “Show-Me Compassionate Medical Education Act.”** Medical schools in the state must not prohibit, discourage, or otherwise restrict a medical student organization or medical organization from undertaking or conducting a study of the prevalence of depression and suicide or other mental health issues among medical students; medical schools must not penalize, discipline, or otherwise take any adverse action against a student or medical student organization in connection with their participation in, planning, or conducting such a study. Medical schools may conduct research projects in order to facilitate the collection of data and implement practices and protocols to minimize stress and reduce the risk of depression and suicide for medical students in the state. Establishes the “Show-Me Compassionate Medical Education Research Project Committee” to organize and implement such research projects; identify best practices; recommend statutory or regulatory changes
regarding licensure of medical professionals, training, or practice; and report said findings annually online and to the general assembly. Click here for full text.

**New Jersey § 18A:3B-73. Institution of higher education required to provide access to suicide prevention services; training for faculty and staff provided.** “Madison Holleran Suicide Prevention Act.” Institutions of higher education must have individuals with training and experience in mental health issues who focus on reducing student suicides and attempted suicides available on campus or remotely by telephone or other means for students 24 hours a day, seven days a week. The individuals shall also work with faculty and staff on ways to recognize the warning signs and risk factors associated with student suicide. No later than 15 days following the beginning of each semester, institutions of higher education must email students the contact information for said individuals. Click here for full text.

**Ohio § 3345.37. Policies regarding availability of suicide prevention programs.** Institutions of higher education must develop implement, and post online a policy to advise students and staff of suicide prevention programs, both on and off campus, to include crisis intervention access and suicide prevention hotlines, mental health program access, multimedia application access, student communication and outreach plans, and postvention plans. Institutions must provide all incoming students with information about mental health topics including available depression and suicide prevention resources; materials or programs must be posted online and reviewed on an annual basis. Click here for full text.

**Pennsylvania SR 7 (2015).** Directs the Joint State Government Commission to establish an advisory committee to conduct, working with the commission, a thorough and comprehensive analysis of student suicide in higher education, including graduate and professional schools. The analysis should include a review of proposals and policies of other states and policies currently in place in Pennsylvania institutions of higher education. The final report should include recommendations to implement necessary changes in state statutes, practices, policies and procedures relating to student suicide and to develop awareness, education, and other strategies to address issues relating to student suicide in higher education. Directs the commission to issue a report to the Senate with findings and recommendations no later than 6/30/2017. Click here for full text.

**Pennsylvania HB 1822 (2018). Suicide Prevention in Institutions of Higher Education.** The Department of Education must designate any college or university that develops, implements, and posts on their website a plan advising students and staff of available mental health and suicide prevention programs both on and off campus as a “Certified Suicide Prevention Institution of Higher Education.” Each plan the Department receives must be listed on its publicly accessible website. The mental health and suicide prevention plans should, at a minimum, include (1) contact information for national, State and local suicide prevention hotlines; (2) crisis intervention services information; (3) mental health services and access; (4) multimedia access that includes services available to individuals at no cost; (5) student communication plans; and (6) post intervention plans including a process to communicate effectively with students, staff and parents after the loss of a student to suicide. Click here for full text.
Rhode Island § 16-81-1.1. Suicide prevention and mental health services. (H 8342, 2018). Public postsecondary institutions must establish a plan for addressing student mental health needs, which may include a written MOU with local community service providers or other mental health providers. Sole reliance on off-campus mental health services is strongly discouraged. They must also develop and implement policies and training, if appropriate, that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying the needs of a student exhibiting suicidal tendencies or behavior. Plans, policies, and implementation timetable must be provided to the legislature and council on postsecondary education by 1/1/2019. [Click here for full text.]

South Carolina S 231 (2021). Student Identification Card Suicide Prevention Act. Requires ID cards issued to college students to contain the number for the National Suicide Prevention Lifeline and allows for the inclusion of the Crisis Text Line, a local suicide prevention hotline, the National Teen Dating Abuse Helpline, and contact information for campus police/security. [Click here for full text.]

Tennessee § 49-7-172. Suicide prevention plan for students, faculty, and staff. (HB 1354, 2019). Each state institution of higher education must develop and implement a plan for suicide prevention, intervention, and postvention and provide that plan to students, faculty, and staff at least once each semester. [Click here for full text.]

Texas § 51.9194. Required information for entering students regarding mental health and suicide prevention services. Upon the start of entering a general academic teaching institution, full-time undergraduate, graduate, and professional students must be provided with information regarding available mental health and suicide prevention services and warning signs of suicide. This information may be provided through a live presentation, online program or video, and may not be provided in a paper format only. [Click here for full text.]

Virginia § 23.1-802. Student mental health; policies; website resource. The governing board of each public institution of higher education must develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior, and provide for training, where appropriate. These policies must require notification of the institution’s student health or counseling center when a student exhibits suicidal tendencies or behavior.

The board of visitors of each baccalaureate public institution of higher education must develop and implement policies that ensure that after a student suicide, affected students have access to reasonable medical and behavioral health services, including postvention services, i.e. services designed to facilitate the grieving or adjustment process, stabilize the environment, reduce the risk of negative behaviors, and prevent suicide contagion.

The board of visitors must also establish a written memorandum of understanding with its local community services board or behavioral health authority and with local hospitals and other local mental health facilities in order to expand the scope of services available to students seeking treatment.
Each baccalaureate public institution of higher education must create and feature on its website a page with information dedicated solely to the mental health resources available to students at the institution.  Click here for full text.

**Washington SHB 1138 (Chapter 67, Laws of 2015).** Charges Forefront at the University of Washington with convening a task force to address mental health and suicide prevention at Washington’s public and private institutions of higher education to determine the policies, resources, and technical assistance needed to support institutions, improve access to mental health services, and improve suicide prevention responses. Charges the task force with collecting data related to mental health services, suicide prevention and response, and deaths by suicide at public and private institutions of higher education in the state; the task force must report its findings and recommendations to the governor and legislature by 11/1/16. Click here for full text.

**Washington SB 6514 (2018).** An entity within the University of Washington’s Department of Social Work, in collaboration with the Washington Student Achievement Council (WSAC), must develop and host a statewide resource for behavioral health and suicide prevention for post-secondary institutions. The statewide resource must be a publicly available web portal or support line and must provide and/or develop curriculum to train staff and students in suicide recognition, including the specific needs of student veterans; a resource for institutions to deliver trainings; guidance on model crisis protocols; communication materials that promote student behavioral health on college campuses; capacity for an annual conference for postsecondary institutions to address student behavioral health and suicide prevention; and resources to serve diverse communities and underrepresented populations. The resource must be made available to institutions by June 30, 2020. Beginning June 1, 2019 until June 1, 2022, post-secondary institutions must submit annual reports to the entity within the University of Washington’s Department of Social Work regarding information related to behavioral health and suicide on their campuses. Click here for full text.

**Washington HB 2589 (2020).** Student and staff identification cards – suicide prevention and crisis intervention information. Every institution of higher education that issues student identification cards, staff identification cards, or both, must print on either side of the identification cards (1) the contact information for a national suicide prevention organization and (2) the contact information for one or more campus, local, state, or national organizations specializing in suicide prevention, crisis intervention, or counseling, if available. Click here for full text.

**West Virginia § 18B-1B-7.** Student mental health policies; suicide prevention. Each public and private institution of higher education must develop and implement a policy to advise students and staff on suicide prevention programs available on and off campus, including crisis intervention access and suicide prevention hotlines, mental health program access, multimedia application access, student communication and outreach plans, and post intervention plans. Incoming students must be provided with information about available depression and suicide prevention resources; this information must also be posted on the websites of the public and private institutions of higher education, the Higher Education Policy Commission, and the WV Council for Community and Technical College Education. Click here for full text.
West Virginia § 27-6-1. **Dissemination of information.** The Bureau for Behavioral Health and Health Facilities must post suicide prevention awareness information online, to include recognizing warning signs of a suicide crisis and training opportunities offered by the bureau or other recognized agency; the bureau must also annually review the materials or programs posted on the websites of institutions of higher education (see above) for adequacy and completeness. [Click here for full text.]

Wisconsin § 39.54. (SB 230, 2020). Institutions of higher education that issue student ID cards must include on each card the number for the National Suicide Prevention Lifeline (1-800-273-8255) or one of its affiliate crisis centers. They may also include the Crisis Text Line (741-741), a different free text-based state or national organization, or a local suicide prevention hotline. [Click here for full text.]

**Advocacy Efforts:** The American Foundation for Suicide Prevention (AFSP) recognizes that increasing awareness of and access to mental health and suicide prevention resources, both on and off campus, is a crucial step toward improving student health and wellbeing and to reducing the rate of suicide among college-aged students in the U.S. Students, faculty, and staff must be notified at least annually of what resources are available and how to access those resources. Furthermore, AFSP encourages college and universities to develop and implement policies and procedures for how to support students experiencing a mental health condition or suicidal crisis and to make those policies widely known and available to all students, faculty, and staff, to both improve access to resources as well as encourage help-seeking. Currently, AFSP is focused on supporting state-level legislation and regulatory efforts in order to reach the end goal for all 50 states to require such notification and policies on college and university campuses.

AFSP’s Public Policy Team in Washington, DC ([advocacy@afsp.org](mailto:advocacy@afsp.org)) maintains connections with legislators and stakeholders in many of the states that have adopted suicide prevention laws in higher education, and can connect interested legislators and stakeholders to those individuals upon request.

**Resources:**

The American Foundation for Suicide Prevention (AFSP)’s **Interactive Screening Program (ISP)** acts as a method of outreach for students that may be at risk for suicide, but who are not getting the help that they need. The ISP anonymously connects at-risk students with feedback from a campus counselor encouraging follow-up options for resources or treatment. Visit [http://afsp.org/our-work/interactive-screening-program/](http://afsp.org/our-work/interactive-screening-program/)

The American Foundation for Suicide Prevention (AFSP) also offers an educational film entitled **It’s Real: College Students and Mental Health** that is designed to raise awareness about mental health issues commonly experienced by college students and encourage help seeking behaviors. Includes an 18- minute documentary featuring the stories of six college students from across the country, facilitator’s guide, and other tools; may be purchased in either DVD or Digital Download formats. Visit [https://afsp.org/our-work/education/real-college-students-mental-health/](https://afsp.org/our-work/education/real-college-students-mental-health/)

In the event that a suicide does affect a campus community, the Higher Education Mental Health Alliance (HEMHA) provides a guide entitled *Postvention: A Guide for Response to Suicide on College Campuses*. This guide addresses the actions to take following a suicide and how to develop and implement a sensitive response plan and to limit the risk of future suicides. Visit [http://hemha.org/postvention_guide.pdf](http://hemha.org/postvention_guide.pdf)

The National Alliance on Mental Illness (NAMI) and The Jed Foundation offer a report entitled *Starting the Conversation: College and Your Mental Health*. This resource for students and parents provides information about mental health during the college years, including privacy laws and how mental health information can be shared, and guides them in holding important conversations about mental health with each other and with other key resources both on and off campus. Visit [http://nami.org/collegeguide](http://nami.org/collegeguide)

*A Strategic Planning Approach to Suicide Prevention*, created by the Suicide Prevention Resource Center (SPRC), is an online course designed to aid professionals responsible for suicide prevention in states, communities, organizations, schools, and workplaces in identifying activities that will be effective in addressing the problem of suicide and prioritizing efforts. Visit [https://training.sprc.org/enrol/index.php?id=7](https://training.sprc.org/enrol/index.php?id=7)


The Suicide Prevention Resource Center (SPRC)'s *Virtual Learning Lab: Campus Suicide Prevention* consists of four different online modules that can assist colleges and universities with setting goals, planning, and implementing suicide prevention programs and training. Each module includes step-by-step guidance, activities, worksheets, and examples. Visit [http://www.sprc.org/virtuallearninglab/campus-suicide-prevention](http://www.sprc.org/virtuallearninglab/campus-suicide-prevention)

*Bibliography of Suicide Prevention Research for Colleges and Universities* was created by the Suicide Prevention Resource Center (SPRC) and provides survey results and studies relevant to different aspects of campus suicide prevention and mental health promotion. Campus mental health researchers, staff in campus counseling centers or health promotion offices, campus administrators, campus suicide prevention task force members, or other suicide prevention professionals working in college and university settings can use this research to support their efforts. Visit
References:


