



**American  
Foundation  
for Suicide  
Prevention**

## **Policy Priority: Suicide Prevention on University and College Campuses**

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According to the latest (2020) data from the Centers for Disease Control and Prevention, suicide is the third leading cause of death for teens and young adults ages 15-34 (CDC, 2022). Mental health conditions often first appear during the college years, between the ages of 18 and 24 (Jed Foundation, 2016). According to a recent (2021) national study, 41% of undergraduate college students screened positive for depression and 34% screened positive for anxiety. In the preceding year, 13% of students reported having thoughts of suicide (Healthy Minds Network, 2021).

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.

**Connecting Students with Resources & Services:** 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.* 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 therefore 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

displaying those warning signs for services. Implementing gatekeeper training programs has provided significant and influential results, especially audience-specific programs that include an experiential component involving behavioral rehearsal of learned skills and in which the content is tailored to specific roles within the community. 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 individuals on a college campus (friend, peer, faculty or staff, or counselor) 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 (AFSP) 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 create effective outreach and awareness of resources for students experiencing mental health difficulties or suicidal ideation, and help change the culture and perceptions around help-seeking and mental health on campuses.

**Advocacy Efforts:** 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 behavioral health condition or suicidal crisis and to make those policies and related resources 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.

### **Federal Programs:**

Each year AFSP supports legislative initiatives at the federal level, in addition to advocating for funding for federal grant programs that require institutions of higher education to support students experiencing behavioral health conditions or suicidal crises through policies and procedures that are made easily available and recognizable for students, faculty, and staff. Such grant programs are often operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Department of Education to aid campuses and universities in connecting students and young adults with much-needed suicide prevention and mental health supports. This encompasses work AFSP has done to support the annual reauthorization of the [Garrett Lee Smith Suicide Prevention Grant Programs](#) to sustain suicide prevention work in states, campuses, and tribal communities through legislation and budget negotiations each Congressional session, since the program's inception in 2004.

### **Current State Laws:**

#### **Student ID Cards**

**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 Code § 6-60-118 (HB 1770, Act 1069, 2021).** 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 § 110 ILCS 58/25-7 (SB 2014, 2021).** Adds the following to the Mental Health Early Action on Campus Act, effective July 1, 2022: Requires that ID cards issued to public college students contain the numbers for the National Suicide Prevention Lifeline, the Crisis Text Line, and the mental health counseling center or program of the college or university; if the college or university does not issue ID cards, it must publish the contact information on its website. [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 Code, Educ. § 15-132 (SB 405, 2021).** 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.](#)

**Nevada SB 249 (2021).** Requires state universities, colleges, and community colleges to print information relating to mental health resources on all student ID cards, including the telephone number and text messaging option for the National Suicide Prevention Lifeline or its successor organization. [Click here for full text.](#)

**South Carolina Code Ann. § 59-1-375 (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.](#)

**Texas § 51.91941 (SB 279, 2021).** Requires student ID cards issued by institutions of higher education to contain the numbers for the National Suicide Prevention Lifeline and the Crisis Text Line, and allows for inclusion of contact information for campus police/security, the campus health clinic, and a local suicide prevention hotline, if available. . [Click here for full text.](#)

**Washington RCW § 28B.10.735 (HB 2589, 2020).** 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.](#)

**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.](#)

### **Student Resource Information**

**Arkansas § 6-60-112 (HB 1666, 2017).** Institutions 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.](#)

**Illinois § 110 ILCS 305/105 (HB 3404,2019).** All universities and public community college districts must make available to their students information on all the mental health and suicide prevention resources available on campus. [Click here for full text.](#)

**New Jersey § 18A:3B-73 (S 557, 2016).** “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.](#)

**Texas § 51.9194 (SB 1624, 2015).** 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.](#)

### **School Policies & Programs**

**Illinois § 110 ILCS 58 (HB 2152, 2019).** “Mental Health Early Action on Campus Act.” 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. And, 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 (HB 1430, 2017).** 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.](#)

**Minnesota § 136F.20 (HF 7, 2021).** The Board of Trustees of the Minnesota State Colleges and Universities must implement a mental health awareness program at each state college and university by the start of the 2022-2023 academic year; programs must include webpages with links to resources including existing self-assessments, connections to campus and community-based resources, and emergency contact info, as well as mandatory mental health first aid training, evidence-based suicide prevention training, or other similar training for faculty, staff, and students; programs must also include a mental health session at student orientations, a messaging strategy to send students related info at least one per term and during periods of high academic stress, and distribution of the suicide prevention helpline and text line contact info to students; also includes requirements for a mental health community of practice and a peer support pilot program. [Click here for full text.](#)

**Missouri § 173.1200 (SB 52, 2017).** 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.](#)

**New Jersey § 18A:61D-19 (A 3007, 2022).** Requires public and independent institutions of higher education to ensure that all on-campus students have access to campus-based mental health care programs and services, to provide assistance and referrals to mental health support services to any student unable to access on-campus services, and to provide each newly enrolled student with information concerning the location and availability of those programs and services. Requires institutions of higher education to establish and maintain a 24-hour hotline to

respond to calls from students seeking counseling for depression, anxiety, stress, or other psychological or emotional tension, trauma, or disorder; this requirement may be fulfilled by providing each student with the number for the Lifeline (988), the NJ Hopeline, or any 24/7 mental health hotline deemed appropriate by the Secretary of Higher Education. [Click here for full text.](#)

**Ohio § 3345.37 (HB 28, 2015).** 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 24 Pa.C.S. Ch. 71 §§ 7101-7104 (HB 1822, 2018).** 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 (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.](#)

**Tennessee § 49-7-172 (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.](#)

**Virginia § 23.1-802 (originally HB 3064, 2007; amended several times since).** 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. And, each resident assistant in a student housing facility at a public institution of higher education must participate in Mental Health First Aid training or a similar program prior to commencement of their duties. [Click here for full text.](#)

**Washington RCW §§ 28B.20.510, 28B.20.515, & 28B.20.520 (SB 6514, 2018).** An entity within the University of Washington's School 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. The entity within the University of Washington School of Social Work must also identify data, methods for data collection, and data definitions to be used for said reports and collaborate with postsecondary institutions in establishing data collection requirements and criteria. [Click here for full text.](#)

**West Virginia § 18B-1B-7 & § 27-6-1 (HB 2535, 2015).** 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. The Bureau for Behavioral Health and Health Facilities must annually review the materials or programs posted on the websites of institutions of higher education for adequacy and completeness. [Click here for full text.](#)



## **Other Statutes**

**Missouri §§ 191.594 to 191.596 (SB 52, 2017).** “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.](#)

**Washington RCW § 28B.77.120 (SB 6514, 2018).** Subject to appropriations, a grant program is established to provide funding to postsecondary institutions for the creation of partnerships with health care entities to provide mental health, behavioral health, and suicide prevention to students. Grant proposals to enhance treatment services to student veterans must be given priority. [Click here for full text.](#)

## **Task Forces/Advisory Committees**

**Pennsylvania SR 7 (2015).** Directed 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](#)

**Washington SHB 1138 (Chapter 67, Laws of 2015).** Charged 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.](#)

## Resources:

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/>

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/itsreal>

The Jed Foundation has developed a **Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student**. This document provides college and university communities, regardless of size, culture, and resources, with a list of issues to consider when drafting or revising protocols relating to the management of students in acute distress or at risk for suicide. Visit [https://jedfoundation.org/wp-content/uploads/2021/07/framework-developing-institutional-protocols-acutely-distressed-suicidal-college-student-jed-guide\\_NEW.pdf](https://jedfoundation.org/wp-content/uploads/2021/07/framework-developing-institutional-protocols-acutely-distressed-suicidal-college-student-jed-guide_NEW.pdf)

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>

**Student Mental Health and the Law: A Resource for Institutions of Higher Education** is a resource developed by The Jed Foundation as a tool to aid institutions of higher education in developing awareness of various issues and concerns relating to students in institutions of higher education and in developing or revising policies, protocols, and procedures suitable to the each campus environment. Visit <https://jedfoundation.org/wp-content/uploads/2021/07/student-mental-health-and-the-law-jed-NEW.pdf>

The Suicide Prevention Resource Center (SPRC)'s **Virtual Learning Lab: Prevention Planning** consists of four different online modules that can assist colleges and universities with setting goals, planning, and implementing suicide prevention programs and training. SPRC's **Virtual Learning Lab: Crisis Protocols**, also four modules, assists colleges and universities with responding to students in distress or to a suicide in an organized, timely, and

compassionate way. Each module includes step-by-step guidance, activities, worksheets, and examples. Visit <http://www.sprc.org/virtualllearninglab/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 <https://www.sprc.org/sites/default/files/migrate/library/Bibliography%20of%20Campus%20Researched.pdf>

## References:

- American Foundation for Suicide Prevention. (2016). Interactive Screening Program. Retrieved on July 28, 2016 from <http://afsp.org/our-work/interactive-screening-program/>
- Centers for Disease Control and Prevention. (2019). 10 Leading Causes of Death by Age Group, United States – 2017. Retrieved May 19, 2019 from <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>
- Cimini, M. D., Rivero, E. M., Bernier, J. E., Standley, J. A., Murray, A. D., Anderson, D. A., ... & Bapat, M. (2014). Implementing an audience-specific small-group gatekeeper training program to respond to suicide risk among college students: a case study. *Journal of American College Health*, 61(2), 92-100.
- De Luca, S. M., Franklin, C., Yueqi, Y., Johnson, S., & Brownson, C. (2016). The relationship between suicide ideation, behavioral health, and college academic performance. *Community Mental Health Journal*, 52(5), 534-540.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45(7), 594-601.
- Gallagher, R. P. (2014). National Survey of College Counseling Centers 2014. American College Counseling Association. Retrieved on July 28, 2016 from [http://d-scholarship.pitt.edu/28178/1/survey\\_2014.pdf](http://d-scholarship.pitt.edu/28178/1/survey_2014.pdf)
- Haas, A., Koestner, B., Rosenberg, J., Moore, D., Garlow, S. J., Sedway, J., ... & Nemeroff, C.B. (2008). An interactive web-based method of outreach to college students at risk for suicide. *Journal of American College Health*, 57(1), 15-22.
- Haas, A.P. (2010). Detecting and engaging at-risk students. *Washington and Lee Journal of Civil Rights and Social Justice*, 17, 79.
- Healthy Minds Network. (2021). The Healthy Minds Study: 2021 Winter/Spring Data Report. Retrieved April 13, 2022 from [https://healthymindsnetwork.org/wp-content/uploads/2021/09/HMS\\_national\\_winter\\_2021.pdf](https://healthymindsnetwork.org/wp-content/uploads/2021/09/HMS_national_winter_2021.pdf).
- Jed Foundation. (2016). About Mental Health. Retrieved July 28, 2016 from <https://www.jedfoundation.org/learnmore/about-mental-health>