Policy Priority: Advancing Suicide Prevention in Colleges & Universities

According to the latest data from the Centers for Disease Control and Prevention (CDC, 2026), suicide was the second leading cause of death for teens and young adults aged 15–24 years in 2024. Most mental health conditions first appear during the high school to college years, between the ages of 14–25 (Solmi et al., 2022). According to a recent national study, during the 2024–2025 school year, 37% of undergraduate college students screened positive for depression and 33% screened positive for anxiety. In the preceding year, 11% of students reported having thoughts of suicide (Healthy Minds Network, 2025). When looking at this same study over a 15-year period, between 2007–2022, there was a significant 154% increase in reported suicidal ideation among college students (Vidal et al., 2026).

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). In a large survey of over 14,000 U.S. adults, emotional stress (46%) and mental health (38%) were the most cited reasons among college students considering leaving school (Lumina Foundation & Gallup, Inc., 2026).

Mental health is central to student success and wellbeing. It is imperative that institutions of higher education make efforts to identify students at risk for deteriorating mental health and suicide risk and provide access to appropriate and effective resources for these individuals.

Connecting Students with Resources and Services

Creating a supportive campus culture: Colleges and universities continue to make considerable efforts to promote how and where students can get help with suicide and mental health concerns 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. 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 improve the culture and attitudes around suicide and mental health, so that more students feel comfortable and empowered to seek help when in distress. Actions like regularly promoting campus mental health

services and crisis services like the 988 Suicide & Crisis Lifeline (e.g., on student ID cards or on school websites), supporting on-campus mental health clubs and peer support programs, and regularly educating students, faculty, and staff about suicide risk factors and warning signs can help create a supportive campus culture that promotes help-seeking and normalizes mental health as a part of overall health and wellness.

Gatekeeper training: Gatekeeper training teaches individuals how to recognize and respond to suicide risk outside of the clinical context. Students facing suicidal thoughts or other 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 campus personnel (key "gatekeepers") can recognize the behaviors or symptoms associated with suicide risk and mental health conditions and encourage students exhibiting those signs to seek help. Gatekeeper training programs equip participants with the knowledge, skills, and confidence to identify and respond appropriately to the warning signs for suicide, which includes referring students who are 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.

Comprehensive campus policies: 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 and clear campus policies and protocols that address suicide prevention, intervention, and postvention for the full campus community. This should include awareness and educational activities to highlight and encourage reduction of suicide risk factors; early identification of and counseling services for students at varying levels of risk; and clear procedures for handling student risk behaviors, supporting at-risk students and their families, and restricting access to lethal means and methods. Notably, 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; King et al., 2015). Implementation of these activities and comprehensive policies can increase awareness among students, faculty, and staff of available student resources and can help change perceptions, behaviors, and overall culture around help-seeking, suicide risk, and mental health on campuses.

Advocacy Efforts

AFSP recognizes that increasing awareness of and access to suicide prevention and mental health 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. AFSP encourages colleges and universities to develop and implement clear 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. At a minimum, annual notices should go out to the full campus community that detail what resources are available and how to access them.

State Advocacy: AFSP supports state-level legislation and regulatory efforts to reach the end goal for all 50 states, D.C., and Puerto Rico to require such notification and policies on college and university campuses. AFSP's Policy & Advocacy Office in Washington, D.C. (advocacy@afsp.org) maintains connections with public officials in many of the states that have adopted suicide prevention laws in higher education and can connect interested legislators and parties to those individuals upon request.

Federal Advocacy: AFSP advocates 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 easily available and recognizable to 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, including campus grants to sustain suicide prevention work on college campuses, through legislation and budget negotiations each Congressional session. In addition, AFSP advocates for policies that improve awareness of crisis resources such as the 988 Suicide & Crisis Lifeline, expand access to campus-wide prevention programs, and strengthen the capacity of institutions of higher education to identify and respond to students at risk of suicide.

State Laws

See statute citations for all laws here.

Student IDs include 988 Suicide and Crisis Lifeline/Other Crisis Lines (required in 25 states): Arizona, Arkansas, California, Colorado, Delaware, Illinois, Kentucky, Louisiana (effective 8/1/26), Maine, Maryland, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, South Carolina, Texas, Tennessee, Virginia, Washington, West Virginia, and Wisconsin require that the 988 Suicide & Crisis Lifeline or other local crisis line numbers be visible on college and university student identification cards. Oklahoma encourages inclusion of 988 on student IDs but doesn't require it.

Regular Notification of Available Resources (required in 10 states): Arkansas, Illinois, Louisiana (effective 8/1/26), Minnesota, Missouri, New Jersey, Ohio, Tennessee, Texas, and West Virginia require that students, faculty, and/or staff are regularly notified of available suicide or mental health resources.

Campus Policies & Programs (required in 11 states): Illinois, Indiana, Louisiana (effective 8/1/26), Minnesota, Missouri, New Jersey, Ohio, Rhode Island, Tennessee, Virginia, and West Virginia require

campus suicide prevention policies and/or programs. Pennsylvania and Washington encourage said policies and programs, but do not require them; colleges and universities in Pennsylvania that do adopt said policies receive a designation of "Certified Suicide Prevention Institution of Higher Education."

Other Notable Statutes:

- **Missouri (Mo. Rev. Stat. §§ 191.594 & 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 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.

- **Utah (Utah Code Ann. § 53H-4-210) –** Requires the Huntsman Mental Health Institute to establish the *SafeUT Crisis Line* to provide a means for an individual to anonymously report unsafe activities and to provide crisis intervention, including suicide prevention, to individuals experiencing emotional distress or psychiatric crisis. Also requires the creation of the SafeUT and School Safety Commission, of which one member must be a designee of the Utah Board of Higher Education. Allows Huntsman to charge a fee to an institution of higher education or other entity for use of the *SafeUT Crisis Line*.

Resources

AFSP 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. Contact your local chapter to bring *It's Real* to a campus near you.

The Jed Foundation offers several higher education programs and resources, including:

- ***Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student***. This document provides college and university communities with a list of issues to consider when drafting or revising protocols relating to the management of students in acute distress or at risk of suicide.

- ***Student Mental Health and the Law: A Resource for Institutions of Higher Education*** is 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 each campus environment.

When suicide occurs in 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.

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.

Suicide Prevention Resource Center (SPRC)'s ***Virtual Learning Labs*** are designed to address common questions and challenges in planning and carrying out suicide prevention efforts. Several are developed for college campus settings, including the Mental Health Resources, Collaboration, Prevention Planning, and Crisis Protocols modules.

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. Can be used by campus mental health researchers, staff in campus counseling centers or health promotion offices, administrators, suicide prevention task force members, or other higher education suicide prevention professionals.

Contact Us

Contact the AFSP Policy & Advocacy office at advocacy@afsp.org.

Learn more about AFSP's policy priorities and advocacy efforts at afsp.org/advocacy.

State Statute Citations

Student IDs include 988 Suicide and Crisis Lifeline/Other Crisis Lines (required in 25 states)

State	Statute (Law) Citation
Required	
AZ	Ariz. Rev. Stat. § 15-1899
AR	Ark. Code Ann. § 6-60-118
CA	Cal. Educ. Code § 215.5
CO	Colo. Rev. Stat. § 23-5-109
DE	Del. Code Ann. tit. 14, § 9001B
IL	110 Ill. Comp. Stat. Ann. 58/25
KY	Ky. Rev. Stat. § 164.2815
LA	2026 La. ACT 660 , 2026 La. HB 626
ME	Me. Rev. Stat. tit. 20-A, § 13
MD	Md. Code Ann., Educ. § 15-132
MS	Miss. Code Ann. § 37-101-15
MO	Mo. Rev. Stat. § 173.1200
NE	Neb. Rev. Stat. Ann § 85-609
NH	N.H. Rev. Stat. Ann. § 188-I:1
NV	Nev. Rev. Stat. Ann. § 396.5465
NJ	N.J. Stat. § 18A:3B-73.1 N.J. Stat. § 18A:3B-73.2
NY	N.Y. Educ. Law § 207-b
OH	Ohio Rev. Code Ann. § 3345.37
SC	S.C. Code Ann. § 59-1-375
TN	Tenn. Code Ann. § 49-7-182
TX	Tex. Educ. Code § 51.91941
VA	Va. Code Ann. § 23.1-802.1
WA	Wash. Rev. Code Ann. § 28B.10.735
WV	W. Va. Code § 18B-1B-7
WI	Wis. Stat. Ann. § 39.54
Encouraged	
OK	Okla. Stat. tit. 70, § 24-100.10

Regular Notification of Available Resources (required in 10 states)

State	Statute (Law) Citation
AR	Ark. Code Ann. § 6-60-112
IL	110 Ill. Comp. Stat. Ann. 305/105 110 Ill. Comp. Stat. Ann. 58/25
LA	2026 La. ACT 660 , 2026 La. HB 626
MN	Minn. Stat. Ann. § 136F.20
MO	Mo. Rev. Stat. § 173.1200
NJ	N.J. Stat. § 18A:3B-73 N.J. Stat. § 18A:61D-19
OH	Ohio Rev. Code Ann. § 3345.37
TN	Tenn. Code Ann. § 49-7-172
TX	Tex. Educ. Code § 51.9194
WV	W. Va. Code § 18B-1B-7

Campus Policies & Programs (required in 11 states)

State	Statute (Law) Citation
Required	
IL	110 Ill. Comp. Stat. Ann. §§ 58/1 to 58/99
IN	Ind. Code Ann. § 21-48-1-1
LA	2026 La. ACT 660 , 2026 La. HB 626
MN	Minn. Stat. Ann. § 136F.20 Minn. Stat. Ann. § 145.56
MO	Mo. Rev. Stat. § 173.1200
NJ	N.J. Stat. § 18A:3B-73 N.J. Stat. § 18A:61D-19
OH	Ohio Rev. Code Ann. § 3345.37
RI	R.I. Gen. Laws Section 16-81-1.1
TN	Tenn. Code Ann. § 49-7-172
VA	Va. Code Ann. § 23.1-802
WV	W. Va. Code § 18B-1B-7 W. Va. Code § 27-6-1
Encouraged	
PA	24 Pa. Cons. Stat. Ann. §§ 7101 to 7104
WA	Wash. Rev. Code Ann. § 28B.20.510 Wash. Rev. Code Ann. § 28B.20.520 Wash. Rev. Code Ann. § 28B.77.120

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