

Suicide has been a leading cause of death among college students for over 80 years (Schwartz, 2006). It is currently the second leading cause of death for college students; approximately 1,100 students in institutions of higher education die by suicide yearly (Hass, Silverman, & Koestner, 2005; Turner, Leno, & Keller, 2013). Multi-campus research revealed 6% of undergraduate students had seriously contemplated suicide during their previous year of study; 90% of those students had created a suicide plan or had considered a suicide method (Drum et al., 2009). In this group of students from 70 colleges, 14% of undergraduates had attempted to kill themselves; over 60% of them had recurring thoughts of suicide (Drum et al., 2009).

A recent study revealed nearly half of community college students and approximately 43% of four-year-college students suffered from at least one mental health condition such as depression, anxiety, eating disorders, or suicidal ideation (Eisenberg et al., 2016). Students who suffer from mental health conditions have an increased risk for suicidal behavior and self-injury (Taliaferro & Muehlenkamp, 2015). Students who suffer from depression are twice as likely to have discontinuous enrollment in college, negatively affecting their academic success (Arria et al., 2013).

Some college campuses have on-site mental health counselling. However, first generation students, as well as racial and ethnic minority students, do not report their suicidal ideations as readily as their peers (Morrison & Downey, 2000). College students who have mild or moderate symptoms of depression, which may not be noticeable by others, can also suffer from significant suicidal ideation and be in danger (Cukrowicz et al., 2011). Only 41% of community college students and 46% of four-year-college students who suffer from mental health conditions report seeking mental health services (Eisenberg et al., 2016).

The lack of resources, competing priorities, and the uncomfortable aspect of suicide are factors that inhibit the creation and implementation of suicide prevention efforts in institutions of higher education (Perley, 2015). Given the scarce resources available to some colleges, the multiple campuses, and the unique characteristics of first-generation and minority college students, a paradigm shift from an individual focus on at-risk students to a focus on the entire campus population would address the lack of resources, the logistical challenges, encompass all students on campus, and decrease suicidality in the student population (Drum et al., 2009; Jodoin & Robertson, 2013).

The existing literature related to college student suicide prevention can be categorized across three domains: (1) educational strategies, (2) technological strategies, and (3) institutional strategies (Perley, 2015). Suicide prevention education inside and outside the classroom can prepare members of the campus community to recognize suicidal warning signs and refer at-risk individuals to life-saving care. Technology can be used to enhance or supplement educational

strategies, screen for at-risk students, and connect students to life-saving resources. Institutional policies or protocols should address identifying suicidal students and responding to suicidal students (Francis, 2003). Protocols need to address the personnel responsible for responding to suicidal students and how to refer these students to safety and care. Additionally, institutions may include postsuicide protocols to support students when a member of the college community has died by suicide; an individual's risk for suicide increases if there is a personal connection to someone who died by suicide, therefore placing peers at risk for suicidal thoughts.

We hope the information provided on the web site and documents created by the Higher Education Suicide Prevention Task Force can assist your institutional leadership to create a campus environment conducive to mental health, decrease the stigma of suicide, support students who are in crisis, and increase student success and retention.

May the results of this work be used to save lives.

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