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MANUSCRIPT

Understanding Housing and Residential Life Staff Experiences With Student Suicide: Implications for Practice

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College student suicide rates are rising, and housing and residential life staff, both professional and student staff, are more likely than other campus staff to encounter traumatic events involving students' suicide ideations, suicide attempts, and completed suicides. This qualitative study includes the results of interviews with 11 housing and residence life staff who had experienced an on-campus completed student suicide. We sought to elicit the affected staff's recommendations for addressing and preventing campus suicides and the resources they found valuable in responding to these traumatic events. Recommendations include annual suicide prevention training for RAs and professional staff involving the counseling center, intervention teams comprising staff from across campus, personal counseling, time away from work for affected staff, and assistance from campus chaplains and supervisors.

The number of suicides is rising among college and university students, and institutional leaders are struggling to prevent these deaths and to identify and provide referrals for students with underlying mental health issues (Aldrich, 2017; Canto et al., 2017; Centers for Disease Control and Prevention (CDC), 2021; Downs & Eisenberg, 2012; Gray, 2015; Meilman, 2016; Oswalt et al., 2020; Smith et al., 2015; Veness, 2016; Westefeld et al., 2005; Xiao et al., 2017). The demands for mental health services have increased among college students, but campus counseling centers continue to be understaffed (Bishop, 2010; De Luca et al., 2016; Gray, 2015; Kirsch et al., 2015; Meilman, 2016; Morris et al., 2015; Wood, 2012), and housing and residence life (HRL) staff are often the first to encounter students in such crises (Bender, 2013; Canto et al., 2017; Molina, 2016). Yet little research has explored HRL staff recommendations for preventing suicides or identifying the campus resources that are helpful in these situations, though HRL staff who have experienced an on-campus completed student suicide have unique insights that could be helpful. The purpose of this qualitative study is to investigate the recommendations of HRL staff who have faced an on-campus completed student suicide. Additionally, we provide information that may be useful to both practitioners and researchers. The research questions that guide this study are as follows: *What are the*

recommendations of housing and residential life staff who have experienced an on-campus completed student suicide to address and prevent campus suicides? What campus resources are valuable in responding to a student suicide?

Concern on college and university campuses has increased because of rising student suicide rates (Auerbach et al., 2019; Canto et al., 2017; CDC, 2021; David, 2019; De Luca et al., 2016), and HRL staff can be important resources in identifying at-risk students and recognizing or preventing suicide ideations and attempts (Canto et al., 2017; Kirsch et al., 2015; Schwartz, 2017; Vossos, 2017). Housing and residence life professionals are invested in the social and emotional well-being of students and play an important role in developing systems to support them (ACUHO-I, 2020). They also hire and train resident assistants (RAs) and look for individuals who can relate well to students and manage potential challenges (Berg et al., 2021; Sorensen & Keil, 2021). Furthermore, because RAs are responsible for creating programs to support students, they are more likely to encounter those undergoing a mental health crisis (Cooper & Stoner, 2021; Koch et al., 2020). The trauma of a student's suicide can have a negative impact on housing and residence life staff and the entire college community (Bishop, 2010; Lynch, 2019; Meilman, 2016; Walpole et al., 2024). Given that the rates of mental illness and student suicides are rising (Auerbach et al., 2019; Canto et al., 2017; CDC, 2021; David, 2019; De Luca et al., 2016), housing and residence life staff are increasingly working to prevent student suicides (Canto et al., 2017; Kirsch et al., 2015; Schwartz, 2017; Vossos, 2017). For this reason, HRL staff should be at the forefront in working to prevent and respond to these events, and yet the recommendations of those who have faced an on-campus completed student suicide have not been well documented in the literature (Bender & Jester, 2024).

METHODS

To understand the recommendations for preventing and responding to student suicide, we used a constructivist qualitative approach to explore our participants' experiences and conducted semi-structured interviews with HRL staff who have encountered a completed student suicide on campus (Creswell, 2013). A total of 121 recruitment emails were sent out to residential directors in a variety of institutions in six states. We also recruited participants using the ACUHO-I Mid-Atlantic (MACUHO) regional listserv. Additionally, we used a snowball sampling method, with individuals referring our study to those who had previous experience with completed student suicide (Gentles et al., 2015; Panacek & Thompson, 2007). In total, 11 individuals, who were prescreened and had experienced an on-campus completed student suicide, agreed to participate in the study.

Researcher Subjectivity

Researcher subjectivity is an important consideration in qualitative research (Creswell, 2013), so it is important for us to review who we are (Creswell & Poth, 2016). All three authors have experiences with trauma,

including one whose family member died by suicide as an undergraduate living on campus, one who experienced multiple and sudden family deaths while in college, and one who is a mental health counselor and experienced a traumatic coming-out process. These collective experiences allow the researchers to have a better understanding of trauma in general and specifically the encounters following a student suicide. Finally, we used bracketing and peer debriefing to ensure that the data remained the main focus of this study (Creswell & Miller, 2000; Creswell & Poth, 2016; Gearing, 2004).

Participants and Procedure

The interview sample comprised 11 individuals who were HRL staff and had experienced an on-campus completed student suicide. Five of them were RAs or graduate student staff at the time of the event, and the remaining six were housing staff. At the time of the interview, 10 of the interviewees were professional staff in residence life, and one interviewee was a graduate student working in residence life (see Table 1).

Table 1.
Participant Role at the Time of the Suicide and Current Position

Participant	*Role at the time of the suicide*			*Role at the time of the interview*	
Pseudonym	Resident assistant	Graduate student staff	Professional HRL staff	Graduate student staff	Professional HRL staff
Xena	X				X
Gavin	X				X
Xiomara		X			X
Darnell		X		X	
Pia		X			X
Olivia			X		X
Nancy			X		X
Oscar			X		X
Robert			X		X
Miranda			X		X
Walter			X		X

Each participant signed an informed consent prior to the interview and was assigned a pseudonym. Because the topic is so sensitive, we explained that they did not need to answer specific questions, could pause or stop the interview if necessary, and, when asked explicitly about the suicide, did not need to reveal traumatizing information. We offered participants information about counseling resources at our institution, which could act as a referral agent as needed, and we confirmed that their interview responses were confidential (Creswell & Poth, 2016). All interviews were conducted either in-person or virtually and lasted approximately 45–60 minutes. The

interview questions asked participants about their backgrounds; their experiences with prevention, students who had mental health issues, and student suicide; and what campus resources they thought were most valuable.

Analysis

The interviews were recorded, transcribed verbatim, and analyzed following several rounds of coding, at both the individual and team level (Creswell, 2013; Creswell & Miller, 2000). The first round was completed individually by each research team member and focused on broad similarities; we then met to discuss the similarities and develop a list of thematic codes. Each transcript was coded individually by each research team member using the agreed-upon code list, and all coding differences were resolved within a team meeting. Based on the coding, the research team identified multiple themes, and this paper focuses on two of them: preventative strategies and valuable resources. We also used peer debriefing to process our unique experiences, preserve our own emotional balance, and maintain our focus on the data (Guba & Lincoln, 1989). We sent each participant their transcript in order to increase credibility and trustworthiness (Creswell, 2013; Creswell & Miller, 2000), and four of them responded; one had some small additions to the transcript, but the rest did not indicate any needed changes. Overall, interviewees described multiple layers of prevention on campuses, including RAs, professional HRL staff, and the university.

FINDINGS

This study is guided by two research questions: *What are the recommendations of housing and residential life staff who have experienced an on-campus completed student suicide to address and prevent campus suicides? What campus resources are valuable in responding to a student suicide?* Our findings describe the multilayered approach to prevention. At the first level were several important sub-themes pertaining to RA-level prevention training: (1) The increasing number of mental health issues among students call for improved preventative efforts. (2) In order to identify these issues early, RAs were routinely taught how to recognize and address a variety of issues, using role-playing exercises such as Behind Closed Doors programs. (3) RAs and staff were taught to refer situations that involved mental health issues. (4) The counseling staff offered several presentations to student staff on prevention and mental health issues. The next layer of prevention was professional staff, who could engage in prevention training through regional workshops and sessions with the campus counseling center. The final layer was the university, which could utilize cross-campus intervention teams.

There were several important recommendations for resources that should be available following a completed suicide: prevention training, role-playing exercises, and referring individuals to the counseling center, supervisors, or the campus ministry for further help.

Prevention Training for Resident Assistants

Training RAs to address and prevent suicides was described similarly by most participants, who indicated a growing need for preventative efforts. Darnell explained that during the first year, when the suicide occurred, "We actually had a lot of mental health issues arise . . . so, the second year we had a full day with . . . counselors." Olivia noted that "more and more time needs to be allotted [in RA training] to having these discussions [and]. . . how you ask those questions [related to suicide]." Xiomara agreed, saying that at the time of the suicide, "We needed more . . . training. . . . It wasn't as developed as it is now."

Participants also recognized the value of role play, specifically the Behind Closed Doors program, in identifying mental health issues and potential suicide. As Miranda said, "RA training consists of a scenario behind closed doors . . . role-playing scenarios. Then they walk through the actual protocol, what to do, who to call next, and what to say and what not to say." Xiomara noted that these opportunities allowed staff "to be in the moment and really just respond how you would . . . role playing." And Pia agreed that the program was the closest you could get "to modeling potentially confronting situations."

RAs and student staff were also taught to refer individuals in distress to a supervisor who could better address and hopefully prevent any escalation. For example, Robert said, "As an RA, what we were taught was, we are the referral." Darnell agreed, saying, "We were basically told . . . if you identify mental health issue[s], you are not a counselor . . . just try to get them to a trained professional," as did Oscar, who stated that suicide "was a trigger word that . . . [meant], 'Okay, this person needs to immediately be referred.'"

The campus counseling center was typically involved in providing prevention training for student staff. Gavin said they had a "good counselor . . . She came in every year and talked to us. We talked about depression, anxiety and how to pick it out." Nancy explained it this way: "We were working with the counseling center . . . with this program that they were doing on suicide, right? And it was just really all factual and this is what people do." Walter also described a consistent effort to train staff: "Every year we have trainings from our [counseling center]. So issues around mental health and some of the issues that our student population, they're presenting here."

Prevention Training for Professional Staff

HRL professional staff described their prevention training as more varied than that for student staff and noted that their own training included both internal and external workshops. Miranda noted that more training is needed. "We haven't really done it [prevention training] just for professional staff recently. We probably should." Pia described the training efforts as being very successful. "This year we have mental health and gatekeeper training, and our staff will now be certified" in how to prevent suicide. Xiomara attended

a regional training that helped her learn more about prevention. "It was 8-hour training . . . and you received a certification. . . . You're not leaving a professional, but you do leave equipped knowing [more]."

Prevention Training for the University

Several participants explained that, in an effort to identify issues earlier and thus prevent their escalation, their campuses created intervention teams for assisting students. As Miranda explained,

> *So, if there's a student that's . . . saying . . . that they're going to hurt themselves . . . [the intervention] team will get together . . . we have a conference call and we have a list of students that are of concern and then we look into that.*

Gavin acknowledged the importance of the intervention team. "If they thought there was anything that people across the school would need to know . . . There could be nothing wrong, maybe they're sick, or it could be that they're developing depression." Walter expressed appreciation for being able to rely on "an intervention team . . . I think that is important."

Valuable Resources in Response to Student Suicide

Despite prevention training, the number of student suicides continues to increase, and all participants agreed that counseling following a suicide was critical. Gavin recognized how important it was to have time to process the traumatic event. "The counseling service took two days and canceled all of their appointments . . . and they took walk-ins for anyone who wanted to talk about [the suicide] and how it affected them." Oscar also acknowledged how helpful it was when the campus called in "additional counselors or grief therapists to come in to sort of augment the regular counseling center staff. And so, that was certainly a pretty big resource," and Walter agreed, saying, "The counseling center was really the only resource that we used . . . [and] the counseling center had to have a lot of follow-up." Several participants explained that they also sought personal counseling. Olivia started working with a counselor every semester, Xena explained that counseling helped her to debrief, and Xiomara was grateful that free counseling was available.

Participants also mentioned religious services and the campus ministry as a resource. Darnell recalled that the RA of the student who died by suicide started "going to church more . . . she was trying to navigate why this would happen . . . and she was looking for an answer." Oscar identified the campus ministry as being the most helpful. "The campus ministry office was jammed full, and I do remember the campus ministers holding numerous sessions." Olivia recommended seeking help from the campus chaplain. "We always encourage individuals that you can utilize that."

Direct supervisors were another valued resource. As Gavin noted, his supervisor "always made herself available. She checked in on us . . . she canceled staff meetings . . . when we were all emotional. But she still opened up an hour so if we wanted to talk to her, we could."

Xiomara appreciated the direct support offered by her supervisor. "She really was able to walk me through a lot of things and she was there to support. That was my first resource." Robert valued the supervisors on his campus, saying that "collectively as a group, I think we have an open doors approach . . . to just process the events."

Being encouraged and permitted to take time away from work helped staff to decompress and better process the traumatic event. As Oscar explained, the hall director was "off for a week. So, she was able to take some time off and then come back." Miranda noted that "we just try to do . . . mental wellness days" as a way to decompress after dealing with a student's suicide, and Olivia recognized the value of taking time off. "Everything was a trigger for them, so they needed time away. Then when they were ready, they could come back."

DISCUSSION

Participants provided important information about approaches to address and prevent student suicide as well as the resources they found valuable following a completed suicide and described programs that comprehensively addressed suicide prevention at multiple levels (Rosen et al., 2020; Seager & Bruick, 2021). At the RA level, participants reported that their training focused on identifying and preventing the escalation of student mental health crises through role-playing scenarios and presentations by the counseling center (Reiff et al., 2019; Rosen et al., 2020). At the professional staff level, workshops in prevention, both external and internal, were also helpful but varied in terms of how often they were offered. At the university level, campus intervention teams, composed of faculty and administrators across campus, were also useful in addressing and preventing potential mental health crises. Prevention efforts are not always successful, however, and all the participants emphasized that counseling was a critical resource. Campus ministry and supervisors were also valued resources, and several campuses were able to offer time away from work to those most affected by the suicide.

IMPLICATIONS FOR PRACTICE

Programming and Referrals

Based on the data, this study has significant implications for practice. Programming focused on suicide prevention for RAs, other student staff, and professional HRL staff is critical (Bishop, 2010; Meilman, 2016; Morris et al., 2015), and all staff should also be trained in connecting individuals to the appropriate resources. We also recommend that professional staff in particular should receive consistent refreshers in prevention training, and since they reported a wider variety of experiences with training, this training should include substantial information about student mental health and well-being,

and residential programming should focus on students' coping strategies and mental wellness (Paylo et al., 2017). Intervention teams at the university level can also play a pivotal role in prevention, and every campus could benefit from establishing such a team (Westefeld et al., 2005).

Counseling

The participants overwhelmingly recommended counseling as a valuable resource in the aftermath of a student suicide (Paylo et al., 2017). Since many campus counselors are already struggling to meet the current demand for services (Bishop, 2010; Meilman, 2016; Wood, 2012), establishing partnerships is key. Other valued resources include meeting with the campus ministry and supervisors for their help in processing the traumatic event. We recommend establishing partnerships with community-based ministries as well as engaging staff with counseling backgrounds from all areas of campus. Supervisors can provide staff with individual attention, taking the time to help them process their reactions and emotions, which can also provide some insight into a staff member's emotional state. Participants agreed that time away from work was one of the most valuable opportunities for affected staff. Campus leaders are encouraged to work on flexible options for time off, and HRL directors should have some discretion in granting time away from work.

IMPLICATIONS FOR RESEARCH

This study also has several important implications for research. Additional studies on the impact of intervention teams will be important in the longer term to assess whether such teams can reduce student suicide rates. Campus leaders would benefit from understanding the extent to which campus ministries and counseling services are effective in helping HRL staff recover. Research can also focus on larger issues such as the use of different methods and sampling approaches or on more specific areas such as how the experience levels of staff, in terms of years in the field or on campus, may affect their perspectives.

CONCLUSION

Campuses can utilize a wide range of resources to prevent or respond to a student suicide. Annual training in suicide prevention is critical for HRL staff, both student staff and professional staff, and intervention teams that include individuals from different areas of campus can be created to help students in distress. Counseling centers and campus ministry are extremely important resources, and campuses should secure agreements with local and regional partners to ensure that counseling is available.

Providing time away from work may be one of the most valued resources for affected staff, especially time away that does not force staff to use personal time, and supervisors at every level should ensure that they are spending time with affected individuals under their purview to assess and assist these

individuals with processing. Finally, creating campus programming for open conversations about mental health can help normalize the need for assistance and thus reduce the stigma associated with mental health distress.

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REFERENCES

Aldrich, R. S. (2017). Suicide prevention: College students' intention to intervene. *Archives of Suicide Research*, *21*(3), 403–412. https://doi.org/10.1080/13811118.2016.1211041

Association of College and University Housing Officers-International (ACUHO-I). (2020). *ACUHO-I standards & ethical principles for college and university housing professionals*. https://www.acuho-i.org/wp-content/uploads/2024/03/2024_04_standards_2020ed.pdf

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Lee, S., Lochner, C., McLafferty, M., Nock, M. K., Putukhova, M. V., Pinder-Amaker, S., Rossellini, A. J., Sampson, N. A., Vilagut, G., ... Kessler, R. (2019). Mental disorder comorbidity and suicidal thoughts and behaviors in the World Health Organization world mental health surveys international college student initiative. *International Journal of Methods in Psychiatric Research*, *28*(2), 1–16. https://doi.org/10.1002/mpr.1752

Bender, K. M. (2013). *Experiences of resident assistants with potentially suicidal students: Identification, referral, and expectations* [Doctoral Dissertation, Old Dominion University].

Bender, K. M., & Jester, K. M. (2024). Assessing student affairs practitioners' knowledge, opinion, and actions around college student suicide. *Journal of Student Affairs Research and Practice*, *61*(1), 56–71. https://doi.org/10.1080/19496591.2022.2133609

Berg, S. A., Lesniak, K. J., Duncan, M. K., Curiel, A. C., & Frick, S. E. (2021). The questions we ask: A content analysis of resident assistant interview questions. *The Journal of College and University Student Housing*, *47*(3), 28–41.

Bishop, J. B. (2010). The counseling center: An undervalued resource in recruitment, retention, and risk management. *Journal of College Student Psychotherapy*, *24*(4), 248–260. https://doi.org/10.1080/87568225.2010.509219

Canto, A. I., Swanbrow Becker, M., Cox, B. E., Hayden, S., & Osborn, D. (2017). College students in crisis: Prevention, identification, and response options for campus housing professionals. *The Journal of College and University Student Housing*, *43*(2), 44–57. http://purl.flvc.org/fsu/fd/FSU_libsubv1_scholarship_submission_1574088104_e4c100fe

Centers for Disease Control and Prevention (CDC). (2021, October 14). *Suicide prevention: Facts about suicide*. https://www.cdc.gov/suicide/facts/index.html

Cooper, A. A., & Stoner, J. C. (2021). The price of hiring resident assistants: An analysis of human capital, opportunity costs, and personnel wages. *The Journal of College and University Student Housing*, *47*(3), 76–91.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Sage.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, *39*(3), 124–130. https://doi.org/10.1207/s15430421tip3903_2

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

David, E. (2019, October 9). *Rising suicide rates at college campuses prompt concerns over mental health care*. ABC News. https://abcnews.go.com/Health/rising-suicide-rates-college-campuses-prompt-concerns-mental/story?id=66126446

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. https://doi.org/10.1007/s10597-016-9987-4

Downs, M. F., & Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health*, *60*(2), 104–114. https://doi.org/10.1080/07448481.2011.619611

Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, *14*(10), 1429–1452. https://doi.org/10.1177/1049732304270394

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, *20*(11), 1772–1789. https://doi.org/10.46743/2160-3715/2015.2373

Gray, P. (2015). Declining student resilience: A serious problem for colleges. *Psychology Today*, *22*, 9–15. https://www.psychologytoday.com/intl/blog/freedom-to-learn/201509/declining-student-resilience-a-serious-problem-for-colleges

Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Sage.

Kirsch, D. J., Doerfler, L. A., & Truong, D. (2015). Mental health issues among college students: Who gets referred for psychopharmacology evaluation? *Journal of American College Health*, *63*(1), 50–56. https://doi.org/10.1080/07448481.2014.960423

Koch, J. M., Murrell, L., Knutson, D., & Federici, D. J. (2020). Promoting students' strengths to cultivate mental well-being: Relationships between college students' character strengths, well-being, and social group participation. *The Journal of College and University Student Housing*, *47*(1), 10–27.

Lynch, R. J. (2019). Work environment factors impacting the report of secondary trauma in U.S. resident assistants. *The Journal of College and University Student Housing*, *46*(1), 62–78. https://digitalcommons.odu.edu/efl_fac_pubs/5

Meilman, P. W. (2016). Pressures we face in running counseling centers on college and university campuses. *Journal of College Student Psychotherapy*, *30*(1), 7–11. https://doi.org/10.1080/87568225.2016.1105641

Molina, D. K. (2016). On becoming Batman: An ethnographic examination of hero imagery in early-career residential life emergency management. *The Journal of College and University Student Housing*, *42*(3), 98–111.

Morris, C. A. W., Taub, D. J., Servaty-Seib, H. L., Lee, J. Y., Miles, N., Werden, D., & Prieto-Welch, S. L. (2015). Expanding capacity for suicide prevention: The ALIVE@ Purdue train-the-trainers program. *Journal of College Student Development*, *56*(8), 861–866. https://doi.org/10.1353/csd.2015.0084

Oswalt, S. B., Lederer, A. M., Chestnut-Steich, K., Day, C., Halbritter, A., & Ortiz, D. (2020). Trends in college students' mental health diagnoses and utilization of services, 2009–2015. *Journal of American College Health*, *68*(1), 41–51. https://doi.org/10.1080/07448481.2018.1515748

Panacek, E. A., & Thompson, C. B. (2007). Sampling methods: Selecting your subjects. *Air Medical Journal*, *26*(2), 75–78. https://doi.org/10.1016/j.amj.2007.01.001

Paylo, M. J., Protivnak, J. J., Choi, K. M., & Walker, M. (2017). Preparing mental health first responders: College counselors supporting residence life professionals. *The Practitioner Scholar: Journal of Counseling & Professional Psychology*, *6*(1), 63–78.

Reiff, M., Kumar, M., Bvunzawabaya, B., Madabhushi, S., Spiegel, A., Bolnick, B., & Magen, E. (2019). I CARE: Development and evaluation of a campus gatekeeper training program for mental health promotion and suicide prevention. *Journal of College Student Psychotherapy*, *33*(2), 107–130. https://doi.org/10.1080/87568225.2018.1433570

Rosen, M. R., Michael, K. D., & Jameson, J. P. (2020). CALM gatekeeper training is associated with increased confidence in utilizing means reduction approaches to suicide prevention among college resident assistants. *Journal of American College Health*, *70*(2), 501–508. https://doi.org/10.1080/07448481.2020.1756825

Schwartz, V. (2017). Suicide among college students: Risk and approaches to prevention and management. *Psychiatric Annals*, *47*(8), 406–411. https://doi.org/10.3928/00485713-20170706-01

Seager, C., & Bruick, T. (2021). Hiring decisions of graduate assistant and full-time hall directors on resident assistant recruitment. *The Journal of College and University Student Housing*, *47*(3), 42–59.

Smith, S. S., Smith Carter, J., Karczewski, S., Pivarunas, B., Suffoletto, S., & Munin, A. (2015). Mediating effects of stress, weight-related issues, and depression on suicidality in college students. *Journal of American College Health*, *63*(1), 1–12. https://doi.org/10.1080/07448481.2014.960420

Sorensen, E. A., & Keil, E. D. (2021). Factors residence life professionals consider when selecting teams of resident assistants. *The Journal of College and University Student Housing*, *47*(3), 60–75.

Veness, B. (2016). *The wicked problem of university student mental health: Report to the Winston Churchill Memorial Trust*. Monash University Churchill Fellowship.

Vossos, H. (2017). Collaborative interprofessional practice to prevent college student suicide. *Journal of Interprofessional Education & Practice*, *8*, 42–46. https://doi.org/10.1016/j.xjep.2017.03.010

Walpole, M., Crockett, F., & Stoute, S. R. (2024). Student suicide aftermath: A phenomenological study of residential life-student staff. *Journal of Student Affairs Research and Practice*, *61*(1), 43–55. https://doi.org/10.1080/19496591.2023.2176769

Westefeld, J. S., Homaifar, B., Spotts, J., Furr, S., Range, L., & Werth, J. L. (2005). Perceptions concerning college student suicide: Data from four universities. *Suicide and Life-Threatening Behavior*, *35*(6), 640–645. https://doi.org/10.1521/suli.2005.35.6.640

Wood, M. (2012). The state of mental health on college campuses. *Inquiry: The Journal of the Virginia Community Colleges*, *17*(1), 5–15.

Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, *14*(4), 407–415. https://doi.org/10.1037/ser0000130

DISCUSSION QUESTIONS

1. How do housing employees balance being the first to respond to student crises and caring for themselves?
2. What are the biggest barriers to implementing thorough suicide prevention training for RAs and professional staff?
3. How do colleges and universities ensure that post-suicide support is timely and sustainable for affected staff and students?
4. What is the supervisors' role in supporting HRL staff in working through student suicide trauma, and what do they need themselves?
5. How can colleges and universities create inclusive support systems that draw on religious and non-religious mourning and healing models?

Discussion questions developed by Benjamin Dadzie and Tony W. Cawthon, Clemson University