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MANUSCRIPT

Impact of Suicidal Ideation Among Students Residing in Campus Housing on Barriers to Seeking Help From Resident Assistants

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RESIDENT ASSISTANTS PROVIDE AN INVALUABLE ROLE in identifying residential students at risk for suicide and connecting them with appropriate supports on campus, which becomes increasingly important as many staff remain unaware of what prevents students from reaching out for help. This study explored the barriers that prevent students from seeking support from resident assistants (RAs) and mental health professionals. Many residential students who experienced suicidal ideation reported that though they may have benefited from mental health support, they did not seek out help for their distress. They also felt there were fewer barriers to seeking help from RAs than from mental health professionals. For this reason, RAs appear well positioned to help residents overcome barriers to pursuing support for mental health crises, to serve as gatekeepers, and to connect residents with mental health resources. This article reviews implications for how RAs can successfully intervene with students experiencing mental health crises and then refer them to the appropriate resources.

The American College Health Association (ACHA, 2025) found that 25.5% of college students screened positive on the Suicide Behavior Questionnaire-Revised, and 2.2% reported that they had attempted suicide in the previous 12 months (p. 13). Suicidal experiences appear to be widespread among college and university students, as another study found that 55% of college students had thought about suicide in their lifetime, with 18% having seriously thought about suicide and 8% reporting a previous suicide attempt; furthermore, almost half (46%) of students did not tell anyone about their thoughts of suicide, and more than half of those who seriously considered suicide did not receive professional help (Drum et al., 2009, p. 218). Another study found that 43.1% of residential college students experienced suicidal ideation or attempts within their lifetime

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and communicated suicidal intent or indicated the likelihood of a future suicide attempt (Hirsch et al., 2019, p. 100). While multiple factors may influence whether students receive help, the research suggests a need to better understand barriers that they face when seeking help.

RESIDENT ASSISTANTS AS GATEKEEPERS

In a study of suicidal crises in college and university students (Drum et al., 2009), results showed that less than half of those who considered suicide received professional help, while two-thirds of those students sought support by first approaching a peer. These findings point toward the important role that housing and residence life plays in supporting residential students. Resident assistants (RAs), who live and work in the residence halls, are generally responsible for a group of students, and they collaborate with staff to create opportunities for supporting student development. They are also critical to the support of students who seek help for mental health crises, and increased training efforts can help them serve as gatekeepers in suicide prevention (Tompkins & Witt, 2009; Westefeld et al., 2006), equipped with the skillset to identify at-risk students, provide interventions, and refer them to the appropriate resources (Westefeld et al., 2006).

A common theme in gatekeeper training specific to the RA role has been an emphasis on referring distressed students to professional campus resources (Rosen et al., 2022; Swanbrow Becker & Drum, 2015; Westefeld et al., 2006). While many campuses have a counseling center that can serve as an effective resource for these students (Drum et al., 2009; Schwartz, 2006), they can only be effective if students know they exist and are available to help them (American College Health Association (ACHA), 2025); in one study, only about half (49.4%) of surveyed college students were aware that mental health services were available for free on their campus (Stewart et al., 2019, para. 26).

Though initiatives for suicide prevention make intuitive sense, the programs are rarely evaluated in an empirical way (Joffe, 2008; Mann et al., 2005; McLean & Swanbrow Becker, 2018). Though gatekeeper training for RAs can increase knowledge about suicidality (Cross et al., 2007, 2011; Tompkins & Witt, 2009; Wyman et al., 2008), research has yet to demonstrate that this can improve their communication skills (Taub et al., 2013) or have a lasting impact on their ability to successfully intervene with their residents (McLean & Swanbrow Becker, 2018; Tompkins & Witt, 2009; Wyman et al., 2008). In addition, a large proportion of RAs never or rarely offer help to, or are approached for help by, residents experiencing a mental health crisis (McLean & Swanbrow Becker, 2018).

As residential students continue to experience a wide range of mental health issues, RA gatekeepers are increasingly asked to intervene (Boone et al., 2016; Wallack et al., 2013), but this type of intervention is complex, as helping someone with thoughts of suicide is qualitatively different from helping those with less intense stressors. Colleges and universities must be aware of the ethical considerations of asking RAs, who are not trained

counselors, to assume a responsibility they may not be prepared to take on. There seems to be a lack of consensus on what RAs need in terms of training and what their roles should be when dealing with students in distress (Taub & Servaty-Seib, 2010). Campuses must wrestle with the question of how to best help residents while still attending to the needs of RAs, who are also students. Providing high quality training to RAs can clarify roles and responsibilities, build and reinforce important skills, and increase their awareness of campus resources. To facilitate the effectiveness of RAs' intervention with students, it is critical to identify the barriers that residents with suicidal ideation face when seeking mental health resources.

BARRIERS TO SEEKING HELP

In a study involving 558 students across 70 U.S. colleges and universities, participants reported nine reasons for not disclosing their suicidal ideation: "(a) perceived low risk, (b) concern for others, (c) dispositional privacy, (d) pointlessness of help-seeking, (e) others' negative reactions, (f) personal negative reactions, (g) repercussions, (h) interference, and (i) perceived isolation" (Burton Denmark et al., 2012, p. 83). RAs often confront barriers to their own ability to offer help, a limitation based more on personal attitudes or circumstances than structural or institutional factors (Downs & Eisenberg, 2012); for example, RAs' intention to refer a student for help was often impacted by their perception that others might recognize their self-efficacy and approve of the referral (Servaty-Seib et al., 2013).

The purpose of this study was to explore how to improve suicide prevention training for RAs on college and university campuses. Housing and residence life staff are an important part of students' living environment, which allows them to intervene when necessary and provide information about outreach and prevention. The current study was framed in light of the Interpersonal Theory of Suicide, which posits that suicidal thoughts emerge from feelings of disconnection and of being a burden to others (Joiner, 2005).

This study posed the following research questions: *(1) What are the differences between those who thought about suicide and those who did not over the previous year in whether first-year residents felt a need for help with mental health concerns, but did not seek it? (2) Do barriers to seeking mental health support from mental health professionals and RAs differ among first-year residents?*

METHDOLOGY

Student Participants

An email was sent to approximately half the total number of undergraduate students who resided on campus (3,287) at a large southeastern university, inviting them to participate in an online questionnaire in April of 2015. Emails were distributed to students living in a variety of accommodations, including suite-style (4–5 students in two bedrooms with a shared bathroom), apartment-style (1–2 residents per

bedroom with a shared bathroom and kitchen), and community-style (2–3 residents per room with a shared bathroom for the hall). A total of 482 residents responded, a response rate of 15%. Some responses were incomplete, so the final sample size was 475. Respondents had a mean age of 19.2 years (SD = 1.36) and were predominantly female (76%), White (67%), and heterosexual (91%). The sample was largely representative of the student composition of the school they attended in terms of gender and race (55% female, 62% White) and also large-scale national surveys of college students (64% female, 59% White, 70% heterosexual) (ACHA, 2025, p. 17). See Table 1.

Table 1.
Participant Demographics (*N* = 475)

Variables	*Mean*	*(Standard deviation)*
Age	19.2	(1.36)
Group comparisons	*n*	%
Sex		
Female	358	76%
Male	114	24%
Prefer not to say/missing	3	0.6%
Race/ethnicity		
White	319	67%
Black/African American	42	9%
Asian/Asian American	10	2%
Hispanic/Latino/a	58	12%
Middle Eastern	2	0.4%
Native Hawaiian/Pacific Islander	1	0.2%
Multiple race/ethnicities	37	8%
Prefer not to say/missing	6	1%
Sexual Orientation		
Heterosexual	429	91%
Bisexual	18	4%
Gay	6	1%
Lesbian	4	1%
Questioning	8	2%
Other/prefer not to say	11	2%
International Student	11	2%

Measures

This study examined two survey questions, administered through Qualtrics, that had been selected from a larger survey exploring the experiences of residential students seeking mental health support. The study sought to identify the barriers to help seeking by asking the following questions: (1) "If you considered seeking help from a mental health professional but did not go, why?" and (2) "If you ever considered seeking help from your RA, but did not approach your RA for support, why

not?" Each question had eight response options that were adapted from the qualitative study conducted by Burton Denmark and colleagues (2012) that examined students' reasons for concealing their suicidal ideation. The eight response choices were as follows, and residents were instructed to select all the reasons that apply: (1) I did not consider seeking help from a mental health professional, (2) I was embarrassed, (3) I did not want to burden others, (4) I was unaware of how to go about accessing professional help, (5) I did not think what I was feeling or experiencing was serious enough to warrant mental health care, (6) I previously sought help and did not find it helpful, (7) I thought there might be negative consequences to my seeking help, and (8) Seeking professional mental health help goes against my values or beliefs.

Procedures

Students who lived in residence halls received an email inviting participation, including a link to complete the survey and offering an incentive (a chance to win gift cards) to complete it. If a student reported current suicidal ideation in response to any survey questions, a researcher trained in conducting a risk assessment contacted the student via phone to assess them for suicide risk and to offer information on mental health resources. Additionally, each page of the survey contained contact information for the local campus counseling center and the National Hotline for Mental Health Crises and Suicide Prevention.

Data Analysis

The participants were grouped for data analysis based on whether or not they indicated thinking about suicide over the previous academic year. Responses were analyzed for each of the barriers using chi-square tests of independence in SPSS Version 25 to examine differences in the frequencies of barriers to seeking help, with an alpha level of .05.

RESULTS

Of the 475 residents who participated in the study, 18% acknowledged having suicidal thoughts in the previous academic year (see Table 2); some sought help from RAs or mental health professionals, and others sought no help at all.

Table 2.
Thoughts of Suicide (*N* = 475)

During the 2014-15 school year, have you had any thoughts about suicide?	*n*	%
Yes	85	18%
No	390	82%

Seeking Help from a Mental Health Professional

To explore the first research question, a chi-square test of independence was performed to examine the relationship between those with and without thoughts of suicide and their responses when answering the question "Did you ever feel a need for help regarding your mental health concerns but did not seek help?" The relationship between these variables was significant, X^2 (1, N = 468) = 62.5, p < .001, and 57.7% of students with suicidal ideation responded "yes," meaning that despite a perceived need for support they did not seek it; only 17.0% of the non-suicidal ideation group agreed (see Table 3).

Table 3.

Chi-Square Tests of Independence for Barriers to Seeking Help from Mental Health Professionals and Resident Assistants

	Suicidal ideation	No Suicidal ideation	X^2	*df*	*p*					
Did you ever feel a need for help regarding mental health concerns but did not seek help?	57.7%	17.0%	62.5	1	<.001*					
	Mental Health Professional					Resident Assistant				
Barriers to help seeking	SI	No SI	X^2	*df*	*p*	SI	No SI	X^2	*df*	*p*
I did not think what I was feeling or experiencing was serious enough to warrant mental health care/their help.	28.2%	20.0%	2.8	1	.094	15.3%	4.9%	12.1	1	.030*
I did not want to burden others.	29.4%	6.4%	39.2	1	<.001*	14.1%	2.6%	21.1	1	<.001*
I was embarrassed.	18.8%	6.2%	14.5	1	<.001*	15.3%	3.3%	19.3	1	<.001*
I was unaware of how to go about accessing their help.	14.1%	5.1%	9.0	1	.003*	5.9%	1.8%	4.7	1	.030*
I previously sought help and did not find it helpful.	15.3%	3.3%	19.3	1	<.001*	1.2%	1.3%	.006	1	.937
I thought there might be negative consequences.	7.4%	1.0%	32.4	1	<.001*	4.7%	.5%	9.8	1	.002*
Seeking professional mental health help goes against my values or beliefs.	1.2%	0.3%	1.4	1	.235	1.2%	0.0%	4.6	1	.032*

Note: *indicates significance of p < .05.
A total of 468 participants responded to the question "Did you ever feel a need for help regarding mental health concerns but did not seek help?" and 475 responded to the questions related to barriers to seeking help.

To address the second research question, we utilized chi-square analyses to evaluate differences. When participants were asked about barriers to seeking support from mental health professionals, responses demonstrated significant differences for five of the seven barrier options. Participants in both groups

(those with or without suicidal ideation) selected six of seven barriers at higher percentage rates when considering mental health professionals rather than RAs. The seventh barrier was selected at similar levels for seeking help from mental health professionals compared to RAs. These results are reported in Table 3.

The most common barrier was "I did not want to burden others," which was endorsed by 29.4% of students with suicidal ideation versus 6.4% of those without (see Table 3). Approximately three times more students with suicidal ideation endorsed the responses "I was embarrassed" and "I was unaware of how to go about accessing their help." Approximately five times more students with suicidal ideation agreed to the statement "I previously sought help and did not find it helpful," and seven times more of them selected the response "I thought there might be negative consequences."

The analysis showed a relatively high response rate from both groups for the comment "I did not think what I was feeling or experiencing was serious enough to warrant mental health care," though those with suicidal ideation tended to feel this way at a higher rate than those without ($p < .1$). However, both groups also expressed relatively low endorsement of the barrier "Seeking professional mental health help goes against my values or beliefs" and were not significantly different.

Seeking Help from Resident Assistants

Residents were asked to identify the barriers for seeking support from RAs as opposed to mental health professionals; both groups endorsed all seven barriers for seeking help from RAs at lower percentages than did those seeking help from MHPs. (See Table 4.) Significant differences were found between students who reported suicidal ideation and those who did not for six of the seven response options. These results are reported in Table 3.

Table 4.
Barriers to Help Seeking ($N = 475$)

	Mental health professional		Resident assistant	
Barriers to help seeking	*n*	%	*n*	%
I did not think what I was feeling or experiencing was serious enough to warrant mental health care/their help.	102	21.5%	32	6.7%
I did not want to burden others.	50	10.5%	22	4.6%
I was embarrassed.	40	8.4%	26	5.5%
I was unaware of how to go about accessing their help.	32	6.7%	12	2.5%
I previously sought help and did not find it helpful.	26	5.5%	6	1.3%
I thought there might be negative consequences.	15	3.2%	6	1.3%
Seeking professional mental health help goes against my values or beliefs.	2	0.4%	1	0.2%

Three times more students with suicidal ideation selected the response "I was embarrassed" and five times more selected the option "I did not want to burden others." Students with suicidal ideation were more likely to select "I did not think what I was feeling or experiencing was serious enough to warrant mental health care/their help" (28.2% versus 20%) and "I was unaware of how to go about accessing their help" (14.1% versus 5.1%). For the response choice, "I thought there might be negative consequences," over nine times more students with suicidal ideation endorsed this response. There were few who felt that "seeking professional mental health help goes against my values or beliefs," though students with suicidal ideation selected this response more often. There was no significant difference between the two groups for the response "I previously sought help and did not find it helpful." These results suggest that there were substantial differences in how students with and without suicidal ideation perceived the barriers to pursuing support for mental health concerns.

DISCUSSION

This study aimed to determine how students with and without suicidal ideation differ in their recognition of barriers to seeking help and their choice to seek it specifically from an RA or a mental health professional. The findings have implications for campus housing staff as they seek to improve training so that RAs can better intervene with residents in mental health distress. This kind of intervention requires high quality training: RAs must clearly understand their role, establish appropriate boundaries, know how to facilitate conversations with their residents, and recognize the barriers to communication that may prevent connecting with and supporting them.

The importance of connection among residents is highlighted by Joiner's (2005) Interpersonal Theory of Suicide, which posits that lacking a sense of belonging and feeling like a burden increases distress and disrupts interpersonal interactions. While the data in this study were collected prior to the COVID-19 pandemic, which magnified feelings of disconnection, the findings clarify the many reasons that first-year residents may avoid pursuing help for mental health concerns. This topic has increased relevance at this time, as research shows high levels of students who report feelings of loneliness (47%) and moderate (51%) to severe (19%) mental health distress (ACHA, 2025, p. pp. 11–13). This discussion will highlight concerns that may serve as barriers for residents and can prevent RAs from building supportive relationships with them.

Seeking Support for Mental Health Concerns

The present study found that residents who reported suicidal ideation in the previous school year were significantly more likely than those not experiencing suicidal thoughts to feel they needed help from mental health professionals but did not seek support and then faced even more barriers to seeking help. The findings further suggest that campus housing professionals need more training in how to help residents, especially in overcoming barriers

to seeking care. For such serious concerns as suicidal thinking, campuses may need to employ a different approach to reaching these students and encouraging them to seek support. Of note, the present study findings suggest that students experience fewer barriers to seeking help from RAs than from mental health professionals, perhaps due in part to the fact that RAs are more accessible after hours when administrative resources are closed (Letarte, 2013). Without these barriers, residential students could more easily seek help, and RAs would have more of an opportunity to intervene and, if warranted, connect them to professional mental health supports (Swanbrow Becker et al., 2017; Tompkins & Witt, 2009; Wallack et al., 2013; Westefeld et al., 2006).

Barriers to Seeking Help

Feeling like a burden. It is telling that students would perceive themselves as potentially more of a burden on mental health professionals than on RAs, perhaps because students value a social connection and pre-existing relationships with their RA (Wyman et al., 2008); for this reason, campus housing may benefit from promoting the relationship between students and RAs so that RAs have an opportunity to facilitate an intervention.

RAs can be effective liaisons in connecting residents in mental health distress to the support they need (Wallack et al., 2013) and can help them create a circle of support from friends, professionals, and family, who can collaborate in helping to prevent a suicide attempt (Handley et al., 2012; Heinsch et al., 2020). Training RAs to call upon their interpersonal skills—empathy, compassion, listening, communication, and understanding and acceptance—may prevent students in distress from feeling like a burden to others (Vandewalle et al., 2020).

Feeling a sense of embarrassment. Personal attitudes, rather than structural or institutional factors, may create a stronger barrier to seeking help for suicidal thoughts among college students (Downs & Eisenberg, 2012; Servaty-Seib et al., 2013). The findings in the present study support this notion; students experiencing suicidal ideation were more likely to feel embarrassed about seeking help from mental health professionals than were those not experiencing suicidal ideation. RAs should be aware of the prevalence of suicidal ideation experienced by residents and need to be given an opportunity to develop the confidence and skills needed to initiate conversations with them. They also have an important role as gatekeepers and should become familiar with the available resources on campus (Swanbrow Becker et al., 2017), since research supports the notion that even short interventions to change perceptions about seeking help can be very effective (Chow et al., 2020).

Being unaware of how serious the experience is. It seems that the threshold of what constitutes a mental health issue that is serious enough to require help varies among residents. Those with suicidal ideation were three times more likely to feel that their mental health concern was not serious enough to seek help from their RAs. Individuals are more prone to ask for

help from those who provide social support and serve as informal resources rather than from other professionals, but others, especially those with suicidal ideation, may minimize the severity of their issues and decide not to seek help at all (Gulliver et al., 2012). Prior research suggests that students who reported suicidal ideation in the previous year and who also perceived a need for help were three times as likely to access mental health services as were those who did not recognize they needed help and thus minimized their symptoms (Downs & Eisenberg, 2012). As results from the present study reveal, campus housing professionals should educate residents about the resources available to them so they know that they do not need to suffer alone.

Reducing the stigma of mental health problems could be an effective first step in training sessions. Given the fact that over half of the college students in one study acknowledged thinking about suicide at some point in their lives, interventions to reduce the stigma "are likely to both reduce the chance that students will initially develop suicidal ideation and increase the probability that those students who do experience suicidal ideation will confide in others" (Drum et al., 2009, p. 218). Training should focus on identifying the sources of support on campus and the importance of RAs as gatekeepers, as well as the effectiveness of professional help. Instilling hope among residents that there are others who care about them and that confidential treatment is available can eliminate some of the barriers to accessing support, and providing one-on-one check-ins with residents can build a strong sense of connection and establish a relationship they can trust (Swanbrow Becker et al., 2017).

Feeling conflicted about seeking support. Several students with suicidal ideation sought help from a mental health professional but did not feel that it was a beneficial experience, though counseling centers are very effective in helping students in mental and emotional distress (Drum et al., 2009; Schwartz, 2006). Though residents generally experienced fewer barriers when seeking help from RAs, training must be very clear in defining the role of RAs in connecting with residents, intervening in mental health situations, and making appropriate referrals. They need to understand that their primary responsibility is to help students in distress access the resources they need, not to act as professional counselors.

Determining where to turn for help. Many of the residents with suicidal ideation who sought help from mental health professionals acknowledged that they did not really know how to access care. For this reason, it's important to provide information about available resources as soon as possible, perhaps during new student orientations. Follow-up information or programming is also needed to remind students about the availability of RAs and mental health professionals as helping resources.

Feeling concerned about the possibility of negative consequences. Students with suicidal ideation were significantly more likely to express concern about consequences that could arise from seeking help from mental

health professionals. Many students were simply unaware that these services exist or were concerned about the issue of confidentiality. In one study, for example, 43% of the respondents were unaware that such services were confidential (Stewart et al., 2019, p. 274). A fear of adverse consequences can be lessened by encouraging RAs to recognize and address students' reservations, share information about what they can expect in terms of professional standards of confidentiality, and reassure them that they would be receiving help in a caring and safe environment.

LIMITATIONS OF THE STUDY

The data from this study was collected prior to the COVID-19 pandemic. While current themes related to barriers to pursuing help may be consistent, the results could either under- or over-report the frequency of these experiences in a post-pandemic setting. Due to the limited number of questions in the survey about previous suicidal ideation and current help-seeking behaviors, it may be difficult to generalize about the differences in help-seeking behaviors among college students with or without previous suicidal ideation, since this study only assessed participants for suicidal ideation during the previous academic year. Future research may benefit from expanding this timeframe and investigating previous suicidal ideation in order to illuminate present help-seeking behaviors. Further, the barriers investigated in this study may have been influenced by extraneous variables or moderators that were not directly measured by the survey—such as the severity of suicidal ideation, diversity characteristics, and other mental health concerns experienced—and thus their impact on the findings is unknown. Response numbers, especially for the RA questions, were relatively small for some questions about barriers, which may limit our ability to draw clear inferences from the present findings.

CONCLUSION

The results of this study reveal several implications for practice to help campus housing professionals support both residents and RAs. Gatekeeper training for RAs should be enhanced to identify common barriers to help seeking among residents and how to respond to them. Training must provide RAs with clear guidelines and direction so they can maintain an appropriate role in intervention, one where they do not assume the role of a mental health professional. Specific programming tailored to reducing barriers could also help residents identify when support is needed, either for themselves or for a friend. Programming components should include information about helping resources, including confidentiality, efficacy of treatment, cost, and locations to access care. By better understanding the barriers residents face, particularly as their distress increases, campus housing professionals can create important connections among students, RAs, and the institution in the process of promoting the mental health of their residents.

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REFERENCES

American College Health Association (ACHA). (2025). *American College Health Association-National College Health Assessment: Spring 2025 reference group executive summary*. American College Health Association. https://www.acha.org/wp-content/uploads/NCHA-IIIb_SPRING_2025_REFERENCE_GROUP_INSTITUTIONAL_EXECUTIVE_SUMMARY.pdf

Boone, K. B., Bauman, M., & Davidson, D. L. (2016). The evolution and increasing complexity of the resident assistant role in the United States from Colonial to modern times. *The Journal of College and University Student Housing*, *42*(3), 38–51.

Burton Denmark, A., Hess, E., & Swanbrow Becker, M. (2012). College students' reasons for concealing suicidal ideation. *Journal of College Student Psychotherapy*, *26*(2), 83–98. https://doi.org/10.1080/87568225.2012.659158

Chow, G., Bird, M., Gabana, N., Cooper, B., & Swanbrow Becker, M. (2020). A program to reduce stigma toward mental illness and promote mental health literacy and help-seeking in National Collegiate Athletic Association Division I student-athletes. *Journal of Clinical Sport Psychology*, *15*(3), 185–205. https://doi.org/10.1123/jcsp.2019-0104

Cross, W., Matthieu, M. M., Cerel, J., & Knox, K. L. (2007). Proximate outcomes of gatekeeper training for suicide prevention in the workplace. *Suicide and Life-Threatening Behavior*, *37*, 659–670. https://doi.org/10.1521/suli.2007.37.6.659

Cross, W., Seaburn, D., Gibbs, D., Schmeelk-Cone, K., White, A. M., & Caine, E. D. (2011). Does practice make perfect? A randomized control trial of behavioral rehearsal on suicide prevention gatekeeper skills. *Journal of Primary Prevention*, *32*, 195–211. https://doi.org/10.1007/s10935-011-0250-z

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

Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, *40*(3), 213–222. https://doi.org/10.1037/a0014465.supp

Gulliver, A., Griffiths, K. A., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. *BMC Psychiatry*, *12*(81), 1–12. https://doi.org/10.1186/1471-244X-12-81

Handley, T. E., Inder, K. J., Kelly, B. J., Attia, J. R., Lewin, T. J., Fitzgerald, M. N., & Kay-Lambkin, F. J. (2012). You've got to have friends: The predictive value of social integration and support in suicidal ideation among rural communities. *Social Psychiatry and Psychiatric Epidemiology*, *47*(8), 1281–1290. https://doi.org/10.1007/s00127-011-0436-y

Heinsch, M., Sampson, D., Huens, V., Handley, T., Hanstock, T., Harris, K., & Kay-Lambkin, F. (2020). Understanding ambivalence in help-seeking for suicidal people with comorbid depression and alcohol misuse. *PLoS ONE*, *15*(4), 1–16. https://doi.org/10.1371/journal.pone.0231647

Hirsch, J., Rabon, J., Reynolds, E., & Barton, A. (2019). Perceived stress and suicidal behaviors in college students: Conditional indirect effects of depressive symptoms and mental health stigma. *Stigma and Health*, *4*(1), 98–106. https://doi.org/10.1037/sah0000125

Joffe, P. (2008). An empirically supported program to prevent suicide in a college student population. *Suicide and Life-Threatening Behavior*, *38*, 87–103. https://doi.org/10.1521/suli.2008.38.1.87

Joiner, T. E., Jr. (2005). *Why people die by suicide*. Harvard University Press.

Letarte, C. M. (2013). Keepers of the night: The dangerously important role of resident assistants on college and university campuses. *Kentucky Journal of Higher Education Policy and Practice*, *2*(2), 1–24.

Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., Hegerl, U., Lonnqvist, J., Malone, K., Marusic, A., Mehlum, L., Patton, G., Phillips, M., Rutz, W., Rihmer, Z., Schmidtke, A., Shaffer, D., Silverman, M., Takahashi, Y., ... Hendin, H. (2005). Suicide prevention strategies: A systematic review. *JAMA*, *294*, 2064–2074. https://doi.org/10.1001/jama.294.16.2064

McLean, K., & Swanbrow Becker, M. A. (2018). Bridging the gap: Connecting RAs and suicidal residents through gatekeeper training. *Suicide and Life-Threatening Behavior*, *48*(2), 218–229. https://doi.org/10.1111/sltb.12348

Rosen, M. R., Michael, K. D., & Jameson, J. P. (2022). 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, A. J. (2006). College student suicide in the United States: 1990–1991 through 2003–2004. *Journal of American College Health*, *54*, 341–352. https://doi.org/10.3200/JACH.54.6.341-352

Servaty-Seib, H. L., Taub, D. J., Lee, J., Wachter Morris, C. A., Werden, D., Prieto-Welch, S. L., & Miles, N. (2013). Using the Theory of Planned Behavior to predict resident assistants' intention to refer at-risk students to counseling. *The Journal of College and University Student Housing*, *39*(2), 48–69.

Stewart, G., Kamata, A., Miles, R., Grandoit, E., Mandelbaum, F., Quinn, C., & Rabin, L. (2019). Predicting mental health help seeking orientations among diverse undergraduates: An ordinal logistic regression analysis. *Journal of Affective Disorders*, *257*, 271–280. https://doi.org/10.1016/j.jad.2019.07.058

Swanbrow Becker, M. A., Blankenship, A. P., Melo, K., Spencer, K., Thomas, C., McLean, K. E., & Singer, H. (2017). Improving resident assistant suicide prevention gatekeeper training through focus group feedback. *College Student Affairs Journal*, *35*(2), 117–130. https://doi.org/10.1353/csj.2017.0017

Swanbrow Becker, M. A., & Drum, D. J. (2015). The influence of suicide prevention gatekeeper training on resident assistants' mental health. *Journal of Student Affairs Research and Practice*, *52*, 76–88. https://doi.org/10.1080/19496591.2015.996055

Taub, D. J., & Servaty-Seib, H. L. (2010). Training resident assistants to make effective referrals to counseling. *The Journal of College and University Student Housing*, *37*(2), 10–24.

Taub, D. J., Servaty-Seib, H. L., Miles, N., Less, J. Y., Wachter Morris, C. A., Prieto-Welch, S. L., & Werden, D. (2013). The impact of gatekeeper training for suicide prevention on university resident assistants. *Journal of College Counseling*, *16*(1), 64–78. https://doi.org/10.1002/j.2161-1882.2013.00027.x

Tompkins, T. L., & Witt, J. (2009). The short-term effectiveness of a suicide prevention gatekeeper training program in a college setting with residence life advisers. *Journal of Primary Prevention*, *30*, 131–149. https://doi.org/10.1007/s10935-009-0171-2

Vandewalle, J., Van Bos, L., Goossens, P., Beeckman, D., Van Hecke, A., Deproost, E., & Verhaeghe, S. (2020). The perspectives of adults with suicidal ideation and behaviour regarding their interactions with nurses in mental health and emergency services: A systematic review. *International Journal of Nursing Studies*, *110*, Article 103692. https://doi.org/10.1016/j.ijnurstu.2020.103692

Wallack, C., Servaty-Seib, H. L., & Taub, D. J. (2013). Gatekeeper training in campus suicide prevention. In D. J. Taub & J. O. Robertson (Eds.), *Successful approaches to campus suicide prevention* (pp. 27–41). Jossey-Bass. https://doi.org/10.1002/ss.20038

Westefeld, J. S., Button, C., Haley, J. T., Kettman, J. J., MacConnell, J., Sandil, R., & Tallman, B. (2006). College student suicide: A call to action. *Death Studies*, *30*, 931–956. https://doi.org/10.1080/07481180600887130

Wyman, P. A., Brown, C. H., Inman, J., Cross, W., Schmeelk-Cone, K., Guo, J., & Pena, J. B. (2008). Randomized trial of a gatekeeper program for suicide prevention: 1-year impact on secondary school staff. *Journal of Consulting and Clinical Psychology*, *76*, 104–115. https://doi.org/10.1037/0022-006X.76.1.104

DISCUSSION QUESTIONS

1. How do housing employees balance supporting the wider residential community while also prioritizing the well-being of their student staff who may be interacting with residents in intense scenarios of mental distress?
2. What specific components should resident assistant (RA) training include to equip them with the confidence, boundaries, and skills needed to respond effectively to residents experiencing suicidal thoughts?
3. How can campus housing benefit from intentionally promoting the relationship between students and RAs, and what role does that connection play in overcoming barriers to help seeking?
4. Why might students perceive fewer barriers to seeking help from RAs than from mental health professionals, and how can this insight guide stronger partnerships between RAs and counseling services to reduce stigma and improve access to support?
5. How can campus housing professionals and student staff work to reduce personal barriers of embarrassment, fear of burdening others, and concern about negative consequences?

Discussion questions were developed by Jake Czaplicki, graduate community director at Clemson University.