



The Jed Foundation

Postvention Guidance: A Roadmap for Support and Prevention for Campus Communities

Ohio Program for Campus Safety and Mental Health

April 14, 2025

Kurt Michael, Ph.D.
Senior Clinical Director

Aeschleman Distinguished Professor Emeritus
Appalachian State University

Disclosures

- **Senior Clinical Director, Licensed Psychologist,**
The Jed (JED) Foundation
- **Stanley R. Aeschleman Distinguished Professor** [Emeritus],
Appalachian State University
- **Adjunct Professor**, Huntsman Mental Health Institute,
University of Utah School of Medicine, Child Psychiatry
- **Master Trainer**, CALM America
- **National Consultant**, Collaborative Assessment and
Management of Suicidality (CAMS)
- **Member**, Higher Education Mental Health Alliance (HEMHA)*



The Jed Foundation

*Published (2014) “Postvention: A Guide for Response to Suicide on College Campuses”

JED's Mission & Vision



The Jed Foundation

Mission: JED is a nonprofit that protects emotional health and prevent suicide for our nation's teens and young adults.

Vision: At JED, we envision a future where:

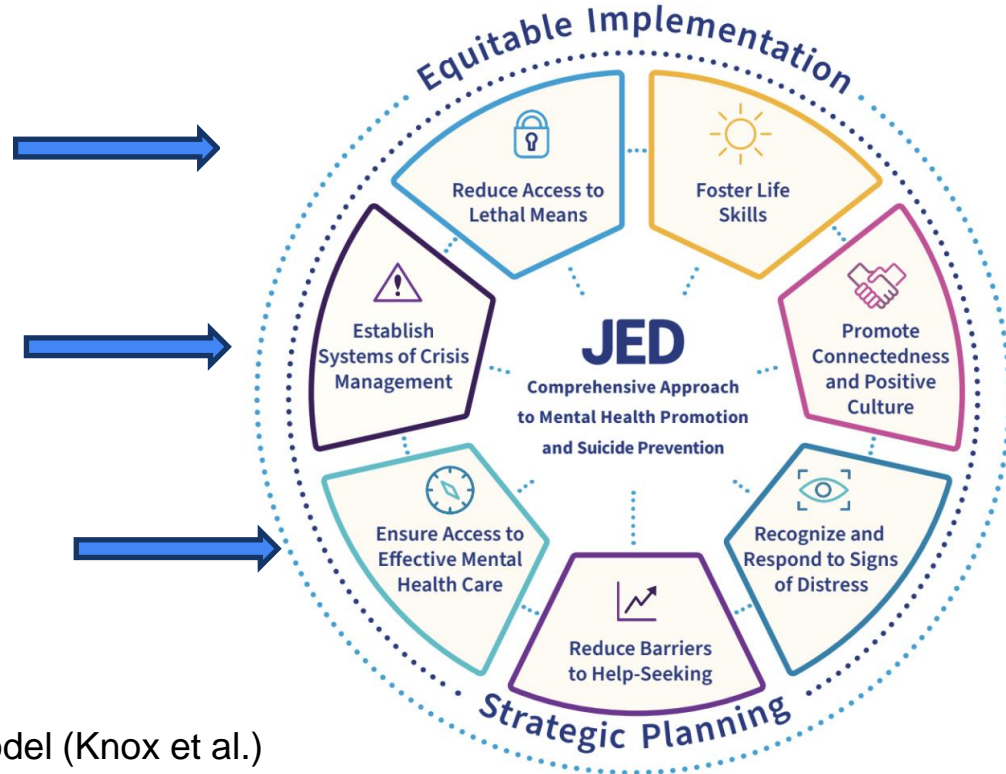
- We partner with high schools, districts, and colleges to strengthen their programs for supporting student mental health and preventing substance misuse and suicide.
- Teens and young adults are equipped with the skills and knowledge to help themselves and each other.
- Communities support awareness, understanding, and action for young adult mental health.
- Mental health is recognized as part of general health and wellness and is not associated with shame, secrecy, or prejudice.

JED's Comprehensive Approach*



The Jed Foundation

- Reducing Access to Lethal Means
- Postvention**
- Suicide Risk Detection
- Treatment



*Adapted from the U.S. Airforce Model (Knox et al.)

Learning Objectives



The Jed Foundation

Analyze the Epidemiology of Suicide Among College Students

Participants will discuss the prevalence, risk factors, and impact of suicide within college communities

Critique Existing Postvention Frameworks and Their Implementation

Participants will describe established postvention frameworks, such as those developed by HEMHA and The Jed Foundation, and how they have been applied to support students and prevent further suicides

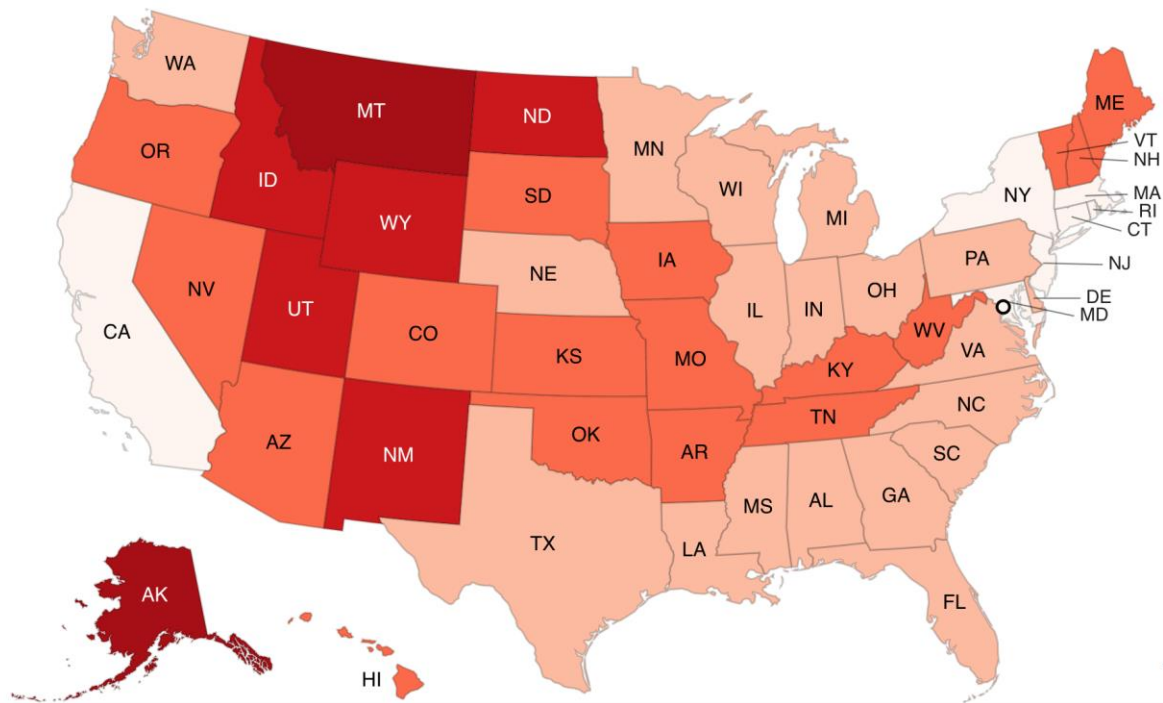
Identify Strategies for Campus-Community Collaboration in Suicide Prevention and Postvention

Participants will compile ways colleges and universities can engage with their broader communities to enhance mental health awareness, promote student safety, and strengthen postvention efforts

Epidemiology

Year

2022



Age-Adjusted Death Rates¹

6 - < 11.26

16.52 - < 21.78

27.04 - 32.3

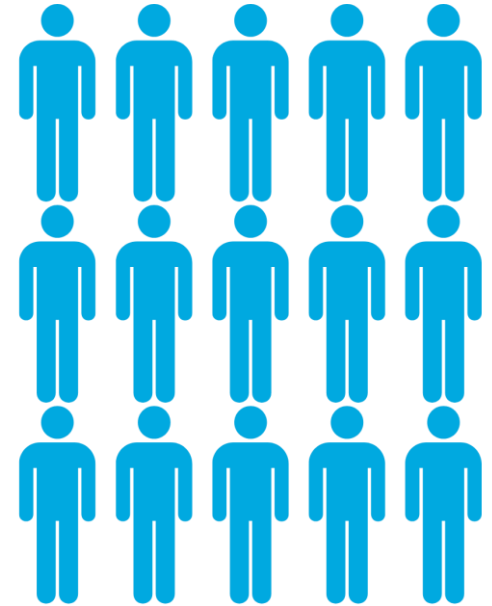
11.26 - < 16.52

21.78 - < 27.04



Epidemiology 15-24 year-olds

The U.S. average suicide rate for 15–24-year-olds (the age range that includes most undergraduates) was 15.2 per 100,000 people in 2021 (CDC WONDER).



Based on these crude estimates, in a campus community of 20,000 students, there would be an average of **three suicide deaths** each year.

Scope of the Problem Among College Students

(Cathy Barber, 2022)

Based on data from the National Violent Death Reporting System (NVDRS) there were an estimated 500-600 suicides among 18–22-year-old college or university students in the US during 2019, an estimate that covers all 50 states, including the 7 that did not submit NVDRS* data that year.

*Notes: A precise calculation is not possible since neither the NVDRS nor official mortality data have a dedicated variable to identify college/university students. Thus, estimates are based on a combination of age (18-22), and the variables "Usual Occupation" and "Education Level" in NVDRS during 2019. However, these data also excludes those younger than 18 or older than 22 which fails to capture nontraditional undergraduate students as well as graduate students.

Other Epidemiological Factors

Where & how of college student suicide (unpublished JED report, NVDRS data, Barber et al., 2022)

Approximately 9 out of 10 take place off campus

Among those on campus, most happen in living units

Leading methods overall

- Firearms

- Medications

- Strangulation/Hanging

- Jumping from a height



More Precise Epidemiology in the Future

Added a new variable to the coding manual during 2024
NVDRS abstractors will be able to differentiate college
students (including enrollment status) at the time of death
going forward

Suicide Clusters

Two main types (account for 1-2% of all suicides)

- Mass Clusters are media-driven (rare)
- Point Clusters are geographically isolated (relatively more common)
- Risk is highest for family and significant others (50% increase in risk in the 6 months following a suicide)

Impact of Media on Suicide

- Largely based on Social Learning Theory
 - Exposure to suicide in the literature associated with reports of contagion
 - “Werther” Effect (Goethe, 1774)



THE SORROWS OF YOUNG WERTHER

Johann Wolfgang von Goethe

Impact of Media on Suicide

- “Papageno” Effect (hopeful messaging)

Social Science & Medicine 370 (2025) 117852



ELSEVIER



Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Social media influencers and the Papageno effect: Experimental evidence for the suicide-preventive impact of social media posts on hope, healing, and recovery

Florian Arendt^{a,c,*} , Benedikt Till^{b,c} , Armin Gutsch^a, Thomas Niederkrotenthaler^{b,c}

^a Department of Communication, University of Vienna, Austria

^b Unit Suicide Research & Mental Health Promotion, Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, Vienna, Austria

^c Wiener Werkstaette for Suicide Research, Vienna, Austria

Impact of Media on Suicide

- Findings are mixed

Preventive Medicine Reports 16 (2019) 100999



ELSEVIER

Contents lists available at [ScienceDirect](#)

Preventive Medicine Reports

journal homepage: www.elsevier.com/locate/pmedr



Short communication

Crisis text patterns in youth following the release of *13 Reasons Why* Season 2 and celebrity suicides: A case study of summer 2018

Margaret M. Sugg^{a,*}, Kurt D. Michael^b, Scott E. Stevens^c, Robert Filbin^d, Jaclyn Weiser^d, Jennifer D. Runkle^c

^a Department of Geography and Planning, Appalachian State University, P.O. Box 32066, Boone, NC 28608, United States

^b Department of Psychology, Appalachian State University, P.O. Box 32109, Boone, NC 28608, United States

^c North Carolina Institute for Climate Studies, North Carolina State University, 151 Patton Avenue, Asheville, NC 28801, United States

^d Crisis Text Line, PO Box 1144, New York, NY 10159, United States

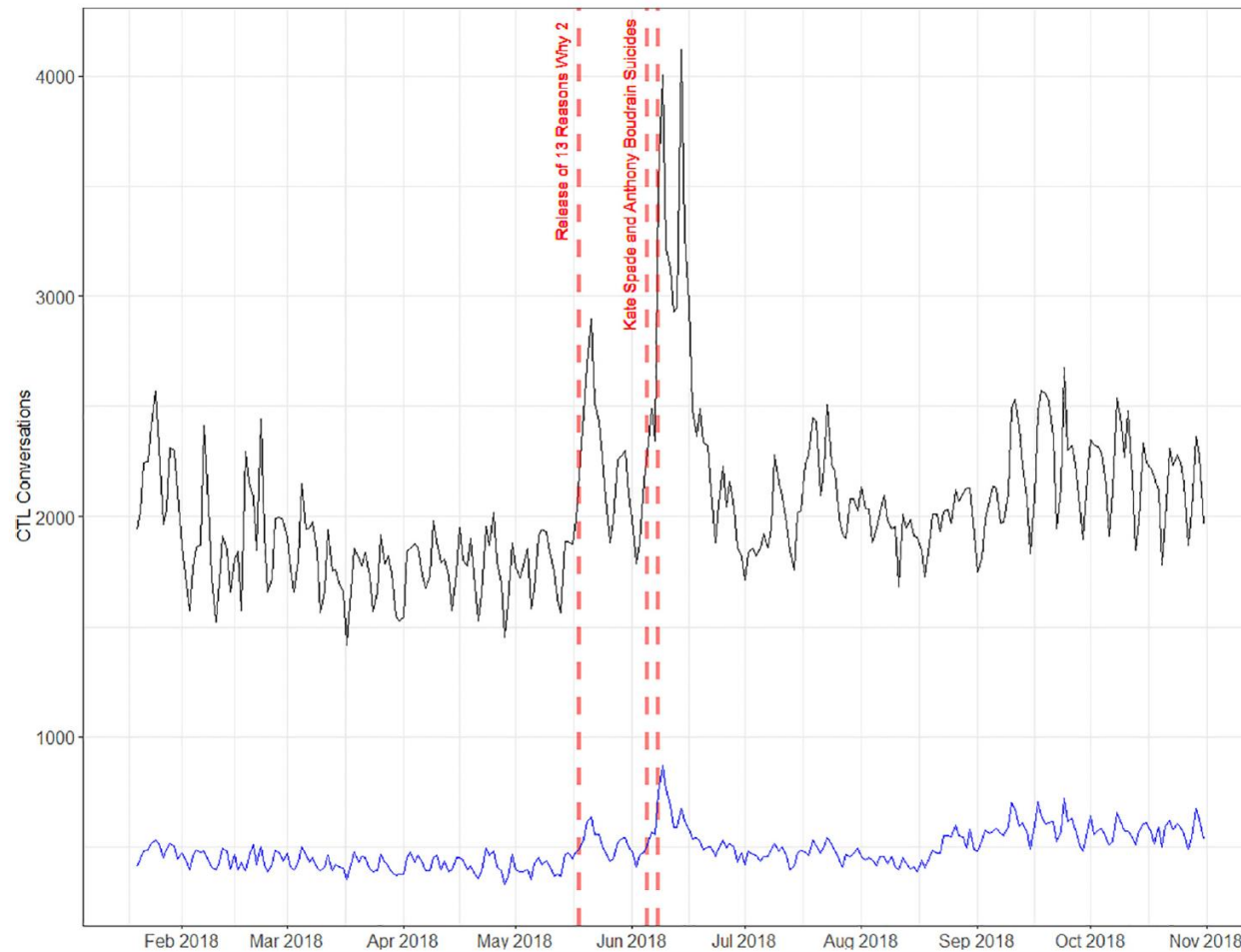


Fig. 1. Daily time series of national-level Crisis Text Line (CTL) conversations (black line) and suicidal thought related CTL (blue line) conversations from January 1 to October 31, 2018. ARIMA models were calculated using the period January 20 to May 17 for the release of 13 Reasons Why Season 2 (May 18) and from January 20 to June 4 for the suicidal deaths of Kate Spade (June 5) and Anthony Bourdain (June 8), national celebrities whose deaths received significant media attention.

Main Take-Aways from the Epidemiology

- Though it is important for postvention responders to be familiar with the epidemiology and the definitions of suicide clusters, **the focus of postvention should be on accurate and safe messaging, compassionate grief processing, outreach for those identified as relatively higher risk, and suicide prevention for the entire community.**

Main Take-Aways from the Epidemiology

- Postvention is an opportunity for prevention.

Implementing Postvention Frameworks

Existing Frameworks



POSTVENTION:
A Guide for Response to
Suicide on College Campuses



A Higher Education Mental
Health Alliance (HEMHA) Project

Existing Frameworks

Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines

Survivors of Suicide Loss Task Force
April 2015



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention



Existing Frameworks

STAR-CENTER PUBLICATIONS

Services for Teens at Risk

**Postvention Standards Manual
A Guide for a School's Response in the
Aftermath of a Sudden Death
(Fifth Edition)**

Comment on Frameworks

- Non-exhaustive
- Not designed to be prescriptive
- Aspirational (like codes of ethics)
- Major gaps in the literature
- Not easy to evaluate or study, due to variability in circumstances and demographics (“apples vs. oranges”)
- Ethical challenges

Comment on Frameworks

- Despite these limitations, responders should lean into the best practices and the extant literature regarding the “active ingredients” often included in postvention frameworks, including:
 - Grief support, including trauma informed practices
 - Funeral arrangements, memorials
 - Protective journalistic guidelines
 - Suicide risk surveillance and monitoring (like contact tracing)
 - Acute detection (Columbia, ASQ)
 - Intervention (e.g., single session safety planning, CALM, CAMS, CBT-SP, DBT, caring contacts)

Postvention Strategies

What is postvention?

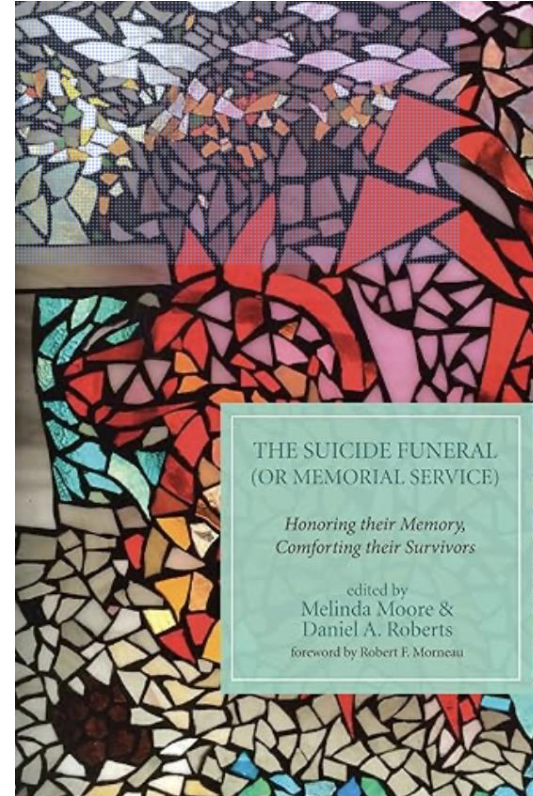
Proper hospitality in the face of suicide loss.

What are the key questions?

“How are you”?

“How can I help”?

Ed Schneidman (1918-2009),
Founder of suicidology
movement



Three Main Goals of Postvention

- Help people heal from the grief and distress of suicide loss.
- Reduce other negative effects of exposure to suicide, such as:



Increased mental health impairments



Relationship stress



Substance misuse



Prolonged grief

- Prevent suicide among people who are at increased risk after exposure to suicide, especially family members and significant others.

Sequencing and deployment


05 Postvention Guidelines

- 05 How to respond immediately
- 06 How to communicate with the community
- 10 How to handle media concerns
- 10 How to facilitate rapid support
- 13 Memorializing the deceased
- 13 Planning for long-term and future approaches to postvention
- 14 Summary


How to Respond Immediately After a Death



Contact campus or local law enforcement. Help secure the scene if on campus.



Direct law enforcement to the death scene for them to begin an investigation.



Confirm the facts, defer to the authorities or existing processes for death notification to the family.

Note: For consistency and accuracy, refer to the event as a “death”

Strategies

Creation of a School-Wide Postvention Committee with the Following Considerations:

- Co-lead model (typically administrator & mental health professional)
- Prioritize systems, units, and departments over the identification of people
- Meet annually as a committee to update/revise protocols

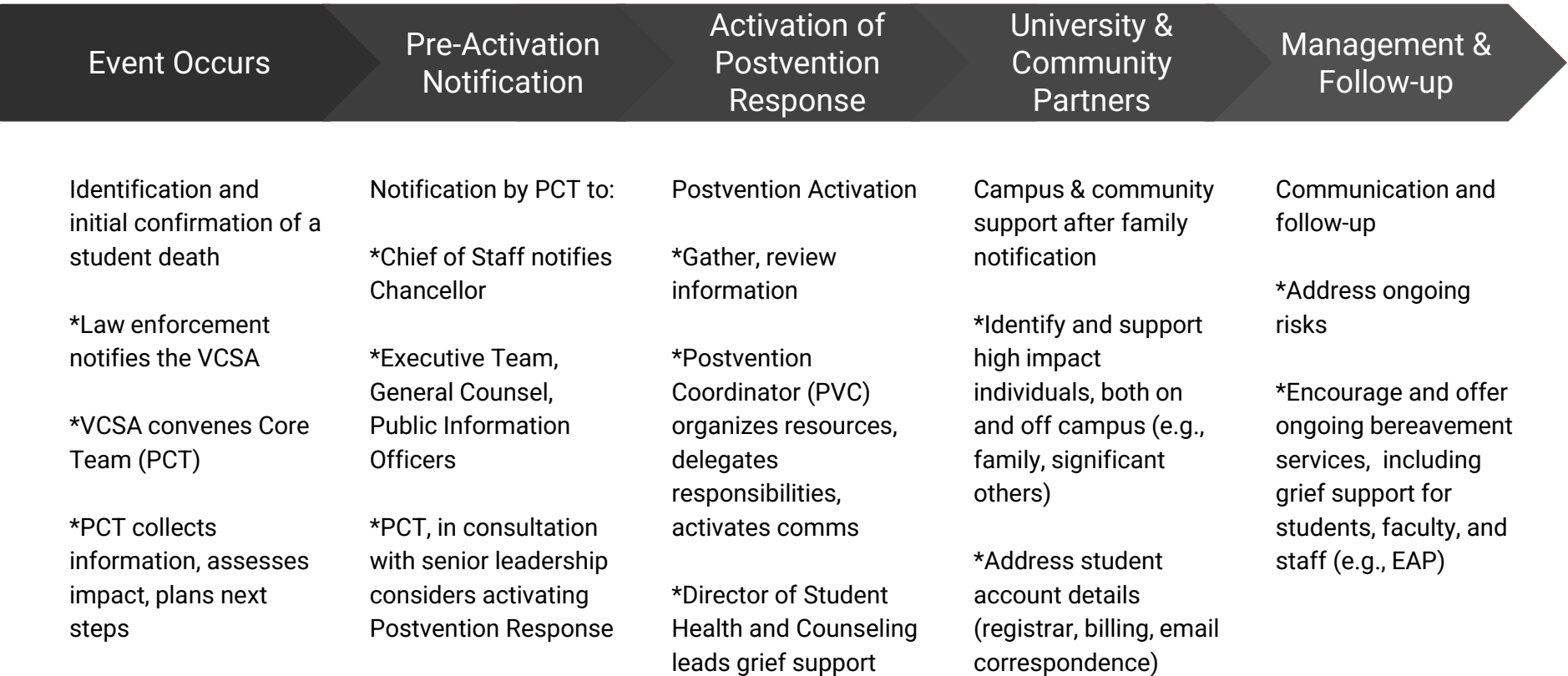
The logic of a postvention committee

Takes the larger ecology into account
in non-crisis times

Nimble during urgent circumstances
(core PV team)



Example Postvention Process



Strategies

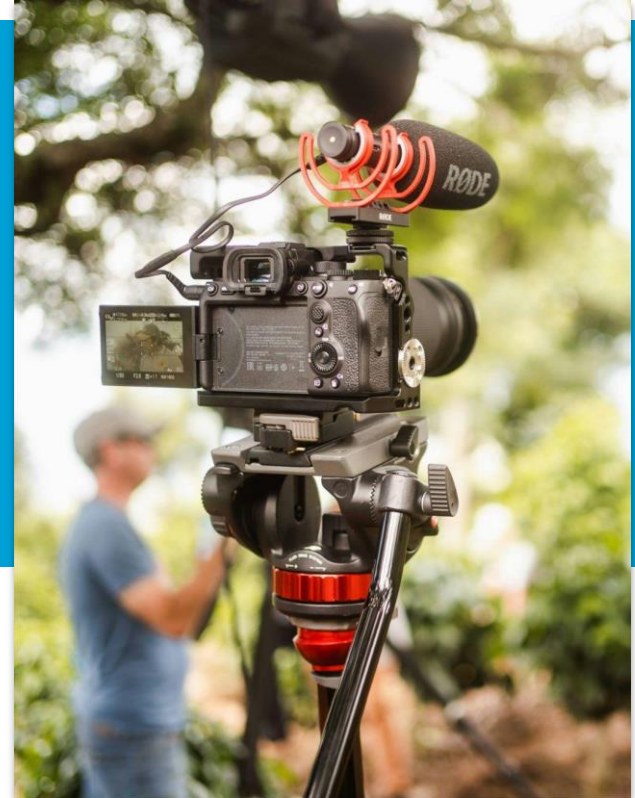
**Creation of Postvention
Activation and Response
Guidelines for:**

- Reporting and notification
- Communications with postvention responders, deployment
- Internal and external communications
- Media inquiries, social media

How to Handle Media Concerns*

If approached by the media:

1. Refrain from commenting
2. Refer media inquiries supervisors or to the public information officer
3. When responding, do not share PHI, do not discuss method (even if known), offer hopeful messaging, provide tangible referrals and contact information, including 24/7 free support



Potentially harmful examples of reporting

Shortly after 1:30 p.m., Butler University's Police Department (BUPD) received a request for a wellness check for an individual standing on a ledge on the sixth floor of the parking garage. Just before 2 p.m., Indianapolis Metropolitan Police Department (IMPD) North District officers responded to a threat of an adult male "threatening to jump from a parking garage." An IMPD Crisis Negotiator was also requested.

Potentially harmful examples of reporting

Rochester, N.Y. — The 15-year-old student [who fell from Rochester's School of the Arts Monday](#) has died, according to the Rochester City School District.

Officers responded to the school on Prince Street around 11:30 a.m. for a report of a suicidal female.

Police said the girl "fell from an elevated position before first responders could make contact with her."



Strategies

**General Guidelines on
Facilitating Rapid and
Sustained Support that
Include:**

- Communicating with the deceased's family & close associates
- Communicating with the students in developmentally appropriate ways
- Making referrals to school and community supports
- Observing and helping to manage grief and stress after the acute period
- Enhanced suicide risk detection and prevention is part of postvention
- Draw on community and national resources for support

How can postvention responders draw on campus resources for support?

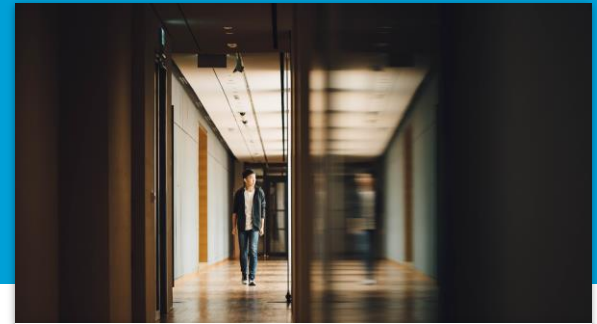
Be familiar with how to refer students to on-campus support systems, including:



Listening sessions, grief rooms



Walk-in support options at Student Health and Counseling



After-hours crisis resources (e.g., Mantra) for enrolled students

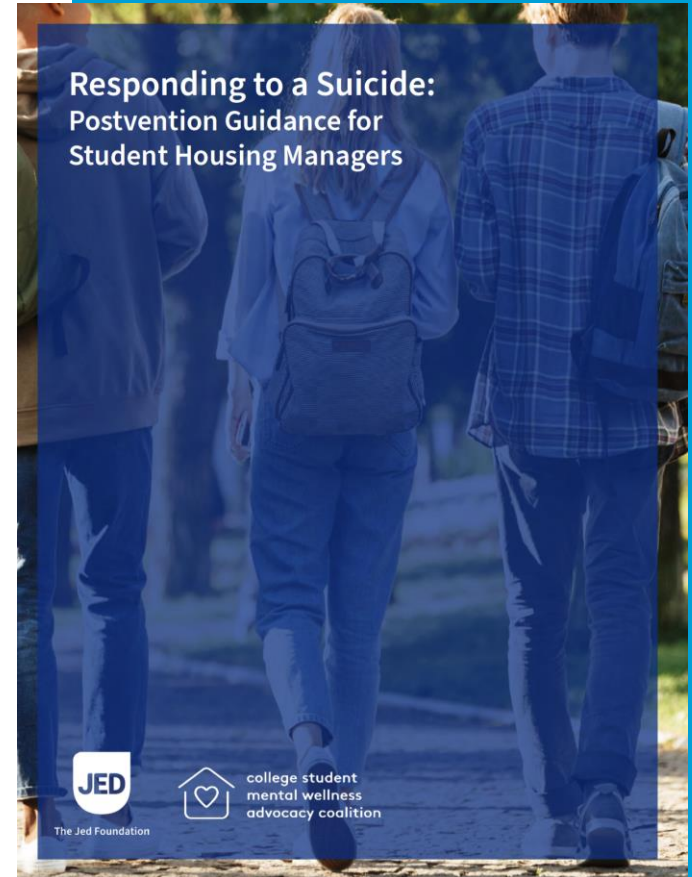
Helping to Manage Acute Grief and Stress

- Offer additional support as friends, classmates, and other students, such as roommates, grieve, both during the acute stress period and beyond.
- Remember that “delayed” reactions are normal and expected after the initial shock or denial has subsided.
- Make referrals for more intensive follow-up or therapy.



Engage with community partners, make referrals

- Off-campus housing providers
- Mental health community
- Local grief support options
- National 24/7 Resources (Crisis Text Line, 988)

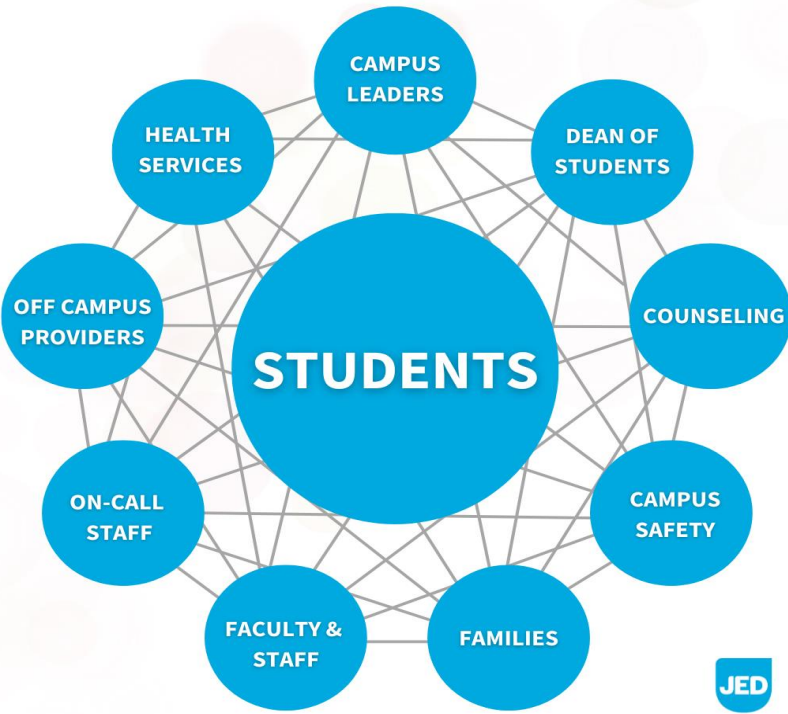


Possible Ripple Effects During Deployment

- **Often directly impacted**
 - Family
 - Close friends
 - Roommate(s)
 - Significant other/romantic partner
 - Academic advisor, close faculty, and other staff
 - Athletic team
 - Others will vary by specific situation
- **Other connections**
 - Students in residence hall/floor
 - Others who may have known the student somewhat
- **Not impacted as directly, but still significant**
 - Those who did not know the student:
 - May have had own thoughts of suicide
 - May have lost someone close to them



Connecting the Dots



Strategies

Future Approaches to Prevention and Postvention

- Reducing access to lethal means
- Permanent enhancements to suicide risk surveillance and intervention
- Annual training/refreshers for all professional staff

Strategies

Consider How to Memorialize the Deceased

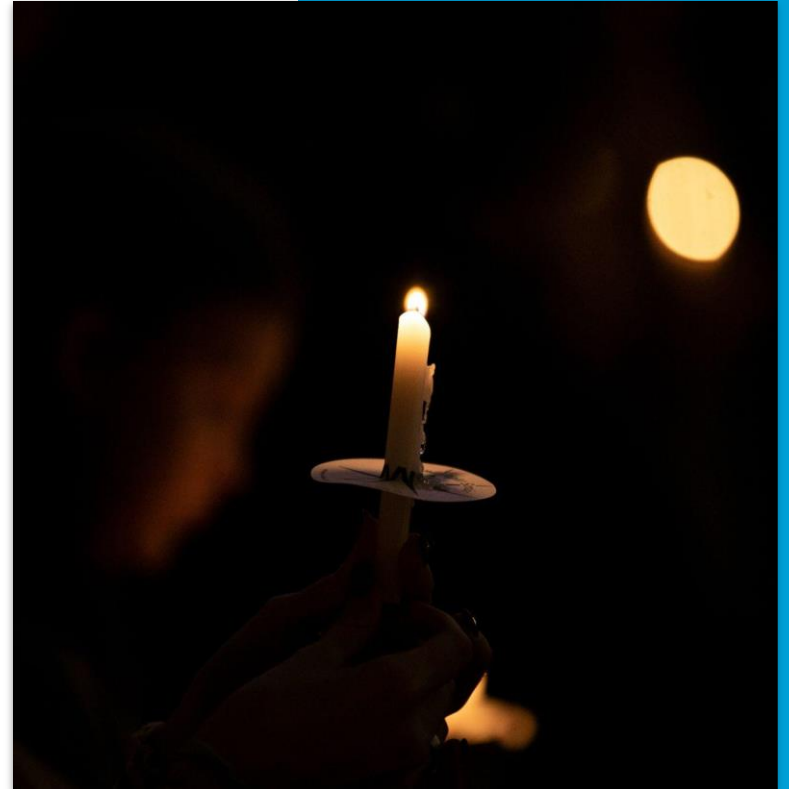
- Spontaneous memorials
- Longer-term remembrances

Memorializing the Deceased

Memorials should be:

1. Time-limited
2. Monitored
3. Designed to honor and mourn the deceased as part of the normal grieving process

Considerable care and attention should be given to when, how, and to whom the artifacts are given after the memorial.



More on memorials

- **Impromptu expressions of grief**
- Both supportive and potentially triggering
- Engage the discussion
- Help with planning, create space
- Redirect to other types of memorials (e.g., AFSP sponsored walk)
- **Include multiple hopeful resources**
- Keep them brief (5-7 days)
- Relocate, gift the mementos



American Foundation for Suicide Prevention (AFSP)

**Surviving a
Suicide Loss:**

**Resource and
Healing Guide**



Summary: Postvention is Prevention

Campus communities should consider developing more permanent systems and structures, including the creation of protocols and postvention response committees and teams.

Create enhanced suicide risk detection and intervention options for on campus providers, including an emphasis on lethal means counseling, safety planning, and suicide focused referrals

Review, strengthen and revise the procedures and response systems annually. Provide campus wide training annually.

Help for Helpers

Postvention responders, faculty, and staff should be offered appropriate support (EAP) to help them process and grieve.

A referral to longer-term psychotherapy services may be covered by the health insurance.

Use sick leave or personal days to allow time to adjust after these stressful circumstances.

Summary of Practical Recommendations

- 1. Provide proper hospitality for those in pain.** Offer sincere condolences when you talk with families and loved ones.
2. Be sensitive and respectful during these events. It is often the worst day in a parent's or significant other's life.
3. Do not engage with the news media. Know the journalistic and public reporting guidelines.
4. Know about local grief support options and 24/7, national no-cost alternatives.
5. Monitor the well-being of others for the weeks and months after the unexpected loss of a loved one.
6. Reintroduce the recommended support options when necessary.
7. Please take care of yourself and fellow faculty & staff members.



Q&A

Helpful Resources

- [Postvention: A Guide for Response to Suicide on College Campuses](#)
- [Responding to Grief, Trauma, and Distress After A Suicide: U.S. National Guidelines](#)
- [Postvention: A Guide for Response to a Sudden Death at UC Davis](#)
- [What are the Warning Signs of Suicide?](#)
- [Postvention Resources for Support](#)



Low-Cost Training Programs

- [Mental Health First Aid](#)
- [Question Persuade Refer \(QPR\)](#)
- [Applied Suicide Intervention Skills Training](#)



References

Arendt, F., Till, B., Gutsch, A., & Niederkrotenthaler, T. (2025). Social media influencers and the Papageno effect: Experimental evidence for the suicide-preventive impact of social media posts on hope, healing, and recovery. *Social science & medicine (1982)*, *370*, 117852.

<https://doi.org/10.1016/j.socscimed.2025.117852>

Barber, C., Michael, K., & Roy, N. (2022, unpublished manuscript). The where and how of suicide among 18-22 college student decedents: National Violent Death Reporting System, Centers for Disease Control.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data is from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html>

Goethe, Johann Wolfgang von, 1749-1832. (2012). The sorrows of young Werther. Chicago. Goethe, Johann Wolfgang von, 1749-1832.

Higher Education Mental Health Alliance (2014). Postvention: A Guide for Response to Suicide on College Campuses. The Jed Foundation, New York.

Sugg, M. M., Michael, K. D., Stevens, S. E., Filbin, R., Weiser, J., & Runkle, J. D. (2019). Crisis text patterns in youth following the release of *13 Reasons Why* Season 2 and celebrity suicides: A case study of summer 2018. *Preventive medicine reports*, *16*, 100999. <https://doi.org/10.1016/j.pmedr.2019.100999>

Survivors of Suicide Loss Task Force of the National Action Alliance for Suicide Prevention. (2015). Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines.



Thank You

kurt@jedfoundation.org



JED

The Jed Foundation

jedfoundation.org