

Article

Suicide Prevention, Intervention, and Postvention in the University: Challenges and Proposals for a Comprehensive Response

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ABSTRACT

Suicidal behavior represents a growing public health concern in the university context, with a high prevalence of suicidal ideation, nonsuicidal self-injury, and emotional distress among students. This article reviews the main prevention, crisis intervention, and postvention strategies in universities, integrating national and international evidence. It examines the critical role of university counseling centers, which often constitute the first line of support, despite inequalities in their provision and structural limitations. It also highlights the usefulness of gatekeeper training, which prepares key university personnel to detect warning signs of suicide and refer students to specialized resources. The importance of implementing brief, evidence-based psychological interventions focused on suicidal behavior and effective crisis management protocols is emphasized. The article also advocates for the establishment of a national system for monitoring deaths by suicide among students and for improving institutional policies in accordance with the provisions of the LOSU. Finally, the value of postvention is highlighted as an essential strategy for supporting the community after a death by suicide. Therefore, it is necessary to adopt a comprehensive, sustained approach that is adapted to the particularities of the university environment.

Prevención, Intervención y Posvención del Suicidio en el Contexto Universitario: Retos y Propuestas para una Respuesta Integral


RESUMEN

La conducta suicida representa un problema de salud pública creciente en el contexto universitario, con una alta prevalencia de ideación suicida, autolesiones y malestar emocional entre el estudiantado. Este artículo revisa las principales estrategias de prevención, intervención en crisis y posvención en el ámbito universitario, integrando evidencia nacional e internacional. Se analiza el papel crucial de los Servicios de Atención Psicológica, que a menudo constituyen la primera línea de apoyo, aunque enfrentan desigualdades en su dotación y limitaciones estructurales. Asimismo, se destaca la utilidad del entrenamiento gatekeeper, que capacita a agentes universitarios clave para detectar señales de alarma y derivar a recursos especializados. Se subraya la importancia de implementar intervenciones psicológicas breves, basadas en la evidencia, focalizadas en la conducta suicida, y de contar con protocolos efectivos para el manejo de crisis. Además, se aboga por establecer un sistema nacional de seguimiento de muertes por suicidio en estudiantes y por mejorar las políticas institucionales conforme a lo previsto en la LOSU. Finalmente, se pone en valor la posvención como estrategia esencial para apoyar a la comunidad universitaria tras una muerte por suicidio. Se concluye que es necesario adoptar un enfoque integral, sostenido y adaptado a las particularidades del entorno universitario.

Palabras clave

Suicidio
Universidad
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Suicide is a public health problem that affects people of all ages, genders, and countries. In Spain, 4,118 deaths by suicide were recorded in 2023 (Instituto Nacional de Estadística, [National Institute of Statistics], 2024), making it one of the leading causes of mortality in the country. This figure is equivalent to a rate of 8.47 suicides per 100,000 inhabitants, with a significantly higher prevalence among men (12.79; 3,046 deaths) than among women (4.32; 1,072 deaths). Given this situation, it is essential to promote new prevention strategies.

The mental health of university students has become an increasingly relevant concern in recent years (Auerbach et al., 2018; Mitchell, 2023). Several studies show worryingly low levels of emotional well-being, as well as a high prevalence of anxiety and depression symptoms and suicidal ideation, a situation that has been exacerbated by the COVID-19 pandemic (Ministerio de Universidades [Ministry of Universities], 2023; Zhou et al., 2021). These conditions not only affect students' health, but also compromise their university experience and increase the risk of academic dropout. For example, the World Mental Health International College Student initiative (WMH-ICS) indicates that 35% of first-year students experience some form of mental disorder during their lifetime (Auerbach et al., 2018), and 17.7% have engaged in non-suicidal self-injury (Kiekens et al., 2023).

The university population is overrepresented in terms of stress factors that negatively impact their physical, psychological, and emotional health (Mitchell, 2023). Among the main stressors are academic concerns, identified as a significant source of acute stress (American College Health Association, 2024) and associated with an increased risk of anxiety, depression, and suicidal ideation or behavior (Cheng et al., 2020; Yao et al., 2025). Other factors include financial pressure, the health of family members, and emotional and family relationships (Sheldon et al., 2021; Yao et al., 2025). As a result, university students are now recognized as a population that is particularly vulnerable to suicidal ideation and behavior. In this regard, lifetime prevalence rates of 22.4% for suicidal ideation, 6.1% for planning, and 3.2% for suicide attempts have been recorded (Mortier et al., 2018). In some countries, suicide is the second leading cause of death among university students (Schwartz, 2006).

Recently, the Ministry of Health approved the first National Action Plan for Suicide Prevention in Spain (Ministerio de Sanidad [Ministry of Health], 2025). Furthermore, the Organic Law of the University System (LOSU) establishes the obligation for universities to provide prevention, psychoeducational guidance, and wellness promotion services on their campuses. In this context, the present study aims to reflect on the current state of prevention and the approach to suicidal behavior in the state university, as well as to propose possible initiatives for implementation.

Suicidal Behavior in the University Environment

One of the most comprehensive studies of suicide on university campuses is the Big Ten Study (Silverman et al., 1997), conducted in the United States with the aim of correcting statistical and epidemiological limitations present in previous research. This study revealed that the highest number of suicides, in both men and women, is concentrated in the 20-24 age group (46%) and among

graduate students (32%). This high prevalence of suicide among graduate students has been confirmed in more recent research conducted in other countries (Cheng et al., 2020; Marutani et al., 2024).

Silverman et al. (1997) found that the suicide rate on several US campuses was approximately 50% lower than the national average for comparable age and gender groups, standing at 7.5 per 100,000 students. Moreover, they concluded that the risk of suicide is higher among students aged 25 and over. One explanation offered by the authors is that universities provide more protective environments, with greater access to health and mental health services, as well as peer support networks and mentors, factors that could reduce suicide risk compared to the general population. This hypothesis has been supported by subsequent research: although the suicide rate in the general US population grew by 35% between 1999 and 2018 (Hedegaard et al., 2020), on Big Ten campuses it decreased by 25.3% over the last 30 years (Mendizábal & King, 2021). Specifically, the annual average number of suicides at universities between 2009 and 2018 was 5.60 per 100,000 students, with a higher percentage of males (67.53%; 6.37/100,000) than their representation on campus (51.18%).

On the other hand, various international studies and reviews have reported high levels of suicidal ideation and behavior (planning, suicide attempts, etc.) in the university context, both among undergraduates (Lageborn et al., 2023; Lew et al., 2020; Zhou et al., 2021) and at the graduate level (Poli et al., 2025). A prominent meta-analysis conducted by Mortier et al. (2018) with a sample of 634,662 students from North America, Asia, Europe, and Africa found lifetime prevalence rates of 22.3% for suicidal ideation, 6.1% for planning, and 3.2% for attempts. According to this meta-analysis, approximately one in four college students has experienced suicidal ideation at some point, and 65% of them have had it in the year prior to the assessment. Furthermore, rates of suicidal ideation and behavior in the university population consistently exceed those in the general adult population, ranging from 17% to 38%, compared to 7-18% in the general population (Lew et al., 2020; Mortier et al., 2018; Sivertsen et al., 2019).

These data allow us to conclude that university students represent a particularly vulnerable population. However, some recent studies have pointed out that, although the suicide death rate is proportionally higher among graduate students (Silverman et al., 1997), suicidal ideation and behavior are more frequent among undergraduate students (Poli et al., 2025). This pattern suggests that levels of psychological distress and trajectories toward suicidal behavior may differ depending on the academic stage and conditions of the educational environment.

It should be noted that the different studies do not offer contradictory results, but rather analyze different phenomena within the suicide continuum. While classic research such as that of Silverman et al. (1997) focused on suicide deaths—a rare but extremely serious event—later studies such as those by Mortier et al. (2018) or Poli et al. (2025) assess the prevalence of suicidal ideation and behavior, which are much more common manifestations and sensitive to the psychosocial conditions of the university environment. Added to this are differences in study periods, instruments used, and cultural and educational contexts, which make direct comparisons difficult. Overall, these methodological differences explain the variations in the rates observed and highlight

the need to interpret the data in light of the type of suicidal phenomenon assessed and the historical moment in which it was measured.

In Spain, there are still no studies that directly estimate the suicide rate in universities, although there are approximations based on mental health research (Estupiñá et al., 2024; Ministerio de Universidades, 2023; Prieto-Vila et al., 2024). The most comprehensive study to date was conducted by the Ministry of Universities (Ministerio de Universidades, 2023), with the participation of 59,605 students, representing more than 3.5% of the student population enrolled in the Spanish university system. The research, carried out in two phases, revealed that half of the students had moderate or severe anxiety and depressive symptoms, and that one in five had experienced suicidal thoughts in the two weeks prior to the survey. This sampling method means that the results could be overstated, as it is plausible that those experiencing greater emotional distress are more likely to participate in this type of study.

The study also noted gender differences: women reported higher levels of depressive symptoms, anxiety, and clinical or severe insomnia, while men had a higher percentage of risky alcohol consumption. In addition, 17% of students reported having received a prescription for psychotropic drugs (anxiolytics, antidepressants, or hypnotics) in the last four months, although only a minority sought professional care, despite the fact that more than 50% had previously consulted with healthcare professionals about mental health problems.

Similarly, a recent study conducted in Spain with over 1,000 doctoral students (Estupiñá et al., 2024) showed that between 50% and 60% might have a common psychological disorder, and nearly 19% reported passive suicidal ideation. Poor mental health was particularly associated with being female, having more years in the doctoral program, lower life satisfaction, and greater difficulties in emotional regulation (Estupiñá et al., 2024).

These findings reinforce the urgency of developing and implementing effective strategies to promote mental health and prevent suicidal behavior in the university environment. The magnitude of the problem shows that, to a large extent, current approaches are not sufficient to protect this vulnerable population (Mortier et al., 2018).

Strategies for the Prevention, Intervention, and Postvention of Suicidal Behavior

Suicide is a complex phenomenon with multiple causes. Suicide prevention requires a comprehensive approach that combines multiple strategies to reduce risk and reinforce protective factors at individual, relational, community, and societal levels. Therefore, a fundamental measure is to implement a broad public health response to suicide involving all sectors of society, including government, health care systems, businesses, educational institutions, community organizations, civil society organizations, and NGOs.

Thus, to be effective, university suicide prevention programs must be systematic, multidisciplinary, and comprehensive, involving the entire organization. Reducing suicide among university students involves reducing the stigma of mental health; increasing and/or creating inclusive and responsive university communities; educating about suicide; increasing help-seeking;

preventing suicide through the detection of hotspots; training the university community to identify and refer at-risk students for assessment; and providing effective psychological counseling services. However, few Spanish universities have an effective plan for the prevention, intervention, and postvention of suicidal behavior. Furthermore, despite the urgent need to develop and implement preventive programs, there remains considerable uncertainty around what constitutes a sound plan for students in university settings (Wolitzky-Taylor et al., 2020).

Below are some measures that have received empirical support and should be included in any plan for the prevention, intervention, and postvention of suicidal behavior in universities.

Restriction of Lethal Means

One of the most empirically supported strategies for suicide prevention is restricting access to lethal means (Mann et al., 2021; Zalsman et al., 2016). Although there are multiple pathways that can lead from ideation to suicide attempt, it has been shown that many suicide crises are brief, with an average interval of less than 10 minutes between the decision to act and the suicide attempt (Barber & Miller, 2014). Furthermore, even in the presence of intense suicidal intent, individuals often experience ambivalence about their desire to die.

Contrary to the general belief that restricting access to one lethal method leads to substitution with another equally dangerous method, evidence shows that this rarely occurs (Daigle, 2005). Therefore, introducing physical or time barriers between the person at risk and lethal means can make a crucial difference in prevention. Limiting immediate access to these means during a suicidal crisis can be the difference between life and death.

In this regard, it is essential that each university center conduct a specific analysis to identify so-called hotspots or high-risk points—locations that may facilitate access to lethal means—in order to implement appropriate safety measures. This preventive work must be an integral part of any institutional strategy for promoting mental health and preventing suicidal behavior.

Gatekeeper Training for Suicide Prevention

Over the last decade, Spanish universities have intensified efforts to inform students about how and where to access help in situations of emotional distress, both on and off campus. However, the reality is that many students with mental health problems and/or suicidal ideation or behavior do not seek professional help before a crisis occurs (Barnett et al., 2024; Zhao et al., 2025). In fact, more than half of those who have suicidal thoughts or nonsuicidal self-injury do not receive any kind of psychological care during their university years, with even lower rates among males and ethnic minority groups (Barnett et al., 2024).

Among the main obstacles identified by students themselves for seeking help are a preference for solving problems independently, lack of time, lack of awareness of available resources, and the perception that their situation does not require professional attention (Zhao et al., 2025). Added to this are factors such as stigma; the normalization of distress in university life; doubts about the severity of symptoms; distrust in the effectiveness of treatments; the hope that problems will resolve themselves; concerns about privacy; and

the belief that support from their social environment is sufficient (Drum & Denmark, 2012).

Even when students are aware of the resources available, many remain reluctant to use them, fearing to acknowledge that they are experiencing emotional difficulties (Eisenberg et al., 2007). In this regard, Gallagher (2014) found that less than 20% of students who died by suicide had previously sought help from their university's Psychological Counseling Service (PCS). This low utilization of services, coupled with delays in seeking help and the high prevalence of suicidal ideation, increases the risk of suicide in this group.

For all these reasons, one of the priority strategies in university prevention is the early identification of at-risk students and their referral to the appropriate resources. In this process, university staff are taking on an increasingly important role in providing emotional support to students (Hughes et al., 2018), and their role as gatekeepers has been highlighted. Gatekeepers are individuals capable of identifying warning signs, offering initial guidance, and referring students to the relevant services, always respecting the boundaries of their role (Gulliver et al., 2018; Hews-Girard et al., 2024).

Gatekeeper training (GKT) is one of the most widespread interventions in community suicide prevention. Its aim is to equip these individuals with the skills to detect risk situations, provide initial support, and facilitate access to specialized resources (Gabilondo et al., 2024). Although the evidence regarding its direct impact on reducing suicide rates is inconclusive (Yonemoto et al., 2019; Zalsman et al., 2016), its usefulness in disseminating key knowledge in settings where misinformation or stigma hinder prevention is recognized (Gabilondo et al., 2024; Spafford et al., 2025).

In general, GKT has shown good results in university settings (Muela et al., 2025; Wolitzky-Taylor et al., 2020), encouraging greater use of psychological counseling services by students with suicide risk factors (Center for Collegiate Mental Health, 2024; Drum & Denmark, 2012). Although this does not always translate into actively seeking help, it has been observed that up to 70% of students with depression, anxiety, or suicidal ideation express a greater intention to seek support (Zhao et al., 2025).

In the university context, gatekeepers may include teaching and research staff (TRS), students, and other members of the university community such as residence hall managers or administrative and service staff. These individuals, being in frequent contact with students, have critical preventive potential, especially with those students who have not yet accessed clinical services. Therefore, training them in risk identification and effective referral represents a promising way to expand the scope of preventive interventions.

Finally, some recent studies highlight the value of virtual support for students who do not feel comfortable seeking face-to-face help or sharing their distress with TRS or their peers (Hews-Girard et al., 2024). Expanding channels of access may reduce barriers and respond to the needs of students for whom traditional psychological care strategies are insufficient or inaccessible. In this regard, it is encouraging that the World Health Organization has promoted the World Mental Health Surveys International College Student Project (2015), an international longitudinal follow-up project that analyzes the mental health of students throughout their university education, with a special focus on help-seeking behavior.

Treatment of Suicidal Ideation and Behavior

For over three decades, although with varying levels of implementation (Saúl et al., 2009; Tejedó, 2019), Spanish universities have had psychological counseling services (PCS) aimed at promoting emotional well-being and mental health, as well as psychoeducational services for academic and career guidance. Currently, the Organic Law of the University System (LOSU) requires universities to offer permanent and free psychological and psychoeducational care services to students.

PCSs often constitute the first line of mental health care for a growing number of students—and other members of the university community—experiencing suicidal ideation. However, significant disparities persist in their configuration and operation (Saúl et al., 2009), resulting in notable differences between universities, a lack of specialized personnel, high caseload ratios, long waiting lists, and overcrowded services. Both the State University Student Council (CEUNE in Spanish) and the Spanish Association of University Psychological and Psychoeducational Services (AESPPU, 2025) have stressed the need for the implementation of the LOSU to be accompanied by regulatory reform that clearly defines functions, resources, professional profiles, and minimum standards for quality and accessibility.

A review of studies on PCS caseloads suggests that suicidal behavior has not been addressed as a priority, or has not been highlighted as a specific clinical problem, as it does not appear among the reasons for consultation in the available studies (Arco et al., 2005; Labrador et al., 2016; Salaberría et al., 2016; Tejedó, 2019). In general, it has been found that most of the cases treated are related to anxiety-depressive symptoms or adaptive disorders, more frequent in women (around 68%) than in men. However, these data contrast with the results of the study by the Ministry of Universities (Ministerio de Universidades, 2023), in which one in five students reported having had suicidal thoughts in the two weeks prior to the survey. Internationally, suicidal ideation has been recognized as a recurring reason for consultation in psychological counseling services and one of the main indicators of emotional distress (Gorman et al., 2017; Center for Collegiate Mental Health, 2024).

Working with university populations offers significant advantages, as they are young, have high levels of literacy and, in general, low psychopathological chronicity, which facilitates the acquisition of coping skills for life challenges (Salaberría et al., 2016). However, several studies have warned that the mental health of university students has deteriorated considerably in recent years, and that PCS are facing more complex cases, with limited resources, growing demand, and increasingly long waiting lists (Xiao et al., 2017). In addition, there has been an increase in students presenting with suicidal ideation in the weeks prior to their initial intake appointment (Xiao et al., 2017). In this regard, the use of urgent care units—which guarantee an appointment within 1 to 5 days for crisis cases—has increased by 28% (Center for Collegiate Mental Health, 2017).

From this perspective, the dual trend of increasing demand and case severity may not be due solely to a change in student profiles but rather to the structural inadequacy of PCSs, which face serious difficulties in proactively adapting to current needs. It is therefore a priority to provide these services with more human, material, and organizational resources.

Despite this need, there is currently no consensus clinical approach to the treatment of suicidal ideation and behavior in PCSs, a shortcoming that has also been observed internationally (Pistorello et al., 2017). In this context, a key question arises: how should the treatment of suicidal behavior be approached in the university setting? A recent meta-analysis of suicide research from the last 50 years (Franklin et al., 2017) has shown that traditional approaches focused on reducing risk factors and/or based on syndromic psychiatric models have limited effectiveness. In contrast, treatments specifically focused on suicidal behavior have been proposed, such as Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT), which has shown 50% to 60% reductions in suicide attempts (Bryan & Rudd, 2018); Dialectical Behavior Therapy (DBT; Linehan, 1993); or the Collaborative Assessment and Management of Suicidality model (CAMS; Jobes, 2023).

In Spain, several studies have noted that psychological intervention in PCSs is usually limited to between 8 and 12 sessions (Labrador et al., 2016; Salaberría et al., 2016), so a key improvement strategy would be to implement brief treatments specifically focused on suicidal behavior. There are promising international experiences in this area, such as the Comprehensive Adaptive Multisite Prevention of University Student Suicide project (CAMPUS; Blalock et al., 2025), which is evaluating brief intervention models in university students. Initial results have shown high acceptability among professionals and students, and it is believed that its implementation in PCSs could help students with suicidal ideation and behavior remain active in their academic and university life (Pistorello et al., 2017).

Crisis Intervention

Suicide risk is central to many mental health emergency assessments in the university population (Han et al., 2016). However, studies conducted on Psychological Counseling Services (PCS) in Spain rarely address crisis interventions. Only the study by Salaberría et al. (2016) mentions that approximately 10% of people who attended the PCS were in a crisis situation, although the characteristics of these emotional crises are not specified. In contrast, in the US, the national *Healthy Minds Study 2023-2024* (2025) indicates that 3% of university students used psychiatric emergency services and around 5% reported having been hospitalized for mental health reasons.

The most recent guidelines from the *Substance Abuse and Mental Health Services Administration (SAMHSA, 2025)* establish three essential components for effective crisis care: having someone to talk to, an immediate response, and a safe place to go. These elements are fundamental for adequate responses to suicide crises in the university environment, as they prevent the risk from escalating, coordinate comprehensive care, improve the effectiveness of prevention plans, and reduce the likelihood of suicide deaths.

Consequently, it is essential that all students are aware of the campus resources available for crisis situations, beyond those offered by the national health system. This responsibility falls to the universities themselves, which must ensure clear and accessible communication about the services available in emergency situations.

Universities that have developed crisis management protocols ensure that their policies and procedures are aligned with the care

of at-risk students (Baumhauer et al., 2025). In recent years, many campuses have begun to redesign their mental health crisis services, incorporating options such as urgent appointments, after-hours hotlines, local rapid response teams, and referral mechanisms to public emergency services (Lipson et al., 2022).

In the specific case of suicidal behavior, it is essential that PCS clinical staff have specific training to implement safety plans as a crisis management tool (Knapp, 2023). A safety plan is a personalized list of coping strategies and sources of support that the student can use before or during a suicidal crisis. Its development involves close collaboration between therapist and client, and it is notable for its brevity and simplicity. Research has shown that the inclusion of safety plans in the treatment of suicidal behavior leads to a significant reduction in the risk of suicidal behavior and hospitalizations (Knapp, 2023; Stanley et al., 2016).

Additionally, for students who have experienced a suicidal crisis, it is essential to provide academic support and consider curricular adaptations, both short- and long-term, in order to promote educational continuity and overall well-being.

Suicide Prevention

The death by suicide of a member of the university community can have a profound impact on the physical, emotional, and psychological well-being of those around them. In fact, it has been noted that the effect of suicide in the university context may be even more widespread and disruptive than in other community settings, due to close living arrangements and campus interconnectivity (Allie et al., 2023).

Postvention is defined as a structured response that provides support to those affected by suicide, while preventing new cases from occurring (Universities UK, 2022). Postvention interventions include bereavement and adaptation counseling, management of both immediate and long-term trauma, and emotional support for students, faculty, and university staff. These interventions also seek to stabilize the situation after the crisis, reduce the risk of copycat suicides or contagion effects, and facilitate the gradual recovery of the affected university community.

Moreover, postvention involves a reflective analysis of the event to extract lessons that will improve prevention, intervention, and response protocols for future incidents. In this regard, it is essential that universities have robust and detailed protocols in place to deal with these events in a coordinated, empathetic, and effective manner.

These protocols should cover, among other aspects: how to communicate a suicide to the university community; how to inform and support the family of the deceased; how to provide psychological support to affected students and staff; and how to manage memorials to avoid unintended effects. They should also establish the creation of suicide crisis response teams and have a specific action plan in place for the event of a suicide on campus.

Having these organized procedures in place allows the university community to respond in a methodical and restrained manner, avoiding improvised or uncoordinated reactions that could increase suffering or risk among those affected. The integration of postvention as part of institutional mental health policies reinforces the commitment to comprehensive, sensitive, and preventive suicide care.

Conclusions

Suicidal behavior in the university environment represents an urgent and complex public health challenge that requires a comprehensive, coordinated, and sustained response from higher education institutions. Throughout this article, based on national and international evidence, it has been argued that university students constitute a particularly vulnerable group, due both to the developmental characteristics of this stage of life and the growing academic, economic, social, and personal demands they face.

Data collected by recent studies show a high prevalence of anxiety and depression symptoms, nonsuicidal self-injury, and suicidal ideation in this population, with rates higher than those of the general adult population. Added to this is a low tendency to seek professional help, especially among males and some minority groups. Factors such as stigma; the normalization of distress; lack of information about available resources; distrust in the effectiveness of treatments; and the tendency to deal with problems alone hinder early access to support services. The gap between the real needs of students and the effective use of university mental health services is a critical issue that must be addressed urgently.

In this context, the role of gatekeepers emerges as a promising strategy. Training teaching and administrative staff, residence hall managers, and students themselves to detect signs of risk, provide initial support, and refer to specialized resources contributes to creating a more effective and accessible support network. Although there is still no conclusive evidence of a direct reduction in suicide rates as a result of this type of training, its positive impact on increasing knowledge, reducing stigma, and improving identification and support skills has been documented. Therefore, training in gatekeeper skills should be strategically implemented, reinforced, and evaluated within university action plans.

Another noteworthy aspect is the crucial role of Psychological Counseling Services (PCS) as the first line of support for emotional distress and suicidal behavior. However, the analysis reveals a worrying inequality in the provision, structure, and operation of these services at the national level, which limits their capacity to respond to growing demand and increasing clinical complexity. High caseload ratios, long waiting lists, and a shortage of specialized human resources compromise their effectiveness. Moreover, academic literature on Spanish PCS shows limited recognition of suicidal behavior as a priority reason for consultation, contrasting with the most recent epidemiological data.

Given this situation, it is urgent to provide PCS with the necessary resources to respond proactively and specifically to the problem of suicide. The implementation of brief, evidence-based psychological treatments focused on suicidal behavior, such as BCBT, DBT, or the CAMS approach, is an essential line of improvement. The brevity of the treatments, their adaptability, and their acceptability among professionals and students make these approaches particularly relevant tools in the university context, where resources and time are often limited.

Likewise, crisis intervention must occupy a central place in the prevention strategy. Early identification, immediate care, and the provision of safe spaces are fundamental pillars of an effective response to high-risk situations. Recommendations from international organizations such as SAMHSA offer clear guidance for the design of crisis services, highlighting the need to ensure that

all students know who to turn to, receive an appropriate response, and have access to protected environments. Training in safety plans, which provide individuals in crisis with a set of personalized coping strategies, has also proven effective in reducing suicide risk and the number of hospitalizations.

In this regard, one of the most significant structural challenges is the development of a national system for continuous longitudinal monitoring that allows for the identification and monitoring of suicide deaths among university students. Currently, in Spain, there are no specific records that offer an accurate understanding of the magnitude of this phenomenon within the university setting, which limits the possibility of designing prevention strategies based on robust and up-to-date data. Having a reliable surveillance system and common indicators among universities would enable better-informed decisions, the establishment of early alerts, and the evaluation of the true impact of the measures implemented.

It is also necessary to strengthen institutional commitment through clear policies that prioritize student well-being. In this regard, the Organic Law of the University System (LOSU) has been a significant step forward, making it mandatory to provide permanent and free psychological counseling services. These measures must be accompanied by training programs for faculty and support services accessible to students. LOSU also incorporates the creation of psychoeducational cycles of guidance and support, as well as the development of peer-mentoring systems, where advanced students support those who are just beginning their university studies. These initiatives can not only facilitate academic and social adaptation but also strengthen the emotional support network and reduce isolation, one of the risk factors associated with suicide.

In addition to these measures, there are national resources such as the 024 helpline, a free 24/7 service for people in suicidal crisis, which recently added a chat function to its contact channels. This channel can act as a bridge between those who need help and specialized services, overcoming barriers related to fear or embarrassment in asking for support.

Finally, this article has focused on the importance of postvention, a dimension often overlooked in university mental health plans. The death by suicide of a member of the university community has a strong emotional impact and may increase the risk of new cases if not managed properly. Having specific response protocols, intervention teams, and careful support and communication strategies in place is essential to assist affected individuals, contain risk, and strengthen community resilience. Postvention is not only a response to loss but also an opportunity to review, learn, and improve institutional prevention policies.

Collectively, the evidence presented in this study underscores the need for a comprehensive, sustained approach tailored to the particularities of the university context. Suicide prevention at university cannot and should not be sustained solely by public health services, nor should it be limited to sporadic awareness campaigns. It requires a structural transformation that cuts across institutional policies, support services, staff training, and the very model of university life. Only through an intersectoral approach committed to student mental health will it be possible to build truly safe, accessible, and humane environments where asking for help is not an exception but a normalized, encouraged, and protected practice.

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Conflict of Interest

The authors declare that they have no conflict of interest.

References

- Allie S., Bantjes J., & Andriessen K. (2023). Suicide postvention for staff and students on university campuses: a scoping review. *BMJ Open*, *13*, e068730. <https://doi.org/10.1136/bmjopen-2022-068730>
- American College Health Association (2024). *American College Health Association-National College Health Assessment III: Reference Group Executive Summary Spring 2024*. Silver Spring, MD: American College Health Association. Retrieved 2nd April 2025, from https://www.acha.org/wp-content/uploads/NCHA-IIIb_SPRING_2024_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- Arco, J. L., Fernandez, F. D., Heilborn, V. A., & Lopez, S. (2005). Demographic, academic and psychological profile of students attending counselling services at the University of Granada (Spain). *International Journal for the Advancement of Counselling*, *27*(1), 71-85. <https://doi.org/10.1007/s10447-005-2249-8>
- Asociación Española de Servicios Psicológicos y Psicopedagógicos Universitarios [Spanish Association of University Psychological and Psychoeducational Services] (2025). Retrieved April 25 2025, from <https://blogs.ua.es/aesppu/2025/04/aesppu-participa-en-el-pleno-del-consejo-de-estudiantes-universitarios-del-estado/>
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & Kessler, R. C. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, *127*(7), 623-638. <https://doi.org/10.1037/abn0000362>
- Barber, C. W., & Miller, M. J. (2014). Reducing a suicidal person's access to lethal means of suicide: a research agenda. *American Journal of Preventive Medicine*, *47*(3), S264-S272. <https://doi.org/10.1016/j.amepre.2014.05.028>
- Barnett, P., Tickell, A., Osborn, T., Delamain, H., Fonagy, P., Pilling, S., & Gibbon, L. (2024). Help-seeking and disclosure in university students with suicidal thoughts and self-harm: A systematic review. *International Journal of Mental Health and Addiction*, *24*, 623-700. <https://doi.org/10.1007/s11469-024-01416-8>
- Baumhauer, J., Mortenson, L. Y., Rion, E., & Hong, V. (2025). Management of college student mental health emergencies. *Current Psychiatry Reports*, *27*, 337-346. <https://doi.org/10.1007/s11920-025-01603-x>
- Blalock, K., Pistorello, J., Rizvi, S. L., Seeley, J. R., Kassing, F., Sinclair, J., Oshin, L. A., Gallop, R. J., Fry, C. M., Snyderman, T., Jobes, D. A., Crumlish, J., Krall, H. R., Stadelman, S., Gözenman-Sapin, F., Davies, K., Steele, D., Goldston, D. B., & Compton, S. N. (2025). The comprehensive adaptive multisite prevention of university student suicide trial: Protocol for a randomized controlled trial. *JMIR Research Protocols*, *14*, e68441. <https://doi.org/10.2196/68441>
- Bryan, C. J., & Rudd, M. D. (2018). *Brief cognitive-behavioral therapy for suicide prevention*. Guilford Publications.
- Center for Collegiate Mental Health. (2017). *2016 Annual Report (Publication No. STA 17-74)*. https://ccmh.psu.edu/assets/docs/2016-Annual-Report-FINAL_2016_01_09-1gc2hj6.pdf
- Center for Collegiate Mental Health. (2024). *2023 Annual Report*. Retrieved 1st April 2025, from https://ccmh.psu.edu/assets/docs/2023_Annual%20Report.pdf
- Cheng, Y., Zhang, X. M., Ye, S. Y., Jin, H. M., & Yang, X. H. (2020). Suicide in Chinese graduate students: A review from 2000 to 2019. *Frontiers in Psychiatry*, *11*, 579745. <https://doi.org/10.3389/fpsy.2020.579745>
- Daigle, M. S. (2005). Suicide prevention through means restriction: Assessing the risk of substitution: A critical review and synthesis. *Accident Analysis & Prevention*, *37*(4), 625-632. <https://doi.org/10.1016/j.aap.2005.03.004>
- Drum, D. J., & Denmark, A. B. (2012). Campus suicide prevention: Bridging paradigms and forging partnerships. *Harvard Review of Psychiatry*, *20*(4), 209-221. <https://doi.org/10.3109/10673229.2012.712841>
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, *45*(7), 594-601.
- Estupiñá, F. J., Santalla, A., Prieto-Vila, M., Sanz, A., & Larroy, C. (2024). Mental health in doctoral students: individual, academic, and organizational predictors. *Psicothema*, *36*(2), 123-132. <https://doi.org/10.7334/psicothema2023.156>
- Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, *143*(2), 187-232. <https://doi.org/10.1037/bul0000084>
- Gabilondo, A., Muela, A., Belarra, B., De Sayas, A., García, J., López, P., Reich, H., & Iruin, Á. (2024). Evaluación de BIZI, nuevo programa en línea en español para prevenir el suicidio desde la comunidad [Evaluation of BIZI, a new online program in Spanish for community-based suicide prevention]. *Revista Panamericana de Salud Pública*, *48*, e20. <https://doi.org/10.26633/RPSP.2024.20>
- Gallagher, R. P. (2014). *National Survey of College Counseling Centers 2014*. American College Counseling Association. <https://d-scholarship.pitt.edu/downloads/2b3926b6-ed83-4e2f-8be8-cfcc821fdd5d>
- Gorman, K., Bershad, C., & LeViness, P. (2017). *The Association for University and College Counseling Center Directors Annual Survey*. The Association for University and College Counseling Center Directors. <https://www.aucccd.org/assets/documents/Governance/2017%20aucccd%20survey-public-apr26.pdf>
- Gulliver, A., Farrer, L., Bennett, K., Ali, K., Hellsing, A., Katruss, N., & Griffiths, K. M. (2018). University staff experiences of students with mental health problems and their perceptions of staff training needs. *Journal of Mental Health*, *27*(3), 247-256.
- Han, B., Compton, W. M., Eisenberg, D., Milazzo-Sayre, L., McKeon, R., & Hughes, A. (2016). Prevalence and mental health treatment of suicidal ideation and behavior among college students aged 18-25 years and their non-college-attending peers in the United States. *Journal of Clinical Psychiatry*, *77*(6), 815-824.
- Hedegaard, H., Curtin, S. C., & Warner, M. (2020). *Increase in suicide mortality in the United States, 1999-2018*. National Center for Health Statistics. (NCHS Data Brief No. 362). Retrieved April 4 2025, from <https://www.cdc.gov/nchs/products/databriefs/db362.htm>
- Hews-Girard, J., Leslie, R. D., So, A. Y., Patten, S., Ramirez Pineda, A., Saini, H. K., ... Dimitropoulos, G. (2024). Developing recommendations to improve identification, prevention, and response to suicide thoughts and behaviours among post-secondary students: A mixed methods study. *Journal of American College Health*, *73*(6), 2631-2642. <https://doi.org/10.1080/07448481.2024.2325924>

- Hughes, G., Panjwani, M., Tulcidas, P., & Byrom, N. (2018). *Student mental health: The role and experiences of academics*. Student Minds. Retrieved 25 April 2025, from https://kclpure.kcl.ac.uk/portal/files/86824919/Student_Mental_Health_The_Role_and_Experience_of_Academics.pdf
- Instituto Nacional de Estadística [National Institute of Statistics] (2024). *Defunciones por causa de muerte [Deaths by cause of death]*. Retrieved April 4 2025, from <https://www.ine.es/dyngs/Prensa/pEDCM2023.htm>
- Jobes, D. A. (2023). *Managing suicidal risk: A collaborative approach*. Guilford Publications.
- Kiekens, G., Hasking, P., Bruffaerts, R., Alonso, J., Auerbach, R. P., Bantjes, J., ... & WMH-ICS Collaborators. (2023). Non-suicidal self-injury among first-year college students and its association with mental disorders: Results from the World Mental Health International College Student (WMH-ICS) initiative. *Psychological Medicine*, 53, 875-886. <https://doi.org/10.1017/S0033291721002245>
- Knapp, S. (2023). The essentials of creating effective safety planning-type interventions for suicidal patients. *Practice Innovations*, 8(2), 131-140. <https://doi.org/10.1037/pri0000205>
- Labrador, F. J., Bernaldo-de-Quirós, M., García-Fernández, G., Estupiná, F., Fernández-Arias, I., & Labrador-Méndez, M. (2016). Characteristics of demand and psychological treatments in a university clinic. *Clinica y Salud*, 27(1), 7-14. <https://doi.org/10.1016/j.clysa.2016.01.002>
- Lageborn, C. T., Bjureberg, J., Song, J., et al. (2023). Risk of suicide and self-harm in university students entering different university programs - a national register-based cohort study in Sweden. *Social Psychiatry and Psychiatric Epidemiology*, 58, 1139-1149. <https://doi.org/10.1007/s00127-023-02484-2>
- Lew, B., Osman, A., Huen, J. M. Y., Siau, C. S., Talib, M. A., Cunxian, J., Mei, C., Chan, H., & Leung, A. N. M. (2020). A comparison between American and Chinese college students on suicide-related behavior parameters. *International Journal of Clinical and Health Psychology*, 20(2), 108-117. <https://doi.org/10.1016/j.ijchp.2020.03.005>
- Linehan, M. M. (1993). *Cognitive behavioral therapy of borderline personality disorder*. Guilford Press.
- Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., ... & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013-2021. *Journal of Affective Disorders*, 306, 138-147. <https://doi.org/10.1016/j.jad.2022.03.038>
- Mann, J. J., Michel, C. A., & Auerbach, R. P. (2021). Improving suicide prevention through evidence-based strategies: a systematic review. *American Journal of Psychiatry*, 178(7), 611-624. <https://doi.org/10.1176/appi.ajp.2020.20060864>
- Marutani, T., Yasumi, K., Saito, K., Ibaraki, T., & Takayama, J. Y. (2024). Suicide among national university graduate students in Japan from 2002 to 2021. *PCN reports: Psychiatry and Clinical Neurosciences*, 3(1), e180. <https://doi.org/10.1002/pcn5.180>
- Mendizábal, R., & King, M. (2021). The rate of student death from suicide from the Big Ten counseling centers: 2009-2018 (Appendix D). En L. A. Scherer & A. I. Leshner (Eds.), *Mental health, substance use, and wellbeing in higher education: Supporting the whole student*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK567374/>
- Ministerio de Sanidad [Ministry of Health] (2025). *Plan de acción para la prevención del suicidio 2025-2027 [Action plan for suicide prevention 2025-2027]*. Gobierno de España [Government of Spain].
- Ministerio de Universidades [Ministry of Universities]. (2023). *La salud mental en el estudiantado de las universidades españolas [Mental health among students at Spanish universities]*. Gobierno de España [Government of Spain].
- Mitchell, S. L. (2023). The work of college counseling centers in the early 21st century. *The American Psychologist*, 78(9), 1125-1136. <https://doi.org/10.1037/amp0001249>
- Mortier, P., Cuijpers, P., Kiekens, G., Auerbach, R. P., Demyttenaere, K., Green, J. G., ... & Bruffaerts, R. (2018). The prevalence of suicidal thoughts and behaviours among college students: A meta-analysis. *Psychological Medicine*, 48(4), 554-565. <https://doi.org/10.1017/S0033291717002215>
- Muela, A., García-Ormaza, J., Insúa, P., Zurita, C. (2025). *Suicide prevention in the university through Gatekeeper training: a preliminary study*. Unpublished document.
- Pistorello, J., Jobes, D. A., Compton, S. N., Loecey, N. S., Walloch, J. C., Gallop, R., et al. (2017). Developing adaptive treatment strategies to address suicidal risk in college students: A pilot sequential, multiple assignment, randomized trial (SMART). *Archives of Suicide Research*, 22(4), 644-664.
- Poli, M., Russotto, S., Fornaro, M., Gonda, X., Lopez-Castroman, J., Madeddu, F., Zeppegno, P., Gramaglia, C. & Calati, R. (2025). Suicide risk among residents and PhD students: A systematic review of the literature. *Journal of Psychiatric Research*, 181, 433-462. <https://doi.org/10.1016/j.jpsychires.2024.12.013>
- Prieto-Vila, M., Estupiñá, F. J., Aparicio-García, M. E., Santalla, Á., Sanz, A., & Larroy, C. (2024). Diferencias de género y problemas de salud mental entre estudiantes de doctorado [Gender differences and mental health problems among doctoral students]. *Ansiedad y Estrés*, 30(2), 117-122. <https://doi.org/10.5093/anyes2024a15>
- Salaberria, K., Polo-López, R., Ruiz-Iriondo, M., Cruz-Sáez, S., & Echeburúa, E. (2016). Análisis de la demanda en una unidad universitaria de asistencia psicológica [Analysis of demand in a university psychological assistance unit]. *Revista Argentina de Clínica Psicológica*, 25(3), 299-308.
- Saúl, L. A., López-González, M. A., & Bermejo, B. G. (2009). Revisión de los servicios de atención psicológica y psicopedagógica en las universidades españolas [Review of psychological and psychoeducational services in Spanish universities]. *Acción Psicológica*, 6, 17-40.
- 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>
- Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., et al. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *Journal of Affective Disorders*, 287, 282-292. <https://doi.org/10.1016/j.jad.2021.03.054>
- Silverman, M. M., Meyer, P. M., Sloane, F., Raffel, M., & Pratt, D. M. (1997). The Big Ten Student Suicide Study: A 10-year study of suicides on midwestern university campuses. *Suicide and Life-Threatening Behavior*, 27(3), 285-303.
- Sivertsen, B., Hysing, M., Knapstad, M., Harvey, A. G., Reneflot, A., Lønning, K. J., & O'Connor, R. C. (2019). Suicide attempts and non-suicidal self-harm among university students: Prevalence study. *BJPsych Open*, 5(2), e26. <https://doi.org/10.1192/bjo.2019.4>
- Spafford, S. G., Silverman, M. M., & Gutierrez, P. M. (2025). What is known about suicide prevention gatekeeper training and directions for future research. *Suicide and Life-Threatening Behavior*, 55, e13130. <https://doi.org/10.1111/sltb.13130>
- Stanley, B., Chaudhury, S. R., Chesin, M., Pontoski, K., Bush, A. M., Knox, K. L., & Brown, G. K. (2016). An emergency department intervention and follow-up to reduce suicide risk in the VA: Acceptability and effectiveness. *Psychiatric Services*, 67(6), 680-683.

- Substance Abuse and Mental Health Services Administration. (2025). *National Guidelines for a Behavioral Health Coordinated System of Crisis Care*. Retrieved April 16 2025, from <https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>
- Tejedo, A. (2019). Condicionantes del diagnóstico en la demanda de ayuda psicológica en una unidad de atención psicológica en un campus universitario [Factors influencing the diagnosis of psychological help requests at a psychological care unit on a university campus]. *Revista de Psicoterapia*, 30(113), 213-237.
- The Healthy Minds Study. (2025). *2023-2024 Data Report*. Healthy Minds Network. Retrieved April 12 2025, from https://healthymindsnetwork.org/wp-content/uploads/2024/09/HMS_national_report_090924.pdf
- Universities UK. (2022). *How to respond to student suicide: Suicide safer guidance on postvention*. Retrieved April 22 2025, from <https://www.universitiesuk.ac.uk/sites/default/files/uploads/Reports/postvention-main-guidance.pdf>
- Wolitzky-Taylor, K., LeBeau, R. T., Perez, M., Gong-Guy, E., & Fong, T. (2020). Suicide prevention on college campuses: What works and what are the existing gaps? A systematic review and meta-analysis. *Journal of American College Health*, 68(4), 419-429. <https://doi.org/10.1080/07448481.2019.1577861>
- Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., et al. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, 14(4), 407-415.
- Yao, Z. Y., Xu, X. M., Kou, C. G., Wang, X. T., Liu, B. P., Cheng, S. L., ... & Jia, C. X. (2025). Comparison of suicidal behavior among Chinese university students before and during the COVID-19 pandemic: Findings from a two-wave cross-sectional study. *Death Studies*, 1-16. <https://doi.org/10.1080/07481187.2025.2476981>
- Yonemoto, N., Kawashima, Y., Endo, K., & Yamada, M. (2019). Gatekeeper training for suicidal behaviors: A systematic review. *Journal of Affective Disorders*, 246, 506-514. <https://doi.org/10.1016/j.jad.2018.12.052>
- Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., ... & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry*, 3(7), 646-659. [https://doi.org/10.1016/S2215-0366\(16\)30030-X](https://doi.org/10.1016/S2215-0366(16)30030-X)
- Zhao, R., Amanvermez, Y., Pei, J., Castro-Ramirez, F., Rapsey, C., Garcia, C., ... & Cuijpers, P. (2025). Research Review: Help-seeking intentions, behaviors, and barriers in college students - a systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, 66(10), 1593-1605. <https://doi.org/10.1111/jcpp.14145>
- Zhou, S. J., Wang, L. L., Qi, M., Yang, X. J., Gao, L., Zhang, S. Y., ... & Chen, J. X. (2021). Depression, Anxiety, and Suicidal Ideation in Chinese University Students During the COVID-19 Pandemic. *Frontiers in Psychology*, 12, 669833. <https://doi.org/10.3389/fpsyg.2021.669833>