

SUNY SYSTEM ADMINISTRATION SUICIDE POSTVENTION GUIDE



SUNY System Administration Postvention Guide

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Executive Summary

The SUNY Suicide Postvention Guide serves as a comprehensive framework to assist campuses in responding to a student, staff, or faculty death by suicide. It provides protocols for communication, trauma-informed care, memorial management, and community healing. SUNY has developed this guide to reduce the risk of suicide contagion, support grieving individuals, and help campuses act with clarity and compassion during an emotionally destabilizing crisis.

The impact of suicide on a campus is far-reaching, affecting classmates, faculty, staff, administrators, and families. SUNY is committed to fostering mental health and wellness on every campus. This guide reflects best practices from state and national models, refined for SUNY's unique needs.

Important Note: Advance Planning Required

This guide is designed to support campuses in responding to a suicide, but it cannot be effectively implemented if first consulted during a crisis. Postvention protocols should be developed, customized, and practiced **before a crisis occurs**. Campuses must invest time to establish a written action plan, identify roles, and compile resources. Attempting to create a plan in real time, while managing the emotional weight of a crisis, can lead to confusion, gaps in response, and additional harm.

Prevalence of Suicide in Higher Education

To ground this guide in context, it is important to understand the prevalence of suicide and its profound impact on college campuses nationwide.

Annually, roughly 1,100 college students die by suicide in the United States, while approximately 24,000 attempt suicide each year¹. Suicide ranks as the second-leading cause of death among college students² and around 12-13% of students report having experienced suicidal thoughts during their time at college³. Additionally, one-third of LGBTQIA+ students have seriously considered suicide, with higher rates of ideation compared to their peers⁴. Other risk factors for suicide include a lack of social support; past trauma; financial stressors; depression; and academic pressure⁵.

Given the incidence of suicide among college students, it is essential that SUNY campuses have a comprehensive postvention protocol in place to support grieving communities, reduce the risk of suicide contagion, and foster campus-wide healing.

What is Suicide Postvention?

Suicide postvention is an organized response after a suicide or suspected suicide, designed to support those affected, reduce the risk of suicide contagion, and promote healing within the community. It includes coordinated actions such as:

1. Crisis communication;

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC3809451>

² <https://jedfoundation.org/mental-health-and-suicide-statistics>

³ <https://www.insidehighered.com/news/student-success/health-wellness/2024/10/07/understanding-college-student-suicide-risk-factors>

⁴ <https://www.insidehighered.com/news/student-success/health-wellness/2024/10/07/understanding-college-student-suicide-risk-factors>

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC2924459>

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2. Grief support;
3. Mental health outreach; and
4. Institutional reflection to strengthen future prevention efforts.

While postvention occurs after a suicide, the effectiveness of the response depends on advance preparation. Campuses should not wait for a crisis to create their postvention plan.

Why is Suicide Postvention Important?

Suicide postvention is a critical component of a comprehensive mental health strategy. In the aftermath of a suicide, communities are often left grappling with shock, grief, confusion, and emotional distress. Without clear guidance, campuses may unintentionally respond in ways that increase the risk of suicide contagion or leave affected individuals without proper support. Postvention efforts help stabilize the community, provide trauma-informed care, and promote healing for those who are struggling. It also creates an opportunity for institutions to reflect, strengthen future prevention strategies, and ensure that no one processes the loss alone.

The most effective postvention is built on proactive planning. Campuses that prepare ahead of time are best positioned to support their communities with clarity and compassion.

Key Principles of Postvention

Postvention is both an immediate response and a long-term commitment to healing and safety. The following principles reflect best practices for campus-based postvention and guide SUNY's approach:

- 1. Stabilize and support the campus community**
Provide trauma-informed support to those most affected. Ensure access to counseling, peer support, and academic flexibility.
- 2. Prevent Suicide Contagion**
Use safe messaging and monitor risk factors in the broader community. Avoid sensationalizing or romanticizing the death.
- 3. [Utilize Best Practices for Safe Messaging](#)**
Share timely, factual updates using clear, consistent language. Avoid speculation or sharing method of death.
- 4. Honor the Loss Responsibly**
Balance compassion with public health considerations. Memorials should be equitable and non-sensational.
- 5. Promote a Culture of Help-Seeking**
Emphasize that seeking support is a strength. Share crisis and counseling resources prominently.
- 6. Empower and Equip Campus Leaders**
Ensure staff are trained in postvention and trauma response and understand their roles in the process.

7. Reflect and Improve for the Future

Conduct debriefs post-crisis and revise protocols accordingly to improve response.

Campus Roles and Responsibilities

An effective postvention response relies on defined roles, coordination, and compassionate leadership. This section outlines responsibilities across campus stakeholders to ensure a timely, unified, and trauma-informed approach to supporting the campus community after a suicide.

1. Campus Leadership and Administration

Campus administrators should provide strategic oversight and communication during a suicide-related crisis. Potential responsibilities could include:

- a. Activate the Campus Crisis Response Team (CRRT) immediately after confirmation of a suicide.
- b. Upon official confirmation of a completed suicide, contact the family of the deceased to offer condolences and determine their communication preferences.
- c. Disseminate a verified campus-wide message with empathy and transparency.
- d. Appoint a trained media spokesperson and direct all press inquiries to them.
- e. Coordinate with IT or registrar offices to suspend automated emails or alerts sent to the deceased's account or family.
- f. Ensure flexible policies around class attendance or work absences for impacted students and staff.
- g. Allocate space and staffing for grief counseling and ongoing mental health services.

While postvention protocols should remain equitable across all campus deaths, certain responsibilities may shift depending on whether the deceased is a student or a faculty/staff member.

For a student death: Emphasize coordination with Student Affairs, Counseling Services, Residence Life, and Academic Affairs. For a faculty/staff death: Engaged Human Resources, department leadership, and Academic Affairs to support colleagues and advisees. Provide guidance for classes taught by the faculty member, and ensure staff or departmental needs are acknowledged in addition to student supports.

2. Campus Crisis Response Team (CCRT)

The CCRT is responsible for managing the emotional aftermath of the crisis and implementing day-to-day postvention protocols. This team may include counseling center staff, student affairs representatives, health/wellness professionals, residence life, and communications staff. Community resources may also be considered on a case-by-case basis.

- a. Point person (or up to two people) confirms facts with authorities before public communications are released.
- b. Identify high-risk students, faculty, and staff, such as close friends; roommates; teammates; or other individuals with a past history of trauma; and proactively communicate with these groups.
- c. Provide grief counseling and quiet spaces for private processing or one-on-one support.
- d. Monitor social media and student forums for harmful messages or spreading of misinformation.

- e. Debrief daily during the first week of response to evaluate needs and adjust accordingly.
- f. Document actions taken, lessons learned, and future recommendations.
- g. Create a well-being check in mechanism for the team to support self-care.

3. Faculty and Staff

Faculty and staff play a critical role in student support and early identification of those in distress. Their responsibilities may include:

- a. Connect grieving or at-risk students to campus mental health and well-being services, such as the campus counseling center.
- b. Provide flexibility around assignments or attendance.
- c. Address student concerns with factual and compassionate language; avoid speculation or unverified information.
- d. Participate in campus-wide briefings or staff check-ins, where appropriate.

4. Residence Life and Student Services

These professionals often have close contact with students outside the classroom and are essential to proactive support. Responsibilities may include:

- a. Help identify close contacts or affected peers, especially in residence halls or shared housing.
- b. Coordinate peer support opportunities, memorial guidance, and healing spaces.
- c. Reinforce help-seeking behavior and share crisis resources with residents.

5. Communications and Media Relations

Communications staff help shape the public-facing response. Their responsibilities include:

- a. Craft and review official statements, ensuring language is in alignment with trauma-informed and safe messaging guidelines.
- b. Monitor media coverage to prevent speculation or harmful messaging.
- c. Share Safe Reporting Guidelines⁶ with press or student media, and make sure that crisis services and resource links are included (e.g., 988).

Please see Appendix A for a matrix of campus roles and responsibilities.

Creating a Campus Crisis Response Team

The Campus Crisis Response Team (CCRT) plays a central role in managing the university's immediate and coordinated response following a student, staff, or faculty death by suicide. This cross-functional team ensures a timely, trauma-informed, and unified approach to communication, support, and recovery across the campus community.

Reminder: The time to form your Campus Crisis Response Team and outline protocols is before a crisis. Do not wait until a suicide occurs to identify who is responsible, what resources are needed, or how communication will be managed.

⁶ <https://reportingonsuicide.org/>

1. Team Composition

The CCRT should be pre-determined and include individuals from across relevant campus departments, such as:

- a. Counseling or mental health services;
- b. Student affairs or student life;
- c. Residence life/housing;
- d. Campus safety/public safety;
- e. Academic affairs;
- f. Human resources;
- g. Communications/marketing; and
- h. Diversity, Equity, and Inclusion offices.

2. Core Responsibilities Following a Suicide

Upon activation, the CRRT should be responsible for:

- a. Confirming information with law enforcement or hospital officials before initiating response protocols;
- b. Notifying key campus stakeholders;
- c. Identifying and supporting high-risk individuals, such as teammates, faculty who taught the deceased, roommates, etc.;
- d. Coordinating grief counseling;
- e. Monitoring community response via social media, informal networks, and staff check-ins;
- f. Advising on memorial decisions; and
- g. Documenting actions taken, challenges faced, and opportunities for improvement.

To support advance planning, campuses should complete Appendix D: Local Resource Mapping Template and keep it updated annually to ensure local partners and crisis resources are readily accessible during a response.

Note: Postvention protocols must be adaptable to different campus circumstances, including low-occupancy periods such as summer or holiday breaks. The Crisis Response Team should establish alternate communication pathways and ensure continuity of care for students, faculty, and staff who may not be physically present on campus.

3. Post-Crisis Reflection

After the immediate crisis period has passed, the CCRT should:

- a. Conduct a formal debrief meeting with leadership and team members;
- b. Collect feedback to determine what worked well and what needs to be improved;
- c. Update written protocols and training plans where appropriate; and
- d. Reconnect with affected students, faculty, and staff to determine what longer-term support is needed for the campus.

Communication and Messaging

Clear, timely, and safe communication is critical in the aftermath of a suicide. How information is shared, and by whom, affects the wellbeing of the campus community and can either reduce or

exacerbate the risk of suicide contagion. Messaging must be factual, trauma-informed, and rooted in compassion for impacted individuals.

1. Core Messaging Principles

- a. Communicate quickly but with verified information;
- b. Avoid sharing method or detailed circumstances surrounding the suicide;
- c. Use consistent, non-sensational language. Use terms like “died by suicide” instead of “committed suicide;”
- d. Provide resources in every message;
- e. Be inclusive and compassionate; and
- f. Defer to family wishes when possible, regarding naming the deceased and memorial announcements.

Note: When crafting messages, campuses should adapt language to reflect the role of the deceased (student, faculty, or staff) while maintaining safe, equitable, and compassionate practices. Messaging should avoid privileging one type of loss over another and should consistently include support resources for the entire community.

2. Internal Campus Communication

A central announcement should be distributed through appropriate channels (e.g., email, student portals, campus leadership lists). This message should:

- a. Briefly acknowledge the loss;
- b. Express condolences without speculating on cause;
- c. Share mental health resources and crisis supports;
- d. Include funeral or memorial information, if appropriate and approved (Note: Attendance at the funeral/memorial service should be discussed in collaboration with the family); and
- e. Identify a point of contact for additional support.

3. Faculty and Staff Messaging

Faculty and staff are often on the front lines of student support. Equip them with:

- a. Talking points and language guides;
- b. A clear referral path for students in crisis;
- c. Recommendations for being flexible in the academic setting (e.g., attendance, assignment extensions, etc.); and
- d. Suggested responses to student questions.

4. External and Media Messaging

All media inquiries should be directed to a designated campus spokesperson. That individual should be trained in safe messaging and have access to Safe Reporting Guidelines for suicide-related coverage⁷.

- a. Media Communication Reminders:
 - i. Do not release name or details unless confirmed and cleared by the family;

⁷ <https://reportingonsuicide.org/>

- ii. Highlight the campus' mental health and well-being resources and postvention efforts; and
- iii. Avoid speculation to explain the cause of death.

5. Social Media Response

Social media will often be where students first express grief or learn of a suicide.

Communications staff and crisis teams should:

- a. Monitor public channels for misinformation;
- b. Reaffirm resources and supportive messages on official campus accounts; and
- c. Consider issuing a coordinated statement or pinned message across social media accounts.

Please see Appendix B for sample messaging.

Working with the Media

Media coverage of a campus suicide can significantly influence public perception and community wellbeing. To minimize harm and prevent suicide contagion, it is essential that all external communications follow best-practice guidelines and are handled by a trained spokesperson.

Key Guidelines

- 1) Appoint a single media spokesperson; all inquiries should be routed to this individual to ensure consistent, informed messaging.
- 2) Do not share the method of death or personal details unless approved by the family and verified by authorities.
- 3) Focus messaging on community support and resources.
- 4) Provide media with Safe Reporting Guidelines to encourage responsible journalism⁸.
- 5) Monitor local and campus media coverage for accuracy and safety, and address harmful messaging when necessary.

Supporting Students, Staff, and Faculty

In the aftermath of a campus suicide, community-wide grief can manifest in many ways, whether that be emotional distress and isolation to confusion, anger, or silence. It is essential to offer equitable support to all campus groups, recognizing their unique roles, stressors, and vulnerabilities.

Key Approaches for Community Support

1. Acknowledge Grief Across Roles

- a. Communicate that all reactions are valid.
- b. Recognize that faculty and staff may experience secondary trauma while simultaneously supporting students.
- c. Utilize inclusive language in messaging that shows concern for all members of the campus community.

2. Offer Multiple and Flexible Support Services

⁸ <https://reportingonsuicide.org/>

- a. Provide support options such as: individual counseling, facilitated group sessions, walk-in sessions, tele-therapy, and peer support spaces.
- b. Ensure accessibility for students with disabilities, online learners, and off-campus staff.
- c. If applicable, clearly communicate how to access Employee Assistance Programs for staff.

3. Support Academic Flexibility

- a. Encourage faculty to offer flexibility around attendance, deadlines, and participation policies.

4. Train Community Members to Respond Thoughtfully

- a. Equip staff, faculty, and RAs with talking points and basic support techniques.
- b. Offer optional drop-in spaces for faculty or advisors to debrief and share concerns.

5. Emphasize the Power of Connection

- a. Encourage peer check-ins and model help-seeking behavior from leadership.
- b. Continue to promote a culture of mental health literacy and normalize emotional wellness.

Tailoring Support by Role of the Deceased

The impact of a death may manifest differently depending on the role of the deceased within the campus community. Campuses should tailor their response accordingly:

- **Student death:** Students may experience profound grief, particularly close friends, roommates, teammates, or classmates. Advisors, faculty, and staff connected to the student may also require support and guidance in navigating their dual roles as grievers and supporters.
- **Faculty/staff death:** The loss of a faculty or staff member may affect entire departments, advisees, and professional colleagues. Students who relied on the individual for teaching, mentorship, or services may also feel the impact. Providing spaces for departmental grieving, EAP referrals, and adjustments to course delivery or workload is critical.

Culturally Competent Postvention Care

In the aftermath of a suicide, it is essential to recognize that grief and healing are experienced differently across cultural, social, and identity groups. Providing culturally competent postvention care helps ensure that all members of the campus community feel supported and respected during a time of crisis⁹.

- **International Students** may face barriers related to language, stigma, or cultural perceptions of suicide. Postvention planning should include access to translation services, outreach through international student advisors, and sensitivity to cultural differences in expressing grief and seeking help.

⁹ <https://sprc.org/resources/suicide-prevention-and-culturally-competent-care>

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- **LGBTQ+ Students** may be at higher risk of disenfranchised grief, isolation, or fears of stigma following a peer's death. Campuses should partner with LGBTQ+ resource centers or student organizations to ensure affirming spaces and access to counselors trained in sexual orientation and gender identity issues.
- **Students from Marginalized Backgrounds** may experience compounded grief due to systemic inequities, racism, or past trauma. Postvention responses should incorporate inclusive language, trauma-informed practices, and referrals to culturally specific services or community supports where available.

Campus leaders are encouraged to:

- 1) Consult with diversity, equity, and inclusion (DEI) offices, cultural centers, and student affinity groups when designing postvention outreach.
- 2) Provide staff with ongoing training in cultural humility and trauma-informed care.
- 3) Ensure that communication, memorial policies, and support services reflect SUNY's commitment to equity, respect, and belonging.

Embedding cultural competence into postvention planning not only strengthens the immediate response but also helps foster a more inclusive campus climate that supports long-term recovery and resilience. Appendix D can assist campuses in identifying culturally specific and community-based resources ahead of time.

Additional Consideration: Commuter Students and Academic Calendar Timing

SUNY campuses must recognize that postvention needs vary between commuter students and residential students, as well as across different points in the academic calendar. Commuter students may feel less connected to campus-based supports and require targeted outreach via email, phone, and virtual platforms.

During summer sessions, holiday breaks, or periods of reduced campus operations, campuses should:

1. Ensure virtual counseling, tele-therapy, or referral pathways remain active and visible.
2. Coordinate with local community providers to fill service gaps when campus staffing is limited.
3. Consider timing of memorials and communication so that all affected community members, including those off-campus, can engage in the healing process.
4. Reaffirm availability of campus services when the academic year resumes to reach students returning from time away.

Please see Appendix C for a visual handout template of the five key approaches

Memorial Considerations

Memorials after a suicide must balance honoring the life lost with the safety of the broader campus community in mind. Research and best practices emphasize the importance of avoiding public or permanent memorials that could unintentionally romanticize suicide or reinforce it as a path to recognition¹⁰.

¹⁰ <https://academic.oup.com/book/56082/chapter/442694543>

1. Memorial Considerations and Best Practices

- a. Equity in memorials: Honor all campus losses, regardless of cause, in a consistent manner;
- b. Avoid large public memorials such as rallies, dedicated sports games, or place plaques, as these can increase suicide contagion risk;
- c. Monitor and guide social media memorial pages and encourage respectful tone, offer resources, and moderate harmful or triggering posts;
- d. Funeral attendance: Attendance at the funeral/memorial service should be discussed in collaboration with the family. Allow students and staff to attend services with appropriate academic or work accommodations; and
- e. Honor family wishes and involve the family in decisions about how/whether to acknowledge the death on campus.

Note: When a death occurs during summer or holiday breaks, campuses should consider the timing and modality of memorial acknowledgments. Options may include digital messages, delayed gatherings at the start of the next academic term, or hybrid approaches that allow both on-campus and off-campus community members to participate equitably.

2. Consistent Policy Matters

- a. Develop a written campus policy on memorialization that addresses all deaths, not just suicide. The policy must adhere to public health-informed standards to ensure responses are empathetic, safe, and equitable.

Debriefing and Future Planning

While the immediate postvention period focuses on stabilization and support, the days and weeks following a suicide also present a critical space for institutional reflection and long-term planning. A structured debriefing process helps campuses learn from the response, strengthen policies, and prepare more effectively for the future.

Each crisis underscores the importance of having a plan in place before one occurs. Campuses should update and practice their postvention protocols regularly, rather than waiting until a tragedy occurs.

1. Conducting a Postvention Debrief

Within one to two weeks of the incident, the Campus Crisis Response Team (CCRT) and relevant campus leaders should participate in after action review session. This session should:

- a. Review the timeline of actions taken and identify which protocol(s) worked well;
- b. Review communication efforts, including what messaging was utilized, how quickly, and any feedback that arose;
- c. Evaluate support services provided, such as counseling sessions, referrals, or unmet needs;
- d. Assess cross-campus coordination, such as academic affairs, residence life, health services. etc.; and
- e. Document challenges faced and any gaps in policy/protocols that may lead to confusion.

2. Gathering Community Feedback

In addition to internal reflection, consider gathering feedback from key campus groups (e.g., counseling staff, student leaders, faculty advisors) on how the community experienced the response and where improvements can be made.

This can be done through:

- a. Anonymous surveys;
- b. Small focus groups;
- c. Staff check-ins; and
- d. Student group debriefs (e.g., RAs, student government, other student leaders)

3. Updating Policies and Protocols

Based on what's learned in the debrief process, campuses should:

- a. Revise crisis response protocols or team roles as needed;
- b. Update or formalize a campus-wide memorial policy;
- c. Identify training needs for specific staff, departments, or student groups;
- d. Utilize information gathered via feedback session and incorporate into future crisis planning efforts.

As part of updating postvention protocols, campuses should review and revise *Appendix D* to reflect current county crisis services and community supports.

4. Ongoing Support for Grieving Community Members

Debriefing is not the final stage of outreach. Campus should continue to:

- a. Check in on individuals most impacted in the weeks and months ahead;
- b. Offer ongoing counseling sessions and academic flexibility;
- c. Anticipate emotional memories and challenges around anniversaries; and
- d. Reinforce a culture of connection, help-seeking, and care.

Resource Index

1. Crisis and Mental Health Support

- a. [SUNY Crisis Text Line](#)
 - i. Text Got5U to 741741 to connect with a trained counselor 24/7.
- b. [988 Suicide & Crisis Lifeline](#)
 - i. Call or text 988 for free, confidential emotional support available 24/7 across the U.S.
- c. [SUNY Campus Counseling Center Directory](#)
 - i. Access contact information for counseling services across SUNY campuses.
- d. [SUNY Tele-Psychiatry Network \(STPN\)](#)
 - i. Learn more about SUNY's Tele-Psychiatry Network consultation and referral network.
- e. [SUNY Mental Health Resource Finder](#)
 - i. Includes information on campus, county-level, and national mental health and well-being services.

2. County-Level/Community-Based Services

- a. [New York State Conference of Local Mental Hygiene Directors](#)
 - i. Provides leadership and coordination among county mental health, developmental disability, and substance use service directors. Useful as a gateway to every county's local director and crisis system.
- b. [New York State Office of Mental Health – Find Local Mental Health Programs](#)
 - i. The Office of Mental Health maintains a provider directory searchable by county, including outpatient clinics, crisis programs, and emergency services.
- c. [New York State Association of County Health Officials](#)
 - i. Provides a portal to each county's public health department, many of which oversee behavioral health and crisis response.
- d. Mobile Crisis Teams
 - i. Mobile crisis teams are county-based mental health professionals who provide on-site intervention during a behavioral health crisis, offering assessment, stabilization, and linkage to appropriate services.
- e. Local Hospitals & Emergency Departments
 - i. Encourage campuses to pre-identify county hospital ERs with psychiatric emergency programs (CPEPs).
- f. County Suicide Prevention Coalitions
 - i. Many counties (e.g., Broome County Suicide Prevention Coalition, Erie County Suicide Prevention Coalition) maintain resource guides and survivor support networks.
- g. [National Alliance on Mental Illness – New York Chapters](#)
 - i. Connects to county affiliates that provide peer-led support for families and individuals after a suicide.
- h. [American Foundation for Suicide Prevention – New York Chapters](#)
 - i. Local chapters often provide survivor outreach, postvention resources, and volunteer networks.

3. Grief and Bereavement Resources

- a. [Dougy Center \(Grief Support for Children and Families\)](#)
- b. [National Alliance for Children's Grief](#)
- c. [AFSP Coping with Suicide Loss Resources](#)

4. Safe Messaging and Media Guidelines

- a. [Reporting on Suicide – Media Best Practices](#)
- b. [Action Alliance Framework for Safe Messaging](#)
- c. [CDC Suicide Prevention Messaging Guidance](#)

5. Memorial Policy and Planning Resources

- a. [CDC Guidelines on Suicide Contagion and Memorials](#)
- b. [SPRC Recommendations on Memorialization](#)

Glossary of Terms

Below is a list of terms commonly used in postvention and campus mental health response. This glossary is intended to support clarity and consistency across campus teams.

988

The nationwide three-digit Suicide & Crisis Lifeline number, available 24/7. Call or text 988 to connect with trained counselors for crisis support or mental health assistance.

Aftercare

Support provided to individuals (e.g., students, staff, close contacts) following a crisis or traumatic event. Aftercare may include counseling, check-ins, academic accommodations, or resource referrals over an extended period of time.

Anniversary Reaction

An emotional response triggered by the anniversary of a traumatic event, such as a death by suicide. Reactions may include renewed feelings of grief, sadness, anxiety, or emotional distress.

Behavioral Health

An umbrella term encompassing mental health and substance use care. Postvention often involves behavioral health providers in both immediate and long-term support efforts.

Complicated Grief

A prolonged and intense form of mourning that disrupts daily life and functioning. Individuals experiencing complicated grief may require specialized support or therapy.

Crisis Response Team (CCRT)

A multidisciplinary group of campus professionals trained to coordinate and implement immediate support, communication, and logistics following a traumatic event.

Crisis Text Line

A free, 24/7 confidential support service available via text. SUNY community members can text “Got5U” to 741741 to connect with a trained crisis counselor.

FERPA/HIPAA

Federal laws that protect privacy:

1. FERPA (Family Educational Rights and Privacy Act) governs the privacy of student education records.
2. HIPAA (Health Insurance Portability and Accountability Act) protects sensitive health information.

Gatekeeper Training

Training that teaches individuals how to recognize warning signs of suicide, engage in supportive conversations, and refer people to professional help.

Grief Counseling

Support services provided to individuals experiencing emotional and psychological responses to loss. Grief counseling may be offered individually or in groups.

Lethal Means

Methods or objects commonly used to attempt suicide (e.g., firearms, medications, high places). Restricting access to lethal means is a core evidence-based suicide prevention strategy.

Means Restriction

Strategies to reduce or restrict access to lethal means of suicide. Implementing means restriction is known to lower suicide rates, particularly in crisis moments.

Memorialization

The act of honoring or remembering someone who has died. In suicide postvention, memorials must be handled carefully to avoid elevating the individual's death in a way that could influence others at risk.

Postvention

A structured response following a suicide intended to support those affected, reduce the risk of additional suicides (contagion), promote healing, and strengthen future prevention efforts.

Resilience

The ability to adapt, recover, and grow in the face of stress or adversity. Postvention aims to support both personal and community resilience during the healing process.

Safe Messaging

Communication practices that reduce the risk of harm when discussing suicide. Safe messaging avoids graphic detail, glorifying language, or speculation, and instead promotes help-seeking and hope.

Secondary Trauma

Emotional distress that occurs when an individual is indirectly exposed to trauma, such as repeatedly hearing about or supporting someone through a suicide-related loss. Campus responders and support staff are at particular risk.

Suicide Contagion

The potential for suicidal behavior to be influenced by exposure to suicide through media, conversations, or public reactions, particularly among vulnerable individuals.

Survivor of Suicide Loss

A person who has lost someone to suicide, including friends, family, classmates, colleagues, or others in their community. Survivors may face complex grief, stigma, and an elevated risk of mental health challenges.

Trauma-Informed Care

An approach to service delivery that recognizes the impact of trauma and seeks to provide physical and emotional safety, build trust, promote empowerment, and avoid re-traumatization.

Wellness Check

A proactive outreach, typically by campus staff or law enforcement, to ensure an individual's safety and wellbeing after concerning behavior, absence, or potential exposure to a traumatic event.

Appendix A: Campus Roles and Responsibilities

Note: These roles should be defined and documented before a crisis occurs, so that each individual knows their responsibilities and the campus can respond quickly and effectively

Stakeholder Group	Primary Responsibilities	Example Actions
Campus Leadership & Administration	Strategic oversight, communication, and coordination with family and SUNY System.	Activate Crisis Response Team Notify campus Appoint spokesperson Suspend outreach to family
Crisis Response Team (CCRT)	Immediate mental health response and coordination of support services.	Verify facts Coordinate grief counseling Monitor social media Debrief regularly
Faculty & Staff	Support student wellbeing and refer individuals to services.	Provide flexibility on assignments Refer students to counseling Attend debriefs
Residence Life & Student Services	Direct support to students in housing and peer spaces.	Identify close contacts Host peer support spaces Share crisis info
Communications & Media Relations	Manage internal and external messaging with safety in mind.	Draft official statements Handle media inquiries

While postvention protocols should remain equitable across all campus deaths, certain responsibilities may shift depending on whether the deceased is a student or a faculty/staff member.

For a student death: Emphasize coordination with Student Affairs, Counseling Services, Residence Life, and Academic Affairs. For a faculty/staff death: Engaged Human Resources, department leadership, and Academic Affairs to support colleagues and advisees. Provide guidance for classes taught by the faculty member, and ensure staff or departmental needs are acknowledged in addition to student supports.

Appendix B:

Use this one-pager to guide communication with students and others after a campus suicide. Your language matters. Effective communication can reduce harm, support healing, and prevent contagion.

Do:

1. Use clear, compassionate language.
2. Say “died by suicide” instead of “committed suicide.”
3. Emphasize that support is available, and help works.
4. Refer students to campus counseling or crisis lines.
5. Normalize emotional responses and grief.
6. Stick to verified facts and respect family wishes.

Avoid:

1. Sharing details about the method or location.
2. Speculating about causes, especially mental illness.
3. Using judgmental or stigmatizing terms.
4. Discussing personal details without permission.
5. Making comparisons to other deaths or events.

Helpful Phrases:

1. This is a difficult time, and support is available for anyone who needs it.
2. We don’t have all the answers, but we’re here to support you.
3. It’s okay to feel a range of emotions, whether that be sadness, confusion, or even numbness.
4. You are not alone. Let’s talk through what you’re feeling.

Appendix C: Top 5 Ways to Support Your Campus After a Suicide

This guide offers immediate strategies to help campus leaders, faculty, and staff support a grieving community. Compassionate, consistent action helps prevent further harm and promotes healing.

1. Acknowledge Community Grief

Let students, staff, and faculty know that a range of emotions is normal. Avoid trying to fix or explain feelings; simply affirm that support is available.

2. Offer Flexible, Layered Support

Make counseling services visible and accessible. Use walk-in hours, virtual options, small groups, and peer spaces to reach different needs.

3. Encourage Academic Flexibility

Promote grace and flexibility with deadlines, attendance, and workload. Grief impacts concentration, memory, and energy, especially in the first weeks.

4. Equip Faculty and Staff

Provide talking points, referral contacts, and a space to ask questions. Make sure staff feel supported too, not just responsible for others.

5. Reinforce Connection and Care

Promote help-seeking, check-ins, and shared responsibility for community healing. Visible support from leadership sets the tone for recovery.

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Appendix D: Local Resource Mapping Template

This template is designed to help campuses proactively identify and document local and county-based resources before a suicide-related crisis occurs. Having this information readily available allows for a faster, more coordinated, and trauma-informed response.

Campuses are encouraged to complete and update this template annually, in consultation with county crisis services, community mental health providers, and relevant partners.

Campus Resource Mapping Template

Campus Name	
Date Completed/Updated	
Completed By	

1. County Crisis Services

24/7 Mobile Crisis Team	
County Crisis Hotline	
Hospital Emergency Department(s)	
Law Enforcement Crisis Intervention (CIT-trained officers, if applicable)	
Other County/Regional Crisis Teams (if any)	

2. Mental Health and Counseling Services (Off-Campus)

Community Mental Health Center	
Private Counseling Groups/Clinics	
Peer Support / Recovery Organizations (e.g., NAMI chapter, peer warm lines)	
Specialized Services (substance use, LGBTQ+, BIPOC, international students, etc.)	

3. Grief and Bereavement Supports

Local Grief Counseling Providers	
Faith-Based or Spiritual Support Options	
Community-Based Bereavement Groups	

4. Higher Education / SUNY Connections

SUNY Tele-Psychiatry Network (STPN) Contact	
Regional SUNY Counseling Director Network Contact	
Other SUNY System Office Contacts	

5. Additional Notes

Memoranda of Understanding (MOUs) in Place?	Yes / No
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Special Considerations (language access, transportation, rural access, cultural considerations, etc.)	
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